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A REVIEW OF SOUTH AFRICA'S DATA ON THE **CARE ECONOMY**

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1. Introduction

The care economy plays a central role in sustaining the well-being of individuals, households, and society at large. Despite its importance, the care economy remains under-researched and under-valued in South Africa's data systems, often obscured by fragmented or non-existent classifications, informal labour arrangements, and a lack of dedicated measurement tools.

This review examines the availability and limitations of data sources relevant to the care economy in South Africa. The objectives are (1) to map the existing landscape of information on care provision, care needs, and care work, (2) assess how well existing data captures the scale, structure, and dynamics of the care economy, (3) identify critical gaps and (4) make recommendations for improved data collection and integration. A functional data system will unlock a stronger evidence base that can inform South Africa's strategic investment in the care economy to unlock inclusive growth, job creation and transformation.

This report is intended to support policymakers, government departments, Statistics South Africa, researchers, civil society organisations, funders, labour actors, and care sector stakeholders working to strengthen South Africa's care economy. The analysis is designed to inform efforts to improve the measurement, coordination, financing, and governance of care across sectors including early childhood development (ECD), health, education, social services, domestic work, elderly care, and long-term care. The report may also support future policy development, public investment decisions, advocacy, and the design of integrated care economy strategies and data systems.

2. Cross-sectoral national datasets

This section outlines the data sources currently available for the care economy in South Africa. It is divided into three parts: demand-side data, which captures population needs and household-level indicators; supply-side data, which provides insight into care work and employment; and financial data, which reflects public and private investment in care-related services.

2.1 Demand-side data sources

Table 1 Demand-side data sources on the care economy in South Africa

Data Source	Data provided	Strengths	Gaps / Limitations
General Household Survey (GHS)[1]	Household access to health, social services, education, and caregivers. Tracks grant receipt and household composition.	Good for identifying **care needs**, **dependency ratios**, social grants, and service access at household level.	Does not track care work as labour (unpaid or paid); lacks detailed wage or service delivery data.
Stats SA Mid-Year Population Estimates[2]	Population by age, sex, province. Includes dependency ratios.	Helps project **care demand** (e.g. ageing, child populations). Useful for long-term planning.	Does not include any data on care workers or actual service provision.

[1] Statistics South Africa, *General Household Survey 2024* (Pretoria, 2025), www.statssa.gov.za.
[2] Statistics South Africa, *Mid-Year Population Estimates 2025* (Pretoria, 2025), www.statssa.gov.za.

Census (latest: 2022, partial release)[3]	Demographic, employment, housing, disability data. Tracks household structure.	**Comprehensive view of households** and care needs (e.g. disability, elderly).	No direct care economy categorisation or time-use detail.
Community Survey[4]	Similar to Census. Demographics, household structure, parental education, access to services.	Shows population-level demand.	No direct supply-side data.

Source: Author's analysis

2.2 Supply-side data sources

Table 2 Supply-side data sources on the care economy in South Africa

Data Source	Data provided	Strengths	Gaps / Limitations
Time Use Survey (TUS)[5]	Data on how individuals allocate time daily, including unpaid care work (childcare, eldercare, housework).	Captures **unpaid care**, gender division of labour, and daily time burdens. Crucial for **valuing invisible care work**.	Outdated (last one was completed in 2010); no regular updates; lacks data on care **recipients** and **quality**; no direct economic valuation.
Quarterly Labour Force Survey (QLFS)[6]	Labour market trends: employment in formal/informal sectors, occupations including health, social workers, domestic work.	Tracks **employment in paid care roles**, gender disaggregation, informal sector. Quarterly updates.	Limited in sectoral precision (e.g. doesn't isolate "care work" as a sector and does not disaggregate the different care sectors); doesn't include unpaid care work.
Personal Services Industry Survey [7]	Measures income, employment, wages, and capital investment in personal services, incl. **Health & Social Services**.	Provides **formal care employment** data, income, wages, and gender distribution	Only includes **formal VAT-registered enterprises**; **excludes unpaid / informal care**. Limited to **paid institutional services** (e.g. social work orgs), not home-based or informal caregivers.
Survey of employers and the self-employed[8]	Focuses on businesses not registered for VAT — mostly **informal sector / micro businesses.**	Enables calculation of **contribution to economic growth** for businesses not registered for VAT	Provides general sectors (e.g. trade, services, etc.), **"care-businesses" are not uniquely identified.**

Source: Author's analysis

[3] Statistics South Africa, *Census 2022* (Pretoria, 2023), www.statssa.gov.za.
[4] Statistics South Africa, *Community Survey 2016* (Pretoria, 2016), www.statssa.gov.za.
[5] Statistics South Africa, *A Survey of Time Use* (Pretoria, 2010), www.statssa.gov.za.
[6] Statistics South Africa, *Quarterly Labour Force Survey* (Pretoria, 2025), www.statssa.gov.za.
[7] Statistics South Africa, *Personal Services Industry* (Pretoria, 2023), www.statssa.gov.za.
[8] Statistics South Africa, *Survey of Employers and the Self-Employed* (Pretoria, 2023), www.statssa.gov.za.

2.3 Financial investments and expenditure

Table 3 Financial data sources on the care economy in South Africa

Data Source	Data provided	Strengths	Gaps / Limitations
National Treasury budget and expenditure data[9]	Tracks government spending by functional classification: health, education, social protection (e.g. old age, child grants).	Provides **macro-level public care investment** data; used for budget tracking and MTEF planning.	Broad categories (e.g. "social protection"); limited disaggregation into direct care services (e.g. home-based care). No private or unpaid care financial data.
SASSA Grants Data[10]	Number of beneficiaries (e.g. old age, disability, child support), grant amounts, geographic breakdown.	Direct measure of **care-related financial transfers**. Proxy for vulnerable populations needing care.	Doesn't measure caregiving work or quality/availability of services; excludes private/unpaid care.
Income and Expenditure Survey (IES)[11]	Tracks household income sources and expenditure including on private care, education, health.	Useful to understand **household spending on care** and how grants offset care costs.	No direct measure of caregiving or hours spent; doesn't isolate care economy components well.

Source: Author's analysis

Overall, while South Africa's national, cross-sectoral care economy data is fragmented, it still provides useful insights:

1. Demand-side sources highlight populations needing care but overlook the economic value of unpaid and informal care work.
2. Supply-side data captures aspects of paid care and unpaid time use, though coverage is limited and outdated. Furthermore, aspects of informality in the care economy are difficult to differentiate.
3. Financial data reflects public investment in broad categories like social protection but lacks detail on specific care services.
4. Private sector and household care financial contributions remain untracked nationally.
5. Lastly there is a structural gap in data on care recipients and the quality of care they are receiving.

While existing data sheds light on care needs and provision, significant gaps hinder a full understanding of the care economy's scope, scale, and the value of unpaid care.

The table below provides a summary of the cross-sectoral data by coverage of the different care sectors. It highlights that health, education, and ECD have the strongest coverage overall across multiple surveys and administrative datasets, though gaps in the quality of service provision and workforce conditions remain. Social services are also well-captured but the focus is predominantly on access and financial transfers, and limited data exists on outcomes, quality and unmet needs. Domestic work also has some coverage and benefits from being singled out in the QLFS, however, informal arrangements and working conditions are under-measured in the cross-sectoral datasets. The care sectors with the least amount of coverage are elderly care and long-term care. The now outdated Time Use Survey is the only dataset that comprehensively captures unpaid care work raising the urgency of updating it.

[9] National Treasury and Imali Yethu, 'SA Online Budget Data', Vulekamali, 2025.
[10] South African Social Security Agency, *Twelfth Statistical Report 2024/25: Social Assistance* (Pretoria, 2025).
[11] Statistics South Africa, *Income and Expenditure of Households 2022/2023* (Pretoria, 2023), www.statssa.gov.za.

Table 4 National cross-sectoral data sources by care sector *(✓- direct measurement, ✗- no measurement, ◑ partial or proxy coverage)*

Data Source	Health	Education	ECD	Social Services	Elderly Care	Long-Term Care	Domestic Work
DEMAND-SIDE SOURCES							
General Household Survey (GHS)	✓	✓	✓	✓	✓	✗	✓
Mid-Year Population Estimates	✓ (Age-based needs)	✗	✗	✗	✓ (Older population)	◑	✗
Census /Community survey	✓	✓	✓	✓	✓	✗	✓
SUPPLY-SIDE SOURCES							
Time Use Survey (TUS) (captures unpaid)	✓	✓	✓	✓	✓	✓	✓
Quarterly Labour Force Survey (QLFS)	✓	✓	◑	◑	✗	✗	✓
Personal Services Industry Survey (formal only)	✓	✓	✓	✓	✓	✗	✓
Survey of employers and the self-employed	✗	✗	✗	✗	✗	✗	✗
FINANCIAL INVESTMENTS AND EXPENDITURE SOURCES							
National Treasury budget and expenditure data	✓	✓	✓	✓	✓	✓ (not disaggregated)	✗
SASSA Grants Data	✗	✗	✓ (All child grants)	✓	✓ (Old Age, Disability)	✓ (via grant eligibility)	✗
Income and Expenditure Survey (IES)	✓ (Spending)	✓ (household fees)	✓	✓	✓	◑	✓ (Domestic wages)

Source: Author's analysis

3. Sector specific

This section outlines the specific additional data sources available for each sub-sector of the care economy and summarises the strengths and limitation thereof.

Table 5 Care sector data sources on the care economy in South Africa

Sector	Data sources
ECD	1. ECD Census[12] 2. Department of Basic Education Administrative Data (eCares)[13] 3. Thrive by Five Index[14] 4. Early Learning Outcomes Measure (ELOM)[15]
Education	1. Department of Basic Education administrative data (EMIS)[16] 2. Department of Higher Education and Training administrative data (HEMIS)[17]
Health	1. District Health Information System[18] 2. Demographic and health survey[19] 3. Recorded live births[20] 4. Rapid Mortality and Surveillance Report[21] 5. Council for Medical Schemes Publications[22]
Domestic work	1. SweepSouth publications[23] 2. Izwi Domestic Workers Alliance publications[24]
Social service	1. South African Council for Social Service Professions (SACSSP) national registry[25] 2. Department of Social Development administrative data
Elderly care	1. Health and Aging in Africa: Longitudinal Studies in South Africa[26] 2. Department of Social Development administrative data[27] 3. Health data sources (with focus on older persons)
Long-term care	1. Health and Aging in Africa: Longitudinal Studies in South Africa 2. Department of Social Development administrative data[28] 3. Health data sources (with focus on long term care)

[12] Department of Education, ECD Census 2021: Report (Pretoria, 2022)
[13] Department of Basic Education, 'Early Childhood Administration and Reporting System', Https://Dbecares.Co.Za/, 2025.
[14] S. Giese et al., *Thrive by Five Index 2024: National Findings* (Cape Town, 2025), www.thrivebyfive.co.za.
[15] GrowECD, *Are Our Children Ready for School? Results from the Grow ECD 2024 ELOM Study (Ages 4-5)* (Cape Town, 2024).
[16] Department of Basic Education, *Education Statistics in South Africa* (Pretoria, 2018).
[17] Department of Higher Education and Training, *Post-School Education and Training Monitor* (Pretoria, 2024).
[18] N. Ndlovu et al., *District Health Barometer 2023/24* (Durban, 2025).
[19] Medical Research Council, Statistics South Africa National Department of Health, 'Demographic and Health Survey 2016', Https://Www.Datafirst.Uct.Ac.Za/Dataportal/Index.Php/Catalog/729, 2016.
[20] Statistics South Africa, *Recorded Live Births 2023* (Pretoria, 2024), www.statssa.gov.za,info@statssa.gov.za,Tel+27123108911.
[21] Authors Dorrington, *Rapid Mortality Surveillance Report 2019 & 2020 Item Type Technical Report* (2025), http://creativecommons.org/licenses/by/3.0/us/LinktoItemhttps://hdl.handle.net/11288/597993.
[22] Council for Medical Schemes, *2023 Industry Report* (Pretoria, 2023).
[23] SweepSouth, *2024 7th Annual Report on Domestic Worker Pay and Work Conditions* (Johannesburg, 2024).
[24] Solidarity Center and Izwi Domestic Workers Alliance, *The Persistence of Private Power: Sacrificing Rights for Wages* (Johannesburg, 2021).
[25] South African Council for Social Service Professions', 'South African Council for Social Service Professions Statistics', Https://Www.Sacssp.Co.Za/Statistics/, 2025.
[26] Harvard University, 'Health and Aging in Africa: Longitudinal Studies in South Africa', Https://Haalsi.Org/Haalsa-Data/, 2025.
[27] Department of Social Development, *Briefing session NPO call for proposals for families programme (2026/27)* (2025).
[28] Department of Social Development, *Final Report Audit of Residential Facilities* (Pretoria, 2010).

3.1 Early Childhood Development

The ECD data ecosystem has improved significantly since the function shifted to the Department of Basic Education (DBE). The availability of a new census, the Early Learning Outcomes Measure (ELOM) and the Thrive by Five Index all offer a more detailed picture of programme coverage, infrastructure, and child development outcomes. The ECD Census offers the most comprehensive mapping of ECD sites to date, including unregistered centres, with detailed information on infrastructure, staffing, and service offerings. However, it is a once-off, self-reported dataset with no data on child outcomes or programme quality. The Thrive by Five Index fills a critical gap by measuring child development outcomes nationally among Early Learning Programme (ELP) attendees, focusing on early learning, physical growth, and emotional well-being. However, it is a representative sample of only children aged 50 to 59 months, and while the latest 2024 report includes a sub-sample of non-enrolled children, this is not representative. DBE administrative data, such as that from the Early Childhood Administration and Reporting System (eCares), track registered programmes and is updated more regularly. It supports compliance monitoring and subsidy allocation but excludes unregistered providers and lacks consistency across provinces. Furthermore, it does not assess quality or workforce conditions. The latter is a key gap in the ECD data ecosystem.

3.2 Education

South Africa's education data systems, managed by the DBE) and the Department of Higher Education and Training (DHET), provide regular administrative data that support planning, monitoring, and resource allocation across the education sector. These systems offer wide coverage of public institutions, capturing enrolment figures, learner demographics, progression rates, and completion outcomes. The DBE's Education Management Information System (EMIS) enables national tracking of access, infrastructure, and key performance indicators such as matric pass rates. Similarly, DHET's systems, including the Higher Education Management Information System (HEMIS), collect data on enrolments, graduations, and funding across public universities, TVET colleges, and community colleges. These datasets are routinely updated and are central to reporting and compliance processes.

Critical limitations include the focus of both DBE and DHET systems on mainly formal, registered institutions, largely excluding non-formal education, community-based learning, and unregistered private providers. This leaves critical gaps in understanding the full education landscape. There is also limited data on education quality such as teaching effectiveness, learning outcomes beyond examinations, and learner well-being, which restricts the ability to assess impact meaningfully. The systems are poorly integrated, making it difficult to track learner transitions from basic to post-school education. Lastly, data is often insufficiently disaggregated by factors such as disability, language, or socio-economic background, limiting equity-focused analysis.

3.3 Health

South Africa's health data is sourced from multiple systems which together provide a broad but uneven picture of population health, service delivery, and health system performance. The District Health Information System (DHIS) offers detailed, facility-level data on health service utilisation, disease surveillance, maternal and child health, and program outcomes, supporting district-level planning and monitoring. The Demographic and Health Survey (DHS) provides nationally representative, periodic data on health, nutrition, fertility, and behaviours, including equity and gender dimensions.

Home Affairs records of live births supply near-complete vital registration data essential for population estimates and maternal-child health planning. The Rapid Mortality Surveillance Report delivers timely estimates of mortality trends, crucial for monitoring public health emergencies. Meanwhile, the Council for Medical Schemes Annual Report sheds light on private health insurance coverage, expenditure, and claims, highlighting the private sector's role in health financing.

Notable gaps include the DHIS' inconsistent data quality, with reporting gaps and varying completeness across facilities and districts. While birth registration is strong, death registration and cause-of-death data have historically been weaker, though improvements are underway. The Rapid Mortality Surveillance focuses mainly on short-term mortality trends and excess deaths but lacks detail on underlying causes or longer-term outcomes. Data from the Council for Medical Schemes only covers insured populations which is a minority of the country's population. Lastly, limited integration across these data sources restricts the ability to generate comprehensive insights into population health and the performance of the overall health system.

3.4 Domestic work

South Africa's domestic work sector is partially captured in official surveys conducted by Statistics South Africa. These do not, however, capture the lived experiences, working conditions, or enforcement of labour rights within the domestic work sector. Data and surveys collected by the private sector and civil society organisations contribute important insights in this regard. Academic, SweepSouth and Izwi Domestic Workers Alliance publications provide rich, worker-centred data that complements official statistics by highlighting the qualitative dimensions of domestic work. There is, however, a significant gap in quantitative information on the types of employment (full time, part time, live-in or out), worker demographics, remittances, migration status, working conditions, UIF and COIDA registration and wages earned in this sector. Given the sector's exposure to exploitation, this type of information is necessary for designing effective protections and policy interventions.

SweepSouth's data provides additional information on income volatility, food insecurity, benefit access, workload, and perceptions of fair treatment, especially among platform-based and urban domestic workers. The SweepSouth data is, however, not representative and the business interest does influence what outcomes are prioritised. These insights help expose gaps between formal protections and actual conditions. In contrast, Izwi's work focuses more on the structural inequalities, legal gaps, and violations experienced by domestic workers, particularly in informal or undocumented arrangements.

3.5 Social service

The South African Council for Social Service Professions (SACSSP) maintains a national registry of social service professionals, including social workers, auxiliary social workers, and social work students, as well as, child and youth care workers. This data provides a valuable picture of the size, composition, and geographic distribution of the formal, regulated social services workforce. However, SACSSP data is limited to registered professionals and does not reflect broader staffing within the sector, such as community development practitioners or informal care workers. It also lacks information on working conditions, caseloads, and service delivery environments. Importantly, the website's page on statistics which is meant to provide statistical information about registered social service professionals with the SACSSP a month after the end of the financial year, currently has no data published.

The DSD administrative data tracks the provision of social welfare services, such as services for children, older persons, and people with disabilities. It includes information on service points, funded non-profit organisations, and some programme outputs. This data supports monitoring of service coverage and resource allocation, especially for subsidised services. However, DSD data tends to focus on compliance and funding, rather than outcomes or quality of services. It also excludes many community- or household-level care providers operating informally or outside the subsidy system.

3.6 Elderly care

Sector specific data on elderly care is primarily sourced from the DSD and DoH which are both mandated to collect valuable administrative data. The DSD administrative data provides information on services delivered through the Older Persons Programme, including the number of residential care facilities, community-based centres, and non-profit organisations funded to provide care and support. This data helps track service provision, funding flows, and compliance with norms and standards for elder care institutions. However, it excludes non-subsidised private facilities and many informal or community-level care arrangements. It also provides limited insight into care quality, workforce availability, or the scale of unmet need, especially for home- and community-based care.

The health-related information on elderly care can be extracted from some of the health data sources outlined in section 3.3 above. It includes information on health services accessed by older persons within the public health system. This includes indicators such as chronic disease management, hospital admissions, and access to primary healthcare. There is limited integration of health and social care services, a critical need for providing holistic elderly care.

3.7 Long-term care

The data sources on long-term care offer partial but valuable insights into care for individuals with chronic illnesses, disabilities, or age-related dependency. It is largely not categorised as such and instead captures information on funded services and facilities including residential facilities, community-based care centres, and services for people with disabilities or older persons. This data from DSD is useful but tends to be focused on compliance and reporting, with limited insight into the scale of unmet need, care quality, or workforce capacity. It also largely excludes informal care arrangements, which play a major role in South Africa's long-term care landscape.

The health-related information on long-term care can be extracted from some of the health data sources outlined in section 3.3 above. These cover data on services provided to people living with chronic conditions, disabilities, or age-related illnesses through the public health system. This includes access to medication, primary care visits, rehabilitation services, and hospitalisations. While the available data provides a sense of health service utilisation, it does not comprehensively capture long-term support needs, such as home-based care, palliative care, or the continuity of care across settings.

4. Conclusion

South Africa's care economy is partially measured, but not in a way that allows it to be understood or governed as a system. Existing data sources generate important insights across demand, supply, and financing, but they remain fragmented, uneven, and incomplete. Critically, they do not capture how these elements interact to shape access, quality, affordability, and workforce dynamics across the care economy. As a result, the system is visible in parts but obscured in function, with unpaid, informal, and household-based care—predominantly carried by women—remaining underrepresented in the evidence base.

This is a structural constraint on necessary reform as the absence of an integrated data architecture limits policymakers' ability to assess the full cost of care, design funding models that balance household affordability with provider viability, or plan for a sustainable and well-supported care workforce. Strengthening the care data system is therefore a precondition for reform. It is essential to recognising care as a core part of the economy, enabling its proper valuation, and supporting a more equitable distribution of responsibility across the state, households, markets, and the not-for-profit sector.

Weaknesses persist which reflect deeper structural issues. Given that it has been almost 15 years since the last TUS survey was completed, unpaid and informal care is effectively invisible in official statistics. Care-related employment is insufficiently disaggregated, masking the size and conditions of the workforce across formal and informal sectors. Private and household financial contributions are poorly tracked, while existing administrative systems are biased towards compliance over service quality or outcomes. Sectoral data is stronger in ECD and health, but elderly and long-term care remain particularly underdeveloped, despite growing demographic pressures.

South Africa needs to address four key issues to unlock the socioeconomic returns on investing in the care economy. The first is **fragmented data and evidence** with South Africa's care economy data currently characterised by siloed, inconsistent, and incomplete data across sectors. Second is continued irregularity of measuring **invisible care work.** The **current** scale of unpaid and informal care is unknown due to outdated time-use data. The third is weak disaggregation, poor tracking of private/household contributions, and limited focus on service quality or unmet need. Lastly, the care economy data architecture is not anchored in a **foundational framework**. A unified, integrated care economy data framework is essential to valuing care, guiding policy, and unlocking its potential for inclusive growth and job creation.

Critically, if this structural issue is not urgently addressed, South Africa risks constraining its own gender transformation agenda. By failing to fully account for and respond to the scale and distribution of unpaid and underpaid care work, the current system continues to embed women's disproportionate burden of care, limiting their participation in the labour market and undermining broader goals of inclusive growth and economic transformation. Without a data system that makes this reality visible and actionable, policy efforts to advance gender equality will remain partial and ultimately insufficient.

5. Recommendations

To comprehensively address the gaps and limitations identified in this review, the following short, medium and long-term actions are recommended:

Short-Term (1–2 years) – *Strengthening the foundations*

- **Reinstate the Time Use Survey** with improved methodology to capture unpaid care work, recipient data, and care quality.
- **Add care-related questions to existing household and business surveys** (e.g. GHS, IES, survey of employers and the self-employed) on caregiving responsibilities, household spending, and effects on labour participation.
- **Enhance disaggregation in the QLFS** to better capture care occupations, including informal and community-based work.
- **Update administrative datasets in ECD and health** to include workforce conditions, infrastructure gaps, and service quality indicators.
- **Promote civil society/private sector partnerships** to integrate qualitative insights (e.g., domestic work, informal care) into the national evidence base.

Medium-Term (3–5 years) – *Adopting an integrated systems approach*

- **Establish a national care economy statistical framework**, aligned with international standards, defining care across paid/unpaid, formal/informal, and public/private dimensions.
- **Create a centralised care data repository** that consolidates data from Stats SA, Treasury, government departments, and non-state actors.
- **Standardise and strengthen provincial administrative reporting** for education, health, and social services to ensure comparability and consistency.
- **Expand financial data monitoring tools** within National Treasury systems to distinguish direct care services (e.g., elder care, disability support) from broad social spending.
- **Prioritise care data collection in national planning tools**, including labour market strategies, social protection planning, and gender equality frameworks.

Long-Term (5+ years) – *Achieving structural transformation*

- **Institutionalise the Time Use Survey** as a permanent survey conducted every five years with continuous methodological refinement.
- **Embed the care economy as a priority in the National Development Plan (NDP)**, ensuring it informs growth, equity, and employment strategies.
- **Develop linked datasets** across Health, Social Development, Education, and Treasury to track individual care trajectories and also enable a lifecycle approach (e.g., children, elderly, persons with disabilities).
- **Establish a long-term national monitoring and evaluation framework for the care economy** to measure outcomes of care policies, service quality, and economic contribution, ensuring evidence feeds back into policy adjustments.