DEPARTMENT OF SOCIAL DEVELOPMENT

NO. 540 **18 June 2021**

DEPARTMENT OF SOCIAL DEVELOPMENT REPUBLIC OF SOUTH AFRICA

REVISED WHITE PAPER ON FAMILIES IN SOUTH AFRICA

2021 (31 MARCH)

Contents

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GLOSSARY OF TERMS

Caregiving: The word caregiving is used to refer to several aspects of caring for family members. This process includes 'caring about' which refers to paying attention to feelings of affection and concern about another, 'caring for' which refers to taking responsibility for the wellbeing of another, and 'caregiving' which refers to the competent engagement in physical care work such as feeding or washing. Caregiving in this document refers to all three of these aspects of care.

Cash transfers A form of social protection in which the state transfers cash in the form of a grant to an eligible individual or household. In South Africa cash transfers are means-tested and therefore only available to beneficiaries who qualify. Cash transfers can be conditional or non-conditional.

Child-headed household: A household without an adult caregiver, which is headed by the eldest or most responsible child who assumes parental responsibility.

Civil Society organisations (CSOs): Non-State, not-for-profit, voluntary entities formed by people in the social sphere that are separate from the State and the market. CSOs represent a wide range of interests and ties. They can include community-based organisations (CBOs) as well as non-governmental organisations (NGOs) and faith-based organisations (FBOs) (Shift & Mazars, 2015)

Cohabitation: A union in which two or more consenting adults stay together without any contractual agreements, with or without children.

Extended family: A multigenerational family that may or may not share the same household.

Family policy: Any direct and indirect policy that influences the well-being of families.

Family preservation services: Services to families that focus on family resilience in order to strengthen families, so as to keep families together if feasible and desirable.

Family Resilience: The ability of families to withstand and recover or bounce back from disruptive life challenges" (Walsh, 2003).

Family strengthening: The deliberate process of giving families access to the necessary opportunities, relationships, networks, and support to become functional and self-reliant. The strengthening of families is driven by certain core areas, namely: family economic success, family support systems, and thriving and nurturing communities.

Family support: The term 'family support' refers to the provision of timely and continuous psychosocial support, guidance and social protection services to mothers, fathers and other caregivers by service providers through health, early childhood and social protection programmes, along with professionals and workers from other sectors. (UNICEF, no date).

Family violence: Family violence refers to an act perpetrated by a member of a family that may result in injury to members of other members of a family, or someone with whom they have an intimate relationship (Ryan & Roman, 2016). It may include acts of physical, emotional and/or verbal aggression, control, coercion or intimidation to incite fear or intent to commit violent acts and may take on various forms, such as domestic violence, child abuse, and elder abuse (Blagg, 2000; Tolan & Gorman-Smith, 2006).

Family: A societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and goes beyond a particular physical residence.

Faith-based organisation (FBO): A form of CSO whose values and mission are underpinned by faith or religious beliefs.

Green Paper: A consultation document setting out government's policy position. As a discussion document, it affords government an opportunity to test its ideas on important matters among the public and to benefit from inputs and comments from the ensuing public discussion on national strategic planning (South African Government Information, 2009).

Homelessness: This concept is a complex term that extends beyond not having a place to stay. Homelessness may be defined by the patterns of time that individuals or families spend being without, or outside of, conventional shelters or housing and may be temporary, episodic (over a short period), or chronic

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(permanent). In addition to these aspects, it includes no/limited access to socio-economic opportunities, health services and education, among others (Rule-Groenewald, Timol, Khalema & Desmond, 2015; Mlauzi, 2018).

Healthy family: A family characterized by good interpersonal relations and a state of physical, mental, and social well-being among all members.

Intergenerational solidarity: Reciprocal care, support and exchange of material and non-material resources between family members, most often between younger and older generations.

Nuclear family: A family group consisting of parents with their biological or adoptive children.

Skip-generation households: A family type where grandparents raise their grandchildren without the grandchildren's parents present in the household.

Social capital: Resources embedded within a person's social network that influence decisions and outcomes by shaping a personal identity while delineating opportunities and obstacles within a person's social world (Belcher et al., 2011).

Social cohesion: A process of building shared values and communities of interpretation, reducing disparities in wealth and income, and generally enabling people to have a sense that they are engaged in a common enterprise, facing shared challenges, and that they are members of the same community.

Social fatherhood: "A social father is a person that takes on the responsibility and role of being a father to a child, but who is not the biological or adoptive male parent of the child. The status of fatherhood is therefore a social status rather than a biological or adoptive or legal one, and may be actively sought by and/or ascribed to the person by their family or community. One person could be a biological father to one child and a social father to another" (Van den Berg & Makusha, 2018, pg 11).

Social insurance: A form of social protection that is contributory in nature. Social benefits accrue to individuals through the contributions they make to either private or public funds e.g. the Unemployment Insurance Fund.

Social protection: Policies and programmes that protect people against risk and vulnerability, mitigate the impact of shocks, and support people with chronic incapacities to secure basic livelihoods (Adato & Hoddinott, 2008).

Structural unemployment: This term refers to unemployment originating from a mismatch between the jobs available and the skill levels of the unemployed. It occurs due to underlying features of the economy which makes it difficult for some people to find jobs. It is different to cyclical unemployment which is caused by features of the business cycle. Structural unemployment is more difficult to correct and can drive high unemployment levels over a long period of time (Amadeo, 2020).

Vulnerable families: This term refers to families that are in need of particular support and services (Bauer & Wiezorek, 2016).

White Paper: A document used as a means of presenting government policy preferences prior to the introduction of legislation. Its publication serves to test the climate of public opinion regarding a policy issue and enables the government to gauge its probable impact (Chapin & Deneau, 1978).[5]

Work-family balance: This term refers to the realisation of role-related expectations that are negotiated and shared between a person and her/his partners/colleagues in the family and work domains (Carlson & Grzywacz, 2008).

Work-family conflict: A form of inter-role conflict in which the roles and related pressures from work and family domains are mutually incompatible (Greenhaus & Beutell, 1985).

SECTION 1: INTRODUCTION

1.1.   Background

1.1.1. Families in society

Along with the economy, polity and education, the family is universally viewed as one of the essential sectors without which no society can function (Ziehl, 2003). As the setting for demographic reproduction, primary socialisation, and the source of emotional, material, and instrumental support for its members (Belsey, 2005), families influence the way society is structured, organised, and is able to function. During a family's life course, individuals within the family transition between different life stages. Each stage presents new challenges and new opportunities for growth and development. It is essentially through families that each generation is replaced by the next; that children are born, socialised and cared for until they attain their independence; and that each generation fulfils its care responsibilities to minors, older persons, the sick, and those who have severe disabilities (Waite, 2000). However, for a range of reasons, many families are less equipped and face significant stressors as they seek to respond to the needs of family members. Such circumstances may include (but are not limited to) poverty and a lack of economic opportunities, poor infrastructure and service delivery, substance abuse, crime, and violence (Roman et al., 2016). In addition, pandemics, and other social and environmental shocks, such as HIV and AIDS and Covid-19, profoundly affect the well-being of South African families through shifts in the burden of care, health challenges, and loss. Families are best placed to fulfil their role in society when they function in an enabling and supportive environment.

The responsibility to care for individuals is not limited to families. After families, the state is the most recognised caretaker of individuals and hence it is assigned to support families in their caregiving tasks. If families are unable, unfit, or absent, the state has to take an even more active role in caring for individuals (Hochfeld, 2007; Van der Berg & Makusha, 2018). However, in practice, neither the state nor families is solely responsible for care of individual members as local communities and civil society organisations (CSOs) as well as markets (or the private sector through payment of caretakers) are involved in caretaking of individuals. Caretaking thus consists of the interconnections between these crucial four sectors, dubbed the care diamond (Razavi, 2014). The importance of the different sectors varies between countries as determined by their specific circumstances (Ochiai, 2009; Rabe, 2017). The state is uniquely placed to give shape to the interconnections between these sectors through family policies.

Stable and supportive families are associated with several positive outcomes for individual members and wider society. These include higher levels of self-esteem; lower levels of antisocial behaviour such as crime, violence, and substance abuse; higher levels of work productivity; lower levels of stress; and more self-efficacy to deal with socio-economic hardships (Amoateng et. al., 2004). To this end, stable families demonstrate high levels of social capital and resilience, and contribute to smooth functioning of society and, hence, to social cohesion (Ziehl, 2003). As the Centre for Social Justice in the United Kingdom succinctly summarises this point:

> *Stable, healthy families are at the heart of strong societies. It is within the family environment that an individual's physical, emotional and psychological development occurs. It is from our family that we learn unconditional love, we understand right from wrong, and we gain empathy, respect and self-regulation. These qualities enable us to engage positively at school, at work and in society in general. The absence of a stable, nurturing family environment has a profoundly damaging impact on the individual, often leading to behaviour which is profoundly damaging to society (Centre for Social Justice, 2010).*

The family therefore has an integral role to play in the promotion of positive societal outcomes. For example,

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a significant body of research evidence has shown that through family health promotion – defined as the process undertaken by the family to sustain or enhance the emotional, social, and physical well-being of the family group and its members (Ford-Gilboe, 2000) – family support is effective in promoting adherence to medical regimes, uptake of positive lifestyle changes, and providing comfort and support for sick family members (National Institute of Health, 1992; Ford-Gilboe, 2000).

With regard to education "we could begin by saying that the family is indispensable for education. We could also say the family is the most important source of education" (Hardon, 1998:1). In essence, when parents and other familial caregivers are involved in children's education in meaningful ways, there is a positive influence on academic performance. Students whose families are actively involved are more likely to achieve higher grades, to have better school attendance, to be better motivated, and are less likely to be cited for disciplinary action (Ferhmann et al., 1987; Desforges & Abouchaar, 2003). In a different vein, parents, caregivers, and other adult family members generally exert considerable influence as teachers and role models for children through skill building, limit setting or discipline, and as models of healthy and competent behaviour (Perrino et al., 2000).

Overall, the family, through its instrumental and affective roles, has the potential to enhance the socio-economic well-being of individuals and society at large. Instrumental roles are concerned with the provision of physical resources such as food, clothing and shelter, while affective roles promote emotional support and encouragement of family members (Peterson, 2009). The table below shows how these roles fulfil important functions for their members and for society, such as family formation and membership; economic support; nurturance and socialisation; and protection of vulnerable members.

Table 1: Family functions and benefits

Family function	Ways each function benefits	
	Individual family members	Society
Membership & family formation	Provides a sense of belonging Provides personal and social identity Provides meaning and direction in life	Controls reproductive function Assures continuation of the species
Economic support	Provides for basic needs of food, shelter, and clothing and other resources to enhance human Development	Contributes to healthy development of members who contribute to society (and who need fewer public resources)
Nurturance, support and socialisation	Provides for the physical, psychological, social and spiritual development of children and adults Instils social values and norms	Prepares and socialises children for productive adult roles. Supports adults in being productive members of society Controls antisocial behaviour and protects society from harm
Protection of vulnerable members	Provides care and support for young, ill, disabled or otherwise vulnerable members	Minimizes public responsibility for care of vulnerable, dependent individuals

Source: Adapted from Patterson, JM. (2002).

The table above places an emphasis on the functions that the family plays in society and for its members. However, there is also a strong link and interplay between the family and other institutions in society, best understood from an ecological systems perspective (Bronfennbrenner, 1979). This perspective acknowledges the complex system of multiple relationships and interactions that impact on the development of the individual and/or family. These systems include the microsystem, the mesosystem, the exosystem,

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the macrosystem and the chronosystem (Bronfennbrenner, 1979). Families exist within and are influenced by the neighbourhood, the community, its social networks, as well as the broader economic, historical, political, geographical, cultural, and social context of society, including social and gender inequalities and related power dynamics. Each of these systems can be enabling or constraining for family life as is demonstrated in the figure below.
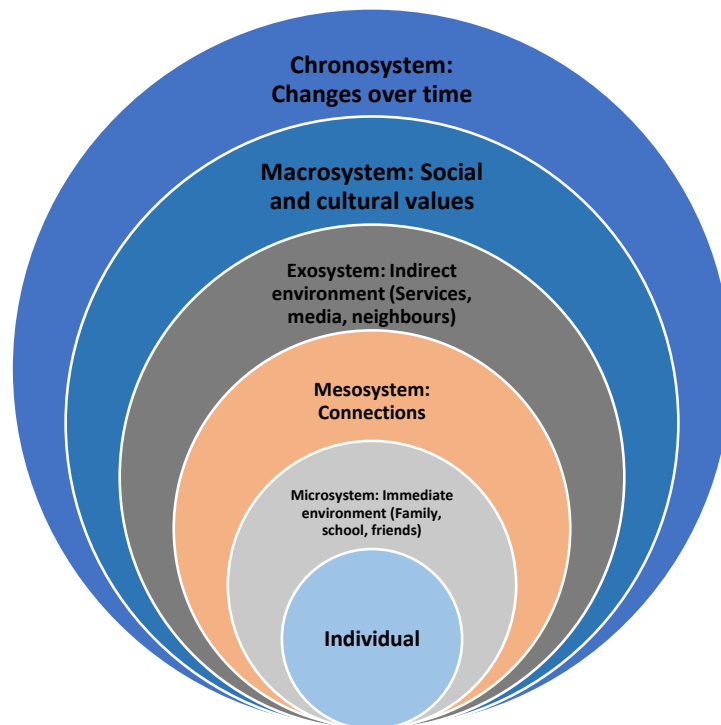

Figure 1: Ecological Systems Framework (adapted from Bronfennbrenner, 1979)

For example, the structure of a country's economy will not only influence the extent to which members of a family are able to enter and participate in the labour market, but it will also determine, to a large extent, whether family members are able to derive livelihoods from decent work opportunities, earn a living wage, and have benefits which enable them to have acceptable standards of living and provide for family members. The way a society is structured will also have a bearing on the ability of family members to access quality health care, and education and training opportunities. The social and political context will shape what services and benefits families can draw on to ensure they are able to fulfil their roles and responsibilities. The social context will shape expectations in relation to roles as well as how families are able to manage caregiving responsibilities alongside those of economic provision. At the local level, the nature of communities and neighbourhoods will determine the risks and freedoms that families face. Well-functioning, socially cohesive communities provide a context of relative safety and security and trust that families can rely on in fulfilling their responsibilities. On the other hand, where communities are characterised by crime and violence, families face significant additional stressors. Families also operate in relation to school, religious, organisational, and work settings, each of which will shape family life. Workplaces can enable or constrain family life depending on their family and leave benefits and policies. Religious organisations can profoundly shape views on roles and responsibilities, particularly gendered relationships; and can play an enabling or constraining role in the promotion of family life and addressing family challenges such as domestic violence or substance abuse. As we see in the section below (section 1.1.2) family life is also shaped by environmental changes that occur over time, including historical events like colonialism and apartheid as well as major events, like a global pandemic.

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The family must therefore be understood as part of a wider system; and family policy must speak to how to support and strengthen families through mechanisms that operate across these different systems. The state is uniquely placed to give shape to the interconnections between these sectors through family policy. A family policy can and should:

- Highlight the crucial role that families play as critical building blocks of societies,

- Create a system of monitoring the well-being of families,

- Provide a framework for the provision of services that benefit families in ways that are comprehensive and synergistic,

- Create the conditions for families to better carry out the many functions they perform for their members and for society, and

- Ensure that families are able to overcome and manage stressful conditions (Bogenschneider & Corbett, 2010)

1.1.2. The historical context of families and family policy in South Africa

It is noteworthy that family structures and functions as well as intra-family roles and relationships are in a constant state of flux (Belsey, 2005). This flux is due to two basic factors: (1) long-term historical shifts in technology, modalities of production, population migration, the population structure and urbanization; and (2) the short- and medium-term consequences of natural and man-made disasters and conflicts, and of economic and social disruption and opportunities (Belsey, 2005:16). In this regard, South Africa's entrenched circular labour migration intensified the phenomenon of family structures and roles being in flux. These disruptions meant that biological parents, especially fathers, were not living with dependent children in the same household on a daily basis. This entrenched migration can be attributed to a history of forced labour migration. But it endures due to urban economic and educational opportunities, urban residential limitations, and cultural and familial ties to rural homesteads (Knijn & Patel, 2018; Rabe, 2017c). However, it is not only breadwinners who are moving between households. The movement of children between households and caregivers has long been recognised as characteristic of South African families (Hall & Richter, 2018). In addition, many young people move from rural to urban areas seeking employment, but instead of upward social mobility, they get stuck in urban peripheries without familial support (Hall et al., 2015), and often with children and new families of their own that are then at risk.

In contemporary South Africa, many families continue to face a range of challenges. While access to basic services has improved considerably since 1994, the majority of families in South Africa are confronted with the dual challenges of unemployment and poverty, making economic provision in the household that much more difficult. While poverty does not necessarily mean that a family will be vulnerable and at-risk, it does make economic provision for family members stressful. Many communities continue to be spaces of crime, violence and substance abuse, and gender-based violence continues at untenable levels. Over time HIV and AIDS, and more recently the Covid-19 pandemic, have placed families under significant strain with loss of caregivers and economic providers. Most families must thus function under incredibly difficult circumstances. Yet families in South Africa are characterised by significant resilience. Despite these challenges, the majority of families function well and provide the care and support required by all family members. Nowhere has this resilience been clearer than in the past year where families have had to handle the health and loss consequences of Covid-19, keep family life going under strict public health lockdown measures, and fulfil their responsibilities for care and economic provision whilst facing increased poverty, hunger, and unemployment.

In this historical and contemporary context, family policy is crucial to enhance and support families to meet the abovementioned functions and responsibilities. The core functions of the family can, at any given stage,

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be facilitated or enhanced through a family policy which, broadly construed, encompasses any direct and indirect policy that influences the well-being of families (Randolph & Hassan, 1996). Direct policies offer particular kinds of support to families or specific family members, whereas indirect policies are generally more important determinants of families' overall access to resources, including goods, services, and community supports (Randolph & Hassan, 1996).

Using the above definition as the basis, the development of family policy in South Africa can be traced back to the institutional segregation of population categories that prevailed during the apartheid era (Amoateng & Richter, 2007). The system essentially gave rise to a dualistic family policy whereby a strong differentiation was made between White families and those of Africans, Coloureds, and Indians (Harvey, 1994). Overall, Whites were treated as superior to other racial categories, and given the government of the day's view that "the interests of the black group lay in the reserves, that the Indian group was an exogenous group and that the Coloureds should fend for themselves", the Western core family was adopted as the model of family life in the country (Harvey, 1994:29). In addition, grant provision for families was racialised. Older people were able to access a pension from 1928, but Black South Africans were excluded. A decade later a disability grant was introduced, which again excluded Black South Africans. Later Child Support Grants were made available. These included Black South Africans but on a differentiated basis with white families able to claim higher amounts than black families (Samson et al., 2005). Family interventions ran along colonial welfare models with the state intervening where children needed to be removed from families and placed in children's homes (now Child and Youth Care Centres) run by the state or civil society (Patel, 2015). These interventions were largely for white families with little to no consideration of the needs of black families.

Following the establishment of a new democratic dispensation in 1994, the post-apartheid government instituted various policy and legislative reforms aimed at, among other things, the realignment of the country's institutions, in order to transform the South African society. In the early 2000s the grant system was significantly expanded with Child Support Grants, Disability Grants, and Old Age Grants being made widely available at the same rates for all qualifying people. Importantly the design of the Child Support Grant ensured that the primary caregiver, regardless of biological relation or gender, was able to access this support. This design accurately responded to the nature of families in the South African context and implicitly promoted the role of men in children's lives. However, families were not explicitly addressed in any of the early policies post 1994. Instead, it was addressed indirectly. Policies tended to concentrate on households and overlooked intra-family dynamics. In consequence, most socio-economic benefits indirectly filter down to the family. For example, the five major social assistance policies in the country focus only on specific individuals, namely: older persons (Older Person's Grant), people with disabilities (the Disability Grant), and children (the Child Support Grant, the Foster Care Grant, and the Care Dependency Grant). It is noteworthy, however that the needs of such individuals may not necessarily be congruent with those of the family unit. Past and present poverty analyses and strategies of intervention have also primarily concentrated on households, as opposed to families, thereby causing policies to overlook intra-family dynamics in the country.

The White Paper for Social Welfare (1997) was the first welfare policy paper to promote a model of welfare provision that drew on the strengths, resilience, and models that were already operating in many communities. While it was not a family policy per se, it did provide a policy approach to how families could be viewed and supported. The Paper reaffirmed the country's commitment to securing basic welfare and human rights, and focused on the family and its life course: children, youth and the aged. It outlines strategies to promote family life, as well as to strengthen families; and guides, through its developmental paradigm, the implementation of pro-family policies and services in the country. It sought to strengthen kinship and community support for vulnerable groups, including vulnerable families; to promote the strengthening of families and communities; and to propose keeping families together rather than removing children wherever possible. The White Paper has since been updated but the principles remain.

It is against the above background that the absence of an explicit policy framework on the family in South

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Africa was identified by policymakers, academics, civil society, and concerned citizens as a critical shortcoming that needed to be urgently addressed (Department of Social Development, 2012). In particular, the detrimental effects of the policies of colonisation and apartheid on families (for example, land dispossessions, and the migrant labour and homeland systems) are considered to have a connection with the multiplicity of social ills that continue to confront contemporary South Africa. As a result, in 2001 a draft *National Policy Framework for Families* was developed by the Department of Social Development. Its 'final draft version', was issued in 2005 with goals that included the protection and support of families through effective and efficient service delivery; the creation of an enabling environment geared towards the self-reliance of families; and the promotion of inter-sectoral collaboration amongst stakeholders in the provision of services. In the pursuit to finalise this 'final draft version' the South Africa Cabinet, in September 2011, approved the Green Paper on Families which has the stated aim to "promote family life and strengthen families in South Africa". The Green paper was released for public comment in October 2011. The first White Paper on Families emanated from the Green Paper. Since then, various activist and academic criticisms and concerns were launched against the moralistic undertones and narrow expressions of family life in South Africa in sections of the first White Paper on Families and a review of the implementation of the White paper on families was conducted (Patel, Hochfeld & Englert, 2018).

| Draft National policy Framework for Families (2001) | → | Final Draft National Policy Framework 2005 | → | Green paper on Families 2011 South African Cabinet approved | → | White paper on Families 2013 |
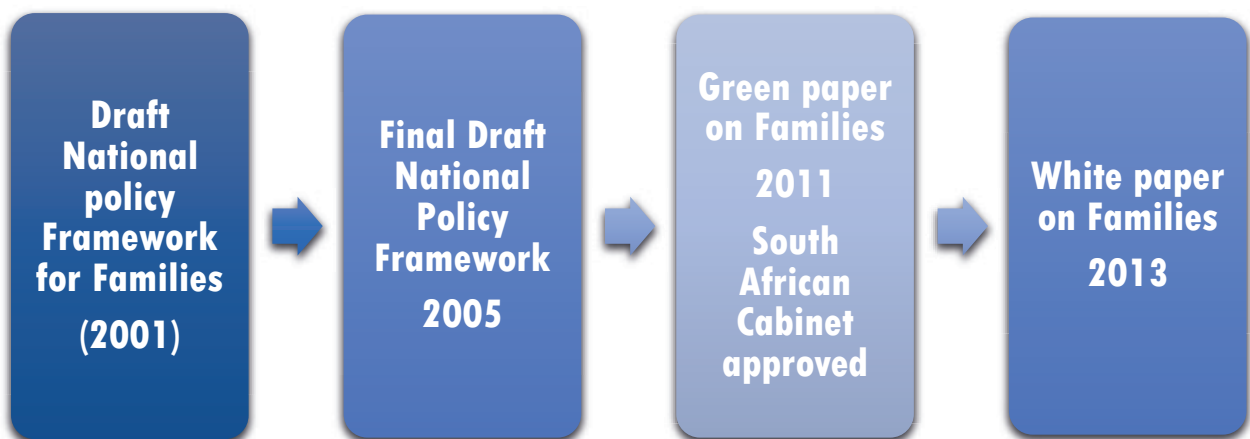
Figure 2: Summary of historical development of the White Paper on Families

This Revised White Paper for families draws on the strengths of foregoing policy documents, aims to address these criticisms and concerns, makes revisions based on reviews of the previous iterations, updates the policy paper to account for the contemporary situation of families in South Africa, and integrates feedback from state and civil society stakeholders that engaged in consultations during the revising of the White Paper.

1.1.3. The nature of families and family functions in South Africa

South Africa celebrates a diversity of family forms. People's ideas of the family differ based on who they identify to be their family. Family therefore goes beyond ties of blood, marriage, kinship, and legal arrangements, but originates from other social connections and identity ties. While marriage rates in South Africa are amongst the lowest globally, many people choose to cohabit and engage in long-term committed relationships. South Africa has legalised same-sex marriage and celebrates families formed on the basis of same-sex marriages and long-term relationships. Nuclear families are amongst the least common family

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forms in South Africa. Many families are headed by single parents – both men and women, although we do have high rates of female-headed households. Polygymous marriages are also recognised in South Africa and form the basis of many families. Many families include multiple generations and extended kinship networks. Skip-generation households in which children are cared for by grandparents are also prevalent in South Africa. Of concern is child-headed households, the prevalence of which grew during the peak of the HIV and AIDS pandemic. Against this backdrop, Mokomane, Roberts, Struwig and Gordon (2019:3-4) describe South African families as involving "heterogeneous living and caretaking arrangements, as well as complex evolving marital patterns and gender roles".

The family has several primary functions and will have to fulfil some or all of these functions for family members over a family life course. The first is to provide financially for family members' needs. Second is child-rearing and socialisation of the next generation. Third is caregiving – providing emotional, mental, spiritual and physical care for all family members and particularly for children, older people, those who are ill and those with severe disabilities (Ooms, 1990). Fourth is instilling values, whatever these may be, in the lives of its members. All of the abovementioned family types have the potential to fulfil these functions. All also have the potential to be under stress and face difficulties fulfilling their responsibilities.

Troubled families—in which conflict, neglect, or abuse occur continually or regularly—have the ability to foster and legitimize oppression of certain family members, especially women and children. In cases where there are irreconcilable differences between family members, or where the presence of specific family members may be detrimental to the functioning of the family (such as an abusive partner or parent), families should be supported to dissolve in an amicable way to ensure future limited or even supervised contact between family members if desired, for example, contact between parents and minor children. However, in cases where the family members are at risk, contact between family members should be prevented through court order and state protection.

The above approach to understanding the nature of families in South Africa informs a policy approach that prioritises the creation of the conditions for families to better carry out the functions they perform for their members and for society in and ensuring that families are able to overcome and manage stressful conditions.

1.2. The White Paper Revision Process

Since 2013 the WPF has undergone multiple reviews both by the government and by independent academics. The revisions to the White Paper were made based on an analysis of these reviews as well as a stakeholders consultation process. To the extent that services to families are rendered by different government departments and non-governmental organisations and, hence are multi-sectoral in nature, the White Paper on Families was revised through a consultative process which involved provincial and national stakeholder workshops attended by a range of participants including representatives from the national, provincial and district Departments of Social Development; representatives from other government departments; and civil society representatives. The consultations needed to take place during 2020 and early 2021 – times at which the Covid-19 pandemic had disrupted family and community life. The public health measures that were put in place during the State of Emergency that lasted from late March 2020 through to the time of revising the White Paper made it impossible to engage in in-person consultations. As a result, the consultative workshops were run virtually. This mode meant that some stakeholders who did not have access to data or the devices required could not participate in the workshops. The workshop team offered opportunities to receive written inputs and engaged some stakeholders in telephonic discussions to widen the range of inputs. It is anticipated that this revision will be subject to ongoing consultations in the next financial year.

1.3. Vision and mission

The vision and mission of the White Paper on Families are as follows:

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Vision: To promote Safe, supportive, nurturing, and resilient families as a core unit of society.

Mission: To foster a policy approach and collaborative efforts to promote family well-being, and strengthen and support families so that they are empowered to provide physical, emotional, psychological, financial, spiritual, and intellectual support and care for their members.

Objectives

The Revised White Paper on Families views the family as a key development imperative and seeks to mainstream family issues into government-wide, policy-making initiatives to foster positive family well-being and overall socio-economic development in the country. The specific objectives are to:

- Ensure that families have access to the basic resources, assets, and services they require to promote family well-being.

- Empower families to access socio-economic opportunities, resources and services and to leverage social networks and resources to improve their well-being.

- Promote strong and equitable intra-family relationships within safe, supportive and nurturing communities.

- Support families in need or characterised by severe conflict or neglect of vulnerable family members, to regain their dignity and dissolve in an amicable way.

1.4.   Guiding Principles

The White Paper is informed by the following principles:

Human rights

Human rights are first learnt in functional families. Through socialisation, the foundation is laid for children to be tolerant of views other than their own and become active and responsible citizens in the future. Non-discrimination, mutual obligation and respect for diversity will guide Government and other stakeholders in the manner in which they interact with families.

Family diversity

There are different types of families in South Africa which are products of various cultures and social contexts. Therefore, the need exists to recognise the diverse nature of South Africa's families in all initiatives that address their plight. This principle will guide Government and all stakeholders in their engagement with families.

Family resilience

Families have inherent capacities and strengths that sustain them in times of prosperity, as well as adversity. It is important to recognise these qualities, so that any intervention at family level will enhance these attributes.

Gender Equity

Recognition is given to the fact that women face the largest burden of care in households due to patriarchal norms and traditions. This burden of care has significant implications for their ability to pursue educational and economic opportunities. Government and other actors should promote interventions that ensure gender equitable care arrangements, including promoting the role of fathers and other men in family care; and ensuring that families have access to care support, such as ECD facilities that can enable them to manage their care responsibilities.

Community participation

The family remains an integral part of South African society and its continued existence is dependent on

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vibrant and well-functioning communities. To this end, government and other actors will foster an approach of collaboration with multiple stakeholders including the active participation of the community in actions that safeguard and support the family by for example, promoting access to resources and assets to promote family well-being, and providing services that promote and strengthen the family.

Strengthening marriages and other partnerships

Stable marital unions and partnerships have been found to contribute to the stability of families and ultimately society's well-being, when they are functioning well (Thomas, Liu & Umberson, 2017). Where partnerships are flourishing, efforts will be made to promote them and where they are under threat there will be a focus on strengthening them or assisting in dissolving such unions in an amicable way.

Strengthening responsible parenting and caregiving

Family stability hinges on responsible parenting and caregiving. Parents or caregivers will be encouraged and supported to play their expected roles in the upbringing of their children. Where there is a case of parental breakdown or its absence, alternative arrangements will be sought within wider family, community networks and child and youth care centres.

Strategic partnerships

The delivery of services by Government and other role-players, such as NGOs and the private sector will be defined by mutual partnerships with the family. The family will play an active role in matters that concern it.

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SECTION 2: SETTING THE CONTEXT

2.1.   Defining the family

Despite being widely viewed as one of the foundational social institutions in all societies, the concept of the family is difficult to define (Waite, 2000; Belsey, 2005). As the United Nations (1990) pointed out, "the concept may differ in some respects from State to State, and even from region to region within a State and … it is therefore not possible to give the concept a standard definition". This difficulty is indeed evident from the different disciplinary definitions of the family. Sociologically for example, the family is often defined as a group of interacting persons who recognise a relationship with each other, based on a common parentage, marriage and/or adoption. Demographers and economists, on the other hand, often use the "residential family" definition: "a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together" (Belsey, 2005). Others such as Levine (1990) have asserted that "family members are individuals who by birth, adoption, marriage, or declared commitment share deep, personal connections and are mutually entitled to receive and obligated to provide support of various kinds to the extent possible, especially in times of need". All in all, however, behavioural and social sciences acknowledge that "families never fit nicely into any single model" (Bruce et al., 1995). However, as Amoateng and Richter (2007) point out, "there appears to be broad consensus that families are societal groups that are related by blood (kinship), marriage, adoption, or affiliation with close emotional attachments to each other that endure over time and go beyond a particular physical residence". It is noteworthy, however that family members do not necessarily have 'close emotional attachments' to each other. Therefore, the family will, for the purpose of this Revised White Paper, be defined as:

> *a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence.*

2.1.1. Family versus household

In many studies and analyses related to the family a household is typically used as the unit of analysis. it is important however to note that household and family are not necessarily synonymous (Belsey, 2005). According to the United Nations (1989), a household comprises of either: (i) a single person who makes provision for their food and other essentials for living or (ii) a group of at least two people living together who make common provision for foods and other essentials. "This means that a household can contain a family, but that household members do not necessarily have to be a family…The household performs the functions of providing a place of dwelling and of sharing resources, these functions can be performed among people who are related by blood and people without any such relationship" (Department of Social Development, 2008).

2.2.   Situational analysis of families in South Africa

To contextualise the rest of this Revised WPF, this section draws data from several statistical studies including the Demographic and Health Survey, the Community Survey, the General Household Survey, the National Income Dynamics Study (NIDS) and the NIDS Coronavirus Rapid Mobile Survey (NIDS-CRAM) to report on the situation of families in South Africa.

The following section maps out trends in the structure of South African families. Note should be made here of the reference, in some instances, to 'households' as opposed to 'families'. This terminology is in line with internationally accepted concepts and, as stated above, the common use of household as the unit of analysis in many studies. The intellectual contestations of what constitutes a family or a household has not been embarked upon in this section, but rather pragmatic definitions of families and households have been adopted. Families in this section have been analysed based on available data which confine mapping of relationships within households. Further, the data used do not always allow us to understand whether a

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household includes people in same-sex marriages or relationships. This data omission should not be taken to mean that same-sex relationships are not celebrated or recognised.

2.2.1. The nature of families in South Africa

There is no doubt that the data estimates shown below have been influenced by the variations in the quality of data from various sources used; nevertheless, we hope such variations will result in minor margins of error in the estimates. Most of what has been analysed in South African literature relates to the structure of households and very little about families per se. While most of the analyses in this section map out the current structure of South African households, further analysis has been made related to families. It is noted that the ultimate interest of family studies and family policy formulations is not to influence its structure, but to promote family well-being. That said, a cursory perusal of existing literature does confirm that family well-being can at times be influenced by its structure, and understanding the nature of families can assist in informing programming. Family life in South Africa is characterised by continuity and change. Two features of families have been noted to be resilient, which are the continued predominance of family households and intergenerational arrangements.

Continued predominance of family households

The recently released 2018 Household Survey found that approximately only about one-quarter (23,4%) of households consisted of a single person which is comparable to the 2014 estimate of 22.4%. The overwhelming majority of households in South Africa are classified as composed of families, with only 2.4% classified as complex (composed entirely of non-family members). North West had the highest incidence of single person households (28,3%) while households that contained more than six members were more common in provinces with large rural areas such as is the case in KwaZulu-Natal (18,9%) and Mpumalanga (18,3%). Single households in North West are linked to migrant labour in the province that sustain the bourgeoning mining industry.

Table 2: Generational types of South African families

Type of Family	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Unclear	2,5	4,3	3,5	2,2	3,8	3,0	3,5	4,2	2,4	3,4
Skip Generation	1,8	8,5	5,7	6,6	5,4	4,7	2,3	4,8	6,8	4,5
Triple Generation	10,6	18,4	17,7	15,2	18,4	15,0	10,6	17,5	19,0	14,7
Double Generation	48,1	34,5	41,0	42,4	35,2	36,9	42,3	40,0	39,3	40,1
Single Generation	18,1	12,3	12,0	11,9	13,1	12,0	16,4	12,0	9,4	13,9
Single Person	19,0	22,1	20,1	21,6	24,2	28,3	25,1	21,6	23,1	23,4

Table 2 above, shows that double generation households are the most common in South Africa (40,1%), although they are not the majority. About 13,9% of households are single generation (partners or siblings living together). Approximately 14.7% of households contain three generations, while 4,5% were skip generational. Eastern Cape has the highest number of skip-generational households (8,5%). Triple

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generation households were most common in provinces with large rural communities namely Limpopo (19.0%), KwaZulu-Natal and Eastern Cape (18.4%). The estimated percentages of adoptive and blended families in 2001 and 2011 are small and indicated no big differences in the 10 years documented above.

The decline in nuclear families

Currently, an estimated 39,9% of households were classified as nuclear (couples, or one or more parent(s) with children) while 34,2% of households were classified broadly as extended households (a nuclear core combined with other family members such as parents or siblings). Nuclear households are most common in metropolitan areas, most notably in the Western Cape (51,3%) and Gauteng (45,7%). Extended households are mostly found in Eastern Cape (43,7%), Limpopo (42,0%) and KwaZulu-Natal (39,6%). The nuclear family has been declining in South Africa over time. Holborn and Eddy (2011:3), for example, showed that "the proportion of households that were made up of nuclear families decreased between 1996 and 2001, from 46% to 40%". The rate reported above of 39.9% seems to suggest that the number of nuclear families have been holding constant since 2001. However, as will be shown below, we have seen a decline in other factors usually associated with the traditional notion of the nuclear family and a growth in other family formations. The most noteworthy trend is that the biggest rise is that of single people who reside in extended families.

Decline in Registered Marriages in South Africa

Registered marriages have been declining over a period of ten years 2008-2017, except for a slight increase of 0.6% between 2016 and 2017. Thus, the lowest number of marriages were reported in 2017 (135 458) from a high in 2008 (186 522). In 2017, 2 588 customary marriages were registered at the Department of Home Affairs, indicating a decrease of 34,9% from 3 978 customary marriages registered in 2016. The highest number of registered customary marriages was recorded in 2008 (16 003) whilst the lowest number was recorded in 2017 (2 588). The observed crude customary marriage rate was 0,05 per 1 000 estimated resident population in 2017. This trend is in line with the noticed declining trend in the couple headed families during this period. The data used to understand these trends are drawn from the Marriages and Divorces data that Statistics SA releases periodically. Statistics South Africa draws these data from marriage records, which in South Africa, under the Civil Union Act, do not identify the sex of the spouses. This lack of information does not allow us therefore to understand how many are same-sex unions, nor whether the trends reported above are the same for different-sex and same-sex couples. The same pertains to divorce rates, which are discussed below.

Increase in Divorce Rates

The 2017 divorce data reported in this statistical release are based on 25 390 completed divorce forms that Stats SA received and processed by the end of December 2018. The number (25 390) indicates an increase of 64 (0,3%) divorces from the 25 326 cases processed in 2016. The total number of divorces fluctuated over the period 2008 to 2011 followed by a consistent increase from 2012 to 2017, with the highest number observed in 2009 (30 763) and the lowest in 2011 (20 980). In 2017, about 155 divorces were granted for same-sex couples of which 115 were female couples and 40 were male couples. The observed crude divorce rate was 0,4 divorces per 1 000 estimated resident population in 2017.
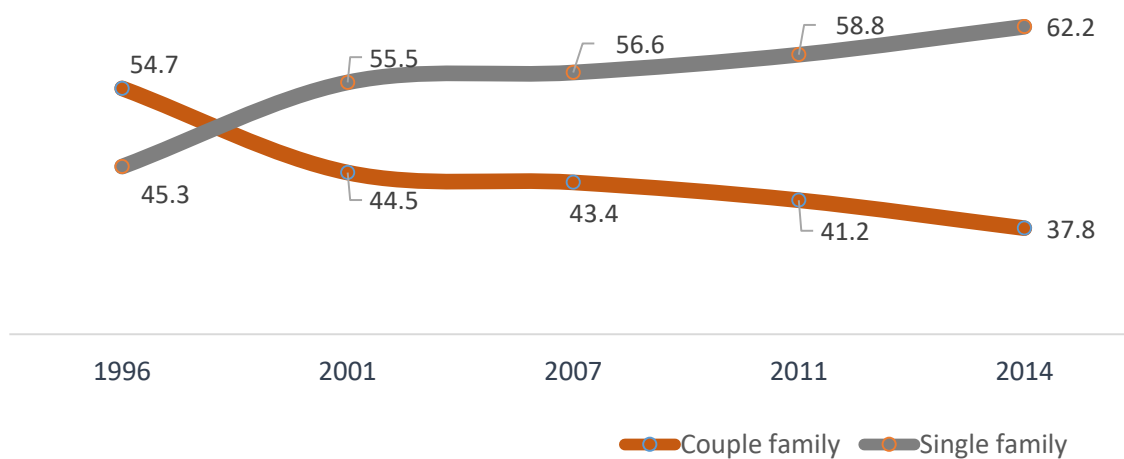
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The decline in couple-household headship

Figure 3: The distribution of couple and single households, 1996-2018

A sustained decline in couple headed households has been experienced for some time in South Africa. By the year 1996, couple headed families were already low compared to the rest of the world, at 54.7%, and single headed families constituted 47.3%. During the short period of 18 years a "crossover" happened, with couple headed families dipping lower than single headed families.

Decline in household size and an increase in the number of households

The data from the 2018 Household Survey confirm most of the familiar trend in South African households, namely, that of an accelerated growth in the number of households, outstripping population growth; as documented during 2002−2019 period (2,4% per annum compared to 1,3% per annum). Similarly, the number of households were estimated at 15.6 million in 2014, a large overall increase of 44% from the estimated number of households in 2002. The number of households increased from in 11.2 million 2002 to in 17.2 in 2019.

The growth of the number of households is sustained by natural population growth, the decline in the sizes of households and international, national, and circular migration where a number of persons maintain dual households located in both rural and urban areas. It should be noted that the urban-rural disaggregation of households in South Africa is not symmetric, as is shown in the 2018 Household Survey data which reveal that urban households are smaller in size and more likely to be headed by younger males in contrast to rural households which are generally bigger and more likely to be headed by older women.

The decline in household sizes as a factor in the increase of the number of households is confirmed by the data from the 2018 Household Survey, which show that households with four people or less per household are more prevalent in urban areas (64%) than rural areas (53,5%). In addition, households that comprised six persons or more were much more commonplace in rural areas (20,6% compared to 11,3% for urban areas). Larger households were more common in provinces with large rural populations like KwaZulu-Natal (18,9%) and Limpopo (18,0%). Although the mean household size was estimated at 3,31 persons per

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household for the country, the estimate ranges from 3,11 in urban areas to 3,73 in rural areas.

One of the results of disaggregation of households is the lag in service delivery, as households are the access point of public services. For instance, about 81.9% of households resided in formal dwellings in South Africa, and 12.7% lived in informal dwellings. This situation is the case despite the increase in housing subsidy from 5.6% in 2002 to 13.7% in 2019. This finding could be attributable to high population mobility and the reported increase of households.

Predominance of female headed households

The survey shows that 41.8% of households in South Africa were headed by females in 2018. Single household headship is linked with marriage patterns. At lower ages there are more males who are single (53,2% compared to 47% of females) as women get married or cohabit earlier than males. At a later stage, females are more likely to be single as they are likely to be to be widowed (husbands in this age group were far more likely to never been married, to be widowed (12,8% compared to 3,1%) or divorced or separated (3,7% compared to 2,3%) and the fact that remarriage among females is less common. As a result of these factors, being in marriage or in a cohabitation were far more common amongst males (71,3%) than females (35,4%) in the age groups 60-74 years. By contrast, 82.5% of women in the age group 75 years and older remained single compared to 34.9% of males in this age group.

Changes in the living arrangement of children

The number of orphans declined after a rapid increase experienced at the height of AIDS related deaths between the years 2002 and 2009. At that time, the total number of orphans rose to be over a million, after which there was a notable decline. By 2017, the number of orphans had fallen to below 2002 levels. As has been found in previous periods, there is a higher prevalence of paternal orphans than maternal orphans, due to higher male mortality and higher age at which males become parents. The 2018 household survey data show that 14,4% of South African children were broadly classified as orphans. Of the 14,4% orphans, 3,1% of children lost their mothers, 9% of children had lost their fathers, and 2,4% of children lost both parents. The percentage of orphaned children was highest in KwaZulu-Natal and Eastern Cape (both 18,7%), Free State (16,0%) and Mpumalanga (15,5%), and lowest in Western Cape (8,3%).

Table 3: Children living with their biological parents, by province, 2015.

	EC	FS	GT	KZN	LP	MP	NW	NC	WC	SA
Both parents	21.6%	33.6%	51.0%	22.2%	26.9%	31.7%	33.5%	34.0%	54.6%	34.4%
Mother only	42.3%	42.3%	33.9%	47.1%	46.3%	43.5%	43.4%	43.2%	32.1%	41.4%
Father only	2.8%	2.5%	3.4%	4.5%	2.0%	3.2%	3.3%	2.9%	3.1%	3.3%
Neither parent	33.3%	21.6%	10.7%	26.1%	24.7%	21.5%	19.9%	19.9%	10.2%	20.9%

Source: StatsSA (2018).

As shown in Table 3 above, about one-fifth (20.9%) of all children did not live with their parents in 2018. By comparison, one-third (34.4%) lived with both parents. Most children, however, lived with their mothers only (41.4%) while a far smaller percentage (3.3%) of children lived only with their fathers. This situation has not changed much from what was recorded in 2007, when children who stayed with both parents were recorded to be 39,3%, mothers only 39,3%; fathers only were 2,8 and neither parents were 23,0.

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Not living with either parent was most common in Eastern Cape (33.3%), KwaZulu-Natal (26.1%) and Limpopo (24.7%) and least common in Western Cape (10.2%) and Gauteng (10.7%). As noted by Hall and Sambu (2017) children in the poorest 20 per cent of households are least likely to live with both parents as only 16 per cent have both parents living with them, compared with 76 per cent of children in the wealthiest 20 per cent of households. The data also show that more African children live without both parents.

South Africa family structure as an outlier in the world

Figure 4 shows the prevalence of marriage among women in reproductive ages in countries in different parts of the world. The figure shows that South Africa is an outlier in having low levels of marriage, which is higher only to Namibia, a country which is historically part of the South African political economy.
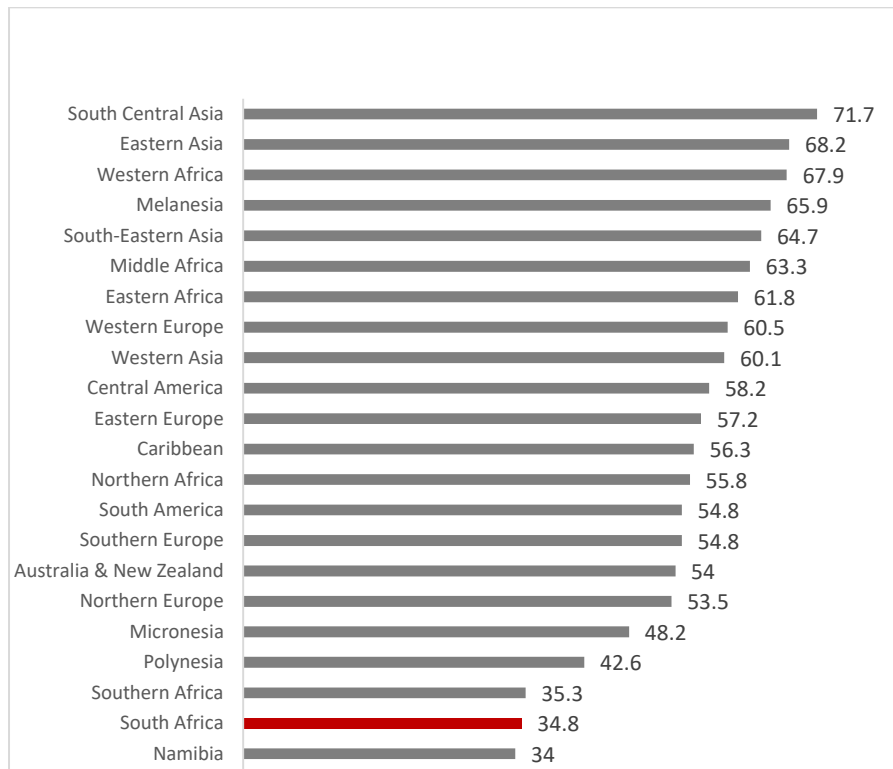
Figure 4: Prevalence of marriage (%) among women in reproductive ages in world region, (2008-10)

Demographic correlates to family patterns experienced in South Africa

Fertility Decline

South Africa is currently experiencing a Total Fertility Rate of 2.4; which is a considerable decline from 6 which was experienced in the 1950s. The current projections suggest a modest decline that will take a considerable time. The decline in fertility over time is one of the drivers of smaller households in South Africa.

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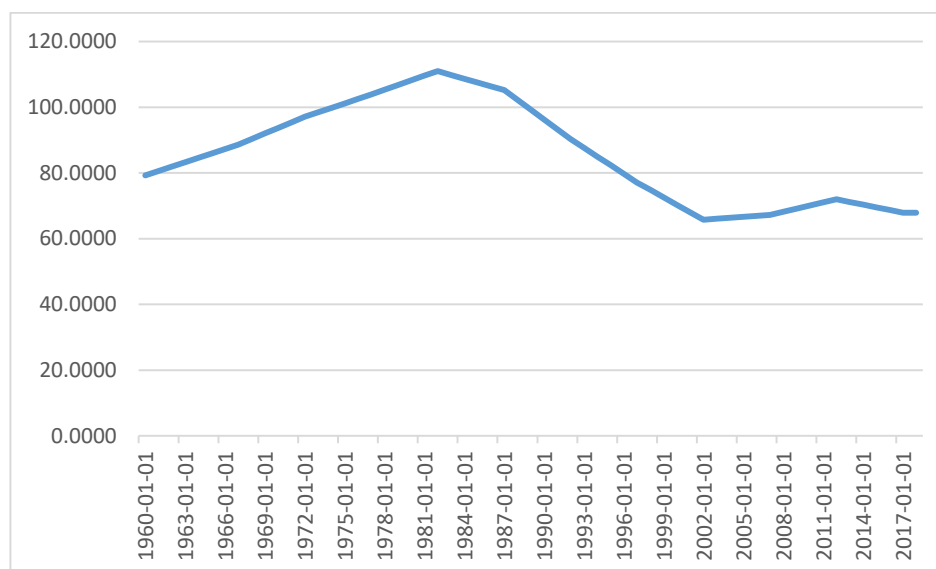
Figure 5: Teenage Fertility Rate 1960-2017

However, as is shown in Figure 3, South Africa has historically experienced a relatively high rate of teenage childbearing. After a sustained increase from the 1960s to the early 1980s, there was a considerable decline until the end of the last millennium, followed by another stall. Teenage childbearing has an impact on family formations in South Africa. Teenage pregnancy also has major social and health implications for the young mothers and their children, including dropping out of school, curtailed personal development and increased vulnerability to exploitative sexual relationships, higher rates of maternal mortality and greater risks of clandestine abortion (Dickson, 2003). High levels of teenage pregnancy further reflect a pattern of sexual activity that puts teenagers at risk of HIV and other sexually transmitted infections (Swartz, 2003; Cooper et al., 2004). Furthermore, gang activity, coercion, substance abuse, and other social pressures are some of contributory factors. The situation of pregnant teenagers or teenage mothers is exacerbated by lack of support from partners, as the men responsible for the pregnancies often refuse any responsibility in terms of emotional, financial and practical support during pregnancy and childrearing, a factor that contributes to the number of absentee fathers discussed earlier (Swartz, 2003).

Mortality Trends

South Africa experienced a mortality increase from 1997 to 2006, as a result of the HIV pandemic. After the introduction of antiretroviral drugs, mortality rates started to decline in 2007, although they have not declined to levels below that experienced in 1997. As a result of high adult mortality South Africa has experienced high numbers of orphans, particularly between 2002 and 2009, and shifts in the care arrangements for children including foster and social parenting.

Population Mobility

South Africa has high circular migration, which dates back to colonial and apartheid times as discussed above. While the nature of population movements over time has changed, movements remain selective by age, gender, class and ableism. Thus, there is a consistent difference in the character of families in urban and rural areas.

2.2.2. Current socio-economic conditions affecting South African families

This sub-section focuses, in no particular order of priority, on some of the most crucial issues affecting families in South Africa. These issues include poverty and inequality, unemployment, housing, health concerns, including HIV and AIDS and the Covid-19 pandemic, the gendered nature of care, absentee

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fathers, crime, substance abuse, gender-based violence and teenage pregnancy.

Poverty and inequality

Poverty and inequality continue to place enormous stress upon families as they seek to fulfil their various roles in society. Poverty makes it difficult for families to ensure that the basic needs of its members are met and there is increasing evidence of how poverty and hunger affect the mental health of caregivers, placing them under significant strain (Van der Berg, Patel & Bridgman, 2021). Poverty still reflects apartheid settlement patterns and virtually all poor households are found in the former Bantustan regions, informal settlements, and townships. Inequality in income distribution is also large and persistent (Van der berg, 2010) largely because of the reproduction of disparities in ownership, income, resources, skills and other determinants of people's capacity to take advantage of opportunities.

Poverty rates in South Africa remain unacceptably high for a middle-income country. Although poverty levels improved between 2005 and 2011, they have since then stagnated and worsened. Statistics South Africa reported an improvement between 2006 and 2011 when poverty levels (measured by the lower-bound poverty line) reduced from 66.6 percent to 53.2 percent of the South African population. However, by 2015 the poverty rate had started to increase again up to 55.5% (Zizzamia et al., 2019; StatsSA, 2017). This increase in poverty rates also affects the depth of poverty which improved between 2006 and 2015 but worsened again post 2015. Although major gains have been made in improving multi-dimensional poverty, primarily through access to basic services such as water, electricity, and sanitation; income poverty remains a major challenge. This challenge is demonstrated in the high levels of hunger in the country. Progress on reducing hunger levels since 2011 has been almost stagnant and in 2016, the number of people vulnerable to hunger was measured at 13.4% of the population (StatsSA, 2017). Latest figures emerging from the NIDS-CRAM study indicate that 20% of households experienced hunger in the last quarter of 2020 (Van der Berg, Patel & Bridgman, 2021).

Despite the National Development Plan setting a goal of reducing inequality by 2030 from a Gini coefficient of 0.69 to 0.6 (NDP, date), South Africa still holds the unenviable position of being one of the most unequal countries in the world (Alvaredo et al., 2018). Estimates of the Gini coefficient for income inequality range between 0.65 (StatsSA, 2019) and 0.68 (StatsSA, 2017) in 2015. To a large degree, access to grants has improved income inequality. However, wage and wealth inequality remain significant challenges. Wealth inequality sits at 0.93 in 2015, and is an important source of intergenerational inequality (Mbewe & Woolard, 2016; World Bank, 2018). Wage inequality also remains high and is increasing. The number of workers with highly skilled jobs is low, while a large proportion of the working population is employed in very low paid jobs. For instance, top end jobs earn nearly five times the average wage for low-skill jobs yet represent less than 20 percent of the total working population. Wage inequality increased significantly between 1995 and 2014. The wage Gini coefficient rose from 0.58 to 0.69 between 1995 and 2014.

Gender and race inequality continue to shape South Africa's landscape. According to Statistics South Africa (2019) black Africans are most likely to earn the lowest wages, that is to be employed in the lowest paying jobs. Female workers earn approximately 30% less, on average, than male workers. Reasons for this discrepancy are that males are more likely to be employed and when they are employed tend to be employed in better-paying jobs (ibid.). Although no reasons are given for this finding in the abovementioned report, the burden of care that women face in families is a major reason why women are less likely to be employed and, when they are employed, to be employed in jobs that are part-time or allow flexibility to care for children and other family members. The gender-and-care wage gap is a clear barrier to women's economic empowerment and contributes to the income vulnerability of female-headed households.

Among the major causes of poverty and inequality in the country is a lack of, or low earned income. Essentially, unemployment remains a structural feature of the South African economy and employment creation has not transpired at the anticipated rate. The nature of the labour market is that where there is

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growth in jobs, these are typically in fields requiring higher skills levels (Bhorat, 2014; 2016;). Failures in the basic education system and limited access to further education opportunities ensure that many people remain at the lower end of the skills spectrum, struggling to find work (Spaull, 2015). Latest unemployment figures show that unemployment has deepened further to 42.6% in the final quarter of 2020 (StatsSA, 2021). Although these figures are affected by Covid-19 and the related economic effects, structural unemployment has been a longstanding issue in the country, affecting millions of families.

This situation continues to place a huge dependency burden on families. The care burden, carried predominantly by women, has significant effects on women's ability to engage in paid work on a full-time basis. Globally and in South Africa, it was women who bore the brunt of job losses during the Covid-19 pandemic, not only because they are often in more vulnerable jobs, but also because many had to exit the labour market to care for ill family members and children who were home when schools closed (Spaul et al., 2021). This finding is a clear indication of the ways in which care burdens impact on women's economic empowerment, and the need to ensure that appropriate care and livelihood support is available to families.

Unemployment and poverty also affect different groups of people differently. People with disabilities are less likely to be in the labour market and more likely to face lower wages when they are in the labour market (Graham, 2020). Geography also plays a role with those in urban areas more likely to be employed than those in rural areas (although those in informal settlements in urban areas are amongst the most vulnerable to poverty) (Spaull et al., 2021).

Feminisation of poverty

Women endure a disproportionate burden of the outcomes of past policies, as far as poverty is concerned. Whereas men were working in various industries during the apartheid era, many women remained in the rural areas to look after family members. Historically, women received income primarily in the form of remittances from their spouses. Cultural practices, such as patriarchy, also reinforced the exclusion of women from many economic activities and they continue to shape normative expectations of who carries the responsibility for care in the household.

The gender division of labour continues to influence how families function. Women typically assume more household responsibilities, spend a larger portion of their time on unpaid care work than men, and form a greater proportion of those who are not economically active. Indeed, data from the 2000 Time Use Survey showed that each day South African women spent less time than men on learning, social and cultural activities, and using mass media, but spent more than double the time men spent on household maintenance and care of persons (Budlender et al., 2001). This situation is further exacerbated by the inadequate provision of childcare facilities and other forms of care support, causing the amount of time women spend on wage work to be reduced. Consequently, their vulnerability to poverty increases. There is, therefore, a gender dimension to poverty within families, as women continue to be marginalised in relation to men in terms of socio-economic opportunities, such as employment as is demonstrated by the figures reported above.

Child poverty

Child poverty is another particularly worrisome trend in South Africa linked to the poverty and unemployment trends described above. In 2018, 59% of children lived in households that were classified as poor (using the upper-bound poverty line) (Hall, 2020). Although this figure has declined from 78% in 2003 (largely due to the expansion of Child Support Grants), it is still unacceptably high and is indicative of the stress that families face as they seek to provide for and care for their children. Racial disparities persist in relation to child poverty. Almost two-thirds (65%) of African children live in poor households as compared to only 3% of White children (ibid).

A key factor in protecting children from the worst effects of poverty is social grants. The largest – the Child

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Support Grant – reached 12,784,000 children as of March 2020. The Care Dependency Grant and the Foster Care Grant are other important social grants that provide a minimal level of support to families to meet the needs of children.

Food insecurity and child malnutrition

Despite the reach of social grants and evidence demonstrating that they are used to meet the basic needs of children (DSD, SASSA and UNICEF 2012), food insecurity and hunger are daily challenges for many South African families. Prior to Covid-19 and the related economic effects, food insecurity affected 20% of households (Statistics South Africa 2019). Child hunger is also an ongoing challenge. In 2018 just over 10% of children lived in households with reported child hunger (Sambu, 2019). The Covid-19 pandemic has deepened child hunger. Latest figures demonstrate that child hunger almost doubled in the early phases of the lockdown response strategy, and that although there was some recovery by August of 2020, the figures had again returned to the early lockdown levels by October of 2020 (Van den Berg et al., 2021). Related to food insecurity is the fact that many South African children are malnourished. 27% of South Africa's children are stunted – an indicator of chronic malnutrition (Sanders et al., 2019). This factor has long-term effects for children's health and cognitive development. The strain of feeding family members is a major stressor for families in South Africa.

Gendered relations of care

Due to the historical social and economic trends and demographic patterns described above, as well as deep-seated patriarchal norms that cut across population and cultural groups, women continue to be primarily responsible for care in the family. As is noted by Mkhwanazi et al. (2020):

> *The assumption that the biological mother will be – and should be – the primary caregiver of her infants and young children is embedded in understandings of gender that are common across different populations in South Africa. The willingness, capability and capacity of mothers to provide care to infants and small children is generally taken for granted, with an assumption that new mothers will also be supported by older and experienced kin or by the woman's partner.*

This burden of care is exacerbated in situations where biological fathers are absent, which has been a worrying phenomenon in South Africa for some time. It should be noted that in 2018, 11% of children (roughly 2 million children) did not have a living father (Hall, 2019).

Table 4: Children with absent parents (Mkhwanazi et al., 2020)

Age	Total number of children	Mother absent		Father absent		Both parents absent	
		%	Number	%	Number	%	Number
0 – 5 years	6,978,000	15	1,070,000	61	4,223,000	13	909,000
6 – 11 years	6,815,000	26	1,781,000	62	4,275,000	23	1,548,000
12 – 17 years	5,786,000	32	1,869,000	64	3,724,000	28	1,631,000
Total	19,579,000	24	4,721,000	62	12,223,000	21	4,089,000

Source: Statistics South Africa (2018) *General Household Survey 2017*. Pretoria: Stats SA. Analysis by Katharine Hall, Children's Institute, UCT.
Note: Absent parents may be dead, unknown or living elsewhere.

Reasons for fathers being absent include high rates of unemployment and financial constraints, which feed into dominant perceptions of fathers' roles being primarily to provide financially for families (Mavungu et al., 2015), and which may in turn lead to fathers feeling that they are failing to take responsibility for their children. Fathers also report being barred from seeing children when they cannot provide financially or where cultural practices of paying damages have not been undertaken (Mavungu et al., 2015; Mkhwanazi et al., 2020).

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Gendered expectations of care may also limit men's involvement in the day-to-day care of their children, even when they are involved (Khan, 2019). These trends are a cause for concern given the significant body of evidence showing the positive effect of the presence and active involvement of a father on a child's life chances; academic performance; and social, emotional and cognitive functioning (Engle et al., 2006; Richter, 2006; Kang & Weber, 2009). Having noted this trend, it is also important to acknowledge that where biological fathers are unable to or do not play a role in their children's lives, many adult male members of families are involved in parenting and the term social fatherhood is repeatedly highlighted. This term refers to an adult, other than the biological father, who takes up the responsibility of fathering through caretaking and socialisation of children (Hosegood & Madhavan, 2010; Hunter, 2006; Mkhize, 2004; Rabe, 2007; Van den Berg & Makusha, 2018).

The gendered nature of care has several implications for families. First, it draws attention to the barriers that women face in economic engagement in the absence of appropriate care support. Second, it highlights the crucial role of networks of support (of men and women) within and beyond the family in supporting caregivers; and third, it points to the need to encourage the involvement of fathers in family life.

Patriarchal norms and values can in some instances also lead to toxic masculinity – expectations about men's behaviour that can have detrimental consequences. These consequences include high rates of violence, father absence, substance use and abuse, and sexual coercion and rape.

Housing

The housing subsidy scheme implemented since 1994 has changed the South African housing landscape. Although significant progress has been made in ensuring that people have access to adequate housing, backlogs remain. This situation means that nationally in 2018, 9% of children lived in households that did not have access to adequate housing (defined as informal or backyard shelters). The Western Cape and Gauteng have the highest proportion of children living in inadequate housing (Hall, 2020a), most likely due to high rates of migration into these provinces.

Homelessness

The population of homeless people in South Africa is estimated to be between 100 000 and 200 000 (Rule-Groenewald et al, 2015). These figures include people living on the streets permanently, those living in shelters, and those living on the streets temporarily (such as waste pickers who "sleep rough" during the week before returning home over the weekend). These figures are simply estimates since no reliable statistics are available. The reason for this situation is because the nature of homelessness is such that the population is difficult to access and to sample.

There are also limited data on the demographic profile of homeless people (age, race, gender) although anecdotally we know that it is predominantly men who are homeless.

Homelessness arises from a complex interplay of causes. Some are structural including lack of adequate and affordable housing (as discussed above), and high rates of migration, unemployment, and poverty. Personal factors also play a role. Many homeless people report experiences with abuse and domestic violence, family problems, eviction, economic difficulties at home, and a search for independence or a better life (Cross & Seager, 2010).

Health and access to Healthcare

Access to healthcare is a key tenet of family well-being. South Africa has free maternity care, high rates of antenatal care coverage, and high rates of delivery by skilled birth attendants (Day et al., 2011). Children under six years of age are entitled to free primary healthcare at public clinics. This entitlement does not necessarily translate into actual access. Distances to healthcare facilities and a pressurised public healthcare system make accessing health services difficult for many. In 2018, 20% of children were living in households that were deemed to be far from a healthcare facility (Hall, 2020b).

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Reproductive Health

Although South Africa has historically struggled to reduce maternal mortality, in recent years there have been improvements (Moodley, Fawcus & Pattison, 2018). Between 2009 and 2016, institutional maternal death ratios decreased from 189 per 100 000 live births to 134 per 100 000 (ibid.). HIV and AIDS have historically been among the major drivers of maternal mortality. However, widespread rollout of antiretrovirals has been a major contributor to the reduction in maternal mortality according to this study.

Nevertheless, there are still measures that need to be improved. As a Human Rights Watch (2011) report notes, "the tragedy of maternal deaths in South Africa is that many women who eventually die have had contact with the health systems—through attending antenatal care and delivery in health facilities—meaning that some of the deaths could have been prevented". This apparent paradox in South African reproductive health is also evident from data showing that while 65 percent of women in South Africa were using a modern form of contraception in 2003, over 60 percent of the most recent pregnancies were unplanned (Osman et al., 2011). Day et al. (2011) attribute these contradictions to shortcomings in accountability and oversight mechanisms used by authorities to monitor and improve healthcare performance.

To the extent that women are not only child-bearers, but that they are also the primary caregivers of children, the sick, the aged and people with disabilities, their access to health, reproductive health, and family planning services should be a national priority. Essentially, to contribute to the functionality of families in the country, women need to the able to access reproductive health services and to have a choice to have (or not to have) children, and to adequately space their births so as to give the children greater and sufficient access to resources such as childcare and education.

HIV and AIDS

According to the Joint United Nations Programme on HIV/AIDS, South Africa is one of the most seriously HIV-affected countries in the world, with 2020 estimates indicating that 19 percent of the adult population aged 15-49 years was living with HIV. Widespread antiretroviral treatment (71% of adults with HIV are on ARVs according to UNAIDS, 2020) and prevention of mother-to-child transmission prophylactics have ensured that mortality due to HIV has been reduced from the levels seen in the period 2002 – 2009. Nevertheless, the health burden of HIV and AIDS remains. As part of the national response, and consistent with the practice in other parts of Africa, there has been a shift in the model of care of people living with HIV and AIDS from hospital care to home-based care (Akintola, 2004). While this practice has partly helped to reduce pressure on public hospitals that do not have adequate staff and space to care for HIV and AIDS patients, it is done with the assumption that there is adequate community and family support to meet the patients' needs. However, the reality is that with about 91 percent of HIV and AIDS caregivers in South Africa being women (Southern Africa Partnership Programme, 2005), home-based care has significantly increased the burden of care for many women.

Covid-19

Throughout this section reference has been made to the socio-economic effects of Covid-19, but there are also health effects. Much of the care of Covid-19 patients has had to occur within the home due to strain on the healthcare system. This situation has placed additional burdens of care on women. Furthermore, to date Covid-19 has resulted in the deaths of around 50 000 people. There are significant household economic shocks that go alongside the emotional experience of losing family members. Finally, there is increasing evidence that many people will suffer from "long Covid" – long-term health effects of having been infected with Covid. This factor is likely to have impacts on the ability of people to seek and maintain work, and potentially will add further care burdens to the family.

Mental health

Mental health has also been placed in the spotlight during the Covid-19 pandemic. The isolation and

economic effects of lockdown measures, alongside the experience of grief and loss have all made mental health far more of a topic for discussion. But mental health concerns were widespread well before Covid-19. A 2014 study estimated that 1 in 3 people in South Africa would experience mental health concerns in their lifetime (Jack et al., 2014) and that 10-20% of children and adolescents in developing countries are affected by mental health conditions (Kielling et al., 2011). Poverty and conditions of adversity are associated with higher rates of mental ill health (Hunt et al., 2019). This finding is borne out by evidence that households experiencing food insecurity during the Covid-19 pandemic are also more likely to have caregivers who experience depression (Van den Berg, Patel & Bridgeman, 2021). Stigma and lack of access to support services mean that mental health conditions often go undiagnosed and untreated.

Crime and violence

Crime is an ever-increasing problem in South Africa, affecting millions of families negatively on a daily basis. The effects of crime and violence on families are both direct and indirect. Families of victims of crime are directly affected when they suffer the trauma of loss of life or injury, and relatedly experience household economic shocks. Families of the perpetrators of crime are also adversely affected as they contend with legal fees, social stigma, and the trauma of having a family member incarcerated or losing income from a contributing member (Department of Social Development, 2010). The Victims of Crime Survey (Statistics South Africa, 2019) reports that 7.5% of households experienced crime in the year 2017-2018, with burglaries being the main crime experienced by households. The indirect effect of crime and violence is that individuals and families do not feel safe in their communities and residences. The Victims of Crime Survey (Statistics South Africa, 2019) reports that there was a reduction in the number of people indicating that they felt safe during the day (from 87% in 2013/4 to 79% in 2017/8) and the night (from 35% to 32% in the same period). Safe spaces for children to play and for families to feel secure are crucial for family well-being. While there are various theories on the causes of youth crime, the consensus is that it is primarily the outcome of multiple adverse social, economic and family conditions (van Niekerk & Mathews, 2019).

Gender-based violence

Gender-based violence (GBV) has been a major challenge in South Africa, highlighted at regular intervals every year by the media. Gender Links (2012) reports that 77% of women in Limpopo, 51% in Gauteng, 45% in the Western Cape and 36% in KwaZulu-Natal had experienced some form of GBV (Gender Links, 2012). Sexual violence is the most common form of GBV and has been consistently high over time. Alarmingly, 61% of children under the age of 15 experienced sexual assault (this figure includes the numbers of children who witness sexual assault); and 29% between the ages of 0 and 10 endured sexual assault (Department of Social Development & Department of Women, Children and People with Disabilities, 2012).

Family violence

Family violence is a term that encompasses various forms of violence that families may endure including Intimate Partner Violence (IPV, also one form of GBV). Reports indicate that rates of GBV and IPV went up during the Covid-19 related lockdown, as estimated by the increase in the number of calls to helplines. IPV has significant effects for families. Women that experienced sexual or physical abuse in their relationship were more likely to be diagnosed with a sexually transmitted infection, test positive for HIV, suffer from depression, or consider suicide. Children exposed to IPV also experience long-term consequences for their mental health and well-being. Family violence also includes child abuse and neglect. Despite been regarded as having an exemplary child rights environment, South Africa has some of the highest reported cases of child abuse, neglect and maltreatment which takes many forms, including physical and mental abuse, sexual abuse, exploitative work, trafficking etc (Richter & Dawes, 2008). While it is difficult to establish the size of 'the problem' of child abuse in South Africa, partly because of complexities and variation in definition, community understanding and reporting levels, one gauge of the problem is the number of crimes against children reported to the police, and summarised in the annual reports of the National Department of Police

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Services (Richter & Dawes, 2008).

Latest figures demonstrate that a third of children have experienced physical or sexual violence below the age of 18 years. A further 12% and 16% of children are reported to have experienced neglect and emotional abuse respectively (Artz et al., 2016). For just under half of victims (46%) the abuse is perpetrated by a person related to them (Jamieson et al., 2017).

Another form of family violence is elder abuse and neglect and the neglect and abuse of other vulnerable family members. There are very limited statistics on the extent and nature of this form of family violence. Viewing the challenge as only a form of GBV or as only child abuse misses out on the ways in which the family as a whole is affected by violence.

Substance abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (World Health Organisation, 2011). These substances can lead to dependence syndrome, defined as a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated use and that typically include a strong desire to take the substance, difficulties in controlling its use, and persisting in its use despite harmful consequences (World Health Organisation, 2011). South Africa has very high rates of substance use and abuse, particularly regarding alcohol. A South African country study reports that 53% of adults are risky or heavy drinkers (Trangenstein et al., 2018). According to the WHO (2011), South African rates of drinking are much higher than for other African countries. Substance abuse is driven by a range of factors including biological, psychological and social factors and cannot be addressed purely through treatment-based interventions. Prevention interventions are also crucial.

Substance abuse by family members places major stress on families, places constraints on financial resources, and can lead to a breakdown in family relationships as family members may experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt (Department of Health and Human Services, 2005; Department of Social Development, 2010).

2.2.3. Conclusion

The above discussion has painted a picture of the shifting patterns of family life in South Africa, with smaller households and higher numbers of households being a growing trend. It also demonstrates the significant challenges that families face as they seek to care for their members, and which constrain family well-being. However, describing these challenges also highlights the incredible resilience of most South African families, that manage to provide care and support to their members despite such difficult circumstances. The next section describes the policy and legal framework within which the Revised WPF will operate.

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SECTION 3:   RESPONSE STRATEGY FOR FAMILIES

3.1.   Approach

The overarching strategic approach to achieving the vision, mission and objectives outlined in Section 1 above is to ensure that policy across the board promotes the importance of the family as a core unit of society and fosters family well-being. Social and economic policies should be aimed at strengthening and promoting family well-being. Policies, strategies, and social and economic programmes across government departments need to be aligned with the diversity of families in South Africa and actively promote their well-being and their ability to fulfil their roles and responsibilities in society.

Drawing on several approaches to family well-being, we consider the following as cornerstone features of the Revised White Paper for families:

- In line with the Constitution of South Africa, a rights-based approach fosters the promotion of social justice, a minimum standard of living, equitable access and equal opportunity to services and benefits, and a commitment to meeting the needs of all South Africans, with a special emphasis on the needs of the most disadvantaged in society. These fundamentals are essential for the achievement of family well-being and involve all government and civil society stakeholders.

- Families can only thrive through a combination of economic empowerment and social service provision. All sectors of society therefore have a responsibility for promoting family wellbeing.

- Families face various changes and transitions over the family life course. Policy and programming needs to take account of these changes and facilitate support for families at various different phases.

- Families are resilient despite significant challenges. Policy and programming efforts need to build on the strengths of families and address challenges to ensure that families are empowered to use their capabilities to address adversity.

3.2.   Strategic priorities

As described in section 1 families operate at and are influenced by several different levels: the 'micro' level, the 'meso' level, and the 'macro level (Saunders, 1999). Saunders explains:

- The micro level refers to stability at the individual person level and here families provide emotional gratification for adults and fulfill the crucial role in the socialisation of children.

- At the meso level stability is attained at the level of the family unit itself. To continue with their various functions, families develop strategies to live together, to share domestic tasks, to resolve conflict, and to adjust successfully to changes over time such as the births of children, departure of children to form their own independent households, and the growing dependency of aging patterns. The life course approach reminds us that this process is not linear, that families are dynamic and that dependency patterns shift during the life-course. Care within families is not one-directional.

- The macro level entails stability in the relation between the family and other social institutions. Here, in addition to adjusting to internal changes and developments, families also adapt to changes in their environments particularly to the *economic sub-system* (whether they supply labour for the production processes and in turn consume what the economy produces), the *political sub-system* (where they supply responsible and active citizens and in turn consume various government services) and the *community sub- system* where they contribute to the vibrancy of community and in turn make use of the services and relationships provided by the community (Saunders, 1999).

Against this background strategies to promote family well-being and strengthen families should be designed to align the best interests of, leverage the strengths, and address challenges within each of three groups:

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the individual, the family and the community (Olson, 1999).

Furthermore, family policy must take an approach that is promotive and preventive, whilst still acknowledging that there is a need for treatment-focused and statutory interventions. Increased focus on promotive and preventive interventions will, over time, reduce the case load for treatment and statutory interventions. A plan needs to be developed for families and individual family members to exit the grants system while having other support mechanisms in place.

With the above in mind the following strategic priorities form the basis of the Revised WPF:

- Strategic Priority 1: Promote Family Well-being

The first strategic priority focuses on the promotive work that needs to be done to ensure family well-being. The work of this strategic priority places emphasis on the basic resources and assets that families need to be able to access in order to function well and fulfil their roles and responsibilities in society. Crucially, this strategic priority emphasises the importance of economic empowerment of families. It therefore focuses primarily on the macro-level.

- Strategic Priority 2: Family Relationship Strengthening

The second strategic priority focuses on the prevention and strengthening work that needs to be done to preserve and nourish the large block of families whose quality of life is helping to prevent and reduce problems associated with family disintegration, and to strengthen families through efforts to prevent the breakdown of family life by promoting positive attitudes and values about the importance of strong families and communities that support families.

While no standard definition exists, *family strengthening* is often used to refer to the deliberate process of giving families and their members the necessary opportunities, relationship skills, networks of support and protection, especially during times of adversity and change (Moore et al., 2002).

- Strategic Priority 3: Treatment and Support for Vulnerable Families

Although investments in strategic priorities 1 and 2 should reduce the need for interventions under strategic priority 3, there will always be families and times in all families that are characterised by negative and ongoing cycles of conflict and dysfunction. Where this situation is the case, treatment and support are required. Under this strategic priority, prevention, early intervention, treatment, and statutory interventions are required. Here the focus is on the individual and meso-level.

- *Prevention*: the empowerment, awareness, and support programmes aimed at preventing the need for families and their members to receive intensive services from professionals;

- *Early detection and intervention*—Services delivered at this level make use of mechanisms to detect at-risk families and intervene with developmental and therapeutic programmes to ensure that the negative consequences of dysfunction are limited and that families are supported to manage the challenges that they are facing in ways that promote the well-being of all family members.

- *Treatment* –Services at this level are intended to provide treatment to family members that require this intervention such as those dealing with substance abuse and mental health disorders that affect their ability to engage positively in relationships.

- S*tatutory intervention*--The statutory process is about a particular level of intervention and a period during which families are waiting for the outcome of a legal/court procedure as well as services and support required following court proceedings.

- *Reunification* and *aftercare*—*A*ftercare services refer to family preservation services delivered to the family of origin to: (1) address the risk factors that necessitate the removal of the family member/s,

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and (2) to assist the family in the transitional period after the removal for the family to stabilize and enter a reunification process after a period of separation. Services delivered at this level are aimed at integration and support services to enhance self-reliance and promote well-functioning families. The goal is to preserve and reunify families where this is desirable and to provide services at the prevention and early intervention level to promote better family functioning.

3.2.1. Strategic Priority 1: Promote Family Well-being

The first strategic priority addresses the family at the macro and meso level and focuses on the factors that families require to be functioning well. It advocates for a holistic approach to promoting family well-being and acknowledges that this holistic approach is required to ensure that families have access to all the necessary resources and assets to fulfil their roles and responsibilities optimally. This approach includes promoting access to basic services, food security and opportunities for economic inclusion and empowerment.

Recommended strategies and envisaged actions

- Acknowledge the multiplicity of what families require to function well.

- Ensure that families have access to:

  o *Safe and secure housing*: Work with the Department of Human Settlements to ensure that planning for housing is family-centred and promotes families' access to adequate, safe, and secure housing.

  o *Basic services*: Ensure that local municipalities are delivering on their mandate to provide free basic water, electricity, sanitation and refuse removal to promote families living in healthy environments.

  o *Food security*: Protect all families' right to have access to sufficient food to meet family members' basic needs, through:

    · Income support (see below),

    · Ensuring that they have access to services such as the National School Nutrition Programme (for school-aged children).

    · Promoting the work of CSOs and philanthropic organisations providing food parcels and feeding schemes as crucial partners in ensuring that vulnerable families have access to food.

    · Promoting a collaborative approach between the private sector and government to ensure that a basic basket of goods is affordable for all families.

  o *Functioning and accessible health services*: Work with the Department of Health to ensure that all families can claim their right to decent basic healthcare including mental healthcare. Ensure that families with particularly vulnerable family members (e.g., those with chronic illness, children and people with disabilities) understand what services are available to them and how to access them.

  o *Equitable, accessible education (including early childhood development) and opportunities to develop skills:* Work with the Department of Basic Education to ensure that all families can send their children to safe, secure schools and ECD facilities where children will be nurtured and educated. Work with the Department of Higher Education and Training as well as private sector and CSO organisations to promote adult family members' opportunities to access further education and other forms of skills training through state, civil society and private sector colleges and programmes.

  o *Safe, secure and sustainable environment:* Work with the South African Police Services to ensure

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that families are able to live in areas where they feel safe and secure. Work with the Department of Public Works and Infrastructure, and local government authorities to ensure that they plan and develop spaces that are conducive to the safety and security of families (including provision of adequate lighting, and provision of green spaces for safe play and leisure in all communities). Work with the Department of Environment, Forestry and Fisheries, the Department of Mineral Resources and Energy, and the Department of Public Works and Infrastructure as well as local government authorities to ensure that families live in spaces that do not compromise their health (spaces that are environmentally sustainable, and where industry does not pollute living areas).

o *Necessary legal documentation:* Collaborate with the Department of Home Affairs to ensure that all families have access to the official documents they require to access services.

o *Basic income support through social grants and social insurance:* Protect the rights of families to access basic income support through the grant system and social insurance mechanisms. Work with CSOs to empower families with knowledge about their right to basic income support via these mechanisms at different stages of the family life course.

o *Social welfare services:* Expand families' knowledge of and access to social welfare services that can meet their needs at different points in the family life course.

o *Psychological and spiritual support:* Encourage such support through various NGOs and faith-based organisations*.*

- Promote access to economic opportunities for families by:

  o Working with the Department of Public Works and Infrastructure and local government to ensure equitable access to public employment opportunities.

  o Ensuring that family members are aware of and able to access employment support opportunities through the Department of Employment and Labour and local CSOs (and in the case of young people through the National Youth Development Agency and the Presidential Youth Employment Intervention).

  o Ensuring that families are aware of and able to access entrepreneurship and cooperative support through the services of the Department of Small Business Development as well as provincial government strategies.

  o Empowering families to develop sustainable livelihood strategies.

- Ensure families can balance caregiving and economic empowerment:

  o Provide economic and non-economic measures, such as personal income tax relief, care subsidies, and affordable and accessible child, community care and afterschool school care services as well as psychological support to mitigate families' burden of caring for their children, older persons, and people with disabilities.

  o Put in place mechanisms and policies, including parental leave, for both male and female caregivers, to facilitate the balancing of work and family responsibilities and to promote equitable care responsibilities between caregivers.

- Empower families with the knowledge about what their rights are, what services and resources are available to them to enable them to fulfil their roles and responsibilities and enhance their skills to access and advocate for access to such services and resources.

- Promote a culture of dignified treatment towards families when they seek and access services.

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- Ensure that policies and legislation do not discriminate unfairly against families on the basis of amongst others, their age, gender, sexual orientation, race, ethnic or social origin, marital status, disability, beliefs, culture, language, physical and mental conditions, family composition, and financial conditions.

- Acknowledge the burden of care placed on women and promote sustained gender equality in families by focusing on the whole family unit, encouraging both men and women's economic self-sufficiency and involvement in care:

  o Acknowledge and encourage the role that both women and men play in the care and well-being of children and other family members.

    ▪ Work towards policies that promote gender equity in caregiving including extending paternity leave.

    ▪ Challenge laws, policies and cultural practices that restrict the involvement of men in caregiving; and which assume women's role in caregiving.

  o Promote the ability of both men and women to engage in economic activity by ensuring that families have access to safe and reliable care support mechanisms and networks of support.

  o Encourage the sharing of domestic, caregiving, and other family duties by all members regardless of gender.

3.2.2. Strategic Priority 2: Family Relationship Strengthening

When families have access to the resources and services required to promote family well-being (as articulated in Strategic Priority 1) they are under less stress and are better able to function well. However, family relationship strengthening can enhance well-being and promote optimal functioning, ensure families are better able to manage conflict, support caregivers in their parenting roles, and prevent negative cycles in the family. For this reason, family relationship strengthening, which focuses on the meso and micro-level, emerges as the second strategic priority.

CSOs, national and local government all have a crucial role to play in working with families to promote family relationship strengthening. Collaborative approaches to programming and service delivery should be encouraged, especially where there are evidence-based family strengthening programmes that can be adopted by government and rolled out by CSOs.

Recommended strategies and envisaged actions
Collaborate with civil society and local government authorities to ensure that families, of all forms, can access programmes and services that are appropriate to them and support them at various phases in the family life course:

- Family transitions

  o Offer and widen access to preparation programmes for family transition events such as marriage or long-term committed partnerships, parenting, and caring for elderly family members.

  o Make family planning health and counselling services available and accessible for both women and men.

- Child caregiving

  o Offer and widen access to parenting support and advice programmes and services that support caregivers to adapt to the changing needs of children over their life course.

  o Discourage the use of corporal punishment and empower caregivers to use alternative disciplining methods that reaffirm children's inherent positive values.

  o Ensure access to antenatal maternal and caregiver care and support (including mental health

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support) to promote positive adaptation to caregiving for all new caregivers, paying particular attention to vulnerable groups such as teenage parents, caregivers with mental health conditions, and those from particularly economically distressed households.

- o Acknowledge and encourage the role that both women and men play in the care and well-being of children and other family members and promote men's role alongside the roles that women traditionally play in child caregiving.

- o Enhance families' and caregivers' ability and capability to protect children from exposure to, and participation in activities that may be detrimental to their physical, emotional, psychological, intellectual, and sexual well-being by providing information and services that can support them in this role.

- General family life

  - o Offer and widen access to family strengthening programmes that include the whole family and that promote strong intra-family and intergenerational relations specifically between younger and older family members, between siblings and generally between members of the extended families, if applicable.

  - o Offer and widen access to family strengthening programmes that empower families to enhance their social networks of support (key transactional processes that enable families to buffer against challenges include accessing relational and support networks), understand their rights, and collaboratively advocate for and access services they need for their emotional, spiritual and psychological well-being such as programmes offered by civil society organisations.

  - o Widen access to relationship support at key points in couples' relationships to support couples to better manage conflict.

  - o Support families to dissolve relationships where an amicable dissolution of a relationship is preferable to ongoing conflict or abuse.

- Caregiving for vulnerable children and adults

  - o Ensure that families caring for particularly vulnerable children, such as children with disabilities, are aware of and able to access support services available to them.

  - o Empower families that are caring for vulnerable adults such as the elderly and frail, and those with disabilities and chronic illnesses, with knowledge about what to expect and information about available support services.

- Family life under stressful situations

Although most families face stress due to the abovementioned socio-economic conditions, there are times of acute stress such as trauma, loss and states of disaster when families may need additional support to promote their resilience and functioning.

  - o Enhance families' resilience during times of acute stress by expanding access to trauma counselling and other forms of appropriate mental health support for all family members through social work and community psychology services, as well as programmes offered by civil society, including religious organisations.

Undertake regular research studies and situational analyses to acquire an information base for understanding the factors that place families at risk, to assess the direct and indirect effects of policies and programmes on family life and well-being and to identify opportunities for mitigation.

3.2.3. Strategic Priority 3: Treatment and Support for Vulnerable Families

Investments in strategic priorities 1 and 2 should, over time, promote family well-being and strong family relationships, thus reducing the need for treatment and support due to family dysfunction and breakdown. However, even with investments in strategic priorities 1 and 2, there will still always be a need for specific interventions that support families to manage particularly negative situations such as substance abuse, physical, sexual, financial, or emotional abuse, neglect, and violence. For this reason, prevention, early

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intervention, treatment, and statutory intervention and support are required for particularly vulnerable families. Ensuring that families have access to such services will ensure that families can rebuild their capabilities with greater resilience over time.

Recommended strategies and envisaged actions

- Prevention
    - Strengthen awareness and education on domestic violence, its prevention, how families can seek help, and how communities can support families to do so.
    - Strengthen awareness and education on various forms of abuse, its prevention, how families can seek help, and how communities can support families to do so.
    - Strengthen awareness and education on substance abuse, its prevention, how families can seek help, and how communities can support families to do so.
    - Support interventions that challenge community norms and systems that intentionally or unintentionally discourage help-seeking by family members (e.g., community norms of "turning a blind eye" to domestic violence)

- Early detection and intervention
    - Empower healthcare providers, early childhood practitioners, teachers, religious leaders, and other service providers with knowledge about how to identify and respond to at-risk families.
    - Empower families with interventions about programmes and services that are available to them should they need to seek help (e.g., AlAnon; shelters for those escaping domestic violence).
    - Support families to dissolve where this approach is the best route to protect the well-being of family members, ensuring that they are not stigmatised in the process.
    - Sensitize community members to the special requirements of vulnerable families, without compromising their right to privacy and confidentiality.
    - Initiate communities of care made up of key stakeholders from the community, to holistically support the family.
    - Prioritise preventive initiatives in local areas where families at risk have been identified.
    - Make therapeutic services easily accessible and affordable for families and their members, paying particular attention to challenging the stigmas associated with help-seeking.

- Treatment
    - Ensure that where treatment is an option, individuals have access to treatment services.
    - Shift treatment approaches from an individual focus to an individual-within-family focus, acknowledging that individuals' behaviour affects families and that individuals will return to families and family patterns that may affect their recovery.
    - Facilitate family access to support to work through trauma related to individual family members' actions, and to understand how to respond to family members who are undergoing treatment.
    - Ensure that, where necessary, family members have access to appropriate services, including shelters, Child and Youth Care centres, and other family support programmes to manage particularly difficult times of transition or conflict.

- Statutory Intervention and Family Preservation
    - Where necessary, ensure that statutory interventions are enacted and that civil society and the state entities responsible are capacitated to deliver on such interventions.
    - Encourage family-centred extended kin fostering as the most appropriate and cost-effective

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placement for children.

- o Strengthen and expand existing adoption and foster care mechanisms and support measures to ensure rapid family placement of all children in need thereof.

- o Provide support services to all families affected by the removal of a family member.

- o Provide psycho-social support to all victims of family violence and those who have been exposed to violence, for court preparation and follow-through.

- Reunification and After Care

  - o Where appropriate, implement appropriate protocols for reintegration and reunification of family members who have been separated for extended periods of time for various reasons.

  - o Provide capacity building and empowerment of families through implementation of evidence-based programmes, to deal with and handle challenging child and youth behaviour.

  - o Increase reunified children's access to formal education. Where this strategy is not feasible or desirable, encourage vocational and/or life skills training.

  - o Specialised transitional support services for youth exiting care. This approach could include psycho-social support programmes, as well access to education and/or employment opportunities and entrepreneurship for young people as well the provision of social welfare support services (Van Breda & Dickens, 2016)

  - o Develop and implement educational, therapeutic and rehabilitation interventions for perpetrators of domestic violence and abuse. There is also the need to make more shelters available for woman and children who have been abused and require alternative, safe housing. Shelters provide opportunities for survivors to escape the cycle of abuse while efforts are made to address the underlying problems (Brodie, 2020: 208).

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SECTION 4:   COORDINATION, IMPLEMENTATION AND MONITORING STRUCTURES

The achievement of the vision, mission, and objectives of this Revised WPF relies on effective implementation of the actions under each strategic priority. Three documents should be developed using the revised WPF:

- A fully costed Implementation Plan

- A Monitoring and Evaluation Framework

- A Communications Strategy

All three of these action documents are crucial to see the objectives captured in this document realised. In this section we outline the coordination mechanisms, implementation approach, budget considerations, and a monitoring and evaluation approach. These sections should be read as providing guidance towards the development of the abovementioned documents.

4.1. Coordination

The Department of Social Development has the mandate to promote and ensure that policy and programming across the board acknowledges the importance of the family as a core unit of society and works to foster family well-being, family strengthening and support for vulnerable families. However, achieving the objectives of this revised WPF involves the work of national, provincial, and local government departments; civil society organisations including those providing welfare and other services, those developing advocacy programmes, trade unions, and religious organisations; the private sector; academia; as well as communities and families themselves.

Given that so many factors play a role in promoting family well-being and strengthening, and providing support to vulnerable families, the implementation of the Revised White Paper on Families requires coordination and intersectoral collaboration. Evidence clearly demonstrates that partnerships between government and civil society are achieving more success than government departments on their own (Patel, Hochfeld & Englert, 2018) and that programme delivery is most effective when local service partners are drawn into the planning and implementation (Fixsen et al., 2013). Clearly therefore, coordination and integration are crucial to achieve the objectives.

4.1.1. Roles of stakeholders

Each stakeholder has a role to play in delivering to ensure that the objectives are met. The role of DSD is therefore to promote collaboration, advocate for families at all levels of government and across departments, engage meaningfully with civil society, the private sector and academia; and track progress towards the objectives. They have the primary responsibility to ensure that stakeholders are aware of the Revised WPF, engage stakeholders in collaborative mechanisms to achieve the WPF objectives, and monitor progress towards the achievement of the objectives to guide strategic programmes.

Various national government departments have a role to play as they develop and revise policies and deliver programmes and services. The main government departments to be engaged in this regard are listed in Appendix 1.

Provincial government departments of social development have a role to play in ensuring that the objectives of the Revised WPF are integrated into provincial plans and strategies, and to facilitate coordination between relevant provincial departments, civil society organisations, and private sector bodies.

Local government departments have a role to play in ensuring that the objectives of the Revised WPF and the provincial strategies and plans are integrated into local service delivery, and to facilitate coordination

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between relevant local departments, civil society organisations and private sector bodies.

Civil society, including non-governmental organisations, community- and faith-based organisations, and trade unions, is an important intermediary in the light of government public policy and an important avenue for articulating the vision of the White Paper by, among other things, promotion of, and advocating for, the general well-being of families; facilitation of referrals of families and/or their members to the relevant services, where necessary; and by facilitating family reintegration where necessary. Furthermore, civil society organisations that specialise in gender, human rights and general family issues can be utilised to train other service providers in these issues. Such organisations are often the first available port of call for families that are struggling. Civil society therefore has a vital role to play in providing support and advocating for families. Civil society organisations include those that are delivering welfare and other services to families, those developing behavioural and attitudinal change programmes, those involved in advocacy work, and those empowering families and communities with skills, knowledge, and awareness of their rights.

Religious organisations are also part of civil society and play a crucial role for many families. Religious and faith-based organisations should be encouraged to work closely with government and other civil society organisations to advocate for family well-being and family strengthening. Religious organisations are often an important resource for families in distress and should provide appropriate support and referral for vulnerable families. Trade unions have significant potential to shape employer thinking about work-family balance. They have been crucial partners in promoting for extended paternity leave and can continue to play a role in advocating for better work policies to promote healthy family life.

The private sector as employer has a role to play in the promotion of family well-being and the strengthening of families in South Africa by the manner in which employers can develop programmes that create a healthy balance between work and the family. It is well-documented that employees' failure to adequately balance work and family responsibilities affects workplace productivity and profitability due to problems such as high turnover, increased absenteeism, tardiness; and decreased job satisfaction, productivity, and work quality (International Labour Organisation, 2004). The private sector therefore needs to strive to achieve a better work-life balance for its employees by ensuring that the work environment is family-friendly through benefits that impact on the quality of life of family members; affording employees their full family-related entitlements and benefits such as maternity and paternity leave and family responsibility leave. In this regard they also have an important role to play in ensuring that policies promote gender equity in care and work. Regarding family strengthening, the private sector, through Corporate Social Investment projects, play an important role in supporting the efforts of organisations involved in different initiatives aimed at raising the quality of life of all families, and supporting the most vulnerable families.

Traditional leaders have a role to play in the implementation of the White Paper as they not only remain the custodians of traditional value systems, but they also preside over land, marriages, and families in rural areas. Traditional leaders are therefore key role players to engage in ensuring that gender equity, economic empowerment, and support to vulnerable families can be achieved.

Academics have a role to play in supporting the work of all role players through delivering rigorous and sound research on the challenges facing families, how families build their resilience and well-being, as well as collecting, analysing, and reporting data that can aid role players in understanding whether progress is being made towards the objectives of this revised WPF. Many academics also collaborate with government and civil society to develop and test family strengthening programmes that, based on evidence, could be scaled up through partnerships.

Drawing on the expertise and offerings of all role players is crucial for the achievement of the objectives outlined in Section 1 above. Collaborative mechanisms at various levels are necessary to foster engagement.

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4.1.2. Coordination mechanism

Achievement of the objectives will be dependent on a sound intersectoral and interdepartmental mechanism, an active political administration and technical expertise. The former would facilitate the translation of the White Paper's objectives into actual programmes (existing and required), delivered to different families by different stakeholders. The successful development of an intersectoral coordination structure and system will determine the extent to which the whole policy is implemented and monitored effectively and efficiently. This goal can be addressed through formalised institutional arrangements that facilitate coordination, collaboration, and synergy in implementation, which are covered in this revised WPF, but should not exclude informal collaborative engagements.

This section presents the formalised mechanism that will be used to facilitate the intersectoral work required for successful implementation of the Revised WPF at national, provincial, and local levels.

The model of a Family Service Forum (FSF) at different levels of administration should be implemented to ensure effective coordination. FSFs will be established at national, provincial, district and local levels to ensure effective coordination and communication between all relevant stakeholders. Their main function will be to:

- Ensure awareness of the Revised WPF,

- Monitor progress towards the objectives of the revised WPF, and

- Provide strategic direction based on evidence to ensure that backlogs and bottlenecks in achieving the objectives are dealt with.

This section outlines, for each level, **who** should participate in the FSF (stakeholders), **what** the functions of the FSF are (functions), and the formalised mechanisms by which the FSF should work.

National Family Service Forum (NFSF)

Stakeholders

The NFSF will be led by the Department of Social Development, with the Office of the Presidency as an equal partner. Representation and active participation of the below-mentioned government departments will be mandatory as they have been identified as pivotal in the successful implementation of the Revised White Paper for Families:

- Department of Social Development (DSD) (The lead and coordinating department)

- South African Police Services

- South African Social Security Agency

- Statistics South Africa

- Department of Human Settlements

- Department of Public Works and Infrastructure

- Department of Health

- Department of Basic Education

- Department of Women, Youth and People with Disabilities

- Department of Home Affairs

- Department of Rural Development

- Department of Cooperative Governance and Traditional Affairs

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Other departments will be invited to participate where the strategic plans of the NFSF warrant their engagement and collaboration.

In addition to the above government departments the following institutions and organisations should be invited to participate:

- Relevant academic and research institutions focused on family life

- Established national level civil society, faith-based, and religious organisations

- Trade unions

- Traditional leaders (where appropriate)

- National level private sector coordinating bodies

The Chairpersons of the provincial family service forums should be represented in the National Family Service Forums.

Functions

The core functions of the National Family Forum will be to:

- Promote awareness of the Revised WPF.

- Establish a system of monitoring progress towards family well-being.

- Regularly monitor and provide reports on progress towards the objectives of the revised WPF.

- Develop strategic plans to address backlogs in the achievement of the objectives of the WPF.

- Facilitate coordination, collaboration, and synergy in the implementation of these strategic plans with relevant government departments, civil society, private sector, and academia.

- Develop, where needed, and review existing and proposed national-level policies that impact on the well-being of the family.

- Ensure the availability of the required financial and human resources to oversee and implement strategic plans that will lead to the achievement of the objectives of the revised WPF.

- Empower government departments, civil society organisations, and the private sector with information about how to achieve the objectives of the WPF (including disseminating relevant research, and promoting the use of evidence-based programmes).

- Facilitate the establishment of and provision of information to provincial and local FSFs or other relevant interdepartmental structures and/or mechanisms at a provincial and municipal level to ensure the implementation and monitoring of the White Paper on Families based on provincial and local needs.

- Support, monitor and evaluate the implementation of the White Paper.

Formal mechanisms

- Government department members of the National Family Service Forum will be nominated by the relevant Director General to represent their departments, while the civil society, academic, and private sector representatives will be nominated by their board of directors.

- The Department of Social Development will chair the meetings and provide the secretariat services.

- The DSD will gather and share data as outlined and request relevant information from relevant

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departments, as well as provincial, district, and local FSFs as required.

- The DSD will collate annual reports of the provincial, district, and local FSFs to monitor overall progress towards the objectives and implementation of the strategic priorities.

- The FSFs will collaboratively develop three-year strategic plans based on the evidence (data and annual progress reports) and nominate members to take the actions forward and report quarterly.

Provincial Family Service Forum (PFSF)

Stakeholders

The PFSF will be led by the Provincial Department of Social Development, with the Office of the Premier as an equal partner. Representation and active participation of the following provincial departments will be mandatory as they have been identified as pivotal in the successful implementation of the Revised White Paper for Families. Provincial departments will include those responsible for:

- Health

- Basic Education

- Human Settlements

- Public Works/ Infrastructure

- Community Safety

Other departments will be invited to participate where the strategic plans of the NFSF warrant their engagement and collaboration.

In addition to the above provincial departments the following institutions and organisations should be invited to participate:

- Relevant academic and research institutions focused on family life

- Established provincial level civil society, faith-based, and religious organisations

- Provincial trade union branches

- Traditional leaders (where relevant)

- Provincial level private sector coordinating bodies

The Chairpersons of the District FSFs should be represented in the Provincial Family Service Forums.

Functions

- Promote awareness of the Revised WPF to provincial stakeholders.

- Facilitate coordination, collaboration, and synergy in the implementation of these strategic plans with relevant departments, civil society, private sector, and academia.

- Ensure the availability of the required financial and human resources to oversee and implement strategic plans that will lead to the achievement of the objectives of the revised WPF.

- Establish linkages and integration of the White Paper into the Provincial Growth and Development Plan.

- Develop, where necessary, and review all the existing provincial policies that impact on the well-being of the family, in line with the White Paper.

- Work with National DSD to empower departments, civil society organisations, and the private sector with information about how to achieve the objectives of the WPF (including disseminating relevant

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research and promoting the use of evidence-based programmes).

- Coordinate services to families in provinces.

- Hold inter-sectoral meetings to identify and address breakdown in communication and share best practices.

- Consolidate a provincial resource directory for services.

Formal mechanisms

- Members of the Provincial Family Service Forum must be nominated by their Head of Department in provinces to serve on the Provincial Forum, while Civil Society Organisations and Research institutions will be nominated by their board of directors.

- The Provincial Department of Social Development will chair the meetings and provide the secretariat services to the forum.

- The PFSFs will collaboratively develop annual strategic plans based on the evidence (data and annual progress reports) and nominate members to take the actions forward and report quarterly.

- The PFSF may request relevant information from relevant provincial and local departments and the local FSFs as required.

- The Provincial DSDs will be required to submit three-year strategic plans that align with the national strategic plans, as well as monitoring reports against those plans to the national DSD/ NFSF

District and Local Family Service Forum (DFSF/ LFSF)

The new District Development Model (DDM) which was announced by President Ramaphosa in the SONA 2019, is a governance strategy aimed at improving coordination and collaboration at district level in order to *"have line of sight of exactly where the challenges & blockages are in this district, to resolve them and to ensure there is proper implementation"* (President Ramaphosa at District Development Model proceedings in Waterberg, Limpopo, 25 November 2019). This approach holds potential for the District FSFs since they can rely on an established mechanism of coordination to promote the work required to achieve the objectives of the Revised WPF.

Stakeholders

- Each district and local municipality must establish a DFSF/ LFSF to coordinate services to families and implement the White Paper on Families

- Each DFSF/LFSF should be made up of relevant municipal offices responsible for services to families, health, education, human settlements, local service delivery, and safety; as well as district/local level relevant CSOs, CBOs, FBOs, religious organisations and district/local-level private sector coordinating bodies.

- In addition to these core members, other departments, and non-government organisations, as well as interested parties from academia at a municipal level may be invited to participate.

Functions

- Respond to the NFSF and PFSF annual plans by developing an integrated local plan of action.

- Develop databases and referral networks of relevant services providers and organisations offering family services.

- Ensure that resources are dedicated to the implementation activities of the White Paper.

- Facilitate collaboration and referral procedures to ensure effective referral of families to appropriate

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service providers.

- Based on input from the NFSF and PFSF, provide training to upgrade and train family service providers, and staff/ volunteers.

- Disseminate information about support services available for families affected in communities.

- Promote networking with all community service providers and establish public or private partnerships that can support the achievement of annual strategic plans.

- Develop, where needed, and review all the existing bylaws that impact on the well-being and development of families, in line with the White Paper.

- Guide and direct the process of ensuring that services are delivered to families and communities.

- Support, monitor and evaluate the implementation of the White Paper at a municipal level.

4.2. Implementation approach

The approach to implementation of the strategic priorities will be for the DSD, in collaboration with the NFSF, to consider the actions and implementation approach for each Strategic Priority and to develop a costed, strategic implementation strategy every three years, aligned with the Medium-Term Expenditure Framework, to ensure that the recommendations and ethos of the Revised WPF can be operationalised and fully costed. The implementation strategy should be informed by available evidence to form a baseline for each strategic priority and then monitored against that baseline over the three-year period.

4.2.1. Strategic Priority 1: Promote Family Well-being

The approach to achieving family well-being is to monitor how service delivery across government departments is leading to families' access to the resources and assets they need to achieve well-being; and develop strategic plans based on these data. To achieve this objective the DSD and NFSF should:

- Use publicly available and regularly reported datasets (e.g. General Household Survey (GHS), Victims of Crime Survey (VCS), and Quarterly Labour Force Survey (QLFS) to develop a set of indicators that provide a snapshot of family well-being. As many of the resources and assets described under Strategic Priority 1 should be included, considering the advantages as well as the limits of publicly available data. The following indicators, amongst others, should be included:

  - Hunger/ food security (GHS)

  - Income poverty (upper-bound, lower-bound and food poverty levels) (GHS)

  - Employment (GHS/QLFS)

  - Access to health (GHS)

  - Access to basic services (GHS)

  - Access to ECD and basic education (GHS)

  - Access to grants (GHS/SASSA administrative data)

  - Sense of safety (VCS)

- Analyse data annually by gender, race, disability, age, type of household, and province to provide insight into where continued challenges exist in service delivery.

- Develop three-year strategic plans, in line with the cycle of the Medium-Term Expenditure Framework, to address backlogs and bottlenecks and build these strategic plans into the medium-term budgeting processes.

- Engage relevant stakeholders (government, civil society, academia, private sector etc) crucial to the implementation of the strategic plans.

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- Resource relevant stakeholders with the appropriate information and, where possible, capacity and budgets to implement the strategic plans.

- Monitor implementation of strategic plans through required reporting to the NFSF.

- Annually monitor whether progress is being made on the abovementioned indicators and revise strategic plans as appropriate.

- Identify gaps in data (e.g. understanding gender dynamics in the household through time use surveys and analysing suitable data at district and local level) and collaborate with Statistics South Africa to address such gaps.

- Regularly identify and review policies to ensure that they achieve family well-being, in line with the objectives and strategic priorities.

4.2.2. Strategic Priority 2: Family Relationship Strengthening

Family relationship strengthening relies on the accessibility and use of a range of services and programmes to improve family communication relationships, enable families to manage conflict positively, and provide support during times of distress. The implementation approach for this strategic priority is to create the conditions for the flourishing of good practice programmes. To achieve this objective the NFSF should:

- Ensure that the ethos of Strategic Priority 2 of the Revised WPF filters through to service delivery at every level by
    o Requiring programmes that are funded by DSD and other funders represented on the NFSF to reflect this ethos and approach to family service (in approval of programme plans).
    o Monitoring the performance of service delivery partners with this commitment to the ethos of the Revised WPF in mind by building this aspect into performance plans of delivery agencies.
    o Conducting a three-year evaluation process to understand whether the ideas of the family policy are filtering through to implementation by service delivery partners.

- Gather data on the approximate number and spread of family programmes offered by government, civil society and the private sector including:
    o Preparation for marriage and long-term partnerships
    o Parenting/ caregiving programmes
    o Maternal and caregiver health and mental health support
    o Family strengthening programmes
    o Relationship counselling services
    o Trauma counselling services
    o Access to family planning
    o Services for families caring for family members in need of more intensive care

- Identify gaps in service delivery and promote the development of such services in under-served areas.

- Identify good practice and evidence-based programmes that can be scaled up through government and civil society.

- Allocate resources to capacity building of government and civil society service providers to deliver good practice and evidence-based programmes.

- Facilitate accredited training of professionals and volunteers.

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4.2.3. Strategic Priority 3: Treatment and Support for Vulnerable Families

Strategic Priority 3 relies on empowering families to seek help and for key community stakeholders (including religious organisations and civil society organisations) to provide appropriate support, referral, and treatment. To achieve this objective the implementation approach at the level of the NFSF is to:

- Curate evidence-based information on domestic violence, abuse, substance abuse and other factors affecting vulnerable families as well as effective help-seeking strategies and support services targeted at:
    - Families
    - Communities
    - Help providers (e.g. teachers, social workers, psychologists, religious leaders, community leaders, healthcare professionals)
- Disseminate such information to Provincial and Local FSFs and other networks to inform awareness and information campaigns.
- Gather data on the approximate number and spread of treatment and support programmes offered by government, civil society, and the private sector.
- Identify gaps in service delivery and promote the development of such services in under-served areas.
- Identify good practice and evidence-based programmes that can be scaled up through government and civil society.
- Allocate resources to capacity building of government and civil society service providers to deliver good practice and evidence-based programmes.

4.3. Budget allocations

The effective implementation of the Revised WPF requires an annual budget to support the following:

- The work of the FSFs, as the core coordinating mechanism driving the implementation of the Revised WPF, needs to be appropriately resourced and budgeted for at each level. A key recommendation emerging from the consultations is that a qualified coordinator is crucial to the successful functioning of the FSFs. Therefore, at least one individual per FSF should be budgeted for annually to coordinate the engagements, prepare documentation for the engagements, coordinate the gathering of evidence to inform the three-year strategic implementation plans, document the strategic implementation plans, engage with FSFs at other levels, and monitor implementation of the strategic implementation plans. Resourcing for this capacity needs to be factored into annual budgets at all levels.
- Gathering and analysis of data to inform the strategic plans should be set aside annually.
- Capacity building of government and civil society organisations to ensure that evidence-based and good practice programmes can be effectively scaled up.
- Communication about the Revised WPF at all levels
- Annual monitoring and evaluation activities

In addition, the strategic implementation plans that are developed by the FSFs should be conceptualised in line with the Medium-Term Expenditure Framework cycle, and the cycles of developing/ revising Community and Integrated Development Plans to ensure appropriate resourcing and to inform budgeting processes at every level. This approach should ensure that relevant departments at all levels can include budgets for strategic plans into annual budgets for the departments.

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4.4. Monitoring and evaluation

The availability of reliable and consistent data is essential for developing implementation plans and monitoring progress towards the goals of the Revised WPF. These data can also provide focus for the different sectors and stakeholders involved in the implementation of the Revised White Paper on Families.

This policy document provides guidelines for an approach to Monitoring and Evaluation (M&E), which should be used to develop a fully operationalised monitoring and evaluation framework that will be a companion document to this Revised WPF. The M&E will then serve as an important stage for the implementation of the White Paper on Families as it will provide all stakeholders with the means for learning from past experience, improving service delivery, planning and allocating resources, and demonstrating results as part of accountability to key stakeholders (World Bank, 2004).

The overarching approach to M&E for the Revised WPF is to:

a. Collect baseline data on several indicators that will be tracked over time, per strategic priority

- Strategic Priority 1

    o   Hunger/ food security (GHS)

    o   Income poverty (upper-bound, lower-bound and food poverty levels) (GHS)

    o   Employment (GHS/QLFS)

    o   Access to health (GHS)

    o   Access to basic services (GHS)

    o   Access to ECD and basic education (GHS)

    o   Access to grants (GHS/SASSA data)

    o   Sense of safety (VCS)

- Strategic Priority 2

    o   Nature and extent of family programmes

    o   Gaps in service delivery

- Strategic Priority 3

    o   Nature and extent of family preservation and family support programmes and services

    o   Gaps in service delivery

b. NFSF to develop the strategic implementation plan for each strategic priority using the baseline data to guide the development of the plan and communicate this information to other levels of FSFs.

c. Identify input, output and outcome indicators that will be monitored by FSFs at all levels to ensure that strategic plans are executed using the abovementioned implementation approach. Other relevant indicators include those in the *Monitoring and Evaluation Framework for Services to Families* of the Department of Social Development (Department of Social Development, 2011). DSD needs to provide support on developing these indicators and strategies for monitoring as required by FSFs at all levels.

d. Monitoring will involve collecting data on a quarterly, biannual or annual basis (depending on the indicator) at all FSF levels and reporting on these at quarterly FSF meetings. This monitoring is intended to contribute positively to the successful implementation of the White Paper and to hold relevant service partners and implementing role players accountable for service delivery. The results

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of the monitoring process will be used to reflect on what is happening on the ground in relation to the implementation plan. The results of monitoring will feedback into the implementation process on a regular basis and will continually be utilised to improve services offered. This process will provide opportunities to learn from the actual and present options for adjustment and improved implementation.

Every three-years a full evaluation of outcomes and impact indicators should be conducted to assess the effects of the work done by the various FSFs in relation to their strategic plans and the overall objectives and strategic priorities of the WPF should be conducted. Both qualitative and quantitative approaches to evaluation should be used. Quantitatively, an assessment of progress on the baseline indicators mentioned in a) above should be conducted. Other quantitative measures can be drawn from performance plans and evaluation reports of funded service-delivery partners. Qualitative approaches to assess whether the ethos of the Revised WPF is being incorporated into policy documents, IDPs, CDPs, and family services should be conducted.

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Appendix A: Key government departments involved in achieving the WPF objectives

This Appendix outlines the key government departments that are crucial to engage with in order to achieve the objectives of the RWPF. Although specific civil society, private sector and academic partners are not listed, this omission should not be read to mean that these are not crucial stakeholders. Rather, an exhaustive list of all civil society, private sector, and academic partners is not possible.

Primary departments

The Department of Social Development (DSD)

The DSD is the coordinating department. It is also the main focal point for actions aimed at supporting family life and the strengthening of families in the country as well as coordinating treatment programmes. The Department of Social Development as a lead should coordinate the activities that would contribute to the successful implementation of the White Paper on Families. The Department will also ensure that all policies, legislation and initiatives of Government are explicitly tilted in favour of families in the country. It will be the leading department implementing the White Paper while performing the following tasks:

- Developing and facilitating the implementation of intersectoral and interdisciplinary protocols

- Mitigating the risk factors that impede families from fulfilling their various roles and responsibilities

- Ensuring an effective and holistic service delivery system, including prevention, early intervention, statutory intervention, and reunification/after care services and programmes

- Advocating on behalf of families through the dissemination of information and education strategies.

- Involving men in home-based care and the care of orphaned and vulnerable children in order to lessen the burden on women

- Exploring the possibility of calling for the inclusion of paternity leave in the Basic Conditions of Employment Act 75 of 1997 and strengthening the recognition of parenting and support for parents in the workplace.

- Developing minimum norms and standards for service delivery in the field of families.

- Facilitating capacity building of provincial stakeholders.

- Instituting and facilitating Family Services Forums at the various levels.

Department of Arts and Culture

The role of the Department of Arts and Culture in the implementation of the White Paper on families is to strengthen social cohesion in families. The Department recognises the family as a structure that fosters socialisation and instils positive values. The Department of Arts and Culture promotes arts, culture and heritage as ways to unite families, communities and the society at large toward building a happy nation. In addition, the Department:

- Develops talent in the arts for economic development to sustain families

- Promotes access to information for families

- Ensures the development and promotion of mother tongues

- In collaboration with the Department of Correctional Services ensures that offenders are rehabilitated by nurturing their talents and also proving opportunities for offenders' families to

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participate during events where offenders are given a platform to showcase their talents

- Contributes towards the creation of awareness of domestic violence against women and children through the arts.

Departments of Co-operative Governance and Traditional Affairs

These departments are at the coalface of Government's service delivery and the implementation of policies. Most of the work of this department has a direct impact on the family. In order to harmonise all the department's efforts, multidisciplinary teams will be at the forefront of service delivery at this level. In addition, traditional leaders will be trained and engaged around issues of gender equality and human rights including training on the Constitution and provisions of family-related regional and international human rights instruments that South Africa had signed and ratified. The municipalities will ensure that the implementation of the White Paper is captured in line with their Integrated Development Plans (IDPs).

Department of Correctional Services

The Department of Correctional Services (DCS) has a crucial role to play in guaranteeing the well-being of South African families, as many offenders are also members of different families in the country. Since the department's primary goal is to facilitate the correction of offending behaviour, mainly through rehabilitation, families are considered as pivotal partners in this process. Families also play an important role in the reintegration of offenders back into society. The White Paper on Corrections in South Africa (2005) also recognises the family as the basic unit of society, as well as the primary level at which correction should take place. To this end:

- Families should be involved in rehabilitation programmes for family members who are prisoners.

- DCS should facilitate and support contact between families and prisoners, particularly children.

- DCS should strengthen its relationship with other departments, especially DSD, in order to effectively involve families in rehabilitation programmes for prisoners and to facilitate family contact successfully.

- Offenders should be reintegrated back into communities with the support and help of programmes which address their attitudes towards violence and gender transformation concepts should be used to address recidivism.

Department of Defence and Military Veterans

The Department of Defence (DOD), in particular, the Directorate Social Works' role in strengthening families cannot be overemphasized. Deployment and separation form part of military lifestyle, and is both challenging and stressful for the members and their families. Various separation/deployment/occupation-related challenges have been documented viz, domestic violence, financial problems, substance abuse, marital problems, problems with children, divorce, lack of organisational support, lack of social support systems, maintenance problems, loneliness and emotional problems, lack of communication facilities and workplace-related problems. Thus, the promotion of resilience of families forms the core of military occupational social work service delivery to the DOD employees and their dependants (families), military veterans and approved clientele within the DOD. Military occupational social work strives to maintain a balance between the demands of the military system and the needs of its members, in order to ensure the mission readiness of the organisation. Execution of the White Paper on Families will reinforce implementation of programmes that are aimed at addressing the aforementioned challenges, the core functions of which will be to:

- Facilitate coordination, collaboration and synergy in the implementation of the White Paper in the DOD nationally.

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- Ensure the existence of a body viz Resilience Advisory Committee (RAC), that will identify and address deployment-related stressors and challenges within the DOD. This committee should account to the Military Council.

- Develop where necessary and review existing policies and programmes that have an impact on the family well-being

- The DOD should allocate the required financial, logistic and human capital to oversee the implementation of the White Paper.

- Ensure the implementation of a need-based, appropriate, available, accessible and accountable military occupational social work service within the DOD nationally in order to promote a balance between work demands and family life.

- Promote social change, problem solving in human relationships, resilience of people and the empowerment and liberation of individuals, families and communities in order to enhance their social functioning and social well-being.

- Network/consult and establish partnership with relevant service providers and stakeholders who have a vested interest in the well-being of families in South Africa.

- Support, monitor and evaluate the implementation of the White Paper.

- Ensure implementation of intervention programmes such as the resilience programme (which for example entails programmes such as HIV and AIDS, Financial management/recovery, sexual harassment, marriage enrichment, mission readiness course, deployment support to members and families, home visits, conflict management, stress management), a demobilization programme which entails preparation for reintegration both within the family and at the workplace, and provision of social work services both at home and within the mission areas during deployment.

- Regularly undertake research to determine the needs of members and families.

Departments of Education

Both the Department of Basic Education and Higher Education and Training will respond to the vision of the White Paper ensuring that all South African children have access to quality education. The department will also ensure that an inclusive education and training system is available to children with special educational needs and assist families through the placement of such children in mainstream schools, full-service schools and special schools. It will also attend to the following:

- The involvement of families in the education of children

- Ensuring that life orientation curricula incorporate family issues, sexual and reproductive health, gender equality and human rights, HIV and AIDS and alcohol and substance abuse.

- The promotion of parental involvement in their children's schooling

- The provision of early childhood development services

- Advocating for the provision of psycho-social services in schools

- The provision of youth development programmes with an emphasis on life orientation, skills development and training including trade and industry skills.

- Strengthen accountability mechanisms for educators aimed at addressing issues such as the violence, bullying and the commission of sexual acts between educators and learners.

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- Provision of meals to leaners in disadvantaged communities to assist with nutritional needs of developing bodies and minds

Department of Economic Development

The Department of Economic Development is responsible for coordinating the development and implementation of the country's economic strategy. It is crucial that this strategy takes into account the needs of families to be able to access economic opportunities and build economic assets by:

- Developing family-focused policies and strategies

- Promoting opportunities for families to access economic opportunities

Department of Small Business Development

The Department of Small Business Development is tasked with enhancing support to small business and cooperatives, with an emphasis on programmes to advance entrepreneurship amongst women, the youth, and people with disabilities to contribute to job creation and economic growth. This department has a responsibility to ensure that:

- Programmes and strategies are family focused

- Programmes and opportunities ensure that families can access support for the development of economic opportunities through SMMEs and cooperative development

- Programmes and strategies account for the gendered nature of care and are positioned to ensure that these care responsibilities do not undermine possibilities to access support for economic empowerment.

Department of Health

The Department of Health will contribute towards the implementation of the White Paper by ensuring that South African families have access to affordable and high-quality health services by:

- Developing family-focused policies, and programmes and services addressing the mental and physical well-being of families, including: primary healthcare services and health services for families affected by HIV and AIDS, violence, malnutrition, infectious diseases, chronic illnesses and mental health-related problems

- Health promotion and education at community level.

- Accountability mechanisms for health professionals should be strengthened to address issues such as discriminatory attitudes towards sex workers, lesbian and gay people and young people seeking advice on contraception and STI treatment.

- Actively involving patients and their families in the service provision process. Patients should be empowered and educated to understand their health needs rather than given instructions that are not accompanied with sufficient information.

- Engaging traditional healers in all issues relevant to the health concerns of people accessing health-related assistance from traditional healers to ensure that protective and safety mechanisms are put in place and that human rights standards are complied with.

Department of Home Affairs

The role of this department in protecting and regulating the interests of all inhabitants of South Africa, with regard to their individual status and identity, as well as specific rights and powers, is vital for the promotion of family life and the strengthening of the family. The department has an important role to play in the

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implementation of the White Paper through:

- The registration of the family members of South African citizens and permanent residents to the National Population Register (NPR) with regard to birth, marriage, death and naturalization.

- The issuing of South African identity documents, which are crucial for access to state social security services.

- The regulation of the admission, staying and departing of asylum seeker, refugee and migrant families.

Department of Human Settlements

In facilitating the implementation of the White Paper, the Department of Human Settlements will ensure that South African families have access to quality housing that is supportive of their optimal socio-economic functioning. It will also make provision for the development of housing structures, including the implementation of the government-driven RDP housing programmes that are family-friendly and support community interaction. The department will additionally focus on:

- Housing development that takes cognisance of the diverse nature of families in South Africa.

- Housing development that is holistic and has links with other social systems, such as clinics, schools, transport, sport, recreation facilities and police stations.

- Housing that raises the livelihoods of families and is not merely used for shelter, but becomes an asset in the fight against poverty

- Human settlements that are supportive of family life and strengthen families.

- Investment in new human settlements that bears in mind family-friendly urban design; shared open space; adequate distance between households; walking distance to community facilities; increased street safety measures; and more green spaces.

Department of Justice and Constitutional Development

The Department of Justice and Constitutional Development's mandate will consolidate the implementation of the White Paper by ensuring peace and security in the country and by:

- Ensuring that the criminal justice system responds to the needs of the family

- Prioritising the safety of children

- Promoting restorative justice, in order to preserve families

- Ensuring that there is an effective family law system in the country.

- Strengthening mechanisms in place for the protection of complainants and their families involved in criminal proceedings.

- Strengthening protective mechanisms aimed at protecting and advancing the interests of vulnerable groups such as elderly and people with disabilities.

- Addressing the inconsistency between various statutes that are applicable to the same issues in an effort to improve the administration of justice.

- Exploring more effective maintenance systems and ways to ensure that men live up to their responsibilities, when they are able to do so. Forms of maintenance, other than monetary maintenance, for those who cannot afford to pay maintenance, should be explored.

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Department of Labour

The Department of Labour will be involved in the implementation of the White Paper through, inter alia, the following:

- Ensuring that labour policies and laws support gender equity at the workplace

- Protecting workers' rights through the monitoring of employment conditions

- Monitoring fair practices at the workplace, especially with regard to maternity leave

- Contributing towards conditions conducive to the creation of employment by developing sound labour legislation

- Protecting children against child labour through the detection of such practices and the prosecution of perpetrators.

- Mainstreaming education on human rights, gender equality and work-life balance issues into workplaces.

- Raising awareness raising concerning child labour.

- Prioritising the skills development of workers.

- Recommend the development and implementation of paternity leave.

The South African Police Services

In order to contribute to the implementation of the White Paper, the South African Police Services SAPS) will coordinate more effectively with other stakeholders and specifically the other government departments forming part of the criminal justice system In addition, there will be:

- Increased patrolling and increase visibility of the SAPS.

- Strengthened accountability mechanisms for SAPS members, and effective and legitimate complaints processes and disciplinary procedures will be put in place.

- Improved training on SAPS's legal obligations contained in the Constitution, Domestic Violence Act 116 of 1998 and accompanying secondary legislation and policy relevant to domestic violence and the handling of domestic violence cases including for prevention, to avoid secondary victimisation and to dispel myths about domestic violence being a private/family matter.

Department of Rural Development

Families in rural areas are relatively more vulnerable than their urban counterparts. In addition, rural children are more prone to child poverty than urban children. Most rural provinces also exhibit high poverty ratios. Therefore, rural development strategies need to have a strong focus on families, and will be guided by the principles of the White Paper to:

- Increase economic development and rural upliftment

- Implement programmes that address gender equality education and awareness-raising in rural areas.

- Address access to education, services and justice.

Department of Women, Youth and People with Disabilities

This department will need to locate all these groups within the family setting and not treat them as disaggregated populations. Once these individuals are regarded as family members, service delivery will

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target families and not just women, children and people with disabilities. Furthermore, the Department should address gender education, protection of children, life orientation skills in schools etc. and also recommend the extension of maternity leave and the creation of paternity leave.

Department of International Relations and Cooperation

With one of its objectives being to conduct and co-ordinate South Africa's international relations, this department will:

- Promote South Africa's national social development priorities, norms and standards as well as its foreign policy objectives pertaining to the family, on the international agenda

- Lead in all matters relating to South Africa's regional and international engagements

- Keep stakeholders informed of South Africa's ratification of international instruments related to the family

- Work with relevant departments to monitor and evaluate the country's progress on relevant Plans of Action where appropriate.

South African Social Security Agency (SASSA)

As the Agency mandated to ensure the provision of comprehensive social security services against vulnerability and poverty within the constitutional and legislative framework, SASSA will ensure that all eligible families, family members, and caregivers have access to the various social security and social assistance programmes aimed at strengthening and protecting the family in South Africa.

South African National AIDS Council (SANAC)

It is recognised that the South African National AIDS Council is not a governmental institution. However, its contribution in the implementation of the White Paper is required, especially given that the White Paper often acknowledges the significant effect that HIV and AIDS have on family members. As such, it is recommended that SANAC be included in the list of institutions implementing the White Paper and that the following items be included in its duties and responsibilities:

- The inclusion in the National Strategic Plan on HIV, STIs and TB 2012-2016 (NSP) of the distribution of female condoms in an effort to increase gender equality, improve the negotiation of condom use in relationships and reduce the spread HIV and the impact of AIDS.

- The development of more family-focused HIV and AIDS interventions.

- The support of community home based care providers.

- The continued research on the spread and impact of HIV.

Secondary departments

Department of Sport and Recreation

Sport and recreation are essential for national development, as they are central to human growth. They are also important catalysts for the realisation of mental health, and general health and social well-being. The Department of Sport and Recreation will facilitate the implementation of the White Paper by, inter alia, addressing the following:

- The use of sport and recreation in the fight against anti-social behaviour, and social vices, such as crime, juvenile delinquency and drug abuse

- Mainstreaming physical education in schools and institutions of higher learning

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- Ensuring that all requisite resources (human, facilities and equipment) are made available for schools and communities to encourage participation in sport and recreation activities

- Making sport and recreation accessible to South African families by creating safe parks and other facilities

- Encouraging marginalised groups of persons, who are also family members, such as women, people with disabilities, the youth and rural dwellers, to participate in sport.

- Cooperate with other stakeholders to allow for sporting events to double as awareness raising events, or locations for condom distribution, mobile clinics etc.

- Educators need to be trained on how to conduct physical education and educate learners about the importance of exercise.

Department of Trade and Industry

The Department of Trade and industry strives to have a globally competitive South African economy, by creating an economic environment that is conducive to growth and development, decent and equitable employment, and which is built on the full potential of all citizens. The Department's policies and programmes are therefore geared towards increasing and strengthening economic development which could benefit all citizens and indirectly have a positive impact on families. The Department will contribute to the White Paper largely through the development and review of regulatory systems in the areas of competition, consumer protection, company and intellectual property as well as public interest regulation, including the manufacturing and distribution or liquor, all of which may have direct and indirect impact on families.

Department of Water Affairs

The Department of Water Affairs will facilitate the implementation of the White Paper by making sure that poor and marginalised families have access to clean and free water services.

South African Broadcasting Corporation

The media will contribute by portraying the positive aspects of functional, strong and resilient families. TV programmes, music, radio, movies and soap operas should promote gender equality, counteract materialism, promote responsible decision-making (including condom use), involved fathers and should take direct steps to prevent the glamorisation of violence, alcohol and substance abuse.

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Appendix B: Current Legislative and Policy Framework

To achieve the aims and objectives of the White Paper on Families, South Africa is governed by a number of global, regional and national conventions, goals, and other instruments that the country has adopted, ratified or developed. Any changes to legislation and to policies which affect families have implications for the Revised White Paper on Families. Such changes and their impacts on families should always be monitored and considered. Some key examples of these are outlined in the sub-sections below, although this list is not exhaustive.

Global commitments

- Universal Declaration of Human Rights, 1948 (Article 16, 3) and the International Convention on Civil and Political Rights, 1966 (Article 23, 1)

Both these Articles define the family as "the natural and fundamental group unit of society and is entitled to protection by society and the State".

- International Covenant on Economic, Social and Cultural Rights, 1966

In Article 10 (1) States Parties to the Covenant recognize that: "the widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children. Marriage must be entered into with the free consent of the intending spouses".

- Convention on the Rights of the Child, 1990

The Preamble of this Convention states that "the States Parties to the Convention are "convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community". By the same token Declaration 14 of the Convention states thus: "half a million mothers die each year from causes related to childbirth. Safe motherhood must be promoted in all possible ways. Emphasis must be placed on responsible planning of family size and on child spacing. The family, as a fundamental group and natural environment for the growth and well-being of children, should be given all necessary protection and assistance".

- The International Conference on Population and Development (ICPD) Plan of Action, 1994

In Chapter II Principle 9, the ICPD Plan of Action states that "the family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners.

- UN Convention on the Rights of Persons with Disabilities (CRPD), 2006

Article 23 – Respect for home and the family

1) States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:

   a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;

   b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;

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c)   Persons with disabilities, including children, retain their fertility on an equal basis with others.

2)   States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.

3)   States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

4)   States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.

5)   States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

- World Summit for Social Development, Copenhagen, Denmark, March 1995.

At this World Summit, it was agreed, among other things, that "the family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners".

- The Sustainable Development Goals

The Sustainable Development Goals or Global Goals are a collection of 17 interlinked global goals designed to be a "blueprint to achieve a better and more sustainable future for all". The SDGs were set in 2015 by the United Nations General Assembly and are intended to be achieved by the year 2030. SDGs that are relevant for the WPF include:

- Goal 1: End poverty in all of its forms everywhere

- Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

- Goal 3: Ensure healthy lives and promote well-being for all at all ages

- Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- Goal 5: Achieve gender equality and empower all women and girls

- Goal 6. Ensure availability and sustainable management of water and sanitation for all

- Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all

- Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

- Goal 10. Reduce inequality within and among countries

- Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable

- Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to

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justice for all and build effective, accountable and inclusive institutions at all levels

- Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Other international instruments that have relevance for the family and for this White Paper include:

- the United Nations Convention on the Elimination of All Forms of Discrimination against Women ([CEDAW], 1979);

- Resolution 46/91 of the United Nations Declaration on the Rights of the Elderly (1991);

- the United Nations Standard Rules on Opportunities for Persons with Disabilities (1993); and

- the Malta Statement of the NGO Forum (1994), which launched the International Year of the Family and called upon governments to formulate family-sensitive polices, promoting self- reliance and participation of families, taking into consideration the aspirations and expectations of families themselves.

Regional commitments

At the regional level the recognition of the family as a critical player in sustainable socio-economic development is highlighted in various documents such as:

- **Dakar/Ngor Declaration on Population, Family and Sustainable Development (1992)** which, among other things, called on governments to give due consideration to the rights and responsibilities of all family members, to ensure that measures are put in place to protect the family from socio-economic distress and disintegration, and to integrate family concerns into all development plans.

- **Social Policy Framework for Africa (2008)** which proposed a minimum package of essential social protection for families, targeting healthcare as well as benefits for children, informal workers, the unemployed, older people, and persons with disabilities.

- **Plan of Action on the Family in Africa (2004)**. With a focus on nine priority areas, the Plan of Action on the Family is meant to serve as an advocacy instrument for strengthening family units, addressing the needs, improving the general welfare, and enhancing the life chances of family members. It also aims at guiding African Union Member States, including South Africa, in designing, implementing, monitoring and evaluating appropriate national policies and programmes for the family on the basis of their specific requirements and needs.

- **African Charter on Human and People's Rights (1981**). Article 18 states that the family is the "natural unit and basis for society". It also instructs states to protect families and "take care of [families] physical health and morale."

- **African Charter on the Rights and Welfare of the Child (1990).** Article 18 states that families are the natural unit and basis for society and provides that families "shall enjoy the protection and support of the State for [their] establishment and development".

- **African Youth Charter (2006)**. Article 8 contains a similar provision as that of the African Charter on the Rights and Welfare of the Child. South Africa ratified the African Youth Charter on 28 May 2009.

- **Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2003)**. While a number of provisions in this Protocol relate in one way or another to families, the most pertinent are: Article 6(c) which provides that the state should encourage monogamy; Article 14(1) which prescribes rights related to sexual and reproductive health; and Article 24(1) which obliges states to provide for women's environmental, physical, economic and social needs.

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- **SADC Protocol on Gender Development (2008).** Sub-article (1) of article 8 recommends "that women and men enjoy equal rights in marriage and are regarded as equal partners in marriage"; and sub-article (4) puts measures in place "to ensure that parents honour their duty of care towards their children, and maintenance orders are enforced."

National legislation

Constitution of the Republic of South Africa (1996)

The overarching institutional framework that guides the implementation of South Africa's policies and legislation is the Constitution of the Republic of South Africa 1996 (Act no. 108). The White Paper on Families' main aim of promoting family life and strengthening the family resonates especially with sections 26, 27, 28 and 29 of the Constitution. The implementation of the White Paper is dependent on the realisation of these constitutional rights. For example, Section 26 is concerned with the right to adequate housing and Section 27 enshrines the right to healthcare, food, water and social security. With Section 26 and Section 27, the Constitution clearly notes that the state must take reasonable legislative and other measures within its available resources to achieve the progressive realisation of each of these rights. However, Section 28, dealing with the rights of the child, and Section 29, regarding the right to education, do not have conditions for their realisation. They have to be provided by the state.

The Constitution also encompasses a Bill of Rights that enshrines the socio-economic rights of the citizenry. These constitutional provisions directly influence the plight of the family and the manner in which its members contribute towards society's well-being and stability.

In addition to the Constitution, the White Paper is guided by the following legislation which is relevant to the family in general and to specific family members and issues affecting them:

- The Marriage Act, No. 25 of 1961
- The Reciprocal Enforcement of Maintenance Orders Act, No. 80 of 1963
- The Older Persons' Act, No. 13 of 2006
- The Criminal Procedure Act, No. 51 of 1977
- The Divorce Act, No. 70 of 1979
- The Children's Act, No. 38 of 2005
- The Children's Amendment Act, No. 41 of 2007
- The Matrimonial Property Act, No. 88 of 1984
- The Mediation in Certain Divorce Matters Act, No. 24 of 1987
- The Birth and Death Registration Act, No. 51 of 1992
- The Social Assistance Act, No. 13 of 2004
- The Prevention and Treatment of Drug Dependency Act, No. 20 of 1992
- The Hague Convention on the Civil Aspects of International Child Abduction Act, No. 72 of 1996
- The Housing Act, No. 107 of 1997
- The Domestic Violence Act, No. 116 of 1998
- The Adoption Matters Amendment Act, No. 56 of 1998
- The Employment Equity Act, No. 55 of 1998

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- The Probation Services Act, No. 116 of 1991

- The Probation Services Amendment Act, No. 35 of 2002

- The Prevention of Illegal Eviction Act, No. 19 of 1998

- The Recognition of Customary Marriages Act, No. 120 of 1998

- The Sterilisation Act, No. 44 of 1998

- The Health Act, No. 61 of 2003

- The Choice of Termination of Pregnancy Act, No. 92 of 1996

- The Civil Union Act of 2006

- The Sexual Offences Act, No 32 of 2007.

- Child Justice Act 75 of 2008

- The Maintenance Act, 99 of 1998

- The Reciprocal Enforcement of Maintenance Orders (Countries in Africa) Act, 6 of 1989

- The Domicile Act, 3 of 1992

- The 1998 Refugee Act (as amended).

National policies

- White Paper for Social Welfare, 1997

As stated earlier, the White Paper for Social Welfare is the first overall social welfare policy under the 1996 Constitution and reaffirms Government's commitment to securing basic welfare, human rights and active citizen participation in promoting human well-being. Its stated vision is to reform the apartheid era residual social welfare system and to bring it in line with the new constitutional framework and binding international law. Section 1 in Chapter 8 focuses on the family and the life course: families, children, youth and ageing and outlines strategies to promote family life, as well as to strengthen families. The White Paper for Social Welfare's developmental paradigm aims to guide the implementation of pro-family policies and services in the country.

A comprehensive review of the implementation of the White Paper for Social Welfare was conducted in 2017 and the Summary Report on The Review of the White Paper for Social Welfare, 1997 by the Ministerial Committee should also inform the revised WPF.

- National Family Policy (final draft Version—July 2005)

The policy is premised on the principle that families are the core of society, and its goals include, among others, the protection and support of families through effective and efficient service delivery; the creation of an enabling environment geared towards the self-reliance of families; and the promotion of inter-sectoral collaboration amongst stakeholders in the provision of services.

- National Development Plan 2030

The following aspects of the NDP 2030 should inform the WPF:

- **Households and communities.** Proper nutrition and diet, especially for children under three, are essential for sound physical and mental development. The Commission makes recommendations on child nutrition, helping parents and families to break the cycle of poverty, and providing the best preparation for young children – including a proposal that every child should have at least two years of preschool education.

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- The national development plan calls for universal access for at least 2 years of ECD.

- It encourages expansion of home, community and centre based programmes to support parenting and improve opportunities for young children to learn.

- Provision on nutrition intervention for pregnant women and young children

- Provision of full funding assistance covering tuition, books, accommodation and living allowances to student from poor families.

- The above mentioned initiatives strengthen families in order to combat the debilitating effect of development challenges and other socio-economic risk factors.

Other relevant policies in the country include:

- The Population Policy for South Africa (1998)

- White Paper on Home Affairs (2019)

- Consultative Stakeholder Engagements for the Development of the Marriages Policy. Concept Paper, September 2019.

- South Africa's National Policy Framework for Women's Empowerment (2000)

- Green Paper on families (2011)

- Gender Policy Framework for local government (2011)

- Draft National Policy Framework for Families (2001)

- The Policy on Gender Equality (2002)

- The Policy on Financial Awards to Service Providers (2004)

- The Policy on the Management of Substance Abuse (2005)

- The White Paper on Corrections in South Africa (2005)

- White Paper on the Rights of Persons with Disabilities (2015)

- National Youth Policy 2020-2030

- Integrated Youth Development Strategy (IYDS) 2020

- The National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation (2005)

- The National Childcare and Protection Policy: Working together to advance the Rights of all Children to Care and Protection, (2019) (Released February 2021.)

- National Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Framework Strategy, 2014-2019

- The Policy for Older Persons (2005)

- National Intervention Strategy for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Sector (2014)

- Draft National Disability Rights Policy, (2015)

- Department of Social Development Framework of Positive Values (2009)

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