SCALABRINI CENTRE OF CAPE TOWN
47 Commercial Street
Cape Town 8001
Tel: + 27 (0) 21 465 6433
childprotection@scalabrini.org.za
www.scalabrini.org.za

20 August 2026

To:

The Chairperson
Essential Services Committee
Department of Labour
Cape Town
8001

Dear Grace Mafa-Chali,

WRITTEN REPRESENTATION TO THE ESSENTIAL SERVICES COMMITTEE IN THE MATTER OF THE INVESTIGATION INTO THE POSSIBLE DESIGNATION OF PSYCHOSOCIAL SUPPORT SERVICES, TECHNICAL SUPPORT SERVICES, AND QUALITY ASSURANCE SERVICES RENDERED THROUGH THE GENDER-BASED VIOLENCE COMMAND CENTRES AS AN ESSENTIAL SERVICE

1. Introduction

Scalabrini Centre of Cape Town ("SCCT") appreciates the opportunity to make written representations to the Essential Services Committee ("the Committee") regarding the investigation into whether psychosocial support, technical support and quality assurance services rendered through the Gender-Based Violence Command Centres ("GBVCCs") should be designated as essential services.

SCCT supports the designation of the relevant GBV services as essential services. SCCT respectfully submits, however, that the Committee should consider the investigation within the context of the **broader GBV protection and response system**, rather than viewing the Command Centre as an isolated service.

The National GBV Command Centre performs an important function as a national access point for persons affected by gender-based violence and femicide ("GBVF"). However, a survivor's protection does not end when a report is received or a referral is made. The effectiveness of the GBV response depends upon a network of services, including government departments, law enforcement, health services, shelters, courts, civil society organisations and community-based organisations that provide direct services to survivors. SCCT is one such organisation.

SCCT provides services to migrants, refugees, asylum seekers, stateless persons and other vulnerable people in the Western Cape. Among these services is a dedicated **GBV Helpdesk**, which provides a trusted access point for persons experiencing or at risk of GBV, including persons who may face additional barriers to accessing mainstream services because of their migration status, documentation circumstances, language, fear of authorities or other vulnerabilities.

SCCT therefore supports the designation of GBV services as essential and respectfully requests that the Committee consider the importance of **frontline GBV services and trusted access points** as part of the essential GBV response.

2. SCCT'S INTEREST IN THE INVESTIGATION

SCCT is a non-profit organisation providing services to migrants, refugees, asylum seekers, stateless persons and other vulnerable communities.

SCCT's work includes social work, psychosocial support, paralegal assistance, advocacy, community engagement, child protection services and specialised support to persons affected by gender-based violence.

SCCT operates a dedicated GBV Helpdesk through which survivors and persons at risk of GBV may access support, information, referrals and assistance in navigating the relevant protection and service systems.

SCCT's experience is that migrants, refugees, asylum seekers and undocumented persons may encounter particular barriers when attempting to access protection from GBV.

These may include:

- fear of approaching state authorities;
- concerns regarding immigration status or documentation;
- language barriers;
- unfamiliarity with South African protection systems;
- social isolation;
- lack of family or community support;
- financial dependency;
- dependence on a perpetrator for accommodation or documentation;
- fear of deportation or other immigration consequences;
- previous negative experiences with authorities; and
- uncertainty about where to seek help.

For some survivors, approaching a trusted civil-society organisation may represent the first step towards disclosing violence and accessing the formal protection system.
This experience informs SCCT's submission that **the accessibility and continuity of multiple GBV entry points are critical to an effective protection system.**

3. THE STATUTORY TEST FOR AN ESSENTIAL SERVICE

Section 213 of the Labour Relations Act 66 of 1995 defines an essential service, in relevant part, as a service:

“the interruption of which endangers the life, personal safety or health of the whole or any part of the population.”

The Committee's Notice of Investigation, published as Government Gazette Notice 4045 of 2026 on 24 July 2026, specifically identifies:
“The psychosocial support services, technical support services, and quality assurance services rendered through the Gender-Based Violence Command Centres”
for investigation as to whether they are essential services.

SCCT submits that the statutory test requires consideration of the **consequences of interruption**.

The question is therefore not simply whether a service is important, valuable or desirable. The relevant question is whether interruption of the service may place persons at risk to their:

- life;
- personal safety; or
- health.

SCCT submits that relevant frontline GBV services meet this threshold where their interruption may leave a survivor without timely protection, psychosocial support, safety planning, referral or access to other protective services.

4. ESSENTIAL SERVICE STATUS SHOULD NOT DEPEND ON WHETHER A SERVICE OPERATES 24 HOURS A DAY

SCCT respectfully submits that the essential nature of a service should not be determined by whether that service operates twenty-four hours a day.

The statutory test concerns the **effect of interruption**, rather than the operating schedule of the service.

A service may operate during defined hours and nevertheless be essential where interruption of that service may endanger life, personal safety or health. This distinction is particularly relevant to frontline GBV services.

SCCT's GBV Helpdesk and several services presented by NGO's, for example, does not operate twenty-four hours a day. Nevertheless, during its operating hours it provides an important access point through which survivors may disclose violence, seek assistance, receive psychosocial support, obtain safety-related guidance and be connected with appropriate services. If that service is interrupted, the consequence cannot necessarily be characterised simply as a delay until the service resumes.

The survivor may:

- remain exposed to an abusive or violent environment;
- lose an opportunity to disclose violence;
- disengage from the protection system;
- be unable or unwilling to approach another service;
- remain without a safety plan;
- fail to access emergency accommodation or other protective services; or
- experience further violence before another opportunity to seek assistance arises.

The fact that a service is available again on the following day or days thereafter does not necessarily eliminate the risk created by its interruption.

The essential-service assessment should therefore focus on **what may happen because the service is unavailable**, rather than on the number of hours during which it ordinarily operates.

5. INTERRUPTION OF A GBV SERVICE MAY RESULT IN IRREVERSIBLE HARM

Gender-based violence is fundamentally concerned with the protection of people from violence and threats to their personal safety. The consequences of interruption can therefore be fundamentally different from the consequences of interruption of an ordinary administrative or supportive service.

A survivor seeking assistance may be experiencing:

- ongoing physical violence;
- sexual violence;
- threats of serious harm;
- coercive control;
- domestic violence;
- stalking;
- exploitation;
- trafficking;
- psychological abuse; or
- violence directed at children or other family members.

In such circumstances, the availability of an appropriate intervention may affect the survivor's immediate safety. If the service is interrupted, the resulting harm may occur before the service becomes available again. The risk is therefore not necessarily one of inconvenience or delayed service delivery. It may be a risk of **continued violence, escalation of violence, serious injury or loss of life**.

This is precisely the type of consequence contemplated by the statutory definition of an essential service.

6. THE “ONE OPPORTUNITY” TO SEEK HELP

SCCT respectfully asks the Committee to consider another feature of GBV intervention: **a survivor may only have one opportunity, at a particular point in time, to seek assistance.**

Disclosure of GBV can be extremely difficult. A survivor may have spent months or years living with violence, fear, coercion or dependency before approaching a service provider. The decision to seek help may depend upon a particular set of circumstances.

A survivor may finally decide to disclose violence because:

- the violence has escalated;
- a child has been harmed;
- the survivor has temporarily escaped from the perpetrator;
- the survivor has found a trusted person;
- the survivor has reached a point where they believe they can no longer continue living in the situation; or
- they have encountered a service provider with whom they feel sufficiently safe to disclose what has happened.

If that service is unavailable because it has been interrupted, there is no guarantee that the survivor will seek assistance again when the service resumes. The interruption may therefore result in the loss of a critical opportunity for intervention. (Also see Section 17)

SCCT submits that this is particularly significant when considering community-based and civil-society organisations that serve as trusted access points.

7. TRUST IS AN IMPORTANT COMPONENT OF THE GBV RESPONSE

The GBV response system cannot be effective merely because a formal referral mechanism exists.

A survivor must first be willing and able to access the system.
For many survivors, particularly those who experience marginalisation or fear of formal institutions, **trust is an essential component of access**.

A person may be unwilling to approach SAPS, a government department or another formal institution as their first point of contact.

They may instead approach:

- a community organisation;
- a social worker;
- a faith-based organisation;
- a community leader; or
- another organisation with which they already have a relationship of trust.

These organisations may then facilitate access to the formal protection system.
The existence of the National GBV Command Centre therefore does not eliminate the need for other accessible points of intervention.

Indeed, the effectiveness of the Command Centre and other formal mechanisms may depend upon a broader network of organisations through which survivors enter the protection system.

8. THE COMMAND CENTRE IS AN IMPORTANT COMPONENT OF A BROADER PROTECTIVE SYSTEM

SCCT does not seek to diminish the importance of the National GBV Command Centre.
On the contrary, the Command Centre performs an important national function in receiving reports and requests for assistance and connecting survivors with relevant services.
However, the Command Centre is one component of a much broader response system.

A survivor may enter the system through the Command Centre, but may also enter through:

- SAPS;
- a health facility;
- a Thuthuzela Care Centre;
- a shelter;
- a social worker;
- a community organisation;
- a legal service;
- a child protection organisation; or
- another trusted service provider.

The protection system therefore functions as a **chain of interconnected interventions**.
If one link in that chain is interrupted, the consequences may be felt elsewhere in the system.

SCCT accordingly submits that the Committee should consider whether the essential-service designation should extend, in an appropriately defined and proportionate manner, to **frontline GBV functions where interruption of those functions may endanger life, personal safety or health.**

9. THE PARTICULAR IMPORTANCE OF FRONTLINE SERVICES

The distinction between a national coordination function and frontline intervention is important.

A command centre can receive a report and facilitate a referral.
A frontline service may then have to:

- receive the survivor;
- establish immediate safety concerns;
- provide crisis intervention;
- conduct a psychosocial assessment;
- assist with safety planning;
- facilitate emergency accommodation;
- facilitate access to health services;
- support reporting to SAPS;
- assist with protection-order processes;
- facilitate child protection interventions;
- provide ongoing psychosocial support; and
- maintain contact with the survivor.

The interruption of these services may therefore directly affect the survivor's safety.
SCCT submits that the essential-service inquiry should take account of this practical reality.

10. GBV SERVICES ARE PARTICULARLY IMPORTANT FOR PERSONS FACING ADDITIONAL BARRIERS TO PROTECTION

SCCT's experience with migrant and refugee communities demonstrates that not all survivors have equal access to protection mechanisms.

A survivor who is undocumented, for example, may fear that approaching authorities will expose their immigration status.

A survivor may also be dependent upon a perpetrator for accommodation, financial support or documentation.

A survivor may not understand how the South African protection system operates.
In these circumstances, a trusted organisation may provide the bridge between the survivor and the formal protection system.

The interruption of such a service can therefore have a disproportionate impact on already vulnerable persons. This is not an argument for treating migrant survivors as fundamentally different from other survivors.

Rather, it illustrates why **multiple accessible and trusted entry points are necessary to ensure that the protection system is genuinely accessible to all survivors.**

11. GBVF HAS BEEN RECOGNISED AS A NATIONAL DISASTER

The broader national context further demonstrates the seriousness of the risk addressed by GBV services.

In December 2025, President Cyril Ramaphosa stated that government had classified gender-based violence and femicide as a **national disaster**, recognising that addressing GBVF required exceptional measures. Government stated that the classification was intended, among other things, to strengthen access to shelters, safe spaces, psychosocial counselling and community-based prevention programmes, facilitate faster emergency resource allocation and strengthen oversight.

SCCT does not submit that this classification automatically means that every service associated with GBVF should be regarded as an essential service.
Rather, it provides important context for the Committee's assessment. The State has expressly recognised GBVF as a crisis requiring an enhanced national response.
The continued availability of services that protect survivors and connect them to that response is therefore of considerable public importance. The classification of GBVF as a national disaster also reinforces the importance of ensuring that the national response is not dependent upon a single access point.

12. THE STATE'S CONSTITUTIONAL AND STATUTORY OBLIGATIONS

The protection of people from violence is grounded in South Africa's constitutional and legislative framework.

Section 12 of the Constitution protects everyone against violence from either public or private sources.

The State has also enacted a comprehensive legislative framework addressing domestic violence and sexual offences and establishing mechanisms intended to protect victims and survivors.

The Domestic Violence Act 116 of 1998, as amended, seeks to provide victims of domestic violence with the maximum protection from domestic abuse that the law can provide.

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 provides the legislative framework governing sexual offences and the protection of persons affected by sexual violence.

These obligations do not cease because a particular service is interrupted.
SCCT submits that the systems through which these protections are practically realised must therefore be capable of maintaining appropriate continuity.
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13. THE IMPORTANCE OF CIVIL-SOCIETY ORGANISATIONS

A significant proportion of South Africa's social protection system is delivered through civil-society organisations.

Organisations such as SCCT provide services that complement and connect with government services.

The fact that a service provider is an NPO should not determine whether the underlying function is essential.

The relevant question should be:
What function is being performed, and what are the consequences if that function is interrupted?

If an NPO is providing a frontline intervention that protects a survivor from violence or facilitates access to urgent protection, the risk to the survivor does not become less serious because the service provider is a non-governmental organisation.

A functional approach would therefore ensure that essential-service status attaches to the **nature of the service**, rather than merely to the identity of the employer.

14. SCCT'S GBV HELPDESK AS A TRUSTED ACCESS POINT

SCCT's GBV Helpdesk provides a practical example of why a broader functional approach is important.

The Helpdesk provides a point of access for persons affected by GBV who may require support, information, psychosocial intervention or referral. For some clients, particularly migrants and refugees, approaching a specialised civil-society organisation may be the first step towards accessing formal protection.

The Helpdesk may therefore serve as a bridge between a survivor and the broader protection system. If the Helpdesk's services are interrupted, a survivor may lose access to that trusted point of contact at a critical moment.

The Committee should therefore consider whether the protection of survivors requires continuity not only of national command and coordination functions but also of **frontline access and intervention functions.**

15. A PROPORTIONATE AND FUNCTIONAL APPROACH

SCCT does not seek a blanket declaration that:

- every social worker is an essential worker;
- every NPO providing GBV-related services is an essential service;
- every activity associated with GBV is essential; or
- all GBV services must operate twenty-four hours a day.

SCCT respectfully proposes instead that the Committee adopt a **targeted and functional approach**. The designation could apply to specified GBV functions where interruption may endanger life, personal safety or health.

These may include, where applicable:

- immediate survivor intake and assessment;
- crisis intervention;
- emergency safety and protection interventions;
- frontline psychosocial support where interruption may expose a survivor to serious harm;
- emergency or protective shelter services;
- services provided to survivors at Thuthuzela Care Centres;
- urgent referral and coordination functions;
- support facilitating access to police, health, legal and protection services;
- frontline services provided through trusted community access points; and
- relevant GBV Command Centre functions.

Such an approach would recognise the essential nature of particular functions without unnecessarily designating every activity undertaken by organisations working in the GBV sector.

16. MINIMUM SERVICE REQUIREMENTS

SCCT further submits that, should the Committee determine that relevant GBV functions constitute essential services, the designation should be implemented in a manner that is proportionate and consistent with the purpose of essential-service regulation.

The objective should not be to prevent lawful labour rights or industrial action.
Rather, it should be to ensure that a minimum level of critical protection remains available where interruption would otherwise place people at risk.
A minimum-service approach could therefore distinguish between:

- **Critical functions that must continue**, such as immediate protection, crisis intervention, emergency safety assessments and urgent referrals;

and

- **Non-critical functions that may appropriately be interrupted**, such as routine administrative work, planned programmes, training and other activities where interruption would not create an immediate risk to life, personal safety or health.

This would allow the Committee to protect both the rights of workers and the safety of survivors.

17. THE CONSEQUENCES OF INTERRUPTION SHOULD BE THE CENTRAL CONSIDERATION

SCCT respectfully submits that the central question before the Committee should ultimately be:
What happens to a survivor when this service is unavailable?

If the answer is that the survivor may simply experience a delay in accessing a routine service, the statutory threshold may not be met.

If, however, interruption may result in a survivor:

- remaining exposed to violence;
- losing access to emergency protection;
- being unable to obtain urgent psychosocial intervention;
- losing an opportunity to disclose violence;
- disengaging from the protection system;
- remaining without safe accommodation;
- being unable to access other protective services; or
- experiencing further violence, serious injury or death,

then the consequences are directly connected to **life, personal safety and health**.

That is the statutory threshold that SCCT respectfully submits should guide the Committee's determination.

18. CONCLUSION

SCCT supports the investigation into the designation of GBV-related services as essential services.

SCCT respectfully submits that the Committee should recognise that the protection of survivors depends upon more than the operation of a single national command centre. The National GBV Command Centre is an important component of the response system. However, survivors access protection through multiple pathways, including trusted civil-society organisations and community-based services.

For some survivors, particularly those who experience additional barriers to accessing formal institutions, these trusted access points may be the point at which they first disclose violence and begin accessing protection.

The essential nature of these services does not depend upon whether they operate twenty-four hours a day. Rather, it arises from the potential consequences of **interrupting the service**.

A survivor may not return when a service becomes available after a disruption. A disclosure opportunity may be lost. A safety intervention may be delayed. A survivor may remain with a perpetrator. Violence may escalate.

In circumstances where interruption may endanger life, personal safety or health, SCCT submits that the statutory threshold for an essential service is met.

SCCT therefore respectfully requests that the Essential Services Committee:

1. **recognise the psychosocial support, technical support and quality assurance functions rendered through the GBV Command Centres as essential services;**

2. **consider the broader GBV protection and response system when determining the appropriate scope of the designation;**

3. **recognise that relevant frontline GBV functions may constitute essential services where interruption of those functions may endanger life, personal safety or health;**

4. **adopt a functional approach in which the essential nature of a service is determined by the function performed and the consequences of its interruption, rather than solely by the identity of the employer;**

5. **recognise the role of trusted community and civil-society access points in connecting survivors to the formal protection system; and**

6. **where appropriate, establish a proportionate minimum-service requirement that ensures the continuity of critical GBV protection functions while respecting the labour rights of workers.**

SCCT believes that such an approach would strengthen the national response to GBVF while maintaining an appropriate balance between the constitutional and labour rights of workers and the fundamental need to protect persons experiencing gender-based violence. SCCT remains available to engage further with the Committee should there be a need for clarification or additional information regarding the services described in this submission.

19. SCCT'S CONTACT DETAILS

Organisation:
Scalabrini Centre of Cape Town

Address:
47 Commercial Street, Cape Town

Telephone:
021 465 6433

Email:
childprotection@scalabrini.org.za
ealead@scalabrini.org.za

Contact persons:
Andre Putter, Senior Social Worker
Ryan Carolissen, Team Leader

20. REFERENCES

Constitution of the Republic of South Africa, 1996.

Labour Relations Act 66 of 1995.

Domestic Violence Act 116 of 1998, as amended.

Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007.

Department of Employment and Labour. Notice 4045 of 2026, 24 July 2026. The Notice records the Committee's investigation into the possible designation of psychosocial support, technical support and quality assurance services rendered through the Gender-Based Violence Command Centres as essential services.