
Children ‘in need of care’ or in need of cash?

**Questioning social security provisions for orphans
in the context of the South African AIDS pandemic**

*A Joint Working Paper by the Children’s Institute,
and the Centre for Actuarial Research,
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Abstract

In the face of international pressure and local concern regarding the repercussions of the AIDS pandemic for children in South Africa, as well as the review underway of both social assistance and children's legislation in the country, there is much debate regarding appropriate social security provision for children in the context of HIV/AIDS. To date, the focus has primarily been on exploring different mechanisms for the provision of cash grants to children who have been orphaned. This includes encouragement by the State of the use of the formal foster care system to address the poverty-related needs of orphans, as well as consideration of alternatives recommended by the South African Law Reform Commission in their redrafting of the Children's Bill.

However, drawing on a combination of primary research and demographic projections, and by costing a range of different social security scenarios, this paper argues against the provision of grants for orphans as a category of children distinct from other children. It argues that, given the pervasiveness of poverty across South Africa's child population, a social security system that directs interventions on the basis of children's orphanhood mistargets crucial resources; is inequitable; is located in questionable assumptions about children's circumstances; risks further overburdening the child protection system; and is not, as a whole, a cost-efficient way of adequately supporting the largest possible number of poor children who require assistance.

This paper argues therefore that the most equitable, accessible and appropriate mechanism for supporting children in the context of the AIDS pandemic would be through the extension to all children of the Child Support Grant mechanism that is currently in place, and for the means test that restricts children's access to be removed. Progressive implementation of a universal Child Support Grant should be based not on providing grants in the interim to particular categories of children (such as orphans) but rather on drawing more impoverished children – irrespective of their parental circumstances – into the social security 'safety net'.

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1. Introduction

Central to the response of the South African Government – and in particular, of the national Department of Social Development – to addressing the needs of children in the context of the HIV/AIDS pandemic, is the provision of social security grants for children who have been orphaned. The approach seems to be located in a concern that children who have been orphaned require extra financial support over and above the limited Child Support Grants that are available for poor children with living biological parents.

In particular, the State has supported the roll out of formal foster care placements for the large – and increasing – numbers of orphans in South Africa. On the basis that children without parents are “in need of care”, the Child Care Act no. 74 of 1983 provides for court processes that formally place a child in the care of a ‘foster parent’. Under the Social Assistance Act no. 59 of 1992, foster parents are entitled as custodians of the children in their care to claim a monthly Foster Child Grant¹, a cash transfer of R500² for each foster child up to the age of 18. “The Department of Social Development is encouraging relatives to take care of orphaned children under the foster care package”, asserted the Minister of Social Development, Zola Skweyiya, in his keynote address at the national Department of Education’s HIV/AIDS conference in May 2002, and he and his officials have repeated this on a number of other occasions (see for example, African National Congress, 2003; Mabetoa, 2002).

Recent legislative processes have stimulated debate amongst government officials, members of Parliament and the children’s sector to consider other models of social grant provision for orphans. Most notable of these are the extensive review of the Child Care Act by the South African Law Reform Commission (SALRC) and the national Department of Social Development, and the amendment of the Social Assistance Act in October 2003. Some of the provisions under consideration would involve formal placement of children into the care of relatives by the courts (e.g. a grant associated with ‘court-ordered kinship care’) and others would only require the involvement of social services (e.g. an ‘informal kinship care’ grant). The common thread throughout all the debates is the focus on provision of grants to alleviate poverty and – it is assumed – increase the likelihood of ‘family care’ for children who have been orphaned.

The application of cash grants to caregivers of orphans – and specifically of formal foster care placements accompanied by eligibility for a significant social grant – is one of the key ways in which South Africa’s national response to orphans differs from that of other countries in the region. In light of this fact, it is interesting to note that very little South African literature on models of care and support for orphans or other children affected by the AIDS pandemic critically considers its role. While local literature generally posits the Foster Child Grant as a critical mechanism of support for orphans and advocates for increased access for caregivers of orphans (Goedgedacht Forum, 2000; Loening-Voysey & Wilson, 2001), to our knowledge the only context

¹ The grant is titled variously in different government documents and elsewhere as the ‘Foster Child Grant’ and the ‘Foster Care Grant’. We use the term ‘Foster Child Grant’ as per the Social Assistance Act 59 of 1992.

² This amount was applicable as from April 2003 (Government Notice no. 461, 31 March 2003).

in which it has been debated more critically is in the discussion paper and report produced by the South African Law Reform Commission for the redrafting of the Children's Bill (South African Law Commission, 2001, 2002)³ and briefly in previous work conducted by the Children's Institute (Giese, Meintjes, Croke, & Chamberlain, 2003).

There are, however, a number of debates to be had regarding the appropriateness and practicality of such approaches in addressing the needs of increasing numbers of South African children whose vulnerability is amplified by the AIDS pandemic – debates that are especially critical to the finalisation of a new comprehensive Children's Act for South Africa.

Drawing on primary research conducted over the course of 2002-2003 in South Africa, this paper questions some of the key assumptions being made about children's – and more specifically orphans' – vulnerability in the context of the HIV/AIDS pandemic. We raise concerns about the State's potential plans for the application of special grants, including the option of the Foster Child Grant, as a mechanism for addressing the poverty-related needs of orphans and their caregivers.

We argue that, while such a grant would undeniably benefit the household members of the few recipients who would be able to access it, its application on such a large, targeted scale as well as processing procedures which rely heavily on the courts and the social services, raise questions not only of feasibility and ethics, but also of potential unintended consequences.

We argue in addition that these factors add further impetus to the case for a universal income support mechanism for all children in South Africa – indeed, that in the context of the HIV/AIDS pandemic there is no adequate social security alternative to an extended Child Support Grant for all children (ideally as part of a comprehensive package of social protection for South African residents). A comparative costing of four different social grant scenarios for children provides corroborative evidence of the appropriateness of a universal approach to addressing the poverty of children and their caregivers in the context of HIV/AIDS.

Whilst the notion of what constitutes a child as an 'orphan' varies widely in its local application (see Giese et al., 2003), for the purposes of this paper we make use of the definition in the 12 August 2003 draft of the new Children's Bill which identifies an orphan as: "a child who has no surviving parent caring for him or her" (Republic of South Africa, 2003:30). It is these children who would qualify in practice under the current Child Care Act and Social Assistance Act to apply for foster care placement on the basis of the death of their parent(s).

Once study methods have been outlined, the paper provides a framework of some of the current social security provisions in place for children in South Africa, as well as some of those that have been proposed. It then turns to consider a number of critical issues raised by these social security provisions, including those relating to the social context in which the legislation operates (see section 4), ethics (section 5) and implementation (section 6). The paper concludes by comparing the relative costs of four different social security scenarios (section 8).

³ At the time of producing the report and discussion paper for drafting of the Children's Bill, the South African Law Reform Commission was simply named the South African Law Commission (SALC).

2. Methods

The paper draws on three pieces of research, each of which is briefly described here. In the case of studies referred to in 1) and 2) below, the methods have been described in detail elsewhere (Dorrington, 2000; Giese et al., 2003; Johnson & Dorrington, 2001, 2002) and thus are presented in less detail in this paper than those of the research referred to in 3).

1) **Research to explore the experiences of orphans and children at risk of being orphaned⁴ and their caregivers, with a focus on the provision of health and social services in South Africa**

This qualitative research project was conducted in six sites across five provinces in South Africa (see Appendix 1). Participants in the study included orphans, children at risk of being orphaned, their caregivers, and local service providers (including health workers at public facilities, social workers and teachers). Members of 118 households participated in the research, as well as a range of staff from 21 health facilities/district offices, six Department of Social Development offices, 17 schools, 21 non-governmental organisations (NGOs), community-based organisations (CBOs) and faith-based organisations (FBOs) and 15 other service providers (including traditional healers and traditional leaders). Households were sampled through two key methods: through the study's partner organisations who were providing services to children and/or HIV/AIDS-affected households in the research sites; and through snowball sampling. In addition to interviewing key service providers working with orphans and/or other children in each of the sites, further relevant service providers were identified through the information gathered in interactions with children and their caregivers.

Data collection occurred over a period of approximately two months in each site in 2002, and entailed a combination of methods. These included semi-structured interviews, group discussions, and child participatory activities with children, their caregivers, and in some instances other household members; as well as interviews and focus groups with service providers. In addition, observational activities proved to be richly informative. In most instances fieldworkers were resident in the research sites and were thus able to glean useful insights into the local contexts that would otherwise have been less apparent. See Giese et al (2003) for more detail.

For purposes of clarity in this paper, where we draw on data collected from this research we make reference to the '*ethnographic research*' (though such a label is not a strictly accurate description of the method).

2) **Demographic projections of orphan numbers**

The estimated future numbers of children and orphans used in this paper were obtained from two models: the Actuarial Society of South Africa's ASSA2000 AIDS and Demographic model, and the ASSA Orphans model.

The ASSA2000 AIDS and Demographic model is a spreadsheet model that is used to project the future demographic impact of a heterosexual AIDS epidemic on a population, and to calculate various HIV/AIDS statistics. The model has been applied to South Africa and each of its provinces (Dorrington, 2000; Dorrington, Bradshaw, & Budlender, 2002). It is also used in the costing component of this paper to determine the number of children eligible for the Child Support Grant (CSG) under various scenarios.

The ASSA Orphans model operates in parallel with the ASSA2000 AIDS and Demographic model, and can be used to determine the projected numbers of orphans in a population, in the presence of an AIDS epidemic. This model has also been applied to South Africa and each of its provinces (Johnson & Dorrington, 2001; Dorrington et al, 2002). These orphan estimates

⁴ For the purposes of this project, children at risk of being orphaned were defined as children living with terminally ill caregivers.

have been used in the costing to determine the projected numbers of orphaned children eligible for Foster Child Grants (FCG) and Court-ordered Kinship Care Grants.

Three versions of the ASSA AIDS and Demographic model have been used in this report. The 'lite' version is used to generate certain of the graphs (see Figures 5, 6, and 7). The 'full' version has been used to determine numbers of orphans and children at a provincial level, and the sum of the provincial results has been used as the estimate of the total number of orphans and children in South Africa in the costing analyses⁵. Both the 'lite' and 'full' versions assume that there are no HIV/AIDS prevention or treatment programmes introduced to reduce the impact of HIV/AIDS in South Africa. As this assumption is not realistic, the 'Interventions' version of the ASSA2000 AIDS and Demographic model has been used in the sensitivity testing at the end of the costing component of the report (see section 8.4.2 and Appendix 2 and 4) to demonstrate how projected results would change in the presence of prevention and treatment programmes. Thus, with the exception of the results presented in Figures 5, 6, and 7, section 8.4.2 and Appendix 2: With Antiretrovirals and other interventions, all model outputs derive from the aggregated 'full' provincial versions of the ASSA AIDS and Demographic model. The three versions produce similar results if the same assumptions are used, but slight differences exist between the outputs.

3) Comparative costing of different scenarios of social security for children

This component of the paper estimates and compares the costs of four different social security scenarios that include different models of roll-out of the Foster Child Grant, Child Support Grant, and a Court-ordered Kinship Care Grant to orphans and/or impoverished children.

Field research for this costing component involved collecting additional data from four of the sites selected for the project described in 1) above. In two instances the site areas were slightly expanded: to include Umlazi in Durban, and additional areas in greater Cape Town.

The method of this component is fully detailed in section 8. Technical detail is included in the text for purposes of transparency, in particular in sections 8.1 and 8.2. Readers not interested in this level of detail may elect to skip these sections.

3. The legislative context

3.1 Current social security provisions and their intended purpose – October 2003⁶

Under the current Social Assistance Act 59 of 1992, poor children under the age of nine in South Africa are eligible to receive a Child Support Grant of R160/month⁷, whether they live with their biological parents or with other caregivers. The Child Support Grant is intended as a *poverty alleviation* grant and is available to any 'primary caregiver' of a child under the age of nine who qualifies in terms of an income-based means test. Access to the Child Support Grant is through an administrative procedure managed by the Department of Social Development, and does not require a court order or the services of social workers. The age limit for the Child Support Grant was

⁵ The method used to estimate the numbers of double orphans at a provincial level differs from that used to estimate numbers of maternal orphans at a provincial level. The 'lite' version of the model is used to calculate the proportion of maternal orphans who have also lost their fathers, for each year and each orphan age. These proportions are applied to the maternal orphan estimates for each province, to obtain the estimates of numbers of double orphans in each province. This approach was taken in order to avoid running the double orphans component of the ASSA Orphans model separately for each province, as the run times for the double orphans component are extremely long.

⁶ We do not provide a comprehensive overview of all available grants here. Only those grants pertinent to the discussions in this paper are outlined.

⁷ This is the amount as set by the South African Government in April 2003 (Government Notice no. 461, 31 March 2003).

increased in 2003 from seven years to nine years, with provisions for the progressive extension of the grant to children up to 14 years old by 2006. While this increase in age of eligibility is recognised as significant progress in supporting poor children in South Africa, there is a strong lobby for the extension of the Child Support Grant to all children up to 18 years of age.

Children who have been orphaned and who fit the criteria outlined above are eligible for Child Support Grants. However, within the context of existing social security legislation in South Africa, it is the higher-value *Foster Child Grant* (FCG) that is in general touted – by both government and civil society representatives – to be the key social security mechanism in place for addressing the needs of such children.

The processes involved in accessing a Foster Child Grant are far more complex than those for the Child Support Grant, and are currently governed by two Acts that work in tandem for these purposes – the Child Care Act no. 74 of 1983 and the Social Assistance Act no. 59 of 1992.

In order to qualify for a Foster Child Grant, children are required to be placed in formal ‘foster care’ on the basis of one or more of a number of criteria. Sections 13–15 of the Child Care Act no. 74 of 1983 make provision for the courts, with the support of social workers, to place children considered to be “in need of care” in the custody of a so-called foster parent with the additional legal requirement that the foster parent be “under the supervision of a social worker”.

Section 14(4) of the Act outlines a set of criteria for children to be found “in need of care”, as follows:

- (a) the child has no parent or guardian; or
- (aA) the child has a parent or guardian who cannot be traced; or
- (AB) the child –
 - i. has been abandoned or is without visible means of support;
 - ii. displays behaviour which cannot be controlled by his or her parents or the person in whose custody he or she is;
 - iii. lives in circumstances likely to cause or conduce to his or her seduction, abduction or sexual exploitation;
 - iv. lives in or is exposed to circumstances which may seriously harm the physical, mental or social well-being of the child;
 - v. is in a state of physical or mental neglect;
 - vi. has been physically, emotionally or sexually abused or ill-treated by his or her parents or guardian or the person in whose custody he or she is; or
 - vii. is being maintained in contravention of section 10.

Once a child has been found by the courts to be “in need of care” according to any one of these criteria, they can be placed in the care of a foster parent⁸. The foster parent is then eligible in terms of the Social Assistance Act to apply for a Foster Child Grant, a cash transfer currently equal to R500 per month per fostered child⁹, up to the maximum age of 18 years old¹⁰. In addition, the foster parent is recognised as the (temporary) legal custodian of the child.

Currently, placements in foster care are made for a maximum period of two years at a time, with ongoing monitoring by social workers required and a renewal process necessary in order to continue the placement (and the foster grant) (Child Care Act no. 74, s.16). The renewal process is not as onerous as the initial application.

⁸ The Child Care Act of 1983 also makes provision for the placement of children found to be “in need of care” in children’s homes and schools of industry (s. 15 (c) and (d)).

⁹ Value of grant as from April 2003 (Government Notice no. 461, 31 March 2003).

¹⁰ In instances where children over 18 years old can be shown to be attending school, the Child Care Act, s. 33 enables an extension to the placement and accompanying grant up until they are a maximum of 21 years.

Thus foster care placement is designed to be court-ordered care that is implemented as a result of a child being found “in need of care” - up until recently usually as a result of abuse or neglect.

The placement is generally associated with *child protection* practices, including removal of the child from his or her home context and ongoing monitoring of the placement. Provisions made in the Child Care Act for placements are based on the notion that they are temporary, and that the child will return, after the provision of ‘family reunification services’, to the care of his or her biological parent(s). These intentions are made explicit in the then Department of Welfare’s Guidelines for the implementation of the Child Care Act (Department of Welfare, 1998; see also Loffel, 2003). The Foster Child Grant is then intended to be allocated where necessary to assist in the support of the child by a temporary caregiver (the foster parent).

The South African Law Reform Commission acknowledges this purpose of foster placement in their discussion papers and report accompanying their drafts of the Children’s Bill (South African Law Commission, 2001, 2002; South African Law Reform Commission, 2003). They argue: “Within the formal child care system in South Africa, foster care is normally considered to be the preferred form of substitute care for children who *cannot remain with their biological families* and who are *not available for adoption*” (South African Law Commission, 2002:215, our emphasis). While they do not expand on the latter part of this statement, it implies that foster care placements are intended to service children in the short-term rather than to provide a standard form of care for children who are without parents and for whom a more ideal legal option would be the permanence of adoption. Unlike Child Support Grants, the Foster Child Grant is not allocated on the basis of an income-based means test related to the foster parent, though any significant income of the child is taken into account.

In legal terms, therefore, foster care placement is intended to perform a critical role in *child protection*.

3.2 The current implementation of Section 15(b) of the Child Care Act

In practice, particularly in the context of HIV/AIDS in South Africa, and with the encouragement of the national Department of Social Development, the purpose behind the provisions outlined above is proving *not* to be the primary application of foster care placements in many parts of the country. Although it has been argued by some that this should not be the case (van Greuning, 1998), children who have been orphaned by the loss of their biological parents are automatically considered – at least in terms of the law – to be ‘in need of care’ and thus eligible for foster placement and the accompanying grant. As the AIDS pandemic spreads, and people become increasingly aware of this legal provision, applications from caregivers for foster care placement of orphaned children in their care are becoming more and more common.

The purpose of processing foster care placements for orphans was reported by many service providers participating in both the ethnographic and costing research to be less about legalising the custody of the children or supporting any sort of temporary refuge for the children, than about accessing Foster Child Grants to support them and the (characteristically poor) households in which they were resident. In each and every case, social workers and programme staff identified the opportunity to assist people living in poverty through the provision of Foster Child Grants. A manager in an NGO providing statutory social work services explained their approach to placing orphaned children in foster care:

“We see it as our poverty alleviation programme. It’s a long-term route but I think the only route at the moment available to us to ensure the children’s needs are being met.”

Similarly, her colleague pointed out in regard to the foster placement of orphan children with relatives:

“You’re not going to remove the child. It doesn’t make sense. That child is bonded with that family – the reason that they’re coming to you is because they need money. Not because they are concerned with formal guardianship. No, they need the money – we know that. People know that they can get grants...”

When caregivers of children who have been orphaned approach social workers and social service organisations for assistance because they are struggling to manage financially, one of the only options open to them within current support frameworks is the Foster Child Grant. Not only is there a lack of any alternative poverty alleviation mechanisms available to the caregivers of any children over the age of nine years old, but the fact that the value of the Foster Child Grant is more than three times that of the Child Support Grant is – with valid reason – appealing both to poor households as well as to those service providers who wish to provide them with support. Thus, in the absence of alternative suitable social security mechanisms to support children who live in poverty, social workers and organisations providing services to such children capitalise on the opportunity provided by legalised foster care for accessing a grant to assist poor households in which orphans are resident.

The consequence is that, with its application to orphans and their caregivers, the purpose of foster care placement is *de facto* shifted from one of *child protection* to one focused on *poverty alleviation*. This will increasingly be the case as the AIDS pandemic progresses, unless alternative policy is instituted.

3.3 Proposed provisions for social security for children in the context of HIV/AIDS in South Africa

The Child Care Act of 1983 has been reviewed and its successor, the Children’s Bill is due to be tabled in Parliament shortly.

The draft of the Bill that was submitted by the South African Law Reform Commission to the national Department of Social Development in January 2003 contained a section providing for a range of social security mechanisms for children. This included an extended range of cash grants, many of which were aimed in particular at addressing the anticipated increasing numbers of children facing orphanhood in the context of the AIDS pandemic (South African Law Reform Commission, 2003: chapter 23).

The SALRC’s draft bill made provision for (among others)¹¹:

- A universal *Child Grant* aimed at providing support to all South African children in need up to the age of 18 (s.341) – essentially an extension of the current Child Support Grant and the removal of means testing.
- An *Informal Kinship Care Grant* for South African children up to the age of 18 living – without the intervention of the courts – in the care of their relatives (s. 343). The grant is implied to be equivalent to the Child Grant but available only to those children who do not live with their biological parents.
- A *Foster Care Grant* for children up to the age of 18 who are by legal definition ‘in need of care’ and placed by court order in the care of unrelated foster parents (s. 342). The grant is pitched at a value higher than the Child Grant or informal kinship grant.

¹¹ Only those grants that are relevant for the purposes of the discussion in this paper are outlined here. See SALRC (2002) for full outline.

- A *Court-ordered Kinship Care Grant* for children up to the age of 18 who are by legal definition ‘in need of care’ and are placed by court order in the care of relatives (s. 342). This is a placement and grant that mimics the foster care placement and grant (though the SALRC recommends that unlike the Foster Child Grant, the Court-ordered Kinship Care Grant should be means tested). The long-term requirements of the legal placement are simplified: i.e. the system is an attempt to provide financial and social support associated with the foster care system to relatives caring for children ‘in need of care’ without some of the administrative and monitoring requirements associated with foster care placements.
- An *Adoption Grant* (s.344)¹² – with recommendations that this be equal in value to the Foster Child Grant or Court-ordered Kinship Care Grant on the assumption that this would facilitate the permanent placement of children who require long-term caregivers because their biological parents are deceased or unable to provide care.

In order to facilitate the provision of the Informal Kinship Care Grant and the Court-ordered Kinship Care Grant, the SALRC draft bill also makes provision for informal kinship care and court-ordered kinship care to be recognised as new legal forms of ‘alternative’ care (see South African Law Reform Commission, 2003, chapter 14). In each case, kinship caregivers are provided with “parental rights and responsibilities” for the child(ren) in their care (South African Law Reform Commission, 2003: s 205, 207).

In an attempt to ensure as wide-reaching a social security system for poor children as possible, this set of new grants was – according to SALC Project Committee members – aimed at the provision of mechanisms that would allow at least some needy children to access ongoing poverty alleviation until they reached 18 years, in the potential absence of a universal child support mechanism¹³ (Sloth-Nielsen, 2003). In addition the approach set out to shift some of the load of poverty-related applications for grants by caregivers of orphans and other children in the care of their relatives off the formal child protection system, so as to ensure that its limited resources were focused on dealing with children’s “maltreatment” (Loffel, 2003). The mechanisms outlined above focus in the main on providing financial support to children living with caregivers other than their biological parents, thereby in effect giving particular priority to children who face orphanhood. In the course of this paper we will provide evidence as to why we believe that this is in fact not the most appropriate way in which to provide for the largest number of needy children in a non-universal social security system.

Once the SALRC draft Children’s Bill was officially in the hands of the national Department of Social Development, the bill underwent substantial changes – including the removal of the entire chapter providing for social security.

In addition, provisions for the recognition of informal kinship care as a legal placement option were removed. However, provisions for *court-ordered kinship care* were retained alongside those for *foster care*, thereby introducing a placement that is designed to imitate foster care in most respects, but which refers specifically to court-ordered placements in which children live with relatives (Republic of South Africa, 2003: s.180).

While the Child Care Act (1983) requires the ongoing monitoring of foster care placements by social workers and limits court-ordered care to a maximum period of two years at a time, the

¹² Though we note the SALRC’s recommendation for an adoption grant, in this paper we do not consider its pros and cons to the same extent as the other recommended grants, largely because it raises a slightly different set of issues to those with which we grapple here.

¹³ This rationale based in strategy as opposed necessarily to a streamlined social security system thus accounts for what appear to be some odd inconsistencies and overlaps between the different grants as outlined in the SALRC’s draft bill.

department's draft of the Children's Bill (dated 12 August 2003) makes provision for these requirements to be bypassed at the discretion of a magistrate on advice of a social worker, if this is determined to be in the 'best interests' of the child. The provisions in this regard for foster care and court-ordered kinship care differ slightly (see s. 186). The essential differences are that in the latter case, the child is placed with a relative and the court has more discretion at the outset to decide the duration of the court order and whether or not the placement needs to be monitored by a social worker.

With the excision of the provisions for social security from the Department of Social Development's draft of the Children's Bill and the absence of any additional provisions in the latest Social Assistance Bill, court-ordered kinship care placements are not allocated access to an associated grant as originally intended by the SALRC drafters. However, a fairly widespread assumption is that a child in court-ordered kinship care would in the long run be eligible for a Court-ordered Kinship Care Grant of equal value to that of the Foster Child Grant (or to the Foster Child Grant itself). This is not necessarily a given however.

This uncertain legislative context and a preoccupation with – and pressure to respond to – the impact of the HIV/AIDS pandemic on children has intensified debate amongst those concerned with social security for children (and more broadly) as to the most appropriate interventions in the context of contemporary South Africa. Having now framed the context of the debates, we would argue that there are a number of critical issues that require consideration. It is to the examination of these that we dedicate the remainder of this paper.

While we engage a range of social security possibilities that are currently being touted in both governmental and non-governmental arenas, we focus on the provision of foster care placements/grants and Child Support Grants to provide evidence for our arguments, because it is these grants that are currently in place.

4. The mismatch between social context and legal provisions

The statutory provisions and requirements for foster care and court-ordered kinship care (should it be instituted) do not have an easy fit with common child care practice – particularly among the poor – in South Africa. Not only are the provisions founded on a number of questionable assumptions, but they also challenge normalised child care practice and enforce inappropriate living arrangements, potentially risking negative social repercussions in some instances. In this section we explore the mismatch between the social and legal contexts of foster care in South Africa.

4.1 Children 'in need of care' or children in need of cash?

As outlined above, the provisions for foster care placement in the current Child Care Act of 1983 and for foster care placement and court-ordered kinship care placement in the draft Children's Bill are underpinned by a key notion: Children's eligibility for placement is captured in a concept of a child being "in need of care" (see Child Care Act of 1983, s 14(4); 12 August 2003 draft Children's Bill, s 166). In both instances, children who have no biological parents caring for them as a result of "abandonment"¹⁴ or death are included, without caveat, in the definition.

Our research however, not only questions the widespread conceptualisation of the notion of children's care by people other than biological parents as 'alternative' but also demonstrates how

¹⁴ See Henderson (2003) for a critique of this concept as used in social welfare practice in South Africa.

children who have been orphaned in South Africa are not, on the whole, “in need of care” – at least in a sociological sense. Consider the following:

As we have pointed out elsewhere (Giese et al., 2003), there is a long history in South Africa of children – and especially children living in circumstances of poverty – not being constantly parented by either one or both of their biological parents, and living with other adults as caregivers for at least periods of their lives (see Budlender, 1998; Henderson, 1999; Jones, 1992, 1993; Ramphele, 1993 among others). This continues to be the case, both for children who face orphanhood as well as those who do not. Children frequently experience a sequence of different caregivers, and many children are brought up without paternal figures, or live in different households to their biological siblings. For example, the 1995 October Household Survey data indicated that 42% of African children under the age of seven years were living only with their mother, 1% of African children were living only with their father, and 12% were living with neither parent (Budlender, 1998).

The life histories of the children who participated in the ethnographic study were no different. The majority of orphaned children who participated in the study were in the care of their relatives¹⁵, without any intervention by the State to place them there. In fact, only 15 children (in eight households) had been formally fostered through a children’s court – this out of 243 children living in participating households who were potentially eligible, in that they were in the care of an adult who was not their biological parent. In addition, the study documented few children living without resident adult caregivers in so-called child-headed households. This observation has been more significantly recorded in recent data from the Hlabisa demographic surveillance area (DSA) in northern KwaZulu-Natal. The area is heavily affected by HIV/AIDS, with local estimates of infection rates at roughly 40% amongst the adult population. However a survey of the 11 000 households constituting the DSA revealed no child-headed households, except as a temporary household form (Lund, 2003). Systematic investigation in several countries (including in some of those where the HIV/AIDS pandemic is more advanced than in South Africa) have similarly confirmed that child-headed households are rare (Ainsworth, Ghosh, & Semali, 1995; Gilborn, Nyonyintono, Kabumbuli, & Jagwe-Wadda, 2001). For the rest, children who participated in the ethnographic study were assimilated into (or remained located within) kinship networks without going through any legal channels. Importantly, because of the non-nuclear nature of many of the participating households, in many instances children had remained in their homes upon the death of their parent(s), with a continuum of care provided by other adults with whom they were resident at the time (see Giese et al, 2003, for further detail).

In an insightful paper examining statutory fostering in South Africa, Henderson (2003) draws together examples from across sub-Saharan Africa (including South Africa) which demonstrate the role that this shifting of children – this *de facto* fostering – plays for both the development of the child (such as provision of opportunities she would not otherwise have, for example access to better schooling, improved food security, or the learning of skills) and, importantly, for maintaining social networks through reinforcing relatedness across kin networks through mutual support, contact and responsibility.

While such fostering does not always have positive consequences for the child¹⁶, it is generally viewed positively throughout Africa, in contradistinction, as Henderson (2003: 5) points out, to the negative connotations of neglect, abuse or “inadequacy in biological parental care” implied by the

¹⁵ In only three of 87 participating households that included orphans were the children and their caregivers not related by kinship.

¹⁶ For example, our research documented a few examples of children being sent to live with very elderly or ill grandparents in order to care for and assist them. (see Giese et al., 2003)

statutory fostering system in South Africa. Although Henderson does not engage with the implications of the foster care system in a context of HIV/AIDS and increasing numbers of orphans, her work is useful for its emphasis on aspects of the positive role of ‘social parenting’ in South Africa, and its potential friction with some of the concepts underpinning the statutory approach to foster care.

Speaking about the large numbers of orphaned children and their caregivers who pass through her court requiring court orders for foster placement each month, a magistrate in Umlazi drew attention to the way in which the ‘social parenting’ – the ‘informal’ fostering – of these children has generally long been in place. Their passage through her court is not on the whole a means to ensure that these children have a place to live and adults to raise them: “It is quite clear that these children [orphans] are in need of *money*”, she exclaimed, “They are *not* in need of *care*.”

The magistrate captured what we see as an inherent contradiction between current law and the social context within which it operates, at least if interpreted in a sociological sense. Foster care placements and the grants that are associated with them are not generally required because children who have been orphaned are without adult care. If there has been any moment at all in which these children have been without care, in the majority of instances arrangements are facilitated through kinship and other social networks without intervention by social workers or the courts. Instead, it is clear that foster care placements and grants are desired because, like so many other children in South Africa, the majority of children who are orphaned live in poverty – and a Foster Child Grant is one way to alleviate somewhat their, and their households’, circumstances.

From a legal as opposed to sociological perspective, it has been argued by Rothman (1999: 106) that a child who has been orphaned is automatically in need of care “in the eyes of the law” on the basis that any child without a legal guardian/custodian is by definition vulnerable. While this is a useful (though not especially practical) point of view through which to consider the concept of a “child in need of care” in the Child Care Act of 1983, it is a point made largely redundant by the provisions in all the drafts of the new Children’s Bill to date. The reviewed provisions in the Children’s Bill allocate full “parental rights and responsibilities” – which include responsibilities for the care and guardianship of the relevant children – to “parent-substitutes” identified by biological parent(s) prior to their deaths (12 August 2003 draft of Children’s Bill, s. 26). In addition, caregivers who voluntarily care for children that are not biologically theirs are provided with a range of rights and responsibilities in relation to the children to whom they provide care, including many of those associated with legal parental rights and responsibilities. In practical terms, the fundamentals required for the care and protection of children are now provided by the current Bill to caregivers of children who have been orphaned and for whom no legal guardian has been allocated by their biological parents prior to their death or by the court (12 August 2003 draft of Children’s Bill, s.32).

It is on the basis of these respective sociological and legal arguments that we maintain that to limit some children’s access to social security on the basis of an inappropriate assumption about others’ circumstances, is unjust. Some orphaned children may indeed require the intervention of the child protection system in order to secure adult care. However, evidence locally as well as from further afield suggests that it is likely that the majority will not. To tie these orphaned children and their caregivers into a labour-intensive, surveillant and costly child protection system aimed at children truly ‘in need of care and protection’ simply in order to access poverty relief – as is presently the case – is problematic. As it currently stands, the new children’s legislation looks to replicate this same inconsistency, despite the fact that the Child Care Act review set out to provide a more context-appropriate and socially-sensitive framework for supporting children in South Africa.

4.2 The mobility of living vs. the immobility of legal foster placement

As would be anticipated on the basis of the established knowledge about South African households mentioned above, the life histories of both child and adult research participants in the ethnographic study were characterised by mobility between different households and, in some instances, between different geographical areas. Household boundaries were consequently fluid¹⁷ as kin came and went in search of work or social network support, and children were moved with the aim of seeking out resources, education, care and support, or providing care or domestic labour to relatives needing assistance.

While many children who participated in the research did not experience any shifts in their living arrangements, the illness and death that is part and parcel of the HIV/AIDS pandemic is undeniably a further contributing factor to the general mobility of children and adults, and thus to the shaping of household form¹⁸. Consider the Nyawo family¹⁹, who provide just one example documented during the research of the kinds of choices that are made regarding movement in response to poverty, illness and death.

Mobility around illness and death

Deep in a forested part of Ingwavuma we found the two mud houses that are the homestead of the Nyawo family. The family was still grieving the recent death of their father that had left Luntu (21) and Musa (13) – two brothers – now living alone at home. The children’s aunt – their father’s older sister – emerged from one of the huts when we arrived. She was visiting briefly from her home at Emanyiseni, she said, just to check on the children. “I can’t claim that I can help them”, she said, “I have my family to look after. That is why I cannot take them or come and stay with them. When my brother was alive I would come and ask help from him because I am struggling ... *bayinkinga nje uma kunje*, [the children] are a problem when things are like this.”

Khayakazi, aged 10, describes how her father left his wife in Swaziland some years ago, and returned to Ingwavuma with their six children: Khwezi, Luntu, Thabani, Musa, Khayakazi and David. Shortly after, Khwezi, the firstborn, had to leave school and return to Swaziland to nurse her mother who had become sickly and needed care. Their mother subsequently died, and Khwezi moved to live with her mother’s relatives in the area. She has never returned. Some time later, Thabani moved elsewhere to herd other’s cattle.

When Mr Nyawo became very unwell, he requested his ‘half-sister’ Ma Sithole, who lives nearby, to take responsibility for the two youngest children, and transferred David’s Child Support Grant into her name. At this stage David and Khayakazi moved to live with these relatives. No firm arrangements were made for Luntu and Musa.

Their father’s death in February 2002 left Luntu and Musa on their own. For some weeks, they survived alone, with an elderly neighbour keeping her eye on them.

Subsequent to our first meeting with Luntu, Musa and Khayakazi (who happened to be visiting at the time), the *umsebenzi* – a ceremony that involves engaging with ancestors – to complete the grieving period was held and, according to their aunt Ma Sithole, it was decided there that 21 year-old Luntu and 13-year old Musa move in with her and her family. Thabani (now 16) attended the *umsebenzi*, and agreed to move to live with Ma Sithole too.

So, for now at least, Ma Sithole’s children, and Monwabisi, the child of her sister, are joined by the five Nyawo offspring...

¹⁷ For further discussion on the fluidity of households, see Ross (1996); Spiegel (1995); and Spiegel, Watson and Wilkinson (1996), among others.

¹⁸ Though aspects of their analysis in this regard seem to be exaggerated, Ansell & Young (2002) made similar observations in Lesotho and Malawi.

¹⁹ The names of participants in the research have been changed throughout this paper.

The Nyawos are far from unique. Their movements in response to the illness and death of adult household members were echoed in the experiences of many of the research participants. In addition, the children's experiences illustrate the ways in which kin and social networks respond to illness and death (and any concomitant moments in which children may find themselves 'in need of care') in ways that facilitate contexts of adult care for children without intervention from formal state services.

While their story clearly indicates the movement of children to support their parents through illness, or to be supported themselves by others, it does not capture another common pattern of movement documented during the research: the frequent movement of older adults (in particular) to assist in the care and support of their sick offspring/relatives and their grandchildren/relatives' children. (see Giese et al., 2003 for more detail)

In each case the constant movement of children and adults constituted a key mechanism of coping in the context of amplified poverty, increased need for care and support of the ill, and shifts in adult/child ratios in kinship networks. While inter-household intra-kinship network mobility is far from being a new phenomenon, it seems that HIV/AIDS will increasingly play a part in shaping its pattern and form, including to increase the frequency with which people move about.

We would thus argue that sensitivity to these processes and patterns of mobility are key to a successful and appropriate policy and programme response to children affected by the illness and death of adults.

Thinking in these terms of 'social parenting' – and its likely increased role in the context of the AIDS pandemic – one particular aspect of foster care as defined in the Child Care Act No. 74. of 1983 (and replicated in the current draft of the Children's Bill) could have negative *social* repercussions if applied broadly to children experiencing orphanhood: statutory foster care 'placements' require children to remain resident with the person to whom foster parent rights are granted by the courts. It is illegal for a fostered child to be shifted into the care of an alternative caregiver without going through a legal transfer process (Child Care Act 74 of 1983, s. 34).

A social worker who participated in the research described with frustration how:

"[We face] so many situations where we place the child and then two months later we hear that the child has been sent off to stay with a granny in the rural areas, and then we've got to explain that you can't do that, that the court says that this child has to be physically in your care! Then she'll say, 'but I am working overtime now', and sometimes you know, it's a little bit cultural as well that kids are sent off here and there and all that. It's a nightmare, because then we've got to do a Section 34 transfer in terms of the Child Care Act. It's an absolute nightmare! Or we say please send the child back, the child has to be back with you..."

In other words, foster care placements as currently defined in the Child Care Act impose *immobility* on child-raising. Yet the movement of children (and others) is implicit in both survival mechanisms in contexts of poverty and the customary practice of sociality and parenting for many South Africans.

When applied to situations like those of many orphans (who, as noted above, are in the main likely to require the financial support that the placement offers rather than the 'placement' itself), the legal requirements of foster placement are likely to create difficulties for networks of relatives in their attempts to support the children for whom they consider themselves to be responsible, as well as for service providers who are responsible for monitoring placements, effecting their legal transfer and enforcing the law.

5. Issues of Equity

“The biological parents are in the worst position because they can’t even apply for the foster grant”

Social worker, Gugulethu

“I am worried about the children here. The husbands have died, and their mothers are not working, they can’t afford ... There is no foster grant for *them*. There’s *no* help from the government for *them*...”

Clerk of children’s court, Umlazi

The Taylor Committee of Inquiry found that in 2000 at least 45% of the South African population lived in absolute poverty (defined as less than US\$2/day) (Committee of Inquiry into a Comprehensive System of Social Security for South Africa, 2002). Considering childhood poverty specifically, the Institute for Democracy in South Africa (IDASA) suggests, on the basis of the 1999 October Household Survey results, that using an absolute poverty line of R400/month, 75% of children in the country live in poverty. This equates to approximately 14 million children under the age of 18 years (Cassiem & Streak, 2001). And on the basis of a variety of measures, South African poverty levels are argued to be worsening (Guthrie, 2003).

It can be anticipated that the AIDS pandemic will further compound poverty in the country, not only at household but also at neighbourhood – and indeed national – levels. A number of studies point out how households directly affected by AIDS are among the most vulnerable to rapid socio-economic decline – as a result of illness and the death of productive adults for example (Barnett & Whiteside, 2002; Booysen, 2002; Desmond, Michael, & Gow, 2000; Oni, Obi, Okori, Thabede, & Jordan, 2002; Samson, 2002 among others).

Importantly, poverty is also exacerbated across neighbourhoods in which there is high HIV-prevalence. In AIDS-affected communities, where levels of mortality are increasing, the burden of exacerbated poverty and increased numbers of children in need of care is felt collectively. It is not only through experiencing the illness or deaths of relatives or through taking responsibility for children who need care and support that people are affected by HIV/AIDS. HIV/AIDS amplifies poverty way beyond those whom it directly afflicts, by increasing demands on ‘informal’ networks of support to provide for those who need help (Giese et al., 2003; see also Sogaula et al., 2002).

As increasing numbers of households are affected by the illness and death of the HIV/AIDS pandemic, it is inevitable that informal networks of inter-household support will be weakened. And while statistics may indicate that it is those directly affected by HIV/AIDS – and in the case of children, orphans – who are most prone to poverty (Case, Paxson, & Ableidinger, 2002; Unicef, 2003), it is important that others’ experiences of poverty are not ignored or sidelined. Across the research sites in the ethnographic study, participants expressed their concerns about the way in which the experiences of poor children who were not directly affected by HIV/AIDS were frequently dismissed by those providing social support. Sbongile Kuzwayo, a school principal and actively involved resident of Ingwavuma, articulated her concerns especially poignantly:

“For me, in Ingwavuma there is a problem because people are not working. There are no job opportunities. There are no factories. So people are not working here ... You find that even if the father is there, that the children are suffering. With the father and the mother there ... Definitely I can’t say that orphans, only the orphans, are needy. Sometimes you can find an orphan who is living better than a child who has parents. Like in my school, you find terrible things. If you look at a child, you will say this one is an orphan. When you ask, ‘do you have parents? Where is your father?’, the child says ‘he’s at home’. ‘Where is your mother?’ ‘She’s at home’. Nobody is working. Then you see the things. The uniform tells you that the child is an orphan but it’s not so. Orphan or no orphan, it’s just the same. They are needy, all of them...”

Sbongile and others based in Ingwavuma and other research sites repeatedly pointed out the extent to which children whose biological parents were living experienced similar poverty to those whose parents were not. Their observations clearly recognise the way in which HIV/AIDS is impacting on the neighbourhoods in which they live and work – and locate vulnerability firmly within a broader context of poverty and difficulty, arguing that children living in poverty-stricken, HIV/AIDS-affected communities are *all* vulnerable and requiring support.

We therefore argue that the ethics of the State providing support to poor relatives to care for children, without providing *adequate* and *equal* support to biological parents living in poverty to care for their own children, is questionable. Such a system – like that of the social security provisions currently encapsulated in the Child Care Act no. 74 of 1983, and the Social Assistance Act no. 59 of 1992 – and replicated (if in slightly different terminology) in the proposed Children’s Bill, is inequitable.

The question that needs to be asked of the current provisions of these two Acts, and the Bill in progress is why, in the context of widespread poverty, children in the care of relatives should require special grants different to children living with biological parents? Why should children in the care of people other than their biological parents qualify for considerably longer (up to the age of 18 vs. up to the age of nine in 2003, progressively to 14 by 2006) for a grant of a significantly more substantial amount (R500 vs. R160/month) than poor children in the care of their parents? Why is the poverty of children living with relatives considered more of a priority than the poverty of children living with their parents?

We recognise that the intended purpose of legal foster placement is not that of poverty alleviation and that its provisions are crucial in providing mechanisms for children’s protection, (including for some children who are orphaned and in need of adult care and protection). However, that fact that the State has to date encouraged the use of Foster Child Grants to deal with the poverty of orphaned children, without instituting sufficient measures to address the poverty of all children in South Africa, requires challenge.

The injustice implicit in the current system is brought into even sharper relief when considered in the light of the large (and increasing) number of adult caregivers living with HIV/AIDS in South Africa. Terminally ill biological parents typically face increased financial struggles to care for their children as they become less able to work to earn money, and as cash is diverted to health care and treatment. Unless they are eligible for the adult disability grant, there is very little State support available. That the period of a caregiver’s terminal illness is one during which children are generally prone to exacerbated vulnerability (see Giese et al, 2003), adds poignancy to this gap in the social security system: there is *no adequate social security* in place for these children beyond the age of nine. The case of Caroline, below, aptly illustrates the point:

Reluctant mobility

Caroline Mvusi has three children, Zola (13), Monwabisi (10) and Madoda (8). None of her children qualify any longer for the Child Support Grant (seven years was the cut-off age at the time of fieldwork). After becoming ill and losing her job she struggled to provide for them, and reluctantly resorted to sending two of the children to live with their paternal grandmother and the third to stay with an aunt. Caroline explains how, when she approached the social worker for help, she was told that there were no further social grants for which she was eligible. Her children were over-age for the Child Support Grant, and – the social worker pointed out – as the biological mother of the children she did not qualify for a foster grant. When the social worker suggested that she place her children in foster care she initially refused. “How can I give my own children to be fostered by other people when I am alive!” she exclaimed bitterly to the researchers. “If I was allowed to stay with my children and get their foster grant, I would not complain, but the social workers do not want me to foster my own children”.

Caroline's circumstances highlight the inequity of the current and proposed social security systems, each of which favour providing support to children cared for by adults other than their biological parents. Her ultimate 'choices' in addition illustrate the perverse incentives for poor children to live with caregivers who are not their biological parents that are situated within the State's current approach to grant provision. That such perverse incentives are implicit in a State policy contradicts the principles enshrined in the South African Constitution, the White Paper for Social Development and the draft Children's Bill, where – to draw on their social development terminology – 'family preservation' is accorded highest priority.

Not only does an emphasis on Foster Child Grants, Court-ordered Kinship Care Grants or Informal Kinship Care Grants (as recommended in the SALRC draft of the Children's Bill) fail to address the vulnerability of children in the stages of orphanhood that precede the death of a parent, it also fails to accommodate children immediately after the death of a parent. The grants can/would only be processed once the child's care by adults other than her biological parents was legally recognised, a process that – where courts and social workers are involved - can take months or even years.

Thus while the application of the Foster Child Grant or the slightly different provisions in the Department of Social Development's Children's Bill stand to support some orphans of the AIDS pandemic, a glaring – and *inequitable* – gap in social security support remains for the multitudes of other vulnerable children living in the context of AIDS. The SALRC recommendations for an Informal Kinship Care Grant raise the same issues in the absence of the implementation of a universal Child Support Grant, while concomitantly being rendered redundant if a universal Child Support Grant were in place.

6. Accessing an 'alternative care' grant vs. a Child Support Grant: The current foster care process

We noted earlier how, in order to qualify for a Foster Child Grant, children's caregivers must be legally designated as foster parents by the courts, a status currently granted for a maximum period of two years at a time, and requiring a renewal process necessary in order to continue both the placement and the grant. The process is lengthy, complex and extremely labour-intensive, particularly for social workers.








Figures 1 – 4 on the following pages provide a graphic representation of a fairly standardised procedure of legal foster care placement of children; child support and foster grant access by caregivers/'foster parents' and the ongoing monitoring of foster placements by social services that is required by the current Child Care Act. *Figure 2* indicates where this differs from the provisions made for court-ordered kinship care placements in the 12 August 2003 draft Children's Bill. The diagrams track the process of each of the social services, court, and social security components in detail, and indicate the personnel responsible for completing each step. They thus provide an overview of the process as used in the costing exercise that follows in section 8.

The diagrams represent a 'best-case' scenario of the processes. They do not attempt to capture the multitude of ways in which they can be disrupted, requiring steps to be repeated – frequently more than once. Some of these hurdles to the smooth implementation of the processes are described in the text that follows.

In addition, the process differs to some extent between different service providers, and between State social services and NGOs providing statutory services. In most instances documented during fieldwork, intake social workers (occasionally social auxiliary workers) conduct initial interviews with applicants for foster care and open files for appropriate 'cases' prior to their being allocated to

a second ‘fieldwork’ or ‘intervention’ social worker for processing. On the whole, these social workers are responsible for taking the application to court, as well as for supervising/monitoring and – where appropriate – renewing the placement every two years. However, in most offices of the NGO that participated in this research in greater Cape Town, teams of social workers specialise in either processing (in this instance labelled the ‘intervention team’) or monitoring (‘foster care team’) foster placements. With each handover, social workers spend time familiarising themselves with the case before being able to proceed. In contrast, in the rural site in KwaZulu-Natal, a single social worker is responsible for intake, intervention investigations and court processes, as well as monitoring all foster placements. This is apparently frequently the case in under-resourced areas.

Key to Figures 1 – 4

-  Solid-lined box indicates procedure which is by and large standard/ compulsory
-  Box with dotted line indicates that the procedure is not standard/compulsory
-  Tasks completed by a social work supervisor (time costed accordingly)
-  Tasks completed by a clerk of the court (time costed accordingly)
-  Tasks completed by a magistrate (time costed accordingly)
-  Tasks completed by a social worker (time costed accordingly)
-  The remainder of the procedures are completed by a range of other staff, primarily administrative/support staff

CG Caregiver

SW Social worker

DSD Department of Social Development

WC Western Cape Province

START
HERE

Figure 1: Foster care placement process prior to going to court

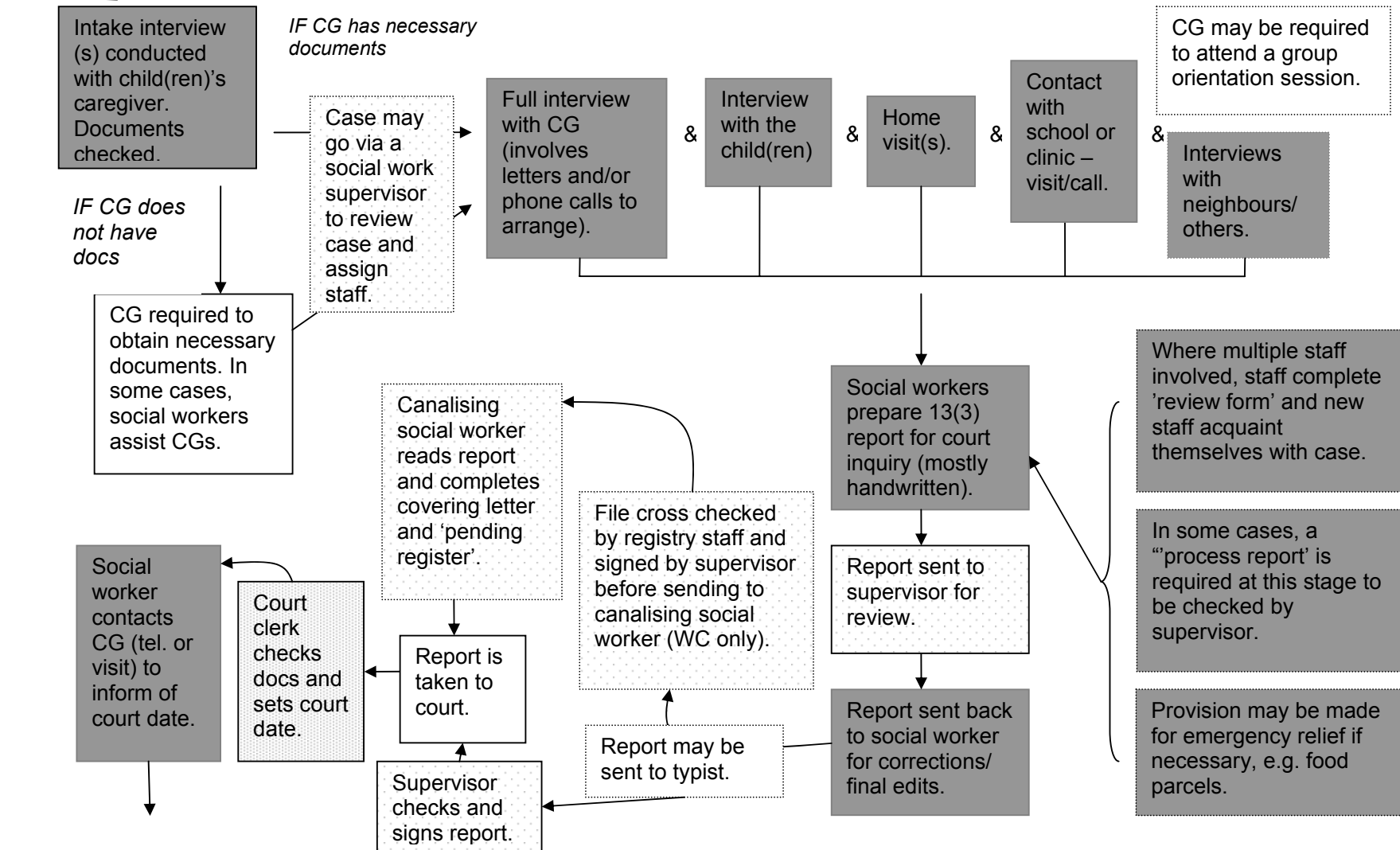
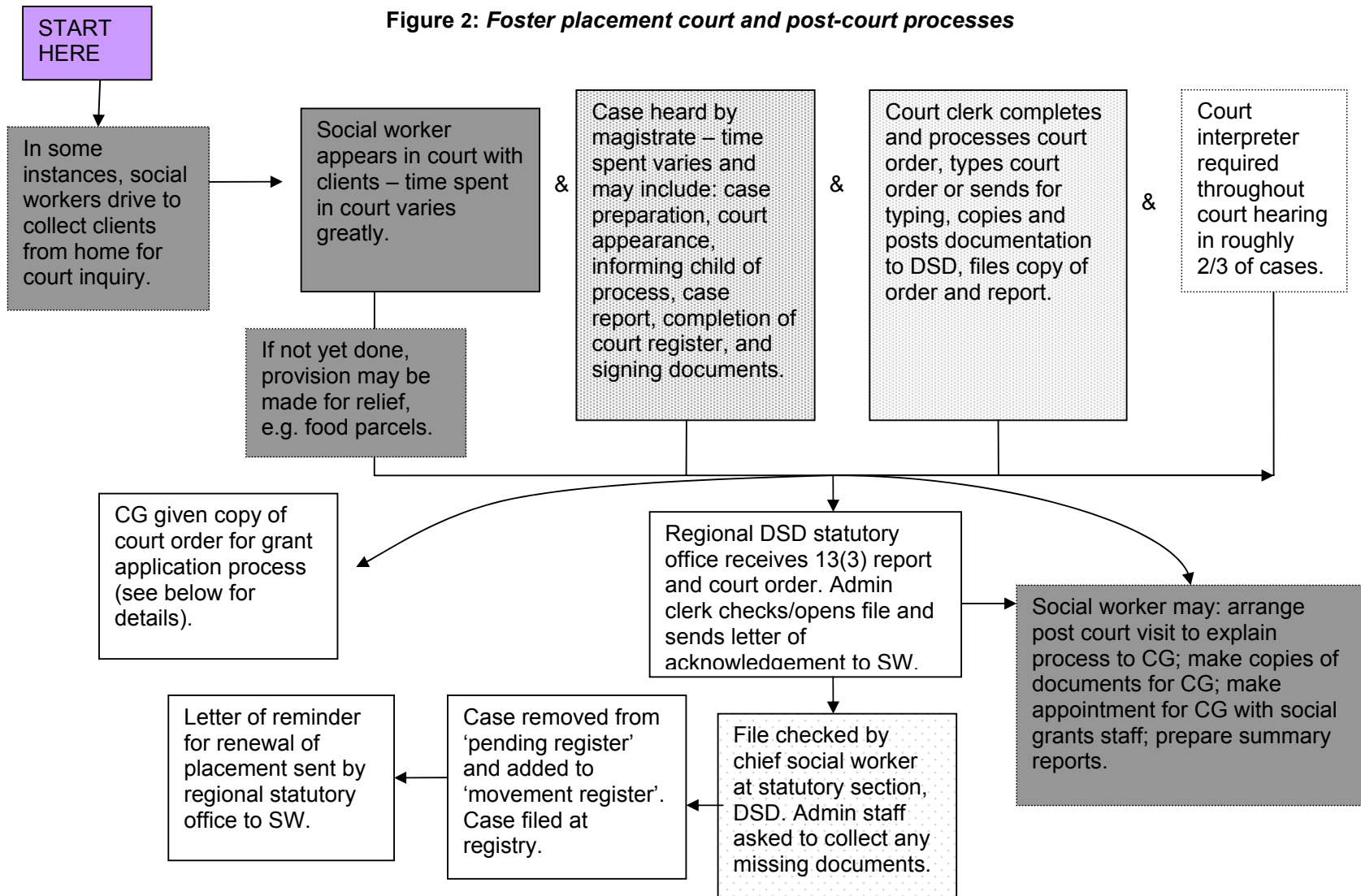


Figure 2: Foster placement court and post-court processes



START
HERE

Figure 3: Monitoring placements and processing extension orders

For the purposes of costing, we have assumed that the process up to this point would be common to CGs applying to be foster parents and CGs applying to be court-ordered kinship carers. Hereafter, the process differs.

Court-ordered
kinship
placements

Court may order that no further social worker supervision or reports (monitoring) are required. *For the purposes of costing it has been assumed that no monitoring happens.*

Foster
placements

In the provisions of the 12 August 2003 draft Children's Bill, social worker supervision and reports (monitoring) are required for at least the first two year placement. Thereafter, monitoring activities may be terminated by a court order. *However, for costing purposes it has been assumed that monitoring continues.*

If monitoring conducted by different social worker to placement, new staff need to acquaint themselves with case - may include home visit(s).

Social workers are required to complete interim reports. Preparation of these may include home visits.

Progress reports reviewed by social work supervisor.

Every two years, social worker completes 16(2) report on the foster placement.

Report sent to regional DSD office and is dealt with by admin staff and registry.

Chief social worker reads 16(2) report, follows up on any concerns, and signs extension order.

Documents are copied and filed by admin staff and registers and databases are updated.

Interview with the child (where appropriate) and his/her caregiver.

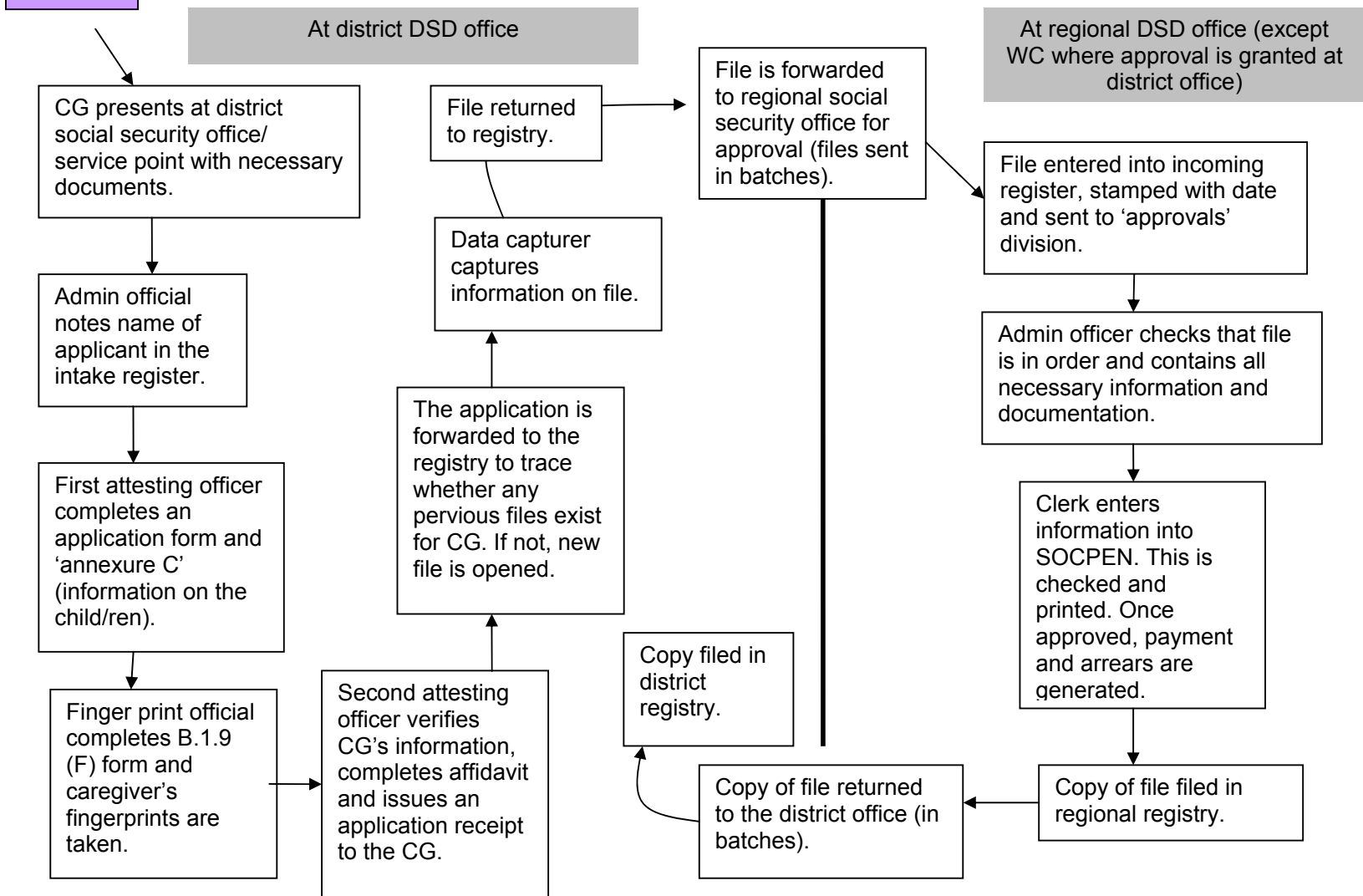
Visit by a social worker to the child's school.

Home visit conducted by a social worker.

This process is repeated for as long as the child is in foster care

START
HERE

Figure 4: Grant application process: FCG and CSG



Social workers repeatedly described the difficult and extremely time-consuming nature of collecting and collating the information required by the courts and regional statutory offices in order for foster placements to be approved. “There are *so* many things that are needed [for the magistrate to deal with the case]”, exclaimed a social worker in Durban, citing delays in particular with conducting home visits and interviews with children, as well as regarding the verification of paternal death or abandonment. Home visits are crucial, she and others explained, for checking children’s living circumstances and for verifying caregivers’ narratives – that the children for whom foster placements are being requested are indeed resident with the caregiver and that the children are comfortable with this arrangement. Her comments were echoed by social workers in rural areas, who added the additional hurdle of long distances on bad roads between their office and applicants’ homesteads. Attempts to make home visits are frequently unsuccessful²⁰, due to difficulties associated with making appointments in neighbourhoods where telephones are not ubiquitous and in circumstances where access to transport is erratic and unpredictable. (“The problem is that there is only one car between all of us”, sighed a social worker in KwaZulu-Natal, referring to the way in which her irregular access to the vehicle impedes her home visiting progress.) In some instances, social workers noted that they prefer to drop in on applicants’ homes unannounced in order to ensure that caregivers’ are not provided with the opportunity to obscure any fabrication in their applications.

In addition to information collected through home visits and interviews with caregivers and children, social workers are required to check and collate information regarding children’s school attendance and performance (or in the case of very young children, their health and clinic attendance). The process can be further delayed by report-writing requirements, the slow pace of which tends to be exacerbated by having to handwrite - and rewrite corrected - reports²¹.

On the whole then – at least in urban areas – bottlenecks in the *processing* of foster care placements seem to occur primarily at the stage of investigation of foster care applications by social workers rather than at the courts. In two areas serviced by an NGO in Durban, the severity of the backlog led to the (illegal) closure of new applications for a period of time: “We aren’t able to [process as many placements as we need to]. Like in [xx district] for example, we had such a backlog of applications we had to close down applications for three months... because there is a whole procedure that has to be followed. It’s impossible! We can’t cope”. The social worker responsible for foster placement in one of the rural research sites voiced similar concerns: in May 2003 she faced a case load of 123 foster care applications for processing – accumulated, she said, because she has neither the time nor the resources to do the required home visits.

Turnover time for foster placements – from the point of application to the granting of a court order – was said to vary in the urban sites from roughly six months to 18 months, depending on social work backlogs and on whether people had the correct supporting documents at the start of the process (a frequent problem).

In the rural sites, where there were fewer social workers and no dedicated children’s courts (and instead only a few hours per week – if that – allocated to children’s cases), it could take even longer. For example in Umzimkulu, social workers reported a backlog of 140 foster care

²⁰ Note that for the purposes of costing foster care placements, unsuccessful or repeat home visits were not factored in because of huge variability between different cases and the difficulties of estimating the time involved in any meaningful way.

²¹ In all the organisations and state services that participated in this research, social workers wrote their statutory reports (13(3) court inquiry reports and 16(2) renewal reports etc) by hand because they didn’t have easy access to or knowledge of computers. In all but two organisations, reports were typed by admin staff once written and corrected by social workers, by all accounts a somewhat inefficient process!

applications in June 2002, with seven social workers sharing one car (needed to conduct home visits to potential and current foster parents), and only one magistrate in the area who at the time conducted roughly three children's court enquiries per month. By May 2003, the magistrate had consented to allocating a full day per month for children's court inquiries, and – according to the chief social worker – was dealing with about 16 children's cases on an average allotted day. Two of the seven social workers are now able to present their cases in court per month. In one of the courts in greater Tzaneen, four social workers vie for hearings while the magistrate only grants time to children's issues from 7.45 am to 9 am on a Friday. At the time of the research in 2002 one of the social workers had 14 foster placements fully prepared but had been unable to obtain a hearing in five months.

Once approved by the children's court, social workers are required by law to *monitor* the placement²² (including through further home and school visits), write reports on the child's progress²³ and justify – in a so-called 16(2) report submitted to the regional statutory office of the Department of Social Development rather than to the courts – the extension of the placement every two years. "You can imagine," explained a social worker working in Cato Crest,

"if we place a two-year-old, or a nine-month-old baby in foster care, we will have to write those reports until that child has finished school. We've got a file open and we're going into volume two and volume three of the file for the entire time of the child's life...so imagine what that means for us!"

In terms of the Child Care Act of 1983 s.16, if the 16(2) report is not completed and submitted to the regional statutory office on time, the foster placement (and accompanying grant) lapse, and in order for them to be re-instituted, a repeat court inquiry and reapplication for the grant is required²⁴. In practice, delays in renewal are often overlooked.

Similarly, the foster placement and grant lapse if a designated foster parent dies. In these instances, a transfer of the placement to an alternative foster parent is completed by a social worker (Child Care Act 74 s. 34). These transfers involve all the same steps as those of the initial foster placement except that a court inquiry is not required and the application is submitted directly to the relevant regional statutory office of the DSD. Social workers who participated in the research noted that, while they have not as yet had to conduct many transfers as a result of foster parental death, they anticipate that these kinds of applications will increase significantly as the HIV/AIDS pandemic progresses.

Once foster placement has been granted and caregivers are in receipt of a court order to this effect, a separate procedure for applying for a Foster Child Grant is required. Social workers tend not to be involved in this process, except to explain to caregivers what is required and in some instances take them to the relevant social security officials in order to begin the application.

Grant processing is a fairly standard procedure. The process is however slow – and in most provinces is complicated by requiring consideration and verification of every application, not only at district level but also at regional level²⁵. Final approval of grants is only established at regional social security division in these instances. District level social security officials who participated in the research complained that they struggle to keep up with the verification of applications but

²² Some agencies refer to this process as foster care supervision. In this paper, we use the term 'monitoring' to avoid confusion with the supervision tasks which managers perform in respect of both this and the placement process.

²³ The regularity with which this occurred in NGOs and State social services departments that participated in this research varied, and was in many instances shaped by the practical constraints of huge caseloads, long distances and lack of access to transport, etc. mentioned earlier.

²⁴ For the purposes of the costing, we have not included any such scenarios.

²⁵ In the Western Cape, grants are approved at district level.

that the delays are exacerbated at regional levels. An official in the Eastern Cape, for example, described how the regional social security office at Bisho had closed grant applications in January 2003 due to backlogs. Instead he took his office's backlog to East London for approval. However, "to this day [June 2003], they were never approved". He had resorted to beginning the application process from scratch. "I've been begging to be granted approval status", he commented, so that grants can be approved at district level without people having to wait for months on end.

Staff of both district and regional social security offices that participated in this research commented that where they had recently been provided with additional administrative clerks their progress with addressing backlogged applications was substantial.

The *Child Support Grant application process* is very similar to that reported for Foster Child Grant applications. Indeed, in Umzimkulu and Ingwavuma, administrative clerks reported that the process was identical for the two grants, differing only in the required documents and affidavits. In Durban, the Child Support Grant process was reported to be slightly shorter than that for Foster Child Grants as the forms are simpler. In Wynberg, on the other hand, there are two additional interview processes associated with the procurement of the correct documents for the Child Support Grant that were not required for Foster Child Grant applications (because in the case of Foster Child Grant applications, the supporting documentation has been collated before going to court).

In most instances, applicants were not assisted in accessing the documents (such as birth certificates or death certificates) they required for either foster care placement or Child Support Grant applications. Staff were generally reluctant to assist caregivers not only because they were busy, but also due to concerns about being held liable if document applications were fraudulent. Three NGOs assisted applicants to varying degrees in this process, from writing letters to Home Affairs to explain what was required in the case of one NGO in Cato Manor, to bulk delivery of applications to the Home Affairs office where a particular official prioritised their processing (as was the case for an NGO operating in Gugulethu).

7. The implications of foster care demand and roll-out for social service provision:

The facilitation and monitoring of legalised foster care placements for orphan children was not only by far the most widespread response on the part of social workers in all the research sites to dealing with children who had lost parents, but also the activity that consumed the bulk of their time. This is not surprising in the light of the State's emphasis on formal fostering as a response to orphans, the large – and increasing – numbers of applications from caregivers caring for children who qualify on the basis of their orphanhood for foster placement, and the lack of alternative poverty relief mechanisms provided by the State for children in general. As an overwhelmed social worker in Cato Crest commented, "The great floodgates have opened and everybody has been coming and coming!"

Table 1 provides a breakdown of case loads for individual social workers or projects that participated in the costing exercise conducted for this paper. It was not always possible during the research to obtain information about individual social workers' case loads. Instead we were furnished with details of the total cases dealt with by the State department or NGO rendering statutory services. We thus represent these alongside each other in the table, in order to provide a sense of the extent to which both the State and NGO social services are involved in processing foster care placements for orphans. The figures documented in the table refer only to foster care placements for children who have been orphaned (usually involving the legal recognition of care arrangements already in place), and not to foster placements entailing removal of children from

situations of abuse or neglect. Where figures are provided in brackets after the case load, these indicate the total number of children to which that case load refers (i.e. in some instances, there is more than one child per case – usually in instances where there are siblings).

Unfortunately we were not able to obtain details of the case loads of any of the social workers in Umzinkulu. The acting chief social worker noted anecdotally however that foster care placements for orphans dominate her team’s work load.

Table 1: Social worker/organisational case loads at June 2003

Individual/ Organisation + Location	Foster care applications for orphans	Foster care monitoring for orphans	Total case load for individual / organisation	Foster care of orphans as proportion of total individual/organisation case load
Social worker – Umlazi, Durban	46 (90 children)	76 (103 children)	142	86%
Social worker – Cato Manor & Sherwood, Durban	16 (27 children)	38 (49 children)	79 (110 children)	68%
Social worker – Ingwavuma	123	161	337	84%
NGO – Gugulethu	142		332	43%
Provincial Admin of Western Cape – Gugulethu	21	90	210	53%
Social worker - NGO, across districts, greater Cape Town	22	NA	37	59%

The figures are striking in their demonstration of the degree to which social workers who participated in the research were tied up with foster placement of orphans, particularly for social workers in KwaZulu-Natal.

The fact that NGOs providing statutory services struggle to retain staff – at least in part as a result of a lack of funding and an inability to provide salaries for social workers that are competitive with the State – exacerbates difficulties with service provision. NGOs across the research sites noted with concern the high staff turnover they face and its implications for effective service provision. The issue of inadequate State subsidies for NGOs providing statutory services was raised repeatedly.

Appendix 3 contains a table summarising information about child welfare societies performing statutory services in the different provinces – including an indication of the proportion of time spent on statutory work in relation to the subsidies they receive from the State for doing so. The information is limited in that it does not account for all NGOs doing foster placements, or have full information on all provinces. Nor does it show the full complexity of subsidy calculations, as the formulae differ from province to province in terms of both amount and factors considered. However it is useful for providing a sense of the limited financial support that NGOs providing statutory services receive from the State.

The appendix indicates that in all provinces except the Free State, statutory work is funded on the basis of the number of social work and related posts. There is also usually an additional amount in respect of administrative backup for the social work staff. However, these amounts do not cover the full cost of the staff even in respect of the statutory work, even less in respect of statutory and development work combined. The South African National Council for Child and Family Welfare (2002) estimates that less than half of child welfare services are funded by Government, against an ‘ideal’ of at least 75%.

For example, in KwaZulu-Natal the social worker subsidies are intended to be 75% of the salary actually paid in respect of the post up to a maximum of R3 190 for ordinary social workers. Durban Children's Society receives the maximum subsidy of R3 190 per month for ordinary social workers and R4 243 per month for social work managers. In addition, the society receives an administrative subsidy of R2 080 per month for each funded post. This is again based on 75% of the salary, to a maximum of R2 080. The Cape Town Child Welfare Society receives R2 500 per month in respect of every auxiliary social worker, R4 000 in respect of every social worker, and R6 000 in respect of every supervisor. These amounts are inclusive of the administrative subsidy.

The limited nature of the subsidy and infrequent increases in the subsidy amount have forced NGOs to pay salaries that are significantly lower than those paid for equally qualified staff doing similar work in Government, as well as offering fewer benefits. For example, Stellenbosch Child Welfare estimates that their starting salaries are on average R2 000 less per month than those paid by Government. Similarly, in KwaZulu-Natal the annual salary for a social worker employed by Government lies somewhere between R62 568 and R72 642, while in NGOs the average ranges from R38 280 to R53 839 per year. NGOs have also been prevented from giving regular increases because the subsidy amounts are not increased regularly or in line with inflation.

The consequences of this trend in social service provision focusing on the provision of foster care placements for orphans by under-capacitated and under-funded services are of concern for a number of reasons. It is these to which we now turn for discussion, drawing on the experiences of a social welfare office in rural KwaZulu-Natal.

Over-stretched and under-capacitated...

Thirty-year-old Thuliswa Buthelezi lives with seven younger siblings, her own 10-year old daughter, and her sister's two daughters. The youngest child in the household is seven years old. "I am always worried about what they will eat when they get back from school," she commented of her young siblings. In 1999, after the death of her mother, the local social worker promised to visit the household in order to begin processing a foster care application, but warned her that there was a long waiting list. Three years later, Thuliswa reported that the social worker had still not arrived. When asked why she had not followed up with them she responded passively that "I could see for myself that there are many people waiting..."

The social welfare office in Ingwavuma is staffed with three social workers: a head of office, a probation officer, and a 'community development' social worker. Nthombi Zwane is one of these three, responsible for servicing a population estimated to be over 110 000, most of whom are extremely poor.

No HIV-prevalence statistics are available for the district but doctors working in the area in 2002 believed that the 2001 provincial antenatal figure of 36% was a plausible estimate. Large numbers of children have lost their mothers and others to AIDS in the course of the last decade, and by February 2003, the local Orphan Care Project had well over 1 000 children on its books.

In 2001, Nthombi processed the first foster care applications ever in Ingwavuma – and a total of 30 placements went through the courts. Two years later, local access to Home Affairs has improved somewhat with the provision of facilities for printing birth, death and other certificates, and due to advocacy activities on the part of the Orphan Care Project and the social welfare staff, the magistrates ensure that time is allocated in the court schedule for children's court inquiries.

As a result, Nthombi's case load of foster placements had grown substantially by June 2003. Of a total case load of 337, she faced 123 applications for foster care requiring processing, and 161 foster placements requiring monitoring. In other words, only 53 cases are not related to the placement of orphans in foster care: 84% of her case load consisted of orphans in foster care – the large majority of them with their relatives.

As a result, she is sitting on an administrative time-bomb: Her first year's set of placements (30 of them) are up for renewal this year. In 2004, she points out, she has "got trouble coming! It's impossible!": she will have, in addition to increasing numbers of new applications, renewals due for the 150 placements processed in 2002. It is hardly surprising given this case load that four

placements expired in early 2003 before she managed to conduct the required monitoring activities and submit 16(2) reports for their extension (resulting in her having to return to court to reinstate the placements).

“Why”, argues the head of office, Smangele, “do these grants have to go via court?” She reiterates – like others throughout the research sites – that the majority of applications for foster care are entirely grant-related. “Most of these children have been living in extended families all their lives. They’ve been living with grandmothers all along. Why, where there is continuation in their care, do we have to traumatise children by taking them to court [to get them a grant]?”, she asks, frustrated by the laborious and time-consuming processes involved in what in effect amounts to legalising access to a grant. Nthombi agrees, pointing out the extent of the administration required for each placement. “Sometimes”, she says, “I ask myself, what am I doing? Am I a social worker or what am I?”

Neither Nthombi nor Smangele have any pretensions about what they fail to achieve. They do not, says Smangele, begin to service the majority of needy children in their area, nor to provide what she believes would be an ideal service to those who they do encounter. They are under-capacitated, over-stretched – desperate about the huge need that they aren’t able to address adequately. In particular, she acknowledged their crucial but commonly unrealised role in child protection and to be monitoring related foster placements but, she said, her team finds it impossible to do the necessary follow-up because they simply have too many cases to deal with. “And other families are coming, coming, coming [to apply for foster placements],” she said. A priority, she believed, in the context of high HIV prevalence and AIDS mortality would be for her department to provide counseling. But with three staff, they are unable to even make a dent in the number of people who need material assistance: for now, plans to provide emotional support remain just that.

The circumstances faced by the social workers in this rural site highlight obstacles to adequate service provision that are shared by others in South Africa, and provide a clear indication of some practical implications of a continued implementation of foster care placements and grants – or any system which relies on the social services and courts – as a poverty alleviation strategy for orphans. If this policy is to be pursued by the State, the following key logistical issues can be anticipated:

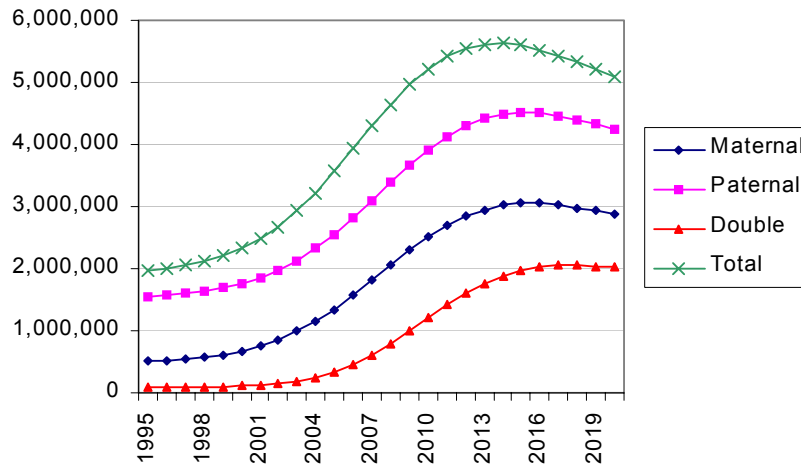
7.1 Foster Child Grants won’t reach the majority of children who are eligible in terms of the law and policy: a consideration of projected orphan numbers

At the end of September 2003, the Department of Social Development recorded uptake of the Foster Child Grant at 172 894 children in total (SOCPEN daily records 30.09.2003). This is a significant increase over the 49 843 registered in 2000 (Department of Social Development, 2003).

However, the uptake is less impressive when considered against the current and projected numbers of children in South Africa who would legally qualify for foster placement and subsequently for the Foster Child Grant on the basis of their orphanhood.

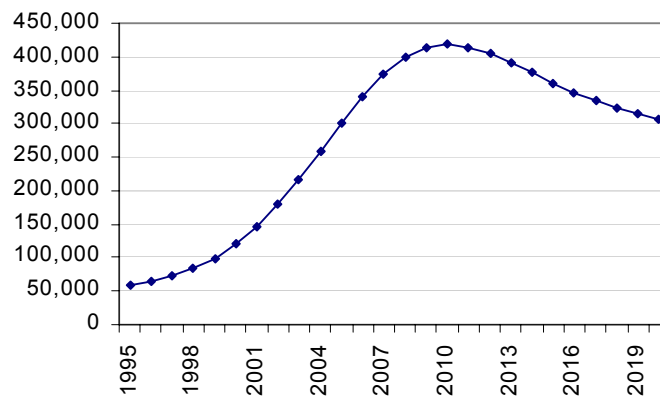
Figure 5 shows the projected numbers of orphans under the age of 18, according to various definitions of orphanhood, as modelled by the ASSA Orphans model for the AIDS pandemic, and in the absence of any significant treatment intervention. The number of maternal orphans is expected to rise from roughly 990 000 in 2003 to 3.05 million in 2015, and the number of double orphans is expected to increase from 190 000 to 2 million by 2015. The total number of children under the age of 18 who have lost one or both parents is expected to peak at 5.6 million in 2014. These increases in levels of orphanhood are due mainly to rising AIDS mortality.

Figure 5: Maternal, paternal and double orphans under the age of 18



Consider then Figure 6, distilled from the projections provided above, which shows the number of newly orphaned children in each year estimated to qualify for foster care placement and grants (in the absence of any HIV/AIDS intervention programmes). The calculation is based on all children under the age of 18 who have lost both parents, plus 70% of children who have lost a mother but not a father – which should equate roughly to the number of children who fall into the definition of orphanhood as defined in the Children’s Bill. The rationale for this choice and calculation is discussed in section 8.1.1.1. On the basis of these assumptions, the number of new orphans per annum who would qualify in 2003 is roughly 220 000. This number is expected to almost double by 2010, reaching a level of 420 000 new orphans per annum. The annual number of new ‘eligible’ orphans starts to decline after 2010, in line with declines in AIDS mortality rates.

Figure 6: Numbers of newly orphaned children eligible for foster care placement in each year



The implications for the State’s current plans to implement Foster Child Grants or an equivalent as a response to orphans in the context of the AIDS pandemic are unambiguous. *Figure 6* indicates, for example, how the total number of children currently in foster care is less than the number of newly orphaned children who will qualify in 2003 alone. Furthermore, each of the figures above reveals starkly how in 2003, we are still in the early stages of the anticipated increase in the

numbers of orphans. And yet the numbers of foster care applications in many parts of South Africa already far exceed social workers' capacity to process them. If one considers the predicted number of orphans that the country will face – as indicated in the figures above – it is clear that social welfare and court capacity and resources are utterly inadequate.

Thus, if the State is to enable and encourage the use of the foster care system – or, in terms of the draft Children's Bill, 'court-ordered kinship care' placements of these children to provide poverty relief or even to address issues of their legal guardianship (see 4.1) – it is likely to create further bottlenecks in an already severely over-burdened and cumbersome social work (in particular) and children's court system, and to continue to fail to reach vast numbers of vulnerable children and their families who need material support.

7.2 Child protection functions of foster care placement will be diluted:

The use of foster care as a poverty alleviation mechanism for orphans and their caregivers detracts from the real purpose that the foster care system serves in the *protection* of particularly vulnerable children. The continued implementation of this approach stands to reduce the effectiveness of the foster care system to meet the needs of children who require the State to intervene in their care arrangements, for example, children who have been abused, neglected or who require temporary removal from their families, while so-called 'family re-unification' services are delivered (including some children who have been orphaned).

Nthombi, in the case study above, and other social workers who participated in this research struggled – and in many instances failed – to conduct the monitoring activities legally required for foster placements. While in many situations monitoring is most likely unnecessary – such as those of many orphans who are in the safe and long-term care of relatives or others – social workers were frequently compromised in their capacity to monitor the placements that had been made for child protection reasons.

We thus argue that using a key child protection mechanism – that of foster placement – as a poverty alleviation mechanism, will result in overburdening not only the foster care but also the social welfare system more broadly. The approach thus threatens to dilute the real purpose of the foster care service and its associated grant, and risks weakening a critical system of protection for children who need it, and for whom it was designed.

7.3 Other social service provision will be severely compromised

“The idea of a social worker is that they do some case work, some group work, and some community work. But our social workers are bogged down in foster care case work and so for example, therapeutic interventions are very minimal unfortunately”

Supervisor, NGO providing statutory services, KZN.

The social workers quoted here and in the case study earlier raise the critical issue of their capacity to fulfil the range of tasks that constitute their job descriptions, and the limited nature of what they are currently able to achieve as a result of – in the words of one social worker – 'orphan grant' applications.

Both the ethnographic and the costing research documented social workers generally being unable to effectively perform their designated roles in the implementation and monitoring of home- and community-based care and support services, as outlined in the department's business plan (Mabetoa & De Beer, 2002), primarily due to a lack of capacity in the form of personnel shortages.

Said the co-ordinator of a home-based care organisation operating in one of the sites: “The welfare department haven’t engaged particularly effectively, just because of a lack of capacity”.

Similarly – as Smangele points out above – given current capacity, social workers in the sites were unable to provide counselling to the large numbers of children and young adults who potentially needed emotional support. Commented a somewhat disillusioned social worker in Durban, “I enjoyed [social work] when I was studying, now I feel like I’m not doing more stuff of a social worker. We don’t practice what we are supposed to do as social workers, like counselling”. In the very few instances where social workers were providing some form of emotional support to children, they did so on an individual basis and were therefore only able to work with an extremely limited number of children.

Social workers in the sites were also observed to play an insignificant role in assisting sick caregivers to plan for their children’s future, although this is clearly a social need that requires addressing (Giese et al, 2003). Where they were involved in decisions regarding children’s care, it was invariably in response to problems arising after the death of a caregiver (and hence foster placements). Overall, social workers tended to focus on children who had been orphaned and there was very little evidence of services being directed at children living with sick adults - a gap that would potentially have been filled had the social workers had the capacity to play their intended role in the home- and community-based care and support teams (Giese et al, 2003).

Thus despite the national Department of Social Development’s commitment to provide holistic welfare support (as outlined in Mabetoa, 2002; Republic of South Africa, 2002) and the concomitant efforts on the part of social workers to do so, the focus of their services tended to be on assisting caregivers to access foster grants. In the face of very limited human capacity, social workers across the research sites were compromised in their capacity to deal with other important aspects of support required to address the needs of those resident in their district.

With the provision of Foster Child Grants – or potentially Court-ordered Kinship Care Grants – to orphans as a key aspect of the State’s response to orphans, these failings in the provision of social services to the poor and others needing support can only stand to be severely exacerbated.

8. Costing the provision of foster care for orphans

Having considered a number of the social and practical implications of the current and proposed social security mechanisms for addressing the poverty-related needs of children in the context of the AIDS pandemic, we turn now to examining some of their estimated costs. We explore the relative estimated costs of four different possible cash-grant scenarios, which include various combinations of existing and proposed grants, including:

Existing grants:

- i. *Foster Child Grant (FCG)* (R500/month), with associated services – available to foster parents of children who have been placed in their care by a children’s court.
- ii. *Child Support Grant (CSG)* (R160/month) – currently available for children under the age of nine who qualify in terms of a means test.

Proposed grants:

- iii. *Court-ordered Kinship Care Grant (KCG)* – while not clearly stated in the current draft Children’s Bill, caregivers of children in formal kinship care are understood to be likely to be eligible for a grant of similar or equal value to the Foster Child Grant.

- iv. *Universal Child Support Grant* – various child rights groups have been advocating for the full extension of the Child Support Grant to all children under the age of 18 years, including the abolition of the current means test.

The four scenarios costed are as follows:

- The first scenario costed is along the lines of that which is – at least in theory – available to children in current legislation in South Africa. All orphans go through the foster care placement and grant processes and receive a Foster Child Grant until their eighteenth birthday. During this time, they continue to be monitored according to legal regulations. All other children eligible for the Child Support Grant under the current age rules and means test go through the Child Support Grant process and receive the grant until their age is above the age limit. In this and scenario two and three, the age limit for the grant is raised from under seven years in 2002, to under nine years in 2003, under 11 years in 2004 and under 14 years in 2005, as agreed by Government. We call this the **foster care scenario**.
- The second scenario costed considers a procedure for orphans that is more or less equivalent to the court-ordered kinship care placement and process proposed in the draft Children’s Bill, and assumes a grant equal to that of the FCG. In terms of this, all orphans go through the foster care placement and grant processes and receive a FCG until their eighteenth birthday. The children are not monitored after receiving the grant. All other children eligible for the CSG under the current age rules and means test go through the CSG process and receive the grant until their age is above the age limit. We call this the **kinship care scenario**.
- Thirdly, all orphans and other children who are eligible for the CSG under the current age rules and means test go through the CSG process and receive the grant until their age is above the age limit. We call this the **limited CSG scenario**. In this scenario, as well as the fourth scenario, FCGs are assumed to be operating only in terms of their original purpose of child protection.
- All children under 18 years – whether orphaned or not – go through the CSG process and receive a CSG. We call this the **universal CSG scenario**.

Note that we do not cost the implementation of the foster care system for child protection purposes here. Our costing thus ignores all children eligible for foster care placement and Foster Child Grants who are not orphans. This relatively small number of children is not relevant for the comparisons presented in the costing, as these children will continue to need the special provisions provided for under the foster care placement and grant in all scenarios, and so the costs can be assumed to be fairly standard across the four scenarios.

The costing is provided up until 2017 as this is the year in which the ASSA model predicts that the number of orphans will peak.

This first part of this section explains our overall approach in the costing, and the main assumptions (see 8.1). The second part details the costing of Foster Care and Child Support Grant processes, providing detail of the methods used to estimate both the staff costs as well as the costs of the time they spend on these processes (see 8.2). The third part costs four scenarios which reflect different ways of providing social security for children in the context of the AIDS pandemic, and provides some discussion as to the financial implications and benefits of each (8.3). Finally, through sensitivity tests, an indication is given of how changing some of the key assumptions might affect the estimates (8.4).

Sections 8.1 and 8.2 provide substantial technical detail for readers who are specifically interested in the costing methodology. Other readers may wish to skip over these sections.

8.1 Key assumptions underpinning the costing

8.1.1 Estimating the numbers of children eligible for the various grants

The following sections outline the processes by which we estimated the numbers of children eligible for Foster and Court-ordered Kinship Care Grants (8.1.1.1), the numbers of children eligible for Child Support Grants (8.1.1.2), as well as the numbers of children estimated per grant application (8.1.1.3).

8.1.1.1 Estimating the number of orphans eligible for Foster and Court-ordered Kinship Care Grants

Figure 7 below provides additional detail to that illustrated in Figure 5. It shows how the total number of maternal orphans under the age of 18 consists of children orphaned by their mother's death from AIDS (or while HIV+) and children orphaned by their mother's death from other causes. The number of children orphaned by AIDS is expected to peak at about 2.7 million in 2016 (see 'AIDS orphan' curve), while the number of children orphaned for other reasons is expected to gradually decline, in line with falling fertility rates and as a result of competing AIDS-related orphaning (see 'non-AIDS orphan' curve). Figure 7 also shows the number of children under the age of 18 whose mothers are sick with AIDS²⁶. This number is expected to reach its highest level in 2010, at roughly 730 000 children.

Figure 7: Children maternally orphaned by AIDS, children orphaned by other causes and children whose mothers have AIDS

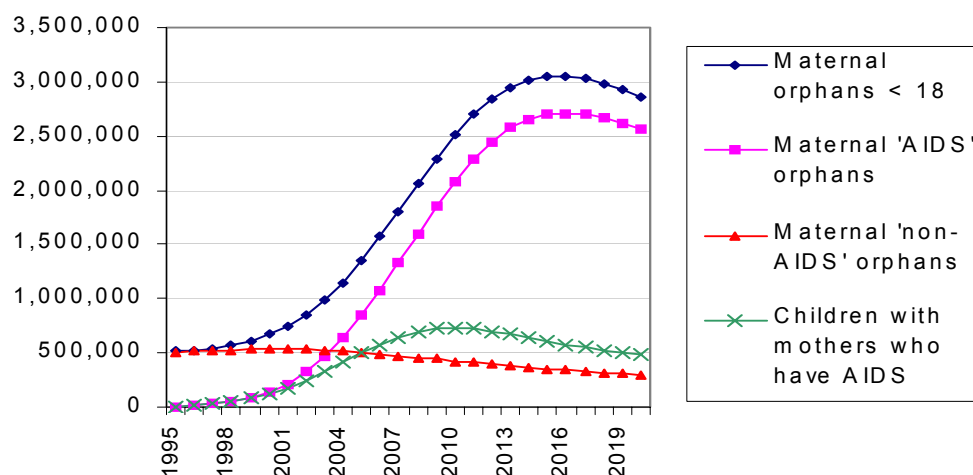
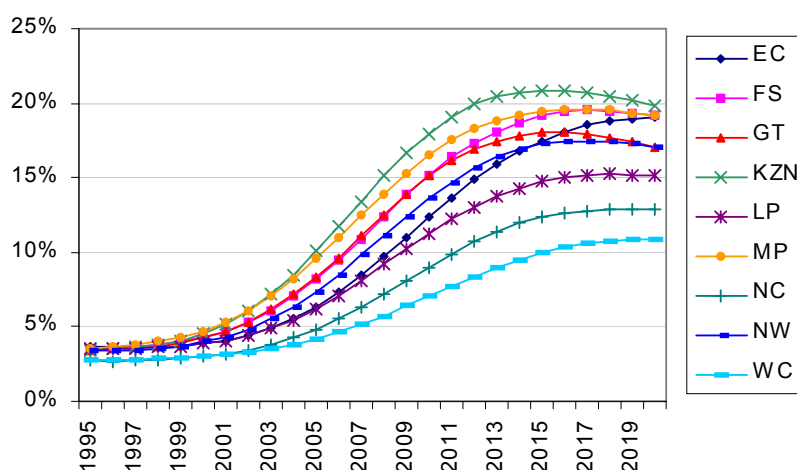


Figure 8 shows the percentage of children under the age of 18 who are maternally orphaned in each province. In the absence of an AIDS epidemic, the percentage of children that are maternally orphaned would be between 3% and 4%. With the impact of AIDS however, the proportion of children maternally orphaned is likely to rise to 20% or higher in provinces such as KwaZulu-

²⁶ This calculation was performed on the assumption that the median time from AIDS to death is 1,28 years (the median assumed by Johnson & Dorrington (2002) for women infected with HIV between the ages of 25 and 34). The calculation is only approximate, as (a) it ignores age differentials in the median term from AIDS to death, and (b) it is based on the assumption that all deaths among HIV-positive women are AIDS-related.

Natal, Mpumalanga and Free State. Provinces such as the Western Cape and Northern Cape are likely to be less affected, due to the relatively lower levels of HIV-prevalence anticipated in these provinces²⁷.

Figure 8: Percentages of children maternally orphaned, by province



As noted earlier, the ASSA2000 orphans model provides estimates of both maternal orphans and ‘double’ orphans, i.e. children who have lost both parents. However, neither of these estimates is ideal for estimating costs of different grants for orphans. Using the definition of orphanhood contained in the Children’s Bill, the maternal orphans estimate is incorrect because some children who lose their mothers will be living with their fathers. The ‘double’ orphan estimate is incorrect because a large number of children do not live with their father, even if he is living. Indeed, in many cases recorded during this research, it was noted that children – or their caregivers - may not know who the father is. Furthermore, it was clear from interviews with social workers that foster care arrangements are made in many cases where the father might be alive, but does not – and is unlikely to – play an active parenting role.

The likelihood of fathers being absent is supported by data from household surveys. Recall, for example, the figures cited from the 1995 October households survey in section 4.1, which revealed that 54% of children under seven years old were not living with their fathers (Budlender, 1998). Among older children there are likely to be more children with ‘missing’ parents. Preliminary calculations using the 2001 census data suggest that the situation in terms of children living with mother, father, both or neither has deteriorated significantly since 1995, presumably as a result of the AIDS pandemic.

For the purpose of calculating numbers of children eligible for Foster Child Grants, we have thus used the maternal orphan estimate adjusted downward to account for children whose father is known and available to take care of the child. On the basis of the data described above, we assume that 70% of maternal orphans whose father is still alive will not be receiving support from their father and can thus be regarded as orphans in eligible for foster care or other arrangements. In the sensitivity testing we provide an indication of how changing this percentage would affect our overall results.

²⁷ Note that although results in subsequent sections are presented at a national level only, results could be calculated separately for each province, as the numbers of children and orphans are available at a provincial level (Dorrington et al., 2002).

Table 2 below gives our adjusted estimates of orphans eligible for Foster Child Grants for each of the provinces for the beginning, middle and end of the period covered by the costing. These are the figures that are used throughout the rest of the exercise.

Table 2: Estimates of total number of orphans eligible for foster care placement, by province, 2003 – 2017 ('000)

	2003	2010	2017
Eastern Cape	116	328	520
Free State	47	131	171
Gauteng	133	378	442
KwaZulu-Natal	211	600	713
Limpopo	95	248	357
Mpumalanga	69	181	221
Northern Cape	11	28	42
North West	62	171	224
Western Cape	41	93	144
TOTAL South Africa	785	2 158	2 834

The ASSA2000 orphans model provides estimates for maternal orphans on a provincial basis. The estimates for 'double' orphans are available only at the national level. The method used to derive provincial estimates of total orphans from the maternal orphans estimates is described above in section 2. The provincial estimates were used both to obtain the number of orphans and for estimates of children in the age group eligible for the Child Support Grant. Provincial estimates are useful because rates of infection and the stage of the epidemic differ by province, and overall estimates would thus be misleading if extrapolated to the different provinces. We also know of some costs – for example, those for the payout of grants – which differ by province. Grants and social services are currently provided for in provincial budgets, and the disaggregated information is thus important.

In estimating Foster Child Grant eligibility, we rely on the ASSA model's estimates of orphans, rather than relying on other estimates such as those produced by the National Institute for Economic Policy (NIEP) or the Financial and Fiscal Commission (FFC). This is because both of these estimates were reportedly based on take-up rates of the Foster Child Grant in the Western Cape rather than on population-based estimates of orphans and other children in need of care.

Finally, there is no means test for the Foster Child Grant, aside from an exclusion if the child concerned has access to significant personal income. The number of children in this position is likely to be insignificant, and we therefore made no adjustment to account for it²⁸.

8.1.1.2 Number of children eligible for the Child Support Grant

Unfortunately, the ASSA model is not able to provide direct estimates of the number of children eligible for the Child Support Grant, as eligibility requires information on income, and this is not part of the model. We therefore had to look elsewhere for estimates.

There have been several estimates of the number of children who should be eligible for the CSG. The following tables show two different estimates produced in October 2002 of both the numbers eligible for CSGs and the take-up rates for the different provinces. The first set of estimates was produced by the National Institute for Economic Policy (NIEP), and the second set by the

²⁸ We did, however, find evidence in two instances where organisations were (illegally) applying a means test for the Foster Child Grant in an attempt to bring the load of applications they faced into line with their capacity to process them.

Financial and Fiscal Commission (FFC). The first set is reportedly regarded as more sophisticated and more trustworthy by the national Treasury, and is therefore used as the basis for our estimates. The FFC predicts larger numbers than the NIEP for all provinces except the Free State. The FFC total is 26% higher than NIEP's total. As discussed below, at least some of this difference is probably explained by the FFC's use of inaccurate population projections for young children. *Table 3* below provides both organisations' breakdown of the estimated numbers of children eligible.

Table 3: Number of children eligible for CSG, 2002 ('000)

	NIEP	FFC
Eastern Cape	773	874
Free State	291	234
Gauteng	189	392
KwaZulu-Natal	745	910
Mpumalanga	228	327
Northern Cape	57	135
Limpopo	582	830
North West	349	355
Western Cape	144	194
TOTAL	3 358	4 251

These figures are, in fact, a serious over-estimate of what is actually paid if taken as the basis for calculations of the cost to Government, as the NIEP model suggests that only around half of eligible children actually receive the grant.

Some of the interviews conducted in the course of this research suggested that take-up rates might improve over the next period, most likely in part as a result of the extra resources provided through the additional conditional grant provided for the age expansion of the Child Support Grant.

For the costing, we have *assumed full uptake*. We do this in order to show the worst case scenario for government in terms of cost, although not – needless to say – in terms of child welfare. Use of full uptake also seems appropriate given that we are more interested in *comparing the relative costs of different scenarios* than in arriving at absolute amounts.

Both the NIEP and the FFC calculations use Statistics South Africa's (Stats SA) mid-year population estimates as the basis of their estimates. Both used Stats SA's estimates without any adjustment for the impact of HIV/AIDS and the FFC failed to make any adjustment for the undercount of children in the 1996 census.

The NIEP did make an adjustment to the figures for the 0 - 4 and 5 - 9 age groups. The NIEP made this adjustment after examining the Stats SA projections and finding that the projections predicted large increases in the population aged 0-4 years, despite the fact that other Stats SA figures showed that the number of children in this age group had declined between 1996 and 1999.

To obtain a more realistic estimate, NIEP calculated the growth rate for the total population implicit in Stats SA's mid-year estimates for each year subsequent to 1999, and then applied these growth rates to the numbers of children aged 0 – 4 and 5 – 9 years in 1999. (This approach incorrectly assumes that the population grows at the same rate for all ages.) The NIEP then took the new estimates and used them in its micro-simulation model to arrive at the number of children aged 0 – 6 years in each year. For 2002, the micro-simulation model produced an estimate of 6 868 369 children aged 0 – 6 years (Personal communication, Asghar Adelnzadeh). Together with the eligibility estimate of 3 358 000 children shown in a previous table, this suggests that 48.9% of

children aged 0 – 6 years were eligible for the CSG in 2002. This percentage is used below in our costing but is applied to the ASSA estimates of the population rather than those of Stats SA.

The total estimated numbers of children eligible for the Child Support Grant are shown in *Table 4* below if we assume 100% take-up on behalf of those children who are eligible. A take-up rate of 100% is clearly an (over)optimistic projection.

The dramatic increase in the numbers eligible from 2003 to 2010 shown in the table is largely due to the increasing age limit, while the subsequent decline is due to declining fertility and rising AIDS mortality.

Table 4: Estimated eligibility for CSG, current rules, by province, 2003-2017('000)

	2003	2010	2017
Eastern Cape	779	1 220	1 181
Free State	264	395	360
Gauteng	772	1 132	1 000
KwaZulu-Natal	1 009	1 523	1 440
Limpopo	651	1 005	996
Mpumalanga	334	498	469
Northern Cape	89	139	139
North West	378	561	533
Western Cape	391	596	557
TOTAL South Africa	4 667	7 069	6 675

For the foster and kinship care costing scenarios we adjust these numbers by subtracting orphans who would be eligible for the CSG, as these children are to be provided with FCGs. We assume that no child can receive a CSG and FCG simultaneously.

8.1.1.3 Estimating the number of children per application

Some of the processes and costs we measured must be incurred for each child assisted. Such costs include, for example, the cost of the grant itself as well as the cost of some administrative procedures.

Other processes and costs can be incurred for a group of children, typically a set of siblings. The extent to which children present in sibling groups rather than individually will thus affect the overall costs for any given number of children.

Table 5 below summarises the caseload statistics for individual social workers /organisations obtained during interviews in an attempt to get an idea of the likelihood that a case would involve more than one child.

The statistics are not comparable across offices. While all those who reported case loads gave the number of cases of a particular type, some indicated the total number of children involved, while others gave the number of cases involving more than one child. Where we were able to access the total number of children, the average number of children per case was calculated. Where we had the number of cases involving multiple children, we assumed (on the basis of interviews with social workers) that half of these cases involved two children and half involved three, and derived the average estimate from this.

The table provides an unweighted average of 1.57 children per case. This average was used in the costing, for example when ‘applying’ the foster care process cost to the number of new orphans. We do not, however, use this adjustment for costs such as grant amounts, as these are incurred per child rather than per family group.

Table 5: Statistics on multiple children per one case

Office	Type	Cases	Children	Multiple	Average
NGO Umlazi	FCP Monitoring	76	103		1.36
NGO Umlazi	FCP Applies pending	46	90		1.96
NGO Cato Crest	Total	79	110		1.39
NGO Cato Crest	FCP Monitoring	38	49		1.29
NGO Cato Crest	FCP Applies pending	16	27		1.69
NGO Athlone	Total FCP	52		4	1.12
NGO Gugulethu	Orphans in FCP	142		51	1.55
NGO Claremont	FCP	18		10	1.83
NGO Wynberg	FCP	22		11	1.77
State Gugulethu	Total	210		100	1.71
Average					1.57

The multiple child adjustment was made in respect of foster care and kinship care placement and grant processes. It was *not* made in respect of the Child Support Grant processes because – in line with our assumption of full uptake – we assumed that the caregiver applied soon after birth for each child. Foster care placement and grant costs were applied from the age at which children become orphaned²⁹.

There were moments in the foster placement and monitoring process itself where interviewees noted that the length of time spent on a particular activity depended on the number of children involved. Where this was the case, we used the time reported for two children.

8.1.2 Inflation

The costing ignores inflation. In doing so, it implicitly assumes that the different costs will increase at the same rate as inflation and that the 2003 figures can thus serve as the ‘real’ value of the different costs for all years.

The assumption might be relatively accurate in terms of *staff costs* if they receive inflation-linked increases each year. While this might be the case in respect of government employees, it has not been true in respect of non-governmental employees over recent years. The lack of inflation-linked increases is, however, largely a result of Government’s failure to increase subsidies. For the costing, we use the government subsidies in respect of non-governmental employees and thus assume that in future Government will increase these in line with inflation.

The accuracy of the inflation assumption in respect of *grant levels* depends on political decisions. However, the Minister of Finance undertook at the time of the tabling of the 2002/3 budget that grants would continue to be adjusted to keep up with inflation each year. *Table 6* below shows that while there were not regular adjustments in the first four years of implementation of the CSG, there have been since then.

For costing purposes, we have used the 2003 levels, i.e. R6 000 per year for the FCG and R1 920 per year for the CSG.

Table 6: Value of FCG and CSG by month in which increases became effective

Grant	07/98	01/99	07/99	07/00	07/01	10/02	04/03
FCG	350	360	374	390	410	460	500
CSG	100	100	100	100	110	140	160

Source: National Treasury, 2003: 105

²⁹ The ASSA2000 and ASSA Orphans models produce results separately for children at each age. This means that the estimates of the numbers of children receiving grants take into account the age at which children become orphaned and the age at which eligibility ceases.

Another area in which the assumption of inflation-linked increases has not been correct in the past is in respect of the *means test for the Child Support Grant*. The means test for the CSG states that the grant is available to the caregiver of a child where that caregiver's monthly income (together with that of the spouse) is less than R800 if they reside in a rural or informal urban setting, or less than R1 100 if they reside in a formal urban setting. These levels were laid down when the grant was introduced, and have not been adjusted since. If poverty remained at similar levels, inflation would result in fewer caregivers qualifying in each succeeding year. The report on the income and expenditure survey of 2000 suggests in fact that poverty has, if anything, increased slightly since 1995 (Statistics South Africa, 2002).

8.1.3 Excluded costs

In calculating the costs of the different processes and grants, we have included most staff costs, the cost of the grant itself, and the administration cost paid to the companies that distribute the grants.

A range of costs have been excluded. In most cases, these apply to both the Foster Care/Court-ordered Kinship Care Grant as well as the Child Support Grant processes, and the exclusions therefore do not create any relative bias.

The excluded costs are as follows:

- Cost of supervision of staff where this is not directly related to the grant or foster care placement. These costs are overhead costs that will not necessarily be related to the number of grants and placements processed.
- Cost of support staff such as administrators and secretaries unless they were directly involved in the placement and grant process. We have, for example, included some typing costs for the foster care process where these were reported by Government. We however have not included typing costs for non-governmental organisations as we have included the administrative subsidy in our estimate of the government subsidy provided in respect of social work staff (see 8.2.1 below).
- Cost of transport, other than the time cost of the staff involved. This said, daily travel time to service points is not included.
- Cost of wasted time, for example when a social worker does not find the caregiver or children at home, or has to wait at court for the hearing. According to social workers who participated in the research, this happens often – for a variety of reasons (see 6. above).
- Cost of messengers.
- Administration costs such as for photocopying of the numerous forms.
- Both NGOs interviewed said that they usually arranged food parcels or other assistance (for example with school fees) to tide the family over the three or four (or more) months until a grant came through. For the costing we have included the time spent arranging this assistance. We have not included the time spent delivering the food each month although the same staff are usually responsible for this task. We have also not included the value of food parcels and other assistance provided to applicants.
- Costs of Department of Home Affairs and other agencies in providing necessary documentation. We excluded these costs on the basis that the documents concerned should be provided to all citizens as a matter of course, and are not needed only when obtaining the grants. The exclusion of this cost should not affect the relative costing of FCGs and CSGs as similar documents are needed for both grants.

- Recruitment and training costs of additional social workers and legal personnel. In the case of social workers, these could, in fact, be significant if the foster care placement and grant is extended to all orphans, as current staff are already not coping with their existing caseloads.

8.1.4 Limitations

The assumptions made throughout the costing tend to under-estimate the costs of foster care and over-estimate the costs of the Child Support Grant. This was a conscious choice on our part, to ensure that the figures were not biased to suit our argument.

In particular, both the method as well as the logistics of collecting time-use data from personnel involved in the foster care placement and monitoring processes lead to time-estimates for a ‘best case scenario’ – for entirely smooth processes in which time was not wasted at any stage. In practice, such cases rarely occur – for a number of reasons, including the social, logistical, financial, and infrastructural complexities of the environment in which the services are provided.

In addition, when collating total time estimates for costing purposes, only those activities and events which were said to take place for all cases were included. Those that applied only to a portion of cases were disregarded. We also only costed one foster/court-ordered kinship placement per child, while in practice – in particular as the AIDS pandemic progresses – many children are likely to require transfers/replacement. There is thus almost certainly a significant difference between our ‘ideal case’ costs and those of an ‘average case’.

In instances where costs relating to the FCG have been excluded, these exclusions accentuate our underestimation of the cost of the foster care approach. Where the costs are related to both the CSG and FCG, they should cancel out as the cost per case would be the same whatever form of assistance was given to a particular child.

8.2 Calculating the cost of components of the FCG and CSG processes:

8.2.1 Calculating staff costs

Estimating the costs of personnel involved in the Foster Care and Child Support Grant processes required ascertaining estimates of the time they spend on relevant tasks as well as calculating the cost of their time. Sections 8.2.1.1 and 8.2.1.2 describe these methods in detail.

8.2.1.1 Calculating staff time-use

In each site, time-use data for the processing of foster care placements and Foster Child Grants, as well as for the processing of Child Support Grants, were collected (through detailed face-to-face or telephonic interviews) from staff involved in every step of the process (see *Table 7* below). The amount of time spent on a ‘best case scenario’ for an applicant was thus established for social workers and social work supervisors in both State social services offices as well as in NGOs providing statutory services; for commissioners of child welfare, their clerks, typists and interpreters, administration clerks in social security offices at district and regional levels, and other relevant State employees in the statutory offices of the provincial Departments of Social Development.

Table 7: Personnel interviewed for time-use estimates in each site³⁰

Province	Durban, KZN		KZN	EC ³¹	Cape Town, WC	
Site	Cato Crest	Umlazi	Ingwavuma	Umzimkulu	Gugulethu	Khayelitsha/other
State social services office	NA	NA	√	√	√	√
NGO providing statutory services	√	√	NA	√ (but excluded)	√	√
Court staff	√	√	√	x	√	√
Regional statutory office	√	√	x	x	√	√
Social security service point/district office(s)	√	√	√	√	√	√
Social security regional office	√	√	√	x	NA	NA

We then added up the time spent by different categories of staff on a particular process, and multiplied the time spent by each category by the relevant cost of that category.

8.2.1.2 Calculating the costs of staff time

In calculating *social services staff costs* for government employees we used, where possible, the full cost of employment. This measure includes both the gross pay of the employee, as well as additional costs – such as employer contributions to unemployment insurance and medical aid, and the skills levy – incurred by the employer. Where the full cost of employment was not provided, we estimated the full cost of employment by multiplying gross pay by 1.36 (pers. comm. Bupendra Makan, 2003).

In the case of non-government staff costs, the government subsidy was used rather than the full cost of employment paid by the NGO as the former constitutes the direct cost to Government, and it is the direct cost to Government which is the main focus of this costing. Government provides subsidies to NGOs when they provide statutory services – services which it would otherwise be legally obliged to provide itself. The procedures associated with foster care placements constitute one such statutory service.

Two NGOs providing foster care placement services participated in the costing research – one in Durban, the other in Cape Town. From these organisations we obtained details both of the full salaries paid to the social workers concerned, as well as details of subsidies received from Government. There were no NGOs doing statutory work in Ingwavuma. Umzimkulu has a local Child Welfare Society, however its single employee essentially functions as one of the Department of Social Development team. We thus excluded information from the interview from our calculations. On the other hand, in Durban all foster care placements of orphans have been outsourced to NGOs and there were therefore no relevant costs for State social services.

An attempt was made to obtain information on the position in relation to the extent of outsourcing of statutory services throughout the country so as to be able to weight information from Government and the NGOs appropriately. We were, however, unable to obtain a breakdown even

³⁰ Services provided for residents of each site are not necessarily located in the site that we name here. For example, the NGO providing statutory services to Cato Crest residents is located in Sherwood, Durban and the relevant social security offices are located in the city centre. For ease of reference (and to capture the process from start to finish), we label the services according to the research site in which users of the services are resident.

³¹ Attempts to schedule interviews with court staff, the regional statutory office and the regional Social Security office were unsuccessful in this site.

at national level of the number of government-employed and NGO-employed social workers doing statutory work. Neither Government (in the form of Treasury and the national Department of Social Development), nor the NGOs themselves were able to provide us with anywhere near full information on the extent to which these services were outsourced or State provided. The only province for which we were able to obtain the information was Mpumalanga, where the Department of Social Development employs 138 social workers, with a further 149 social workers subsidised in non-governmental agencies. Of the 149 subsidised social workers, 99 are working with children.

It was therefore decided not to attempt any weighting but simply to calculate the full cost of each process at each location on the basis of the quantitative time and salary information obtained in the interviews, and then find the mean across all locations for each process. Below we compare the mean costs over our sample for NGO and Government provision. The comparison suggests that changing the weighting would not affect our estimates too significantly.

With regards to calculating NGO subsidy costs, we have included the administrative subsidy even though we did not include this where Government provides services. We justified the inclusion on the basis that the administrative subsidy is a direct cost associated with outsourcing statutory work. We were in fact forced to include it as we were not able to obtain separate figures for the social worker and administrative components for all cases. We balanced this inclusion on the government side by costing in typing time associated with the foster care process when reported by Government, but excluding typing time when reported by NGOs.

We assumed that staff worked 22 days per month. From the interviews we found that different staff worked between 7½ and 8 hours per day, excluding lunch breaks. Using the relevant work time, we calculated a cost per minute, as many of the times for activities were given in small units. No adjustment was made for leave or public holidays.

In calculating staff costs, it was necessary to decide on which level of salary to use. There are different levels of staff, such as social worker and chief social worker, in the foster care placement process, and administrative officer, senior administrative officer, and senior and ordinary administrative clerks when processing grants. We based this aspect of level on what we learnt in the interviews and in each case used the lowest level reported to be employed for a particular post.

Within each level there is a further range of levels called 'notches'. An NGO informant told us that staff automatically move up one notch for each year of service. This was not relevant for our purposes as we were using government subsidies for non-governmental agencies. A government official said that their staff are awarded notches on the basis of experience and performance. In choosing the notch for calculation of the salary, we again erred on the low side and chose the lowest notch. This is, in fact, not realistic particularly for the foster care processes because these require a certain level of skill. However, the lowest notch was chosen because we felt that expansion of the system to meet the needs of all children orphaned by AIDS would mean that agencies would need to take on many new staff, most of whom would have relatively little experience.

Interviewees generally said that overtime was unpaid. We did not make any adjustment for overtime, because of the difficulty of estimating averages. We also felt that calculations based on an unsustainable basis of continuing overtime were not advisable. We further felt that the extra time worked in overtime will be, at least partly, cancelled out by paid time in which no work is performed, such as tea time. Most interviewers said that they had about half an hour for tea each day. This time is regarded as paid, unlike lunch breaks.

Costing the time of *magistrates and others involved in the court processes* that are part of foster care placements was considerably simpler, in light of the fact that costs of employment are standard across provinces and categories of staff. With the cost of employment of commissioners and magistrates pegged at R24 909 per month, and a standard workday of 465 minutes (excluding lunch break), their time can be costed at R2.43 per minute. Similarly, information obtained on cost of employment of court clerks and court interpreters suggested that R7 189 per month is the standard amount. With a standard workday of 465 minutes excluding lunch break, this works out at 70c per minute. These are the figures used throughout the costing below.

8.2.2 Costing the different administrative processes

We turn now to establishing and costing the *time involved* in the different processes associated with the four scenarios, namely:

- a) The foster care placement and grant process
- b) The court-ordered kinship care placement and grant process
- c) The foster care monitoring process
- d) The Child Support Grant application process
- e) Payment of grants

The procedures involved in each of these processes are outlined in detail in *Figures 1 – 4* above. We do not repeat them here but rather provide cross-references back to the relevant sections of the diagram where possible.

a) Costing the foster care placement and grant application process

Table 8 below collates the cost calculations for each category of personnel involved in the foster care placement and grant application process (*Figures 1, 2 and 4* outlining the process in detail refer). It provides a detailed breakdown of the minimum and maximum costs calculated from collected data, as well as a mean cost used for the overall costing estimates.

The findings illustrated in the table are discussed in more detail in the text that follows.

Table 8: A summary of the costs per case of staff time-use on the process of foster placement

Description	Staff categories	Minimum Cost (R)	Maximum Cost (R)	Mean Cost (R)	Subtotal of Mean Cost (R)
1. NGOs and social services	Non-management staff (social worker & related)	R186.01	R648.79	R385.25	R425.46
	Supervisors	R 7.79	R128.79	R 40.21	
2. Courts	Magistrates	R 54.68	R157.95	R113.20	R167.42
	Court Clerks	R 7.00	R 84.00	R 37.95	
	Interpreters			R 16.25	
3. Regional statutory office, DSD	All staff involved	R 21.13	R 51.15	R 36.14	R 36.14
4. Social security offices	All staff involved, across offices	R 28.56	R 42.56	R 37.35	R 37.35
MEAN TOTAL COST PER CASE FOR FOSTER CARE PLACEMENT AND GRANT APPLICATION PROCESS					R 666.37

The mean total cost – including all the mean time-use per case of all personnel involved in the foster care placement and Foster Child Grant application process is thus calculated to be R666.37 per case. We turn now to look at the figures provided in the table in more detail.

The estimates of total time spent by *non-management social services staff* on the foster care placement process in respect of a single case ranged between 275 minutes in Umzimkulu and 1 440.5 minutes for an NGO in Cape Town. The mean time per case for non-management staff was 716 minutes – equating to a mean cost of R385.25. Time estimates per case for *social work supervisors or agency managers* provided a similarly wide range of time-use estimates, from 7.5 minutes for state services in Wynberg, Cape Town, to 212.5 minutes for an NGO in Cape Town. The mean time spent by social work supervisors per case was 57.19 minutes – equating to a cost of R40.21. Thus the mean total cost of time spent by social workers and their supervisors processing foster care applications amounts to R425.46.

The significant differences in time spent (and thus cost) in processing foster care placements by social workers and other non-management staff in the social services in different locations can be explained by a number of different factors. In particular, the smaller number of orphans in the Western Cape allows social workers more time to spend on each case, whereas social workers in areas such as Umzimkulu and Ingwavuma face such large caseloads that the time spent on each case is cut to a bare minimum. This pattern is similarly reflected in the average time spent by social work supervisors and agency managers on each case.

The differences in time spent are equally striking in the case of *court clerk* times, where the estimated time spent by the clerk on a single case ranged from 10 minutes in Ingwavuma to 120 minutes in Wynberg. The reason for these differences is that in Ingwavuma, the non-governmental Ingwavuma Orphan Care project (IOC) does many of the tasks required of a court clerk in other areas. The IOC does this at no cost to Government. The cost for Ingwavuma is thus unusually low and pulls down the overall average. However, we have included it because it is balanced out by what seem exceptionally high time estimates for the Wynberg clerk.

The average time spent on a foster care placement by *magistrates* ranged from 22.5 minutes in Khayelitsha, to 65 minutes in Umlazi. The mean time is 46.5 minutes. The mean salary cost of the magistrate or commissioner is thus R113.20 per court inquiry for foster placement.

Regarding the costing of *court interpreters*, we have taken the following approach: Three of the five magistrates interviewed in the course of this research were white, and were not competent in any African languages. We assume that this will generally be the case, and yet the majority of foster care applicants are poorer African people who are frequently not fluent in English or Afrikaans. We therefore use a rough estimate that an interpreter will be necessary in three-quarters of the cases, and have taken the court time reported by the magistrates as the time needed for the interpreter. This might be an underestimate as the interpreter might interact with the applicant outside the courtroom. The time in court for the three courts which used an interpreter ranged from 25 to 37.5 minutes, with a mean of 30.83 minutes. The mean salary cost of the interpreter per case is thus R21.67 for the three courts in which interpreters were used. If interpreters were used in three-quarters of cases, the mean cost per case for the interpreter will be R16.25.

Time-use estimates by staff in the *Department of Social Development regional statutory offices* – responsible for the recording and monitoring (on paper) of placements – were recorded as 59 minutes in the Western Cape and 26 minutes in an office in Kwazulu-Natal. The staff costs were thus R51.15 and R21.13 respectively. This provides a mean cost of R36.14 in this phase of the process.

Finally, regarding *Foster Child Grant applications*: As with the foster care placement process, we have assumed that all time estimates are per case rather than per child. However, one interviewee pointed out that some of the processes must be performed per child. Our time estimates might thus be slightly lower than they should be. The time spent on these processes ranged from 37.5 minutes in Umzimkulu to 76 minutes in Wynberg, with a mean time of 56.38 minutes. The mean cost was R37.35, with a minimum of R28.56 and a maximum of R42.56.

As noted above, we took a simple average of the offices which supplied information to arrive at our costing for each phase of the process. This implies a more or less even split between Government and NGO service provision as we interviewed more or less the same number of government and NGO offices. The extent to which our costing is inaccurate depends both on whether our split between Government and NGO estimates reflects the reality in terms of provision, and on the difference between the costs of the process when undertaken by Government and NGOs respectively.

The costs of court time, Department of Social Development record keeping and the FCG application are constant as these processes are always done by Government. Thus the only stage in the process that is conducted by either government services or NGOs is that which involves social workers and their supervisors in the investigation and preparation of the application for a court order. The overall mean for NGOs is R639.40 per case, i.e. 7.8% lower than the R693.35 per case for Government. This is a relatively small difference. The placement process is the only part of the cost of foster care and court-ordered kinship care provision that involves NGOs, and the difference in the numbers for NGOs and Government thus affects only a proportion of the total cost. A different split between NGO and government provision would thus not make a significant difference to our estimates.

b) Costing staff time-use on the court-ordered kinship care placement process

If we exclude the costs of handover between social workers involved in processing foster placements and social workers involved in monitoring foster placements, we get the relevant placement costs for court-ordered kinship care. Here, the mean cost per case was R344.90, with a minimum of R186.01 and a maximum of R624.44. (The minimum is the same as for foster care placement because the office concerned does not use different staff for the placement and monitoring processes.)

The information on costing of placement can thus be summarised as follows:

Table 9: A summary of the costs of staff time-use per case on the process of court-ordered kinship care placement

Description	Staff categories	Subtotal of mean Cost (R)
1. NGOs and social services	All staff involved (as outlined above)	R344,89
2. Courts	All staff involved (as outlined above)	R167,42
3. Regional statutory office, DSD	All staff involved	R 36,14
4. Social security offices	All staff involved, across offices	R 37,35
MEAN TOTAL COST PER CASE FOR COURT-ORDERED KINSHIP CARE PLACEMENT AND GRANT APPLICATION PROCESS		R626,01

c) Costing staff time-use on the foster care monitoring process

After the placement process is approved, social workers are responsible for a range of periodic duties in respect of the foster family. Some agencies refer to this process as foster care supervision. We use the term ‘monitoring’ to avoid confusion with the supervision tasks which managers perform in respect of both this and the placement process. *Figure 3* outlining the process in detail refers.

For the purposes of costing, we have calculated the time spent on monitoring over each two year period as this is the period currently laid down by the Child Care Act of 1983 for statutory reports on all foster care placements. We include these costs in the standard costing of the *foster care scenario*. However, the draft Children’s Bill proposes that the current monitoring requirements can – if the magistrate and social workers involved see fit – be done away with for court-ordered kinship care. Our *kinship care costing* scenario omits all monitoring costs and thus potentially under-estimates the full cost of kinship care to some extent.

Table 10 below summarises the costs involved of monitoring foster care placements over a two year period. Our estimates for the amount of time spent by social workers on a case over a two year period ranged from 105 minutes in Ingwavuma to 1420 minutes for the State social services offices in Wynberg, Cape Town. The mean time spent by social workers per case across the research sites emerged as 566 minutes over a two year period – resulting in a mean cost per case of R327.62.

Estimates for the time spent by social work managers on each case over a two year period ranged from 7.5 minutes in Ingwavuma to 310 minutes for an NGO operating in Cape Town. The mean is 92 minutes, with a mean cost for managers per case over a two year period being R66.46.

As discussed earlier, these differences in time spent per case can at least in part be ascribed to the fact that in Ingwavuma and similarly in Umzimkulu, social workers and their supervisors simply do not have the capacity to conduct thorough monitoring of placements, while their counterparts in parts of the Western Cape do not face equally huge loads and are therefore able to be more thorough.

Estimates of time spent by personnel in regional statutory offices responsible for ensuring that all paper work relating to the monitoring and extension of the placement is in order ranged from 30 minutes in a Western Cape office, to 47 minutes in a KwaZulu-Natal office. This yields a mean cost per case of R34.84 over a two year period.

Table 10: A summary of the costs over a two year period of staff time-use on the monitoring and renewal of foster placements

Description	Staff categories	Minimum Cost (R)	Maximum Cost (R)	Mean cost per case (R)	Subtotal of mean cost per case (R)
1. NGOs and social services	Non-management staff (social worker & related)	R70.51	R945.11	R327.62	R394.08
	Supervisors	R 7.79	R187.88	R 66.46	
2. Regional statutory office, DSD	All staff involved	R27.49	R 42.18	R 34.84	R 34.84
MEAN TOTAL COST PER CASE OVER A TWO YEAR PERIOD FOR THE MONITORING OF FOSTER CARE PLACEMENTS					R428.92

We have not included any costing of any transfers, where a child is moved from one placement to another. Similarly, we have not included the costs of any court cases as a result of the 16(2) report not being completed on time, because we are assuming a ‘best case’ scenario.

d) Costing the Child Support Grant application process

As noted in 6, the Child Support Grant application process is very similar to that reported for foster grant applications. *Figure 4* refers.

Again, as with foster care applications, we estimated costs for a ‘best case scenario’ – and thus have not costed officials’ time taken up in cross-checking and verifying applications that appear suspect or are missing information or documents.

Our time estimates for CSG applications ranged from 37.5 minutes in Umzimkulu to 121 minutes in Wynberg. The mean time was 64.88 minutes. The table that follows illustrates the related cost estimates per case.

Table 11: The costs of processing Child Support Grants

Description	Staff categories	Minimum Cost (R)	Maximum Cost (R)	Mean cost per case (R)
Social security offices	All staff involved, across offices	R17.58	R42.56	R30.22

For the purposes of costing we did not include any time spent by social workers assisting CSG applicants. In the main, social workers reported that they were not involved in this way, though some reported spending small amounts of time, for example 15 minutes. Because this was not done in respect of all CSG applicants, we excluded the costs.

Travel and time costs involved in staffing mobile counter services in any of the sites were also excluded. We were unclear as to the extent to which these services operated around the country. Further, the counter service approach involves some savings as well as the extra costs, in that there are no security and waiting room staff involved.

e) Costing the ongoing payment of grants

It was noted above that we have used the 2003 levels of grants throughout our costing. However, in addition to the amount of the grant itself, is the cost of the monthly administration involved in getting the grant to the beneficiary.

Table 12 below shows the cost of administering a grant in the different provinces when performed by a third party contractor, the post office, or a one-day bank service. For purposes of costing, we used a weighted average based on percentages reported in the Intergovernmental Fiscal Review 2003, namely 74% third party contractors, 11.5% banks and 7.3% post office (National Treasury, 2003). These figures do not add up to 100% - however we were unable to find anyone in Treasury who could explain why. We thus used the same proportions scaled up to 100% (giving 80% contractors, 12% banks and 8% post office) to calculate a weighted cost for each province. For the three provinces where information for the post office was not available, we used the average for the other provinces, namely R15.31. The weighted average is shown in the final column of the table. These averages will be incorrect to the extent that the percentage breakdown between the different methods differs across provinces.

Table 12: Cost of administering a grant, by province

Province	Contractor	Post office	Bank	Average
Eastern Cape	31.50	14.27	0.74	26.33
Free State	28.35	N/A	0.75	23.90
Gauteng	24.61	N/A	1.09	20.96
KwaZulu-Natal	30.41	30.14	0.90	26.73
Limpopo	17.52	12.92	0.63	15.07
Mpumalanga	23.22	12.52	0.72	19.59
Northern Cape	22.70	N/A	0.75	19.40
North West	23.78	12.98	0.88	20.09
Western Cape	16.73	9.00	1.54	14.24

Source: National Treasury, 2003:106-7

The amounts above must be multiplied by 12 to get the annual costs of administration.

8.3 Foster Care, Court-ordered Kinship Care, a universal Child Support Grant: What are the costs to the State?

In this final section, we calculate the estimated costs to the South African government of pursuing the roll-out of each of the four scenarios outlined at the start of section 8. We do so by applying the costs described above to the relevant number of children or 'cases' for each option, using the adjusted number for cases where children are 'processed' in family groups. On the basis of the costing calculations, we discuss the four scenarios in relation to each other.

8.3.1 The method:

Scenario 1: Foster care

In costing the foster care scenario we:

- Multiply the foster care placement and grant application cost by the number of new orphan cases.
- Multiply the foster care monitoring process by half the total number of orphan cases. (We use half because the process is only done once every two years in respect of each case.)
- Multiply the Child Support Grant application cost by the adjusted number of eligible children who are 0, i.e. who were born in the previous year and are still alive. In determining the number of eligible children, we adjust by subtracting the number of eligible orphans as they are already catered for by the Foster Child Grant.
- Multiply the foster grant payment cost by the total number of orphans.
- Multiply the Child Support Grant payment cost by the adjusted number of eligible children.

Scenario 2: Court-ordered kinship care

In costing the kinship care scenario we:

- Multiply the kinship care placement and grant application cost by the number of new orphan cases.
- Multiply the Child Support Grant application cost by the adjusted number of eligible children who are 0, i.e. who were born in the previous year and are still alive. In determining the number of eligible children, we adjust by subtracting the number of eligible orphans as they are already catered for by the Kinship Care Grant.
- Multiply the foster grant payment cost by the total number of orphans

- Multiply the Child Support Grant payment cost by the adjusted number of eligible children.

Scenario 3: Restricted Child Support Grant

In costing the restricted Child Support Grant scenario we:

- Multiply the Child Support Grant application cost by the number of eligible children who are 0 years.
- Multiply the Child Support Grant payment cost by the total number of eligible children.

Scenario 4: Universal Child Support Grant

In costing the universal Child Support Grant scenario we:

- Multiply the Child Support Grant application cost by the number of children who are 0 years.
- Multiply the Child Support Grant payment cost by the total number of children.

Recall that throughout the costing, we cost only foster care or court-ordered kinship care for orphans, and do not take into account children requiring these placements for child protection purposes. As noted earlier, this relatively small number of children is not relevant for the comparisons presented in the costing as these children will continue to need the special provisions provided for under the foster care placement and grant in all scenarios, and so the costs can be assumed to be fairly standard across the four scenarios.

8.3.2 Results

Table 13 below summarises the results for the beginning, middle and end points of the period of estimation, modelled on *full uptake* of the grants. The full tables showing all years, as well as each of the component parts for each scenario, appear in Appendix 2. The table shows that the foster care scenario more or less doubles in cost over the period, from R14 455m in 2003 to R28 544m in 2017. The costs for the court-ordered kinship care scenario are slightly lower but very similar in size and pattern. Predictably, the extremely limited scenario three, which takes only the current Child Support Grant provisions into account, has the lowest costs. The relative ‘savings’ effected by adopting this scenario increase over the period as it is not affected by the increase in the number of orphans. The cost of scenario four – a universal Child Support Grant – is the highest but remains relatively constant over the period. In each case, the *costs estimated here are higher than they would be in reality*, due to their being modelled on an assumption of 100% uptake.

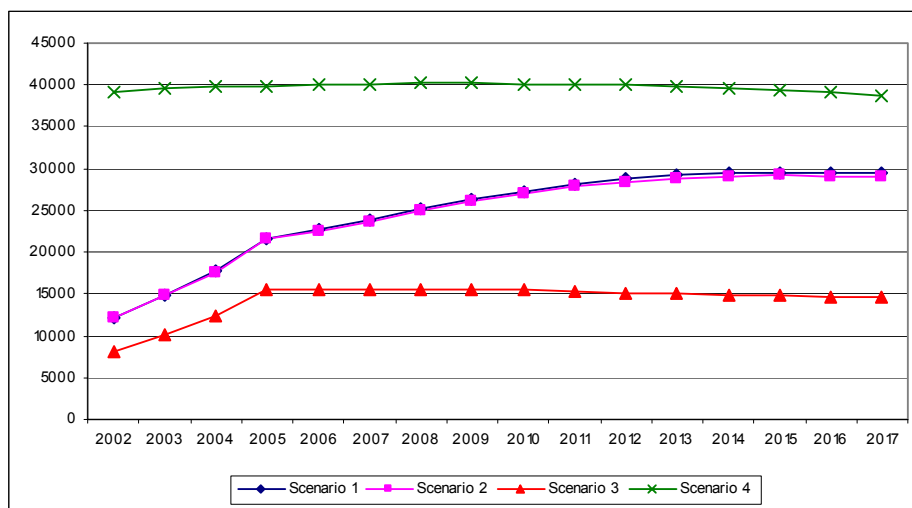
Table 13: Costs of the four scenarios, 2003 – 2017 (Rm)

	2003	2010	2017
Scenario 1: Foster care	14 909	27 334	29 373
Scenario 2: Kinship care	14 796	27 028	28 976
Scenario 3: Restricted Child Support Grant	10 190	15 429	14 570
Scenario 4: Universal Child Support Grant	39 509	40 143	38 776

Figure 9 below illustrates the results of the costing for the full period. The cost of the universal Child Support Grant scenario stays more or less constant over the period as it is based on the total number of children aged 0 – 18 years. The cost is however an over-estimate as at least part of the money allocated to children in wealthier households will return to the fiscus through taxation. The other three scenarios start at a much lower level. Scenario three, the current CSG approach, increases over the next few years as the age limit for the CSG is increased. It then remains more or less constant. The foster care scenario and the kinship care scenario have very similar costs over the period, with the difference between the two insignificant when compared with the other two

scenarios – revealing that the overall costs of the ongoing monitoring of foster care placements by social services are minor in relation to the cumulative costs of the grants themselves. The costs for these two options increases significantly until about 2010, when they start to level off. After 2015 the costs begin to decrease slightly.

Figure 9: Costs of the four scenarios, 2003 – 2017 (Rm)



8.3.3 Discussion: A consideration of the costs and benefits of the four scenarios

Assuming 100% uptake, in 2003, the cost of the universal Child Support Grant scenario amounts to 2.65 times the size of that of the foster care scenario. However, by 2017 it is only 1.32 times its size. In other words, at the peak of the number of orphans that South Africa is predicted to face, the additional cost for the provision of a universal Child Support Grant over social security currently legislated would be a maximum of *one-third* (of which part would return to the fiscus in tax). An almost identical relationship exists between the court-ordered kinship care scenario and the universal Child Support Grant scenario.

In addition, the cost comparisons tabulated above do not compare coverage of children by each of the scenarios. Consider the following table that illustrates the changing percentage of children reached by each scenario over the course of the next 15 years.

Table 14: Percentage of children assisted in different scenarios, 2003 – 2017

	2003	2010	2017
Scenario 1: Foster care	29.1%	45.0%	44.5%
Scenario 2: Kinship care	29.1%	45.0%	44.5%
Scenario 3: Restricted Child Support Grant	25.8%	38.4%	37.6%
Scenario 4: Universal Child Support Grant	100.0%	100.0%	100.0%

The table clearly illustrates how a social security system which aims to provide Foster Care/Court-ordered Kinship Care Grants to orphans up to 18 years of age (R500/month) and Child Support Grants (R160/month) for other children up to 14 (progressively implemented by 2006) would – with a full 100% uptake – reach only 29.1% of all children under the age of 18 years in 2003, and only 44.5% of children by 2017, in which year the number of orphans is expected to peak in the country. This increase reflects the increase in the number of orphans over that period as they are added to eligible CSG recipients. Scenario three, with only the limited CSG, sees coverage

increase in the first years because of the extension of the age limit. However, it reaches a peak of 38.8% of all children in 2005.

Studies analysing 1999 October Household Survey Data suggest however that up to 75% of children in South Africa live in poverty (Cassiem & Streak, 2001), a coverage level of which the foster care, kinship care and restricted CSG scenarios all fall considerably short.

By contrast, if fully implemented, scenario four’s universal Child Support Grant, would – with its constant coverage of 100% – reach all children in the country immediately.

In other words, under the scenario currently in place and being advocated by the State (and many others) as a response to children in the context of the AIDS pandemic in South Africa, as well as that which is likely if court-ordered kinship care is indeed legislated for in the upcoming deliberations on the Children’s Bill, less than one third of all South African children stand to be reached by the system this year, and by 2017 the figure remains at less than half. That these figures are gauged on the basis of extremely unlikely uptake rates of 100%, thrusts the inadequacies of the system into sharp relief, and provide strong evidence in favour of a universal Child Support Grant for all children. With the roll-out of a universal CSG, within 15 years roughly 125% more children would stand to be assisted than is possible under ideal circumstances in the current social security scenario, and at an estimate of only one-third more cost to the State.

Figures 10 and 11 illustrate the cost of each option at two points in time in relation to the percentage of children covered by each of the options at these same time points. Clearly, while scenario four appears to be the most expensive option, the cost differential between this scenario and the others is dwarfed by the difference in the percentage of children which scenario four is likely to assist. Thus a strong case can be made for the *cost-efficiency* of the expenditure on a universal Child Support Grant scenario as opposed to those of the foster care or court-ordered kinship care scenarios.

Figure 10: Grant costs vs. percentage of children reached (2003)

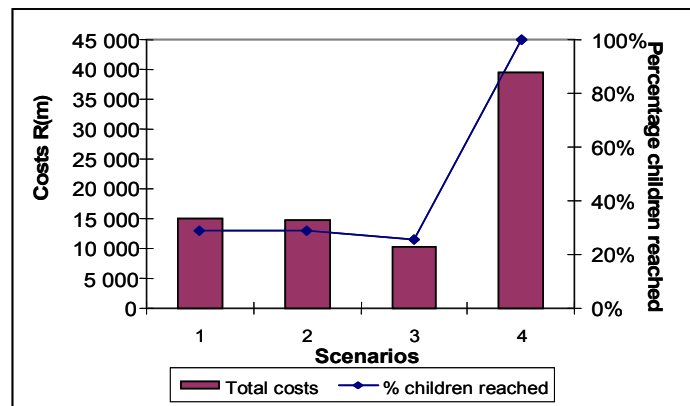
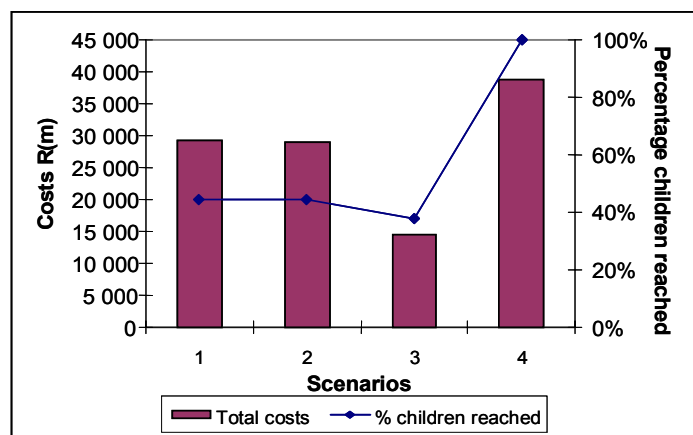


Figure 11. Grant costs vs. percentage of children reached (2017)



Finally, the analysis reveals that the costs of the administrative processes associated with the foster care, court-ordered kinship care and Child Support Grants are very small relative to the total costs of the grants themselves. For example, assuming 100% uptake in 2010, the costs of administration of the foster care scenario amount to 9.7% of the total costs; for the court-ordered kinship care scenario 8.7%; for the limited Child Support Grant scenario 12%; and for a universal Child Support Grant 12%. The administration to grants cost ratio remains constant for the latter two scenarios across time, while it drops marginally for the foster care and court-ordered kinship care scenario by 2017 (8.9% and 7.6% respectively). In the light of administrative process issues outlined earlier in the paper, the cost analysis thus suggests that it is the logistics and not the costs of administration that are the key limiting factor in terms of implementation.

8.4 Sensitivity testing

In this final section of the costing, we provide an indication of how changing some of the key assumptions might affect the estimates. We look first at what would result if the South African government provided foster care only for double orphans, those who had lost both parents. We then consider how the costings would change if we assumed that government provided antiretrovirals and other interventions that changed the number of orphans in the different years.

8.4.1 Providing only for double orphans

The calculations above assume that 70% of children who have lost a mother, but whose father is still living will not be provided for by their father and must thus be treated as orphans in terms of government provision. To test the sensitivity of the costing results to the assumed percentage of ‘maternal orphans’ that must be provided for in this way, the costs were recalculated on the assumption that government would provide only for double orphans – those who had lost both parents.

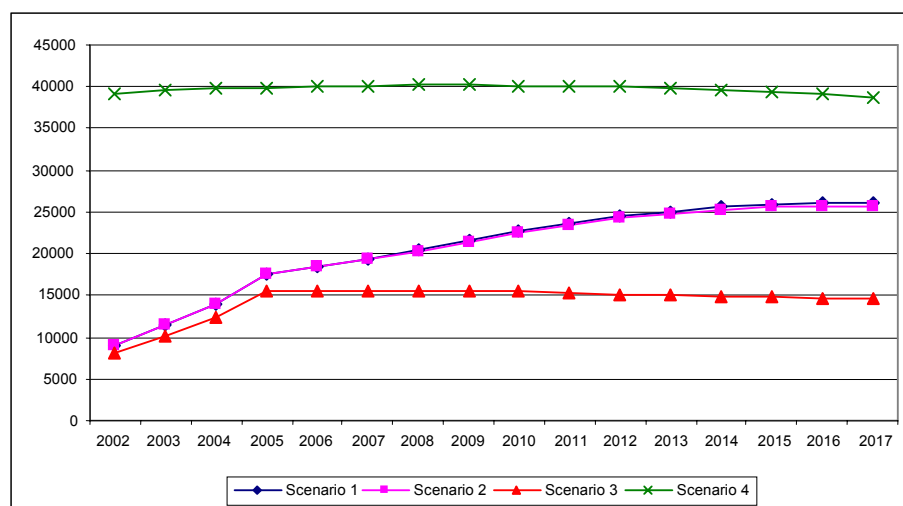
Table 15 below provides the cost estimates under this assumption. The costs for the restricted and universal Child Support Grant scenarios remain the same, while the costs for the foster care and kinship care scenarios are noticeably lower. However, the relative difference between the two scenarios decreases over the period. In 2003, the costs of scenarios one and two for double orphans are 23% lower than the costs for our ‘standard’ estimates, while in 2010 they are 17% lower and in 2017 only 11% lower. Thus while the costing is very sensitive to the percentage chosen, the level of sensitivity decreases over the period.

Table 15: Costs of the four scenarios, 2003 – 2017, if provision made only for double orphans (Rm)

	2003	2010	2017
Scenario 1: Foster care	11 458	22 617	26 023
Scenario 2: Kinship care	11 428	22 440	25 724
Scenario 3: Restricted Child Support Grant	10 190	15 429	14 570
Scenario 4: Universal Child Support Grant	39 509	40 143	38 776

Comparison of the graph below with the graph for the base scenario (*Figure 9*) reveals how the lines for scenarios one and two are consistently lower, but have similar patterns.

Figure 12: Costs of the four scenarios, 2003-2017, if provision only for double orphans (Rm)



8.4.2 With antiretrovirals and other interventions

We did not have provincial estimates for the ‘Interventions’ version of the ASSA2000 Orphans model. We therefore used average costs when estimating the costs of providing grants, rather than the province-specific costs used for the other costings. Our approach was identical in other respects.

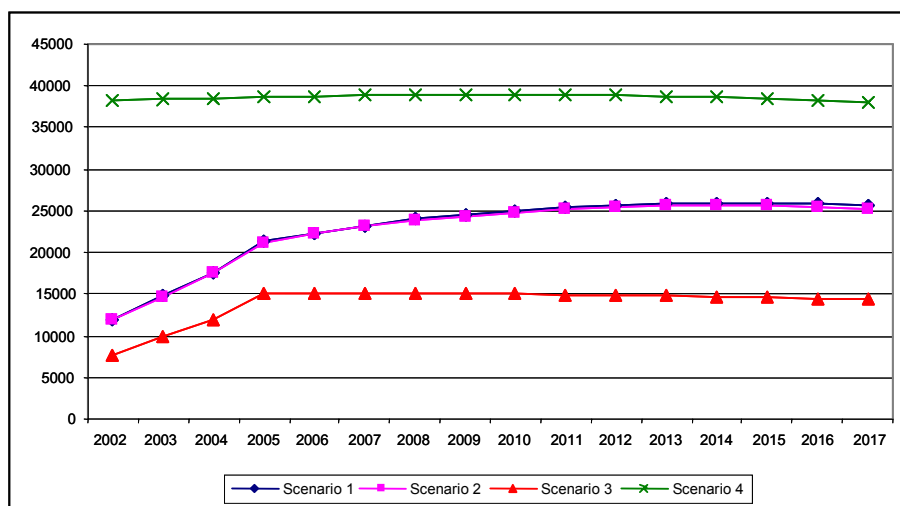
Table 16 below gives the cost estimates assuming the antiretroviral and other interventions described in Appendix 3. These estimates are not directly comparable with those in *Table 13*, due to the differences in the versions of the ASSA model used. However, the costs for 2003 are similar in both tables, as the interventions have not yet had a significant effect on the numbers. The costs for scenarios three and four in subsequent years are also similar, as interventions are not expected to change the numbers of children significantly, and scenarios three and four do not provide different levels of benefits to orphans and other children. However, costs for scenario one and two are expected to be significantly lower in future if interventions are rolled out, due to the lower number of orphans expected.

Table 16: Costs of the four scenarios, 2003 – 2017, with antiretroviral and other interventions (Rm)

	2003	2010	2017
Scenario 1: Foster care	14 744	25 007	25 572
Scenario 2: Kinship care	14 630	24 763	25 304
Scenario 3: Restricted Child Support Grant	9 859	14 986	14 335
Scenario 4: Universal Child Support Grant	38 382	38 908	38 001

The graph shows clearly how the costs of scenarios one and two rise less steeply than in the base scenario.

Figure 13: Costs of the four scenarios, 2003 – 2017, with antiretroviral and other interventions (Rm)



The ‘Interventions’ version of the ASSA2000 model projects for extremely optimistic implementation of antiretroviral, prevention of mother-to-child transmission and other treatment – such as that by 2007, roll-out is modelled at 90% population access. This is an unlikely scenario – powerful in its use in this sensitivity test because of the way it demonstrates how little even virtually universal access to treatment in South Africa will affect the costing of the scenarios described above.

9. Conclusion: What social security provisions will best support children in the context of the AIDS pandemic?

The discussion throughout this paper highlights how the provision of a grant primarily aimed at children whose parents have died – whether a Foster Child Grant, a Court-ordered Kinship Care Grant or an Informal Kinship Care Grant – would for a number of reasons constitute an inappropriate response to addressing children’s socio-economic vulnerability in the context of the AIDS pandemic in South Africa.

While the implementation of such grants would undeniably benefit the household members of the few recipients who are able to access it (as is currently the case with Foster Child Grants), we would argue that such a targeted approach to the alleviation of children’s poverty has serious limitations.

In particular, a response that directs financial resources to children living with relatives that are so significantly larger and more extensive than those available to poor children whose parents are living (and in many cases, sickly), is *inequitable*. Due to the pervasiveness of poverty across South Africa's child population, directing interventions on the basis of children's orphanhood substantially mistargets resources aimed at reducing vulnerability. It not only contradicts the principles enshrined in the South African Constitution and other government policy by failing to adequately support vulnerable families, but also introduces unjust incentives for impoverished parents to place their children in the care of others.

These ethical questions are raised with the roll-out of grants for orphans in foster care in terms of the Child Care Act of 1983, court-ordered kinship care in terms of the latest draft of the Children's Bill, or informal kinship care placements as recommended by the SALRC, and supported by many within both Government and civil society. If the State in its deliberations of the new children's legislation is to take the HIV/AIDS epidemic seriously, this issue of inequity in the conceptualisation of the social security system needs to be addressed.

Secondly, the current and proposed legal provisions for foster and court-ordered kinship care placements and grants – couched in the *questionable notion of an orphan as a child automatically 'in need of care'* – conflict to some extent with the social context in which they operate. Local and regional evidence indicates that the majority of children who have been orphaned do not find themselves without any adult care, and in the main are resident with relatives without any intervention or incentives from the State. Furthermore, the legal requirements of the placements challenge normalised child care practice and enforce living arrangements that are not appropriate in all instances, potentially risking negative social repercussions.

The *administrative processes* for foster care placements – almost identical to those envisaged for court-ordered kinship care placement – are immensely cumbersome. That this is so indicates that the wholesale provision of either placement option to children who have been orphaned in South Africa is impracticable, particularly in the face of severely over-burdened and under-resourced social services and court systems. Implementing an approach to children's poverty alleviation which relies on these services stands to limit the numbers of those who will benefit, despite their eligibility.

In addition, the application of foster care placements to alleviate the poverty of the increasing numbers of orphans that South Africa faces will detract from the crucial *child protection* role that the foster care system is intended to perform. The huge numbers of applications for fostering of orphans will undoubtedly further clog up an already over-burdened system, making access more difficult for those who most need the protection that it offers.

It is critical therefore that the foster care system be *protected* and *strengthened* in order to better accommodate children who *do* require the State to intervene in their care arrangements – including some children experiencing orphanhood.

In addition (and importantly, not *instead*), an alternative social security mechanism that is *adequate, equitable and accessible for all children* needs to be instituted, its urgency heightened by the repercussions of the AIDS pandemic that South Africa currently faces.

On the basis of our research findings, we argue that the most effective mechanism for addressing the needs of children in the context of HIV/AIDS – including children who have been orphaned by the death of their parent(s) – is through the full extension of the Child Support Grant to all children up to 18 and the removal of the means test. If provisions for a universal child grant (without means test) were in place – there would be no need for the provision of any additional grants that are *biased towards alleviating the poverty of only some children*.

The monetary value of the Child Support Grant appears at first glance to be so much smaller than a Foster Child Grant that it is difficult to appreciate it having the same impact for individual children. However, the broader spread of a universal CSG would result in a greater net monetary transfer to neighbourhoods – and in many instances, households – than more targeted scenarios such as the provision of Foster Child Grants to orphans, as is currently promoted by the South African State in its response to the AIDS pandemic. Poor neighbourhoods would in fact then be better equipped to provide support to children in need of their care.

Our costing of different social security scenarios provides compelling additional evidence in favour of a universal Child Support Grant over and above other proposed options. While a universal child support mechanism is indeed somewhat more costly to implement than more targeted schemes such as the current limited Child Support Grant combined with Foster Care or Court-ordered Kinship Care Grants for orphans, the relative costs decrease substantially over time as the pandemic progresses (and when the potential for costs to be recouped through taxation is taken into consideration). In addition, targeted schemes that provide Foster Care or Court-ordered Kinship Care Grants for orphans, while providing a CSG for poor children under 14, are revealed by the costing not to be a cost-effective way of adequately supporting the largest possible number of poor children who require assistance.

In considering the practical implications of the implementation of a universal child support mechanism, we recognise that immediate implementation might not be possible, and that phased, progressive realisation might therefore be necessary. In this regard, we raise an additional important point: Some argue that an effective means for moving towards a universal social security system for children (or simply for capturing larger numbers of children in the social security ‘safety net’) would be through the interim provision of grants for orphans and other children up to 18 years who are in the care of relatives or other caregivers. However this approach, even if considered to be temporary, does not escape the difficult issues regarding equity, social context, logistics and cost that have constituted the discussion throughout this paper.

In addition, from a systems perspective, it makes little sense to introduce a new set of grants when the improvement and streamlining of existing mechanisms could have more appropriate outcomes. We therefore argue strongly against the legislating of any social security provisions aimed at addressing children’s poverty – even as an interim step towards a universal Child Support Grant – which provide special grants, differentiated in value and age eligibility, for orphans as a category of children distinct from other children.

Instead, we recommend that in the interim the Child Support Grant be extended to children under 18 years, and that the current means test be simplified and adjusted to increase the income cut-off levels (as a first step towards the abolition of the means test). This approach would ensure that the grant begins to accommodate those impoverished children who need it most, many of whom are currently unable to access it due to their age or because they are disqualified by the means test. In other words, we recommend that more children be brought into the social security ‘safety net’ not on the basis only of their orphanhood, but rather on the basis of their poverty levels: their ‘need’ as opposed to ‘category’. It is only with the implementation of such social assistance that children in South Africa will be appropriately and equitably supported through the AIDS pandemic.

Appendix 1: Quantitative summary of the six research sites in project 1) (Giese et al., 2003)

Site	Province	Type of settlement	Rural/urban/peri-urban	Antenatal HIV/AIDS prevalence (2002) ³² (Provincial data)	Under-5 mortality rate /1000 ³³ (Provincial data)	Proportion population <19 years ³⁴ (Ward specific data)	Age dependency ratio ³⁵ (Provincial data)	Formal employment (16 to 65 years) ¹⁶ (Ward specific data)	Households living on less than R500 per month ¹⁶ (Ward specific data)
Cato Crest	KZN	Informal settlement	Urban	33.5%	74.5	34%	68.2	62%	40%
Gugulethu	Western Cape	Predominantly formally settled areas	Urban	8.6% for province. 16.1% in Gugulethu.	39	36%	53.4	37%	22%
Ingwavuma	KZN	Scattered homesteads	Rural	33.5%	74.5	58%	68.2	10%	68%
Phuthaditjhaba	Free State	Urban	Urban, former homeland	30.1%	72	45%	56.4	56%	53%
Tzaneen	Limpopo	6 villages and informal township	Rural and peri-urban	14.3%	52.3	58%	91.7	14%	55%
Umzimkulu	Eastern Cape	7 villages	Rural, former homeland	21.7%	80.5	60%	83.4	7.5%	64%

³² Department of Health (2002).

³³ Ntuli, Suleman, Barron & McCoy (2002).

³⁴ Municipal Demarcation board (2002).

³⁵ The age dependency ratio is an index that reflects the ratio of the independent proportion of the population (*i.e.* working age population 16 to 65 years old) against the dependent proportion of the population (*i.e.* non working 0 to 15 years old and over 65 years old) A higher index value indicates a more dependent population (Ntuli et al., 2002)

Appendix 2: Costs of scenarios

The following tables give more detailed information than contained in the main body of the report of the costs of each scenario. The tables are provided in respect of the main estimates, as well as in respect of the two sensitivity tests.

Main estimates

SCENARIO 1	2003	2004	2005	2006	2007	2008	2009	2010
FCP & FCG	92280768	109848472	127746403	144608117	158959218	169644389	175733694	177820026
FCP monitoring	107331144	125840182	148343375	174506761	203726882	234743889	266027869	295071049
CSG application	16534522	16397894	16234355	16055663	15867078	15687064	15512861	15356178
FCG payment	4914451359	5762676545	6793861065	7992667128	9331393461	10752284916	12185232559	13515346132
CSG payment	9778456195	11739259226	14560762805	14424926244	14240716719	13989504375	13684359542	13329970079
Total Scenario 1	14909053988	17754022319	21646948004	22752763912	23950663358	25161864632	26326866525	27333563464
Grant as % total	89.3%	89.3%	89.3%	89.5%	89.7%	89.9%	90.1%	90.3%
SCENARIO 2	2003	2004	2005	2006	2007	2008	2009	2010
Kinship place & FCG	86691174	103194774	120008599	135848971	149330804	159368756	165089223	167049182
CSG application	16534522	16397894	16234355	16055663	15867078	15687064	15512861	15356178
FCG payment	4914451359	5762676545	6793861065	7992667128	9331393461	10752284916	12185232559	13515346132
CSG payment	9778456195	11739259226	14560762805	14424926244	14240716719	13989504375	13684359542	13329970079
Total Scenario 2	14796133250	17621528439	21490866824	22569498006	23737308061	24916845111	26050194185	27027721571
Grant as % total	90.0%	90.0%	89.9%	90.2%	90.5%	90.8%	91.1%	91.3%
SCENARIO 3	2003	2004	2005	2006	2007	2008	2009	2010
CSG application	16577930	16447523	16290090	16117018	15933240	15757007	15585490	15430471
CSG payment	10173577124	12320515099	15477885165	15503422518	15521352352	15511953310	15474640217	15413558946
Total Scenario 3	10190155054	12336962621	15494175255	15519539536	15537285592	15527710317	15490225708	15428989418
Grant as % total	87.9%	87.9%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%
SCENARIO 4	2003	2004	2005	2006	2007	2008	2009	2010
CSG application	33908082	33641351	33319341	32965344	32589450	32228988	31878171	31561099
CSG payment	39475495510	39717518983	39899389044	40018856787	40103178902	40153928175	40177084446	40111442624
Total Scenario 4	39509403592	39751160333	39932708384	40051822131	40135768352	40186157162	40208962617	40143003724
Grant as % total	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%

SCENARIO 1	2011	2012	2013	2014	2015	2016	2017
FCP & FCG	176297976	172140721	166428580	160064836	153666805	147674768	142276893
FCP monitoring	321739107	344198956	361842203	374597060	382775153	387047154	387843682
CSG application	15220136	15104304	15020200	14956914	14911991	14878905	14850456
FCG payment	14736506525	15764781064	16572368066	17156031041	17530076056	17725308070	17761413825
CSG payment	12916471420	12505598116	12119305341	11774867406	11481062845	11245547479	11066132327
Total Scenario 1	28166235163	28801823162	29234964391	29480517256	29562492850	29520456376	29372517183
Grant as % total	90.5%	90.7%	90.8%	90.9%	91.0%	91.1%	91.1%
SCENARIO 2	2011	2012	2013	2014	2015	2016	2017
Kinship place & FCG	165619325	161713882	156347735	150369452	144358961	138729871	133658954
CSG application	15220136	15104304	15020200	14956914	14911991	14878905	14850456
FCG payment	14736506525	15764781064	16572368066	17156031041	17530076056	17725308070	17761413825
CSG payment	12916471420	12505598116	12119305341	11774867406	11481062845	11245547479	11066132327
Total Scenario 2	27833817406	28447197367	28863041342	29096224813	29170409853	29124464325	28976055562
Grant as % total	91.6%	91.8%	92.0%	92.1%	92.2%	92.3%	92.4%
SCENARIO 3	2011	2012	2013	2014	2015	2016	2017
CSG application	15295239	15179580	15095239	15031503	14986069	14952511	14923687
CSG payment	15297263589	15170206520	15038685488	14907984396	14782023505	14663764805	14554850426
Total Scenario 3	15312558828	15185386100	15053780727	14923015899	14797009575	14678717316	14569774113
Grant as % total	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%
SCENARIO 4	2011	2012	2013	2014	2015	2016	2017
CSG application	31284498	31047932	30875424	30745060	30652130	30583492	30524536
CSG payment	40043750051	39934120598	39784026398	39601543346	39321874430	39033775316	38745791740
Total Scenario 4	40075034549	39965168530	39814901821	39632288406	39352526560	39064358807	38776316276
Grant as % total	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%

Providing only for double orphans:

SCENARIO 1	2003	2004	2005	2006	2007	2008	2009	2010
FCP & FCG	38933543	53066163	70225214	89303966	108472045	125645399	138789936	147334327
FCP monitoring	27482359	36095169	48386002	64958371	86052367	111183426	139212925	167952254
CSG application	16575867	16444598	16286095	16111783	15926670	15749100	15576337	15420232
FCG payment	1258287142	1652852699	2215909269	2975098040	3941394177	5092569780	6376433601	7692698934
CSG payment	10116496732	12224890246	15300410028	15266667569	15195808671	15060716775	14859449505	14593121592
Total Scenario 1	11457775643	13983348875	17651216608	18412139729	19347653930	20405864480	21529462305	22616527338
Grant as % total	88.3%	88.3%	88.4%	88.5%	88.7%	88.9%	89.1%	89.4%
SCENARIO 2	2003	2004	2005	2006	2007	2008	2009	2010
Kinship place & FCG	36575276	49851861	65971561	83894682	101901720	118034856	130383207	138410051
CSG application	16575867	16444598	16286095	16111783	15926670	15749100	15576337	15420232
FCG payment	1258287142	1652852699	2215909269	2975098040	3941394177	5092569780	6376433601	7692698934
CSG payment	10116496732	12224890246	15300410028	15266667569	15195808671	15060716775	14859449505	14593121592
Total Scenario 2	11427935017	13944039404	17598576953	18341772074	19255031237	20287070511	21381842651	22439650808
Grant as % total	88.5%	88.6%	88.6%	88.8%	89.1%	89.4%	89.8%	90.1%
SCENARIO 3	2003	2004	2005	2006	2007	2008	2009	2010
CSG application	16577930	16447523	16290090	16117018	15933240	15757007	15585490	15430471
CSG payment	10173577124	12320515099	15477885165	15503422518	15521352352	15511953310	15474640217	15413558946
Total Scenario 3	10190155054	12336962621	15494175255	15519539536	15537285592	15527710317	15490225708	15428989418
Grant as % total	87.9%	87.9%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%
SCENARIO 4	2003	2004	2005	2006	2007	2008	2009	2010
CSG application	33908082	33641351	33319341	32965344	32589450	32228988	31878171	31561099
CSG payment	39475495510	39717518983	39899389044	40018856787	40103178902	40153928175	40177084446	40111442624
Total Scenario 4	39509403592	39751160333	39932708384	40051822131	40135768352	40186157162	40208962617	40143003724
Grant as % total	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%

SCENARIO 1	2011	2012	2013	2014	2015	2016	2017
FCP & FCG	151175018	150993295	147973349	143255852	137702194	132111901	126767950
FCP monitoring	196341623	222284085	244549233	262495031	275982207	285352995	290877480
CSG application	15284109	15167765	15082922	15018831	14973142	14939395	14910421
FCG payment	8992820641	10180754510	11200181438	12021731491	12639054019	13067898396	13320612524
CSG payment	14240541587	13860403032	13476499628	13111375089	12781162669	12499227602	12269372085
Total Scenario 1	23596162977	24429602686	25084286570	25553876293	25848874231	25999530289	26022540459
Grant as % total	89.6%	89.9%	90.1%	90.2%	90.4%	90.5%	90.6%
SCENARIO 2	2011	2012	2013	2014	2015	2016	2017
Kinship place & FCG	142018105	141847390	139010366	134578615	129361351	124109671	119089412
CSG application	15284109	15167765	15082922	15018831	14973142	14939395	14910421
FCG payment	8992820641	10180754510	11200181438	12021731491	12639054019	13067898396	13320612524
CSG payment	14240541587	13860403032	13476499628	13111375089	12781162669	12499227602	12269372085
Total Scenario 2	23390664442	24198172696	24830774354	25282704026	25564551181	25706175065	25723984442
Grant as % total	90.4%	90.7%	91.0%	91.2%	91.4%	91.5%	91.6%
SCENARIO 3	2011	2012	2013	2014	2015	2016	2017
CSG application	15295239	15179580	15095239	15031503	14986069	14952511	14923687
CSG payment	15297263589	15170206520	15038685488	14907984396	14782023505	14663764805	14554850426
Total Scenario 3	15312558828	15185386100	15053780727	14923015899	14797009575	14678717316	14569774113
Grant as % total	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%
SCENARIO 4	2011	2012	2013	2014	2015	2016	2017
CSG application	31284498	31047932	30875424	30745060	30652130	30583492	30524536
CSG payment	40043750051	39934120598	39784026398	39601543346	39321874430	39033775316	38745791740
Total Scenario 4	40075034549	39965168530	39814901821	39632288406	39352526560	39064358807	38776316276
Grant as % total	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%

With antiretrovirals and other interventions

SCENARIO 1	2003	2004	2005	2006	2007	2008	2009	2010
FCP & FCG	98282283	109577478	114905395	113956315	107879727	102280960	100992953	101625983
FCP monitoring	108079010	129147082	152280076	175325481	196268950	213380466	226829473	237432383
CSG application	16217532	16008656	15785423	15562726	15349004	15161218	14991354	14844193
FCG payment	4934409312	5896284254	6952434372	8004585606	8960771734	9742007808	10356029968	10840111895
CSG payment	9587480103	11467410141	14174372797	14076597836	14001185897	13934961529	13874641076	13812966061
Total Scenario 1	14744468240	17618427611	21409778062	22386027964	23281455313	24007791981	24573484824	25006980515
Grant as % total	89.7%	89.8%	89.8%	90.0%	90.2%	90.4%	90.5%	90.5%
SCENARIO 2	2003	2004	2005	2006	2007	2008	2009	2010
Kinship place & FCG	92329168	102940195	107945391	107053798	101345279	96085638	94875648	95470334
CSG application	16217532	16008656	15785423	15562726	15349004	15161218	14991354	14844193
FCG payment	4934409312	5896284254	6952434372	8004585606	8960771734	9742007808	10356029968	10840111895
CSG payment	9587480103	11467410141	14174372797	14076597836	14001185897	13934961529	13874641076	13812966061
Total Scenario 2	14630436115	17482643246	21250537983	22203799966	23078651914	23788216193	24340538046	24763392483
Grant as % total	90.4%	90.5%	90.5%	90.8%	91.0%	91.2%	91.3%	91.4%
SCENARIO 3	2003	2004	2005	2006	2007	2008	2009	2010
CSG application	16272624	16070456	15849396	15625163	15407206	15213587	15039233	14890440
CSG payment	9842891483	11910167202	14964872508	14984864438	15010550371	15016890574	15002825376	14971455653
Total Scenario 3	9859164107	11926237659	14980721904	15000489602	15025957577	15032104161	15017864609	14986346093
Grant as % total	88.4%	88.4%	88.4%	88.5%	88.5%	88.5%	88.5%	88.5%
SCENARIO 4	2003	2004	2005	2006	2007	2008	2009	2010
CSG application	33283617	32870108	32417957	31959318	31513514	31117489	30760870	30456532
CSG payment	38348220673	38513177007	38634297628	38718379495	38791817284	38854409762	38905656809	38877361477
Total Scenario 4	38381504290	38546047115	38666715584	38750338813	38823330798	38885527250	38936417679	38907818009
Grant as % total	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%

SCENARIO 1	2011	2012	2013	2014	2015	2016	2017
FCP & FCG	102583144	103153724	103059964	102253306	100503037	98191371	95528013
FCP monitoring	246724812	254322436	260138961	264121130	266262247	265213819	262121346
CSG application	14718584	14613697	14529385	14472370	14438601	14424849	14425609
FCG payment	11264363116	11611236998	11876793771	12058602006	12156355939	12108489330	11967300725
CSG payment	13750533741	13651741522	13551481045	13456767099	13372255660	13298212457	13232912278
Total Scenario 1	25378923398	25635068377	25806003124	25896215911	25909815485	25784531825	25572287971
Grant as % total	90.6%	90.6%	90.7%	90.7%	90.8%	90.8%	90.8%
SCENARIO 2	2011	2012	2013	2014	2015	2016	2017
Kinship place & FCG	96369519	96905538	96817457	96059659	94415407	92243762	89741728
CSG application	14718584	14613697	14529385	14472370	14438601	14424849	14425609
FCG payment	11264363116	11611236998	11876793771	12058602006	12156355939	12108489330	11967300725
CSG payment	13750533741	13651741522	13551481045	13456767099	13372255660	13298212457	13232912278
Total Scenario 2	25125984961	25374497755	25539621656	25625901134	25637465607	25513370398	25304380340
Grant as % total	91.5%	91.6%	91.6%	91.7%	91.7%	91.7%	91.7%
SCENARIO 3	2011	2012	2013	2014	2015	2016	2017
CSG application	14764323	14659263	14574771	14517440	14483190	14468812	14468853
CSG payment	14928341969	14832287603	14724837686	14615115580	14510044166	14411829063	14320386985
Total Scenario 3	14943106292	14846946866	14739412457	14629633020	14524527355	14426297875	14334855838
Grant as % total	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%
SCENARIO 4	2011	2012	2013	2014	2015	2016	2017
CSG application	30198576	29983690	29810871	29693607	29623553	29594146	29594229
CSG payment	38855779892	38791271581	38689327200	38564729654	38431364326	38206108342	37971666131
Total Scenario 4	38885978468	38821255270	38719138071	38594423260	38460987879	38235702487	38001260360
Grant as % total	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%

Appendix 3. Subsidies for non-governmental organisations

The following table was compiled from information supplied by Lynette Schreuder of the South African National Council for Child and Family Welfare. It gives some indication of the extent to which NGOs are subsidising government provision.

Table 17: Child Welfare Societies and subsidies for statutory work, by province

Province	Child Welfare Societies	Social workers employed by CWS	% statutory work	% expenditure covered by subsidy	Subsidy basis
Northern Cape	11	15	90%	50%	Positions
North West	6	7			Positions
KwaZulu-Natal	55	245	60-70%	50%	Positions
Gauteng	26		80%		Positions
Western Cape	25		70-80%	50%	Positions
Eastern Cape	24		90%		Positions
Mpumalanga & Limpopo	5*			55%-89%	Positions
Free State	13				Programmes

* Information from the Provincial Manager of Child Welfare in Mpumalanga suggests that there are 13 social workers employed, and subsidised, in child welfare societies in that province.

Appendix 4: Modelling the effect of HIV/AIDS prevention and treatment programmes on orphan numbers

The numbers of children and orphans used in the main body of this report were obtained from the ‘lite’ and ‘full’ versions of the ASSA2000 AIDS and Demographic model. These estimates were determined on the assumption that there would be no significant HIV-prevention or treatment programmes. This is a pessimistic assumption. It is therefore necessary to examine the extent to which the conclusions reached in this report would change if we instead assume that significant HIV-prevention and treatment programmes were introduced. This is done in the sensitivity testing described after presentation of the main results.

The sensitivity testing uses the ‘Interventions’ version of the ASSA2000 model. This model is described in detail by Johnson & Dorrington (2002). For the purpose of the sensitivity testing, we assume that three intervention programmes are introduced in South Africa: voluntary counselling and testing (VCT), mother-to-child transmission prevention (MTCTP) and antiretroviral treatment (ART). The interventions are assumed to be introduced at the rates shown in *Table 18* below. This table presents the proportions of the South African population having access to these prevention and treatment programmes in each year.

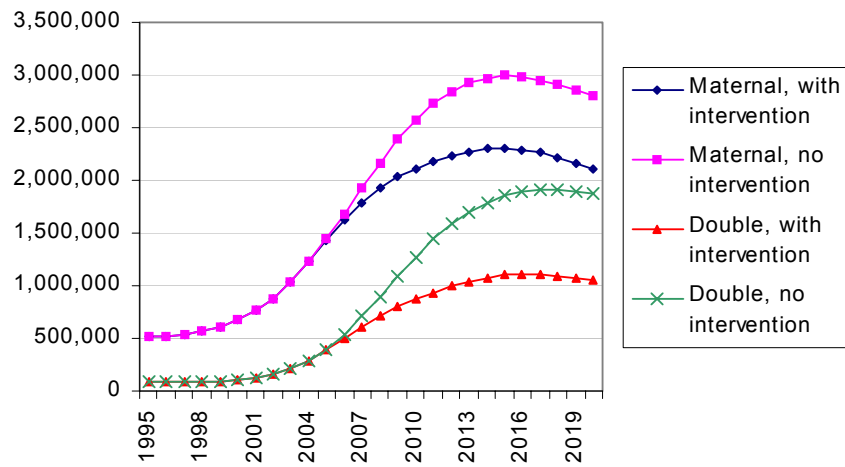
Table 18: Rates of phase-in

Intervention	2001	2002	2003	2004	2005	2006	2007
VCT	0%	20%	40%	60%	80%	90%	90%
PMTCT	10%	30%	50%	70%	85%	90%	90%
ARV treatment	0%	0%	18%	36%	54%	72%	90%

This table represents optimistic assumptions about the potential for prevention and treatment programmes to reduce orphan numbers. While the scale of preventative interventions assumed in the model may be less than prevention programmes actually implemented, these are unlikely to have a significant impact on the numbers of orphans in the short- to medium-term (Johnson & Dorrington, 2002). Antiretroviral treatment programmes are likely to have the most significant impact on orphan numbers over the medium-term, and the above assumptions regarding the likely roll-out of an ART programme are extremely optimistic. For the purpose of sensitivity testing, we have chosen to examine the extent to which costs would change under extreme assumptions about ART roll-out. These roll-out assumptions are not intended to be realistic.

Figure 14 compares the numbers of maternal and double orphans under the age of 18 with and without the interventions programmes. (The numbers of maternal and double orphans in the ‘no intervention’ scenario differ slightly from those numbers shown in the main body of the report, due to differences between the ‘lite’ and ‘Interventions’ versions of the ASSA2000 AIDS and Demographic model.) An antiretroviral treatment programme would reduce the numbers of orphans significantly – by 25% in 2020 in the case of maternal orphans, and by 44% in 2020 in the case of double orphans. This is due to the effects of antiretroviral treatment which would extend the lives of HIV-positive parents. The reduction is greater in the case of double orphans than it is for maternal orphans, as the former reduction reflects reductions in both male and female mortality, whereas the latter reflects reductions in female mortality only.

Figure 14: Maternal and double orphans, under the age of 18, with and without intervention programmes



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