



planning, monitoring
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PSPPD

PROGRAMME TO
SUPPORT PRO-POOR
POLICY DEVELOPMENT

POLICY BRIEF SERIES

THEME 3: Child poverty (early childhood development, children and violence)



Families, the child support grant, and child well-being

Connecting cash and care to scale up the impact of the CSG

INTRODUCTION AND BACKGROUND

The Child Support Grant (CSG) reaches a third of children under eight years. It is one of South Africa's most successful poverty reduction programmes with positive benefits for children. However, on its own it is unable to address all the social, material, mental, physical and educational challenges that children and their families face. These are known risk factors for compromised child well-being. There is therefore a need for solutions that will accelerate the achievement of child well-being through holistic, appropriate and high impact interventions that could break the cycle of structural disadvantage facing families with children. The aim of this study is threefold: first, to better understand the interface between family contexts and child well-being outcomes; second, to shed light on the perspectives of families about caregiving, their needs, and family functioning; and third, to provide recommendations for family and community-based developmental welfare interventions that will connect cash and care to scale up the already positive impacts of the CSG.

Child well-being

The dimensions of social, material, mental, physical, and educational well-being together make up what we understand to be child well-being.

These dimensions are interconnected, with the one reinforcing the other so that the overall effects are cumulative in the long term.

Family types

- Nuclear / extended
- With / without relatives
- Single parent with / without relatives
- With / without biological parents

KEY FINDINGS

What do we know about the children and their families?

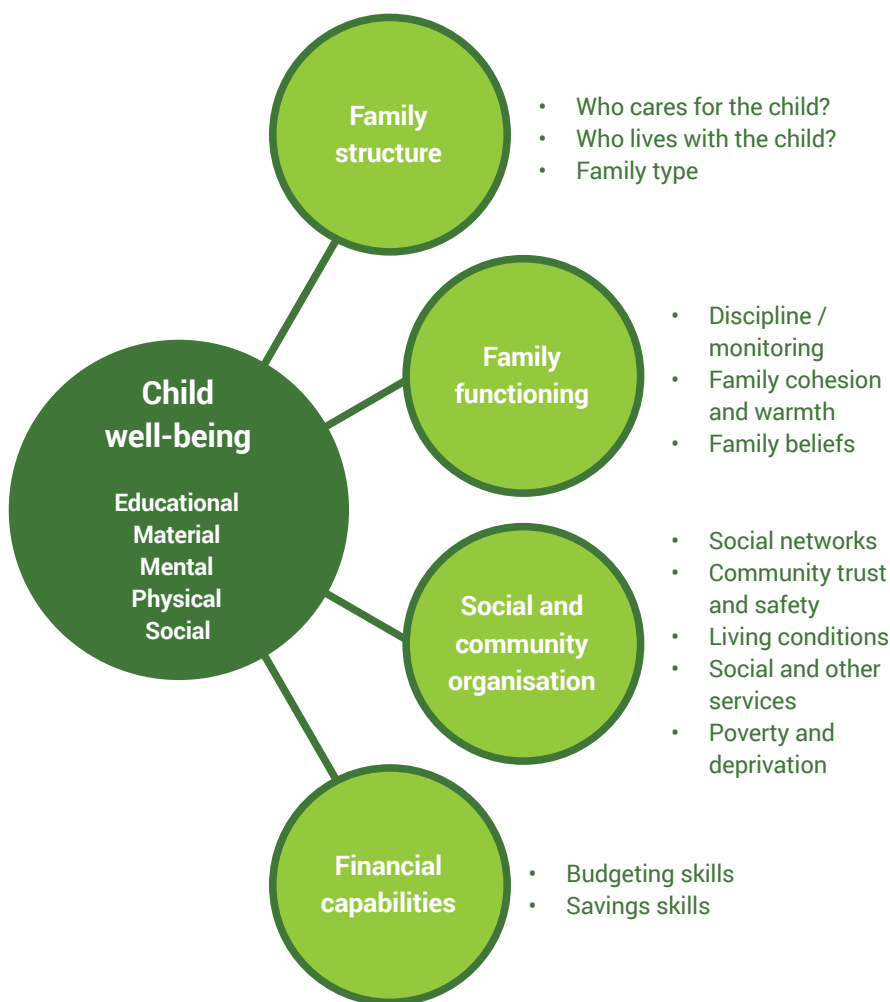
- A third of children under eight years received a CSG. They were more likely to be African and Coloured, and more than half lived in a Tribal Authority Area. Children under the age of one have the least access to the CSG. Slightly more boys than girls received the CSG.
- CSG households were larger (6.86) than the national average of 3.6 people.

Caregiver characteristics and mental health

- Caregivers were almost all women (97%) and had a secondary education. They were largely unemployed (87%), and one in two caregivers lived in households where no one was employed.
- Two-thirds of caregivers had good mental health. A third were at risk of depression, which was more marked when they had lower levels of education and lower income.
- Of the caregivers, 7 out of 10 were the biological parents of the child and lived with the child, while 20% were grandmothers.
- Father absence was high, with three-quarters of fathers not present.

This was a mixed methods study combining statistical data from the National Income Dynamics Survey (NIDS) Wave 1 (2008) and qualitative data from focus groups in an urban and a rural area. The analysis was guided by a social development model of child and family well-being which was devised for this purpose.

In this study, we conceptualised child well-being as influenced by the following factors: family structure, family functioning, social and community organisation, and financial capabilities. This is depicted in the **Social Development Model of Child and Family Well-being** as follows:



Family structure

- The most common family structure of the CSG household was a single-parent family, with adult relatives (34%).
- Fewer children lived in households with both parents and relatives (26%).
- Large numbers of children continue to live apart from both biological parents (29%), but lived with relatives.

Access to social support and community

- A positive finding was that 77% of caregivers had another family member to assist them with the care of the children. This confirms the importance of other adults engaged in the care of children.
- Children are growing up in communities that had a medium level of social and community organisation. This means that there is a fair level of participation of caregivers in social groups, that they have some access to support from neighbours, perceive themselves to be fairly safe, that there was some trust in their neighbours, and that they enjoyed moderate living conditions, such as access to basic services, although they lacked adequate housing.

Child well-being outcomes

Education, health and food security

- Most children of school-going age (92%) were in school and 4 out of 10 children aged 3-5 years were in a child care facility (CCF). Enrolments CCF were lower in rural areas.
- Two-thirds of caregivers had positive perceptions of the health of the child in their care. This was confirmed by anthropometric measurements of the children.
- Most children under the age of five had normal weight-for-height¹ (82%) and weight-for-age² (91%). Children aged 5-7 years had normal Body Mass Index (BMI) measurements (88%).
- However, 17% of children aged 0-5 years were moderately stunted, and 9% were severely stunted³.
- A total of 4 out of 10 children experienced hunger and 47% of caregivers said food was scarce.

Income poverty and living standards

- The mean per capita monthly income in this sample was R394.21 per month. This is below the lower bound poverty line of the same year (2008), which was R515 per month. In all households per capita income fell below the upper bound poverty line which was R949 per month in 2008. Rural areas were poorer and had larger households.
- Half of the children lived in households with medium living standards. This means that they had access to three out of the five services that made up the living standards measure in the study (dwelling type, access to basic services, water, refuse removal, and electricity).
- Half of parents who lived apart from their children did not contribute financially to the child's upbringing; 10% more mothers contributed than fathers.
- Caregivers had some knowledge of basic financial management, but welcomed additional skills to improve financial capabilities.

Factors influencing child well-being

The findings clearly show which predictors are associated with weight- and height-for-age and perceptions of child health. This was found to occur via the increased access to food, and underscores the important role that the CSG plays in enhancing food security and ensuring child well-being.

The findings were different for rural and urban areas and provide some pointers for intervention. In rural areas, larger households are more likely to need additional food security interventions, while in urban areas, caregiver depression had a significant effect on lower levels of child well-being, although other predictors such as income and living standards were also important. The education of the caregiver was also positively associated with having the children in her care aged 3-5 years enrolled in a CCF.

¹ Weight-for-height is a measurement to determine wasting. Wasting in children is a symptom of acute undernutrition, usually due to insufficient food intake, or sometimes the presence of infectious diseases, especially diarrhoea (WHO, 2010).

² Weight-for-age determines if a child is under- or over-weight. Both have serious health consequences (WHO, 2010).

³ Height-for-age will determine levels of stunting, which is a consequence of long-term nutritional deprivation, and often results in delayed mental development, poor school performance and reduced cognitive capacity (WHO, 2010).

How did we do the research?

1. We analysed the 2008 NIDS Wave 1 data to develop a profile of CSG beneficiary children under eight years and their families. The factors that influence child well-being were identified statistically, as well as the relations between them. A national sample of 3 132 children was drawn.

We used two outcome variables:

- Child education (enrolment in a child care facility for children aged 3-5 years; and in school for children aged 6-7 years).
- Child health (caregiver's perception of child's health, as well as measured and objective anthropometric measurements).

2. We ran six focus groups consisting of CSG primary caregivers in a rural and urban site in South Africa to find out what they think about family functioning, social and community relationships, and how these relate to child well-being.

For more detail on the methodology that was used, please see the full report: <http://psppdknowledgepository.org/search/adsearch/send/37-grantee-research/472>

Emotional well-being of the caregiver was correlated with higher household income i.e. the economic circumstances of her household and higher education levels of the caregiver. In summary, having a relative in a household, presumably to assist with child care and the provision of social support, a higher living standard (access to basic services and shelter), higher income, good caregiver mental health, and a positive view of the health of the caregiver, were protective factors. Higher levels of caregiver education were also positively associated with higher household income and CCF enrolment of the child. There was no relationship between family structure and child well-being outcomes except in rural areas where perceived child health was associated with living in a two-parent family.

Caregiver perspectives on families and care

- The qualitative data suggests that primary caregivers had a sound knowledge of the emotional and social care needs of the children growing up under difficult circumstances.
- The need for knowledge and skills in alternative styles of discipline featured prominently as a way to more effectively manage the behaviour of children, reduce harsh disciplinary practices, and build on positive parenting strategies that exist.
- Very high rates of depressive symptomatology, which could have a negative impact on child well-being, were evident in the qualitative data. This is an important theme emerging from the study, which was confirmed in both the qualitative and quantitative data.
- Challenges with the monitoring and supervision of children were directly related to poor living conditions, overcrowding, poverty, and a lack of safe play areas in communities.
- Changing social relations in neighbourhoods due to the erosion of trust and high rates of crime, violence, and drug use, worked against the spirit of Ubuntu in communities. Participants perceived communities to have mixed value as a source of social support.
- The more social problems there were in communities, the harder it was to maintain a network of social support.

Policy implications

The findings provide pointers for public service improvements and policy developments, which can result in substantive improvements to child well-being in South Africa, including:

- The continued provision of income support via the CSG to disadvantaged families is strongly indicated.
- Additional measures should be devised to increase early access to the CSG for children under 12 months.
- Measures are needed to end child hunger, especially in the early years of life. This can be achieved through a range of interventions, such as boosting nutritional support to larger households, especially in rural areas, providing education on child nutrition, enhancing household food security strategies, livelihoods support, and early intervention for children at risk of stunting.
- Early identification of depressive symptoms of caregivers is needed, as well as the provision of appropriate psychosocial support interventions. This is particularly indicated in urban areas where female caregivers reported higher rates of symptoms of depression.
- Access to quality basic services, such as shelter, water, electricity, sanitation, transport, safety and security, health, and access to child care services, needs to be improved
- Family and community systems of social support need to be strengthened.
- Community safety strategies should be implemented to improve the safety and security of children and families, as well as creating safe spaces for children to play.
- Increasing the income flows to CSG households remains a critical priority. This needs to be accompanied by improved access to child care services and mechanisms to support the livelihood strategies of caregivers and members of their households, including measures to enhance their financial capabilities.

Connecting cash and care to scale up the impact of the CSG: interventions

- In addition to the CSG, complementary family and community-based preventative interventions are needed to strengthen CSG families in their caregiving roles. The content of the programmes needs to include a focus on strengthening financial capabilities and improving information and education about nutrition, family connectedness, positive engagement with social networks and services, child safety, the provision of psychosocial support, and parenting skills. Skills-based parenting programmes, delivered in time-limited group-based interventions and by trained practitioners, are associated with positive child well-being outcomes.

- As found to be successful in other contexts, well-targeted public information and education campaigns using innovative technology, including short-term group-based interventions, will make a positive difference.
- Funding allocations for preventive developmental family welfare interventions are needed.
- Partnerships with existing governmental agencies, particularly at local government level and through community- and faith-based organisations and non-governmental organisations, could extend the reach of family interventions.

Reference

World Health Organisation. (2010). *Nutrition Landscape Information System (NLIS) country profile indicators: interpretation guide*. Geneva: WHO. Retrieved from: <http://www.who.int/nutrition/nlis/en/>.

Based on the following research report:

Patel, L., Knijn, T., Gorman-Smith, D., Hochfeld, T., Isserow, M., Garthe, R., Chiba, J., Moodley, J., and Kgaphola, I. (2017). *Family contexts, Child Support Grants and child well-being in South Africa*. Johannesburg: Centre for Social Development in Africa, University of Johannesburg

The dataset used for this research

Southern Africa Labour and Development Research Unit. National Income Dynamics Study 2008, Wave 1 [dataset]. Version 6.1. Cape Town: Southern Africa Labour and Development Research Unit [producer], 2016. Cape Town: DataFirst [distributor], 201

For more information about the National Income Dynamics Study see <http://www.nids.uct.ac.za/>.

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