sihleng'imizi

we care for families

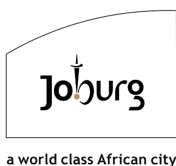
Connecting cash with care for better child well-being

A nine-month post intervention follow-up evaluation of a Family and Community Strengthening Programme for beneficiaries of the Child Support Grant

– Summary Report –

Eleanor Ross, Leila Patel, Madoda Sitshange and Khuliso Matidza

June 2020



CSDA
CENTRE FOR SOCIAL DEVELOPMENT IN AFRICA

CSDA: https://www.uj.ac.za/faculties/humanities/csda
Sarchi Chair: https://www.uj.ac.za/faculties/humanities/sarchi-welsocdev/Pages/default.aspx

Sihleng'imizi is a South African adaption of the SAFE Children Family Programme, developed by the Families and Communities Research Group, School of Social Service Administration, University of Chicago, USA. The programme is a community-based family strengthening intervention for Child Support Grant (CSG) beneficiaries and their families to improve child well-being. The research is led by Leila Patel, Department of Science and Technology and National Research Foundation funded South African Research Chair in Welfare and Social Development, and Tessa Hochfeld, who are both located at the Centre for Social Development in Africa, University of Johannesburg.

Copyright © The Centre for Social Development in Africa (CSDA), University of Johannesburg. This document can be reproduced in part or whole as long as due acknowledgement of the authors and the CSDA is made.

EXECUTIVE SUMMARY

The Sihleng'imizi (meaning 'we care for families') Family Programme is designed to complement and scale up the positive benefits of the Child Support Grant in South Africa and strengthen disadvantaged families to improve child well-being outcomes. The main purpose of the follow-up evaluation was to assess whether participants in the Sihleng'imizi Family Strengthening programmes had retained what they had learned and were able to implement these learnings nine months following termination of the intervention, and to compare these findings with a control group that had not been exposed to the programme. In-depth interviews were conducted with the primary caregivers of 25 families in the intervention group and 15 families in the control group. Follow-up interviews with teachers and children were also conducted.

FINDINGS FROM CAREGIVERS IN THE INTERVENTION GROUP

Interviews with the caregivers in the intervention group at nine-months follow-up were analysed in terms of the five dimensions of the study, namely child-caregiver relations; involvement of caregivers in child's education; social and community connectedness; financial capabilities and nutritional knowledge, as well as depression symptoms among caregivers. The following findings suggested that the Sihleng'imizi programme was sustainable as participants had been able to recall and implement what they had learned from attending the programme nine months earlier.

Family and caregiver relations

When caregivers were asked about their dreams for themselves and their children's future, it seemed that they retained the same dreams that they had articulated at the baseline and endpoint of the Sihleng'imizi programme. The most frequent theme articulated by nine caregivers was for their children to do well at school in order to be able to study further at university. The second most frequent theme articulated by seven participants was a wish for employment for the caregiver and a place of their own. Three participants expressed the wish that when their children were grown up they should obtain employment and assist their mother. There was awareness of the need for themselves and their children to work hard to achieve their dreams.

The majority i.e. 22 of the caregivers emphasized the increase in positive communication with children following attendance at the Sihleng'imizi programme. Unlike the situation prior to attending the programme, they were now able to listen and talk to their children, encourage two-way communication and engage in problem solving. They were able to set aside quality time to spend with the children. When children had done something wrong, they were able to reprimand them without shouting at them or hitting them. Caregivers reported a reduction in the use of uncouth language and swearing and felt that there had been an improvement in family communication. They were also able to teach their children to delay gratification of their needs.

Caregivers reported using positive parenting in the form of praising children for doing something good. They showed love and encouragement. Rewards were given as a form of positive reinforcement. Caregivers found it easier to discipline children through talking rather than shouting, whereas at baseline they tended to resort to shouting and corporal punishment. Since attending Sihleng'imizi, caregivers were better able to make children aware of wrongdoing. They were now able to talk to their children,

explain how to do something, control their anger and avoid shouting. Caregivers reported that they had learnt about “the naughty corner” from attending the Sihleng’imizi programme and found this approach to disciplining children very useful. They withheld rewards for negative behaviour. Caregivers had either stopped or reduced the use of corporal punishment. Caregivers explained that they were now able to control their anger and not resort to shouting. Some caregivers reported that they continued to maintain rules and routines that existed even prior to Sihleng’imizi. Others described how they had implemented rules and routines since attending the Sihleng’imizi programme. At follow-up it was easier to communicate with children when they had broken a rule or done something wrong. They indicated that they monitored their children at home and were aware of their children’s whereabouts. Caregivers had developed positive attitudes toward being a parent. When asked what they do well as a parent, they explained that they show love to their children, make sure that they have everything they need for school, motivate them with their schoolwork, are able to take care of them and are interested in their daily lives.

Caregiver involvement in child’s education

Caregivers reported that their children enjoyed going to school, children were actively engaged in schoolwork and there had been an improvement in schoolwork. Children’s behaviour at school had also improved, although one child presented with emotional problems. Caregivers indicated that since Sihleng’imizi, they were more engaged with their children’s school. They checked their children’s books on a daily basis to see whether there was homework that needed to be done or a message from the teacher. One caregiver encouraged his children to read books. Others arranged for their children to receive assistance with school subjects. Caregivers helped their children with homework and when they were unable to assist their children with homework, they asked others for help. Following on what they had learned at Sihleng’imizi, they asked about the child’s day at school. Since attending Sihleng’imizi, the caregivers had also developed confidence to speak to the child’s teacher.

Social and community connectedness

Since Sihleng’imizi, they had maintained contact with other group members on a WhatsApp group. They also kept contact with group members through phone calls or met when fetching their children from school. Involvement in Sihleng’imizi had expanded their networks and strengthened bonds with other participants. The buddy system had helped participants to communicate with and assist one another, particularly with regard to parenting their children.

Financial capabilities

Since attending Sihleng’imizi, participants had learnt the value of budgeting and were able to implement this practice in their lives. They were also now able to save despite having meagre sources of income. Others had tried to save money by joining a stokvel. As a result of attending the Sihleng’imizi programme, they were able to distinguish between wants, needs and obligations and were thereby able to delay gratification of things that were not necessary. Caregivers reported that as a result of attending Sihleng’imizi, they had learned to spend money wisely and had become aware of the negative consequences of borrowing money.

Nutritional knowledge

Participants recognized the importance of breakfast. They believed that nutritional value, a healthy lifestyle, type/taste and cost were important considerations in making food choices, but attached somewhat less importance to time/convenience. They also gave the impression of having a good understanding of what constitutes a balanced meal. When participants were asked to rate the importance of their food choices in terms of six dimensions, it seemed that healthy lifestyle, type/taste, nutritional value and cost were regarded as the most important considerations with brand and time/convenience being considered less important.

Depression

At baseline 52.5% of the 38 persons in the intervention group were depressed. This figure declined to 36.8% at endpoint. At follow-up the figure increased to 11 or 40.74% out of 27 people who were

depressed according to the CESDR-10 scale scores, which represents an increase of 3.94% from 36.8% who were depressed at endpoint i.e. termination of the Sihleng'imizi programme.

FINDINGS FROM CAREGIVERS IN THE CONTROL GROUP

Family and caregiver relations

When asked about their dreams for their children's futures, the caregivers articulated their desire for their children to live a good life. They wanted their children to finish school, receive an education, work for themselves and become independent. They also aspired to be good parents for their children. In terms of their own dreams, one parent wanted to further her own studies. Others saw employment as the answer to their dreams. One caregiver dreamt of having a home of her own, while another participant articulated the feeling of having lost hope at ever finding a job.

Caregivers reported that since their last contact with the interviewer, communication with children continued to be satisfactory. They gave examples of positive communication including actively listening to their children. Caregivers reprimanded children for wrongdoing through speaking or shouting at them. They were able to engage in problem-solving. However, with others there was no discernible change or improvement in communication.

Caregivers explained that they had family rules and routines for different activities such as the time for children to be back home, when to do homework and when they needed to go to sleep. They also had duties and chores as a family such as polishing shoes, tidying up their toys and so forth. Caregivers maintained an awareness of their children's whereabouts and children were taught to be wary of strangers.

In terms of positive parenting, children were rewarded for positive behaviour. Caregivers also used praise and appreciation for good behaviour. They provided encouragement through demonstrating affection. Caregivers reported disciplining children through talking to them and helping them to understand the difference between acceptable and unacceptable behavior. One participant described how she no longer shouted at her child. One caregiver mentioned the use of the 'naughty corner' to discipline her child. There was also withholding of rewards for negative behavior. In addition, caregivers endeavored to spend quality time with their children. When participants were asked what aspects of their parenting they were proud of, they described being able to communicate, being patient and not taking out one's anger on the child. There was pride in the fact that the child was coping at school. Caregivers experienced pride in their ability to discipline their children. Some caregivers felt proud of their ability to be independent. They experienced pride in their ability to care for and raise their children. Caregivers also felt proud of being able to help their children with schoolwork.

Caregiver involvement in child's education

When caregivers were asked how their children were functioning at school, they mentioned that their children enjoyed school. Others reported that their children were performing well at school. Some caregivers reported an improvement in their children's schoolwork. When participants were asked about their engagement in their children's education, they reported that they checked their children's books. They provided encouragement with schoolwork. Caregivers also assisted their children with homework/ schoolwork. When they were unable to assist their child with homework, they sought help from another child. Participants attended school meetings and made a concerted effort to provide additional stimulation for their children. They switched off the television to avoid distractions. Caregivers also talked to the teacher when they were concerned about their child or were simply wondering how he or she was doing at school.

Financial capabilities

Some caregivers indicated that they endeavoured to budget. They also reported improved ability to save. They no longer borrowed money due to awareness of consequences of borrowing. However, others reported that they were not able to budget or save from their limited incomes.

Nutritional knowledge

Participants acknowledged that breakfast was the most important meal of the day. They believed that nutritional value, a healthy lifestyle, type/taste and cost were important considerations in making food choice. However, not all participants had a satisfactory understanding of what constitutes a balanced meal.

Depression

At baseline 53.5% out of 65 persons were depressed. This figure declined to 41.5% at endpoint. Within the control group, 9 out of 15 or 60% were depressed at follow-up, representing an increase of 18.5% on 41.5% who were depressed at endpoint i.e. termination of the Sihleng'imizi programme.

COMPARING FINDINGS FROM THE INTERVENTION AND CONTROL GROUPS

Findings from the intervention group indicated that the goal set at baseline of strengthening disadvantaged families had been achieved at endpoint, and that participants were able to retain and implement what they had learned nine months post intervention, particularly with regard to enhanced communication, greater involvement in children's education, use of positive parenting and less harsh forms of discipline, increased social networks and improved financial capabilities. A surprising finding that emerged from comparing results from the intervention and control groups, was that they were very similar except for the fact that more persons in the control group used shouting to discipline their children rather than talking calmly, and more persons in the control group reported difficulty in being able to budget and save from their limited incomes. Differences in terms of discipline and budgeting/saving could be attributed to a lack of exposure to the Sihleng'imizi programme by persons in the control group. Similarities may have been attributable to a degree of contamination between both groups as participants in the control group may have had contact with those in the intervention group and in this way had learned alternate forms of disciplining children such as the use of the 'naughty corner'. In addition, some of the changes may have been due to the 'Hawthorne effect' whereby questions posed by the interviewers may have made participants aware of certain needs e.g. the need to communicate and to use alternate forms of discipline.

When the results for nutrition were examined at follow-up, they appeared to be very similar to those obtained for both intervention and control groups at the termination of the Sihleng'imizi programme, nine months earlier. In comparing the responses from the intervention and control groups, the impression gained was that both groups recognised the importance of breakfast. Both groups believed that nutritional value, a healthy lifestyle, type/taste and cost were important considerations in making food choices, although the intervention group attached somewhat less importance to time/convenience. However, more persons in the intervention group had a better understanding of what constitutes a balanced meal, which could be attributed to their exposure to a module on nutrition presented during the Sihleng'imizi programme. In contrast, the control group did not have access to this information.

Within the intervention group 11 or 40.74% were depressed at follow-up, which represents an increase of 3.94% from 36.8% according to the CESDR-10 scale scores at endpoint. The higher number of persons presenting depressive symptomology at follow-up may possibly be attributable to the discontinuation of the Sihleng'imizi programme, which presumably provided support for participants while it was being run. Within the control group, 9 or 60% were depressed at follow-up, representing an increase of 18.5% on 41.5% at endpoint. This increase may have been due to lack of support as well as high rates of poverty and unemployment prevalent at the time of the follow-up study. These findings provide support for cash and care programmes with their emphasis on combining cash transfers with support for grant beneficiaries.

Themes from the children's drawings and interviews

Themes from both the intervention and control groups included (1) drawings depicting happy children and families; (2) use of corporal punishment; (3) and bullying or normal fighting among children. However, the intervention group was asked about Sihleng'imizi; hence a theme that emerged was memories

of Sihleng'imizi. A small number of children in the control group mentioned factors suggesting the experience of poverty. Unlike the findings from baseline and endpoint interviews that suggested unhappy children with compromised well-being, none of the children who were interviewed at follow-up from either the intervention or control group appeared to have social, emotional or learning issues. However, one caregiver highlighted emotional issues in one child.

The implications of the findings

The findings demonstrate the importance of designing, implementing and testing programmes that link social assistance policies with child and family welfare programmes. A preventative family strengthening intervention such as Sihleng'imizi, improved child well-being outcomes and empowered caregivers with knowledge and skills that enhanced their capabilities and social support systems. Interventions of this kind could accelerate child well-being outcomes and improve caregiver and overall family well-being. These findings are relevant for redesigning social assistance policies to be complemented by child and family welfare services to address the broader care needs of children and their families. A comprehensive preventative family and community-based intervention such as Sihleng'imizi, could be scaled up in urban areas using existing social service and development infrastructure. Further research is needed in rural areas. Dedicated financial and human resources including training and mentoring of front line social workers and auxiliary social workers are needed to achieve this. While the necessary policies are in place to achieve this, political will and the commitment of administrators to give effect to innovation of this kind are required.