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**NATIONAL ASSEMBLY**

**QUESTION FOR WRITTEN REPLY**

**QUESTION NUMBER: 2362**

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**INTERNAL QUESTION PAPER NUMBER: 23 – 2023**

**2362. Ms B S Masango (DA) to ask the Minister of Social Development:**

(1) In each year since 1 January 2019 up to the latest date for which information is available, what was the total number of child-headed households (a) in each province and (b) nationally;

(2) what is the (a) distribution for each age group in child-headed households and (b) average time that each age group has been part of a child-headed household (i) in each province and (ii) nationally;

(3) (a) how does her department track and/or monitor child-headed households and (b) what programmes and/or assistance does her department offer to child‑headed households (i) in each province and (ii) nationally;

(4) what are the detailed reasons that children end up in child-headed households? NW2697E

**REPLY:**

Responses were received from 5 provinces namely Western Cape, Northern Cape; Free State, Eastern Cape and Gauteng. The responses to the questions posed are presented in a tabular form below, presenting provincial and national response.

1. The total number of child-headed households (a) in each province and (b) nationally;

|  |  |
| --- | --- |
| **Provincial responses**  | **National response** |
| **Province** | **1 (a)**  | **1 (b)**  |
| Western Cape | 1(a) Between 2019 and 2022-23 financial year, there were 28 child-headed households (CHH) in the (b) no respond Western Cape Province, with a total of 54 children living within those homes. | Nationally, there are 236 child headed households  |
| Northern Cape | 1(a) No child-headed households were reported to the DSD Northern Cape since 1 January 2019. |
| Eastern Cape  | 1(a)Total number of Child Headed Household each year since 1 January 2019 is as follows: 2019/2020: 2020/21: 882021/22: 252022/23: 52 |  |
| Free State  | 1(a) From 2019 to March 2022, children found alone in child headed households were found in need of care and protection. After assessments done where the eldest child was found not competent to take responsibility of the household, the children were placed under Foster Care.Since April 2022 to date 15 children in 7 child headed households were reported in the province. The Department in the process of appointing the adult supervisors for them. |  |
| Gauteng | 1(a)Since 1 January 2019 Gauteng Department of Social Development have recorded a total of 17 child headed households to date. (ii)In addition, in cases of Child Headed Households, the social worker usually evaluates the risks and remove the children to alternative care placements through statutory interventions. |  |
| Mpumalanga | No response |  |
| Kwazulu-Natal | No response |  |
| North West | No response |  |
| Limpopo | No response |  |

2 (a)The distribution for each age group in child-headed households and (b) average time that each age group has been part of a child-headed household (i) in each province and (ii) nationally is as follows:

|  |  |
| --- | --- |
| **Provincial responses**  | **National response** |
| **Province** | **2 (a)**  | **2 (b)(i)** | **2 (a)(ii)** |
| Western Cape | The distribution for the age group for the child headed household is between 16 and 18 years of age. | No response were provided on the average time that each age group for been part of child headed households.  | Nationally, the distribution for age group in child headed households is defined according to the Children’s Act no 38 of 2005; section 137 which is between 16 to 18 years.Nationally, the average that each group has been part of a child headed households depends on the circumstances of the households after the investigations and individual assessment has been conducted by the social worker which will then informs the interventions. Section 137 of the Children’s Act no 38 of 2005 stipulates the conditions under which a child- headed households should be recognised. It provides that a provincial head of social development may recognise a household as child headed household if:* the parent, guardian or caregiver is terminally ill, has died or has abandoned the children in the household;
* no adult family member is available to provide care for children in the households.
* a child over the age of 16 years has assumed the role of caregiver in respect of the children in the household; and
* it is in the best interest of the children in the household.
 |
| Northern Cape | 2 (a) not applicable for Northern Cape DSD. | 2(b)(i)No response provided. |  |
| Eastern Cape  | 2.(a) The distribution for each age group is between 5 to 21 years  | 2(b)(i)Average time that each group has been part of Child Headed Household is between 2 to 3 Years. |  |
| Free State  | 2.(a) The distribution age group of these children are mostly between 10 to 16 years.  | 2(b)(i)average time that each age group has been part of a child-headed household in Free State Province is that a child remains within the household until the age turn 18 years.  |  |
| Gauteng | 2(a) Distribution of age group per Year are as follows:2019/2020* 0-6 years = 0
* 7 – 12 years =0
* 13- 17=0

2020/2021 * 0-6 years = 0
* 7 – 12 years =1
* 13- 17 years =2

2021/2022 * 0-6 years = 0
* 7 – 12 years =2
* 13- 17 years =2

2022/2023 * 0-6 years = 0
* 7 – 12 years =4
* 13- 17 years =2

2023 to date* 0-6 years = 0
* 7 – 12 years =2
* 13- 17 years =2
 | 2(b)(i)There was no response provided on the average time that each age group has been part of a child headed household.  |  |
| Mpumalanga | No response |  |  |
| Kwazulu-Natal | No response |  |  |
| North West | No response |  |  |
| Limpopo | No response |  |  |

3. The department track and/or monitor child-headed households and (b) offers the following programmes / or assistance to child‑headed households (i) in each province and (ii) nationally;

|  |  |
| --- | --- |
| **Provincial responses**  | **National response** |
| Province | 3 (a) | 3 (b)(i) | 3 (i)&(ii) |
| Western Cape | CHH are tracked through reports of the funded Prevention and Early intervention organisations and designated child protection organisations that provide support to children in child-headed households. | Prevention and Early intervention programmes are offered to child -headed households | Nationally, the department developed Children’s Act Monitoring System which aimed at monitoring and tracking data for child headed households in the provinces. In addition, the department track and monitor through quarterly reports received from the provinces. |
| Northern Cape | 3(a)No responds were provided.  | 3(b)(i)When the child-headed household is reported and declared, the dsd provincial office contact the district office to provide support and provide progress report. | 3(b)(ii)Nationally, the Department is implementing a community-based prevention and early intervention programme (Risiha) to ensure care and protection of vulnerable children including child headed households through the provision of core package of services in all nine (9) provinces. The programmes are designed to support and sustain families; and to prevent removal of children from their home environment and communities. The Risiha programme consists of seven (7) interrelated service areas which aim to address the holistic needs of child headed households emanating from the high level of poverty, inequality, and social exclusion in the country. The programme is implemented within the Drop-in Centres by various Social Service Practitioners.The seven interrelated core services for Risiha Programme are as follows: * Food and Nutrition: Provide a safety net for child headed households including other vulnerable children within their communities and where they can access food when the food provision in their family is insecure or where the child is at risk of stunting and malnutrition. Improve children’s food security & nutrition intake by ensuring access to community nutrition opportunities (cooked meals, food parcels), promote adequate nutrition, and track children’s growth to identify stunting.
* Psychosocial support: Improving children’s mental health by the early identification of children in emotional and psychological distress, extend the implementation of evidence-based social behavioural change programmes, sensitise families on children’s participation in a family matter and promote access to sport & recreation.
* Educational support: to increase access to and attendance of schools through for example, supporting children to overcome obstacles to attendance – such as lack of school uniform, transport, lack of parental support for schooling and to support children in their educational performance.
* Economic Strengthening: aims at supporting and increasing the economic base of households through facilitating access to social security grants, entrepreneurial and other economic strengthening activities.
* Child care and protection: prevention of child abuse, neglect and exploitation and creating an enabling environment within the home, community and accessible services that will support parents to look after their children.
* Health promotion: Improve children’s health through better access to health care, promote and support access to sexual reproductive health services for girls and boys, and the early identification and support to children with disabilities, promote and support good WASH habits.
* HIV and AIDS services: Reducing children’s risk of contracting HIV by improved HIV awareness and sexuality education, promoting known HIV status of children, support ART uptake and adherence and mitigating sexual and substance risk-taking behaviour of adolescents.

A drop-in centre is a non- residential community-based facility providing basic services aimed at meeting the emotional, physical, and social development needs of vulnerable children. The Children’s Act 38 of 2005 makes a provision for drop-in centres to ensure the care and safety of children whilst accessing services in these facilities and the quality of services and programmes provided. The National Department of Social Development has a National Register for Drop-in Centres which has data on registered and unregistered drop-in centres in all nine provinces. As of March 2023, the total number of drop-in centres in the country was 1201 and the total number of children accessing services in drop-in centres was: 180 426.* In addition, the Children ‘s Act provide other alternative placement of child headed households if they are found to in need of care and protection through, foster care, cluster foster care scheme, child and youth care centres and adoption.
 |
| Eastern Cape  | 3. (a)They are tracked through door-to-door visits which are randomly done by Child and Youth Care Workers and are monitored through home or family visits that are done daily to the identified families. | 3(b)(i)Child -headed households receive assistance with school uniform, stationery, toiletries, dignity packs, clothing, and food parcels according to their needs through the Risiha Programme. |  |
| Free State  | 3(a) Monitoring is done by social workers. Where available Auxiliary Assessments are done to determine if the situation is still in the best interest of the child/ren.  | 3(b) (i)The child -headed households receive the following assistance: psycho- social support, educational programme and life skills development  |  |
| Gauteng | 3(a) No response were provided. | 3(b)(i)The department provide statutory interventions to child headed households;provision of foods parcels and psychosocial support services. |  |
| Mpumalanga | No response |  |  |
| Kwazulu-Natal | No response |  |  |
| North West | No response |  |  |
| Limpopo | No response |  |  |

4.The reasons children end up in child-headed households are as follows:

|  |  |
| --- | --- |
| Province | Response  |
| Western Cape | (4) Section 137 of the Children’s Act No. 38 of 2005 stipulates that a provincial head of social development. may recognize a household as a child-headed household if: the parent, guardian or caregiver of the household is terminally ill, has died or has abandoned the children in the household; no adult family member is available to care for children in the household.a child over the age of 16 years has assumed the role of caregiver in respect of the children in the household.Child-headed households have become increasingly. common because of rapid urbanization, poverty, migration, and changes in residential patterns. |
| Northern Cape | * Death of parents
* Parents being untraceable.
* Substance Abuse
* GBV/Domestic Violence
* Poverty
* Unemployment
 |
| Eastern Cape  | * Increased death rates due to chronic illnesses due to HIV and Aids and Covid-19 pandemic.
* Weakened state of traditional family safety nets in taking care of orphaned children.
 |
| Free State  | * Parents / adult care givers deceased or due to illness not in the position to care for the children.
 |
| Gauteng | * Parents working far from homes.
* death of parents
* Parents terminally ill or unable to take care of children due to health conditions.
 |
| Mpumalanga | No response |
| Kwazulu-Natal | No response |
| North West | No response  |
| Limpopo | No response |