

Bridging the Disciplinary Divide to Step-Up Child Well-being Outcomes in South Africa

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Presented by: Leila Patel

DST/NRF Research Chair, Welfare and Social Development
Centre for Social Development in Africa, University of Johannesburg



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Overview of Presentation

- Why the topic?
- Child well-being – a complex challenge
- What can interdisciplinary research (IDR) offer us?
- Search for evidence based solutions:
 - Case study of Connecting Cash and Care
 - Barriers to inter-agency collaboration
 - **Question:** can complementary cash and care interventions yield better outcomes?
- Pointers: bridging the disciplinary divide towards accelerated child well-being outcomes

Why this topic? Story of the CSG

- 1994 – Mandela's children: situation of children and women in SA
- Policy dilemma
- Lund Committee of Inquiry
- CSG designed by an interdisciplinary team
- The proposal and its defense
- Adoption and implementation
- Extension of the CSG - evaluation research, advocacy and policy review
- The global story in the South – nexus between cash and care

Child Well-being (CW): A Complex Challenge

- **Child well-being** - physical, cognitive, social, emotional and material well-being (Patel et al. 2017)
- Social investments in human capital in the early years are associated with long-term returns in education, employment and income (human capital development)
- Best achieved through nurturing care in a supportive environment in context family and communities
 - Functional cooperation between sectors serving children and families (Kanste, Hulme & Parala:2013)

Well-being outcomes are associated with:

1. Good health;
2. Adequate nutrition,
3. Responsive caregiving,
4. Safety and security
5. Opportunities of early learning

Helping Children Survive and Thrive to Transform Health & Human Potential (WHO, UNICEF & World Bank:2018)

Interventions proposed:

1. Enhanced caregiver capabilities,
2. Empowered communities;
3. Supportive services and
4. Enabling policies

Source: World Health Organization, UNICEF & the World Bank (2018) *Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential*. Geneva, Switzerland: World Health Organization.



Finding New Solutions to Enhance CW

- **Interdisciplinary Research (IDR)** works best when there is the shared belief that traditional disciplines are unable or unwilling to address important problems
- **‘Child well-being’** is a case in point – integration of multiple disciplines in the social, behavioural and health sciences to improve outcomes
- A **counter** to excessive specialisation, isolation, information and knowledge silos
- IDR relies on deep knowledge of disciplines and could be complementary

The Search for Evidence Based Solutions

- Case study of the nexus between cash transfers (CSG) and care services
- Focus is on the material and social determinants and its impact on CW outcomes

The findings point to the need for complementary interventions in:

1. Health
 2. Education
 3. Social development
- Points to the need to find new solutions to **connecting cash and care services across health, education and social welfare**

What does the research say?



Why this study?

- Over 12 million or 63% of all children receive the CSG
- **Different studies found that the CSG has positive benefits for children's well-being in the following domains:**
 - Material
 - Physical
 - Learning
 - Social care and
 - Behavioural outcomes.

But This is Not Enough

6 out of 10
children live below
the poverty line



Poverty is a risk
factor for poor
growth &
development

18% of eligible
children do not get
the CSG

Poor child well-
being has long
term negative
consequences



SOCIAL



ECONOMIC



POLITICAL

Cash and Care

CASH
CSG



CHILD WELL-BEING

CARE
?



What social care arrangements and services are needed to ensure better outcomes for disadvantaged children?



What family contexts lead to better child outcomes?

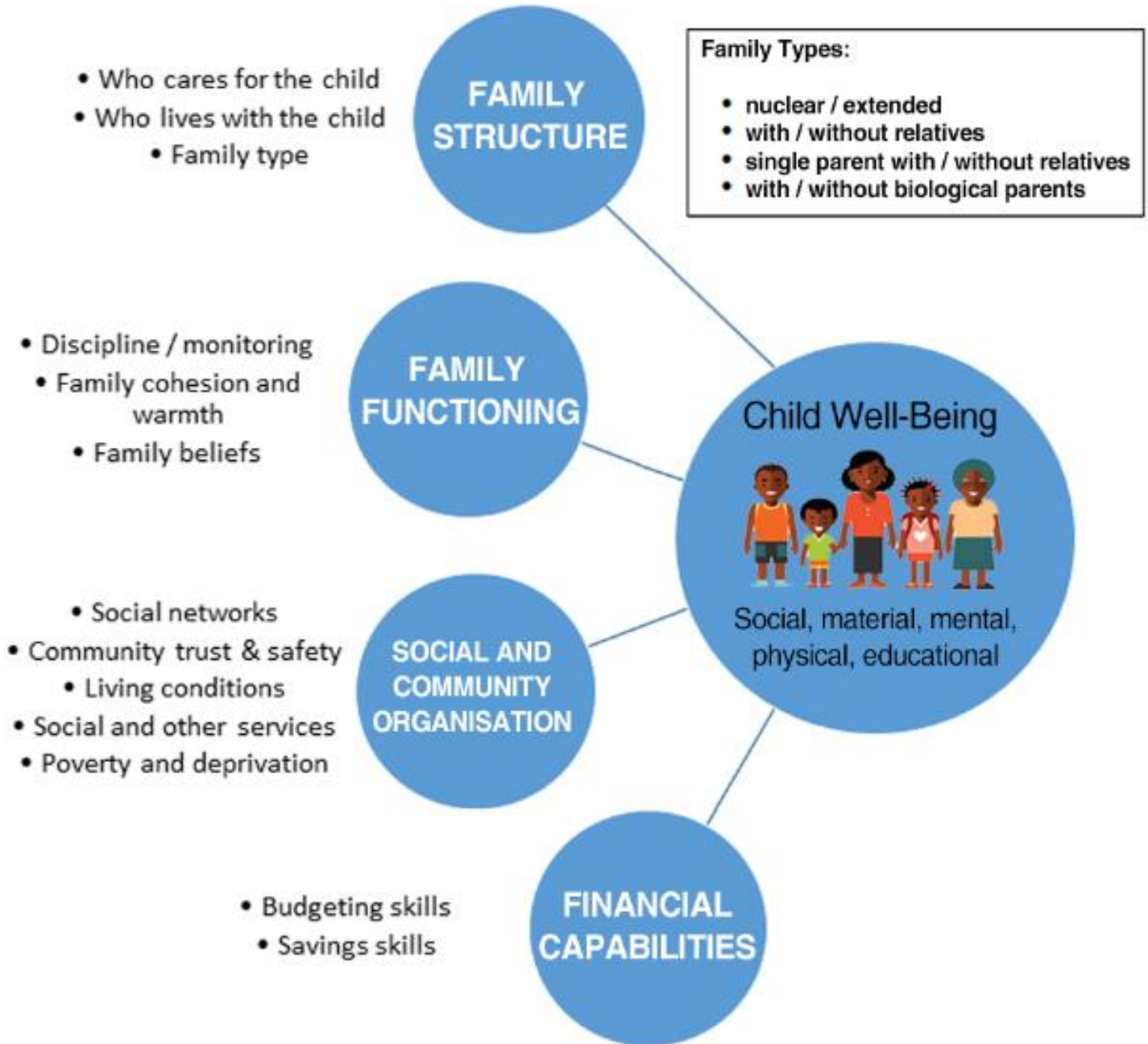


How can we accelerate the impact of the CSG?

Thinking about child well-being: Our Lens and Assumptions

Caregiver characteristics:

- Age
- Gender
- Education
- Mental health



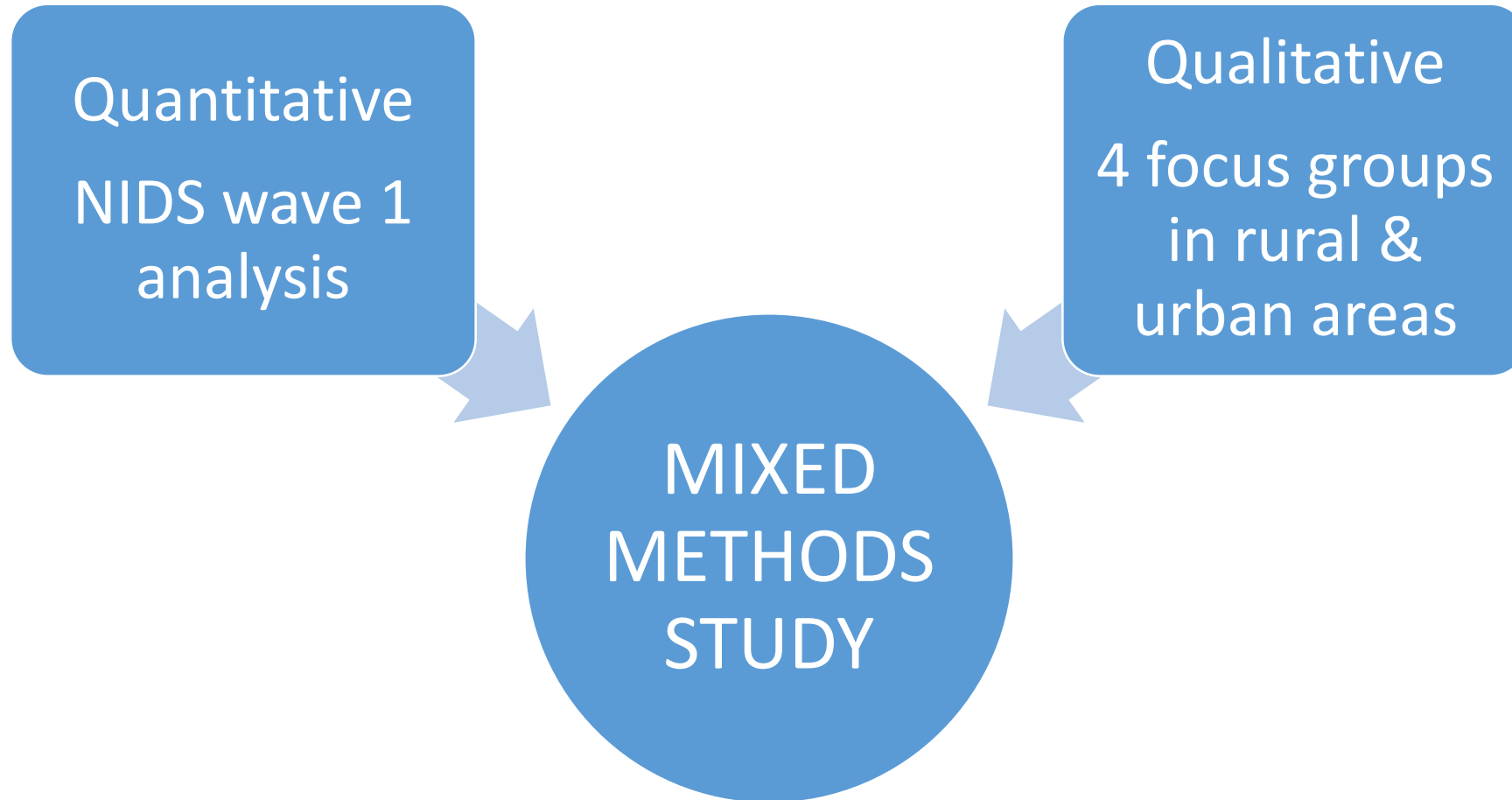
Aim, Objectives and Research Questions

Aim: To understand how family contexts shape the well-being of CSG children

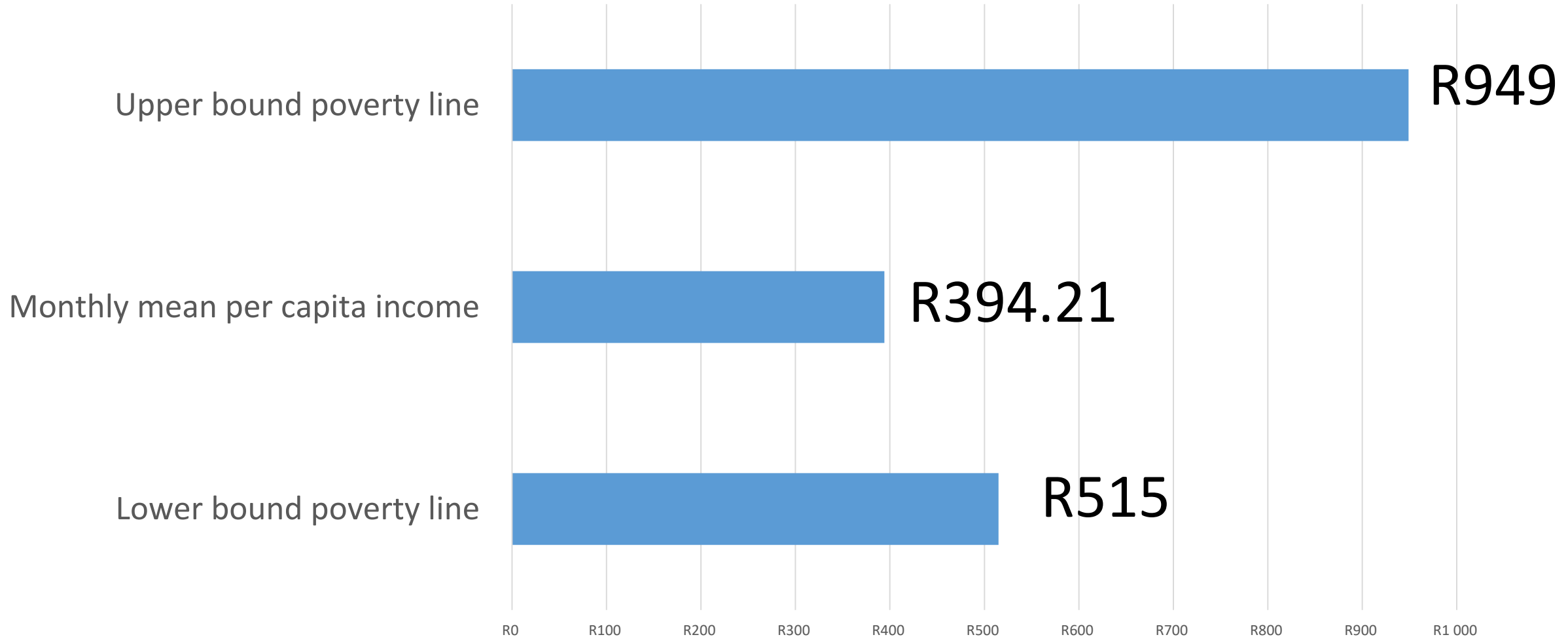
Objectives:

1. To assess which factors are most associated with child well-being outcomes.
2. To gain a better understanding of the family life of CSG beneficiaries, and the views, needs and challenges of caregiving.
3. To make recommendations for complementary developmental welfare interventions for CSG beneficiaries.

How Did We Do the Research?



Mean Monthly Per Capita Income



Profile of Caregivers



- **CAREGIVERS**

- 97% women
- had a secondary education
- 87% unemployed.

- **FATHERS**

- Three quarters of fathers absent from household
- 60% of these did not provide financial support

- **CAREGIVER MENTAL HEALTH**

- Two thirds of caregivers had good mental health
- A third were at risk of depression

Family Structure

Most common family structure was a single parent family with relatives

34%

Fewer children lived in households with both parents

26%

Large numbers of children continue to live apart from their parents

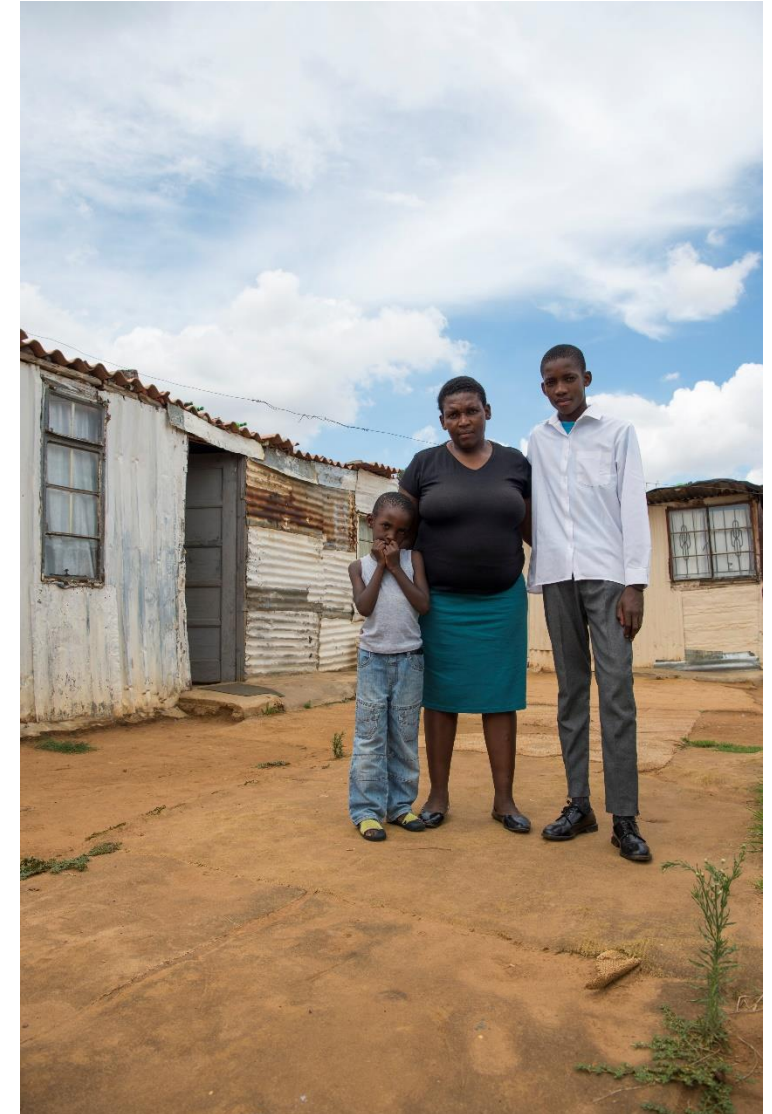
29%

Access to Social Support

7 out of 10 households had a family member to assist with care responsibilities

Children are growing up in communities with a **medium level** of social and community organisation

- access to basic services,
- a fair level of participation in social groups,
- some access to social support,
- trust of neighbours, and
- felt safe in the area with
- housing being a most pressing need.



How Well are CSG Children Doing?

Education

- 92% of children were attending school
- Fewer children aged 3-5 years (40%) were in a child care facility (CCF)

Health perception

- Two thirds of CG's had a positive perception of the child's health

How Well are CSG Children Doing?

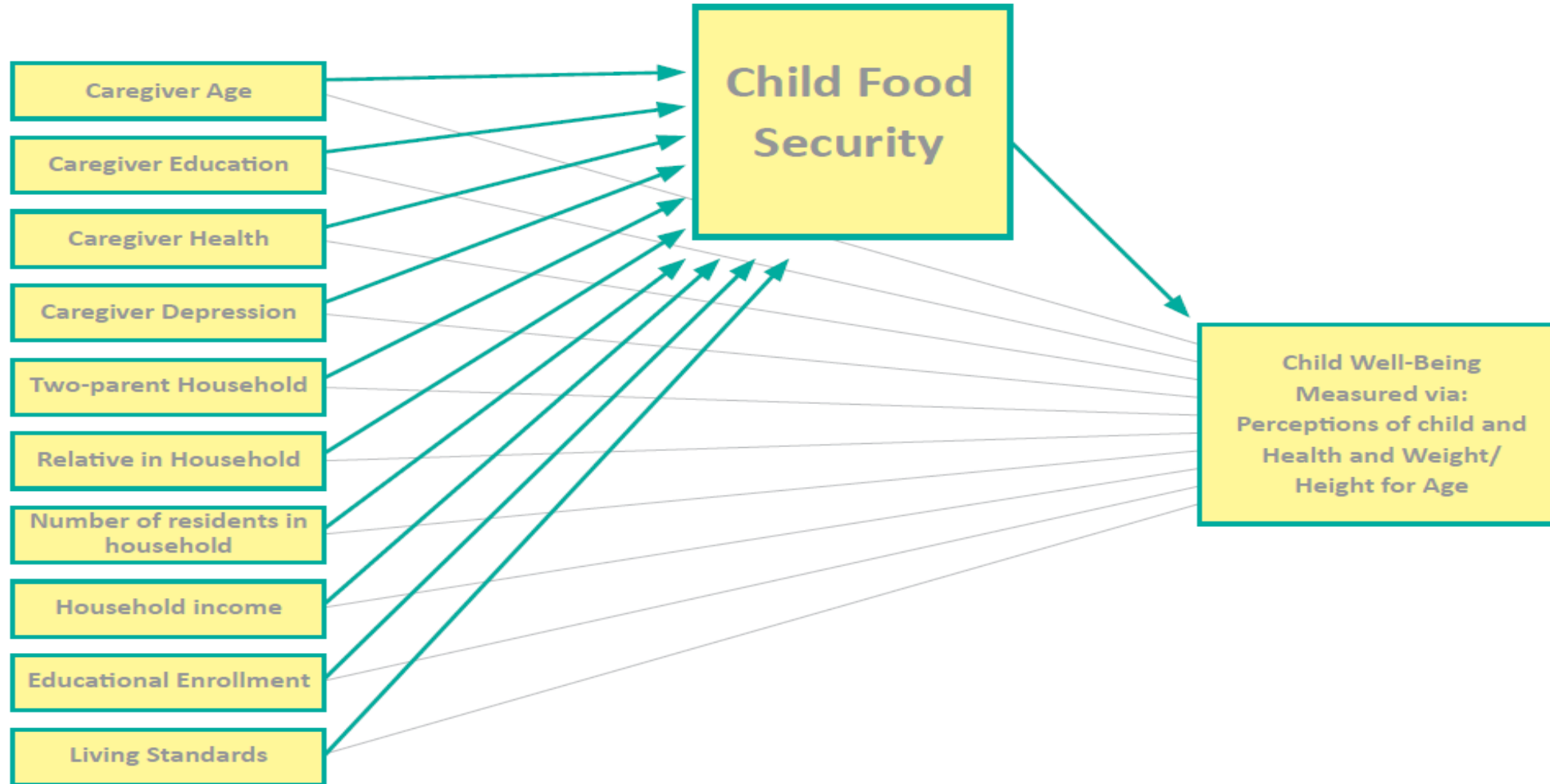
Normal Measurements

- 82% of children under 5 were in the normal age range for weight for height measurements (acute under-nutrition)
- And 91% were in the normal range for weight for age measurements (under or over weight)
- 88% of children aged 5-7 years had normal body mass index

Stunting and overweight

- Those outside the normal range for this group were 3.4 times more likely to be over-weight or under-weight
- But 17% aged 0-5 years were moderately stunted and 9% were severely stunted.
- Stunting is a significant risk factor for sound cognitive and physical development

What Factors Influence Child Well-Being Outcomes?



Path Analysis Model: Household and caregiver factors associated with child well-being mediated (via) by child food security

Findings of the Path Model

- Mediation model was confirmed.
- This explains **HOW** the CSG actually works in practice.
- In **rural areas**, larger households were more food insecure which impacted on perceived child health and height and weight for age.
- **Urban areas**, depression of the caregiver was associated with lower child well-being outcomes.
- Better educated caregivers were likely to have their children enrolled in a CCF.

Summary: Factors associated with child well-being in quantitative data

- 1 Having a relative in a household (social support)
- 2 Improved living standards (access to services and shelter)
- 3 Higher income
- 4 Good caregiver mental health
- 5 Higher education of the CG was associated with higher income & enrolment of younger children in a CCF

There was no relationship between family structure and nutritional outcomes except in rural areas where the perceived health of the child was associated with having both parents present in the household.

Family Functioning: Caregiver View of Family and Care (qualitative findings)

Three themes emerged that complement the quantitative findings:



1. The mental health status and access to social support of caregivers

2. The impact of poor living conditions and poverty on caregiving.

3. Knowledge and skills in caregiving

Mental Health and Social Support

High rates of
depressive symptoms
for more than half
participants

URBAN AREAS

Five out of 19
participants have
depressive symptoms

RURAL AREAS

- The psychosocial well-being of the caregiver is a known risk factor compromising personal and family functioning and in turn child well-being outcomes (Meinck et al., 2015).
- However, this was moderated by access to support from family, neighbours, friends, street committee members and the church

Knowledge and skills associated with improved well-being outcomes

The following was probed:

Need for social and emotional care; open communication between child and caregiver(s).

The use of alternative forms of discipline.

Management of behavioural problems.

Monitoring and supervision of children

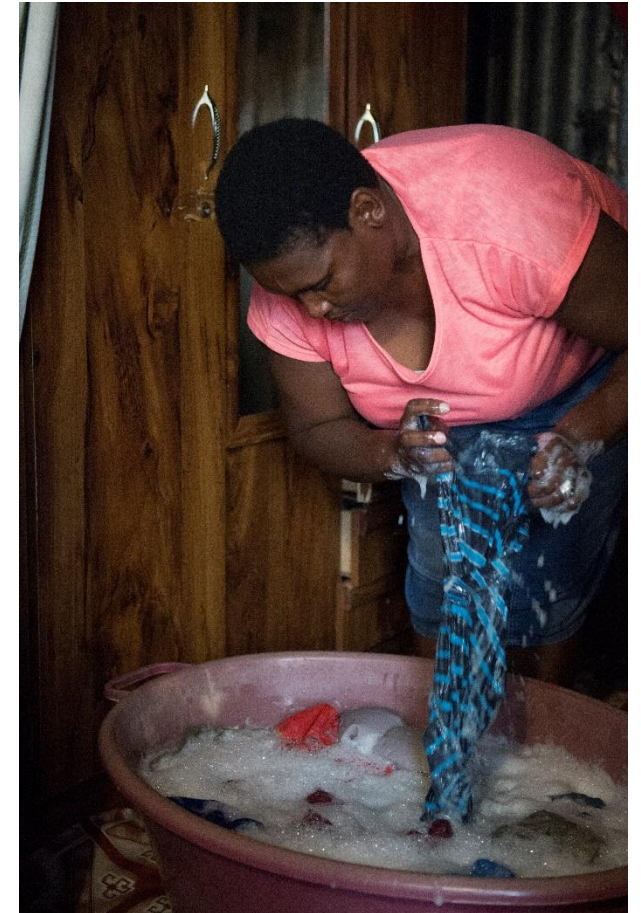
Findings: Knowledge and Skills

- Corporal punishment was a source of intensive conversation in all the focus groups.
- There were indications of the use of harsh forms of discipline.
- Evidence of authoritarian parenting styles.
- However, primary caregivers were receptive to learning about new and different ways of parenting.



How We Might Further Scale Up the Impact of the CSG: Policy Implications

- **Income support** is crucial and should not be compromised by government failures to deliver the CSG.
- Ensure **early access to the CSG** for children under 12 months; and others eligible but not receiving.
- Boost **nutritional support** to larger households, especially in rural areas.
- Early **identification of depressive symptoms** among caregivers & the provision of psychosocial support.



Policy Implications (cont.)



- Increased **access to basic services**; safety, health, transport, child care and shelter.
- Strengthening of family and community **systems of social support**.
- **Increasing income** flows in households, support for livelihood activities of household members & enhancement of financial capabilities

Connecting Cash and Care

- Skills based, time limited **group-based family interventions** with trained practitioners have been found to have positive well-being outcomes for children locally and internationally.
- Well-targeted **public education** campaigns using innovative technology is needed.
- Well designed and field tested **preventative interventions** including funding support from government, CSI and development agencies.

Connecting Cash and Care (cont.)



- There is **no one size that fits all** – real rural-urban differences.

- **Partnerships** with local authorities, community and faith-based organisations, NGOs, child and family welfare agencies could be important delivery vehicles for family interventions.
- **Inter-sectoral delivery mechanisms** that link home with school, clinics and welfare agencies among others at community level are needed.


Care Provided by Families is a Public Good

- Greater **recognition for the care** roles that caregivers perform to ensure the well-being of children and future generations.
- How can public policies best **strengthen families?**



- Cash on its own addresses material needs and has positive effects on other indicators.
- But it is not enough to meet the multifaceted needs of children.
- The study points to the **importance of combining of cash and care services for optimal child well-being.**

Meeting the Challenge of Child-Wellbeing

A black and white photograph of a wooden desk. On the desk, there is a pen, an ashtray with two cigarettes, and a book. The text is overlaid on the left side of the image.

*We cannot solve
our problems
with the same
thinking we used
when we created
them.*

Albert Einstein

AZ QUOTES

Overcoming the Barriers to Collaboration

- Enabling governance structures, systems and management
- Scarcity of **resources** (money and staff)
- **Facilitators** are needed who are able '**to think and do differently**' by crossing boundaries; provide a welcoming but professional ethos; empowering parents/caregivers & children
- **Professions** - differences in approach, work styles and cultures; turf wars; power differentials; status hierarchies, rivalry and mistrust
- Differences in **training and explanatory models** e.g. social vs medical
- Complexity of managing multi-agency teams across disciplines (Barnes & Malhuish :2017)
- Dynamics are not well understood in SA

What Can IDR and Inter-Sectoral Collaboration Offer us to Step up Child Well-being Outcomes?

- **Collaboration** is the bedrock of creative solutions
- **Local community level solutions** with tangible outcomes
- **Co-ordination** of information, sharing of resources and complementary actions for shared goal achievement
- **Co-operation** to achieve own goals and targets better by working together at the organisational level
- **Communities of Practice across the social sectors might be a vehicle for** generating knowledge and evidence based interventions

Presentation References

- Barnes, J. and Melhuish (2017). *Inter-agency coordination of services for children and families - Initial Literature review*. ISOTIS Ubck Suve Education and social support to tackle inequalities in society.
- Kanste, O., Hulme, N., Perala, M. (2013). Functionality of cooperation between health, welfare and education sectors servicing children and families. *International Journal of Integrated Care*. 3(2):7-15
- Meinck, F., Cluver, L.D., Boyes, M.E., & Mhlongo, E.L. (2015). Risk and protective factors for physical and sexual abuse of children and adolescents in Africa: A review and implications for practice. *Trauma , Violence & Abuse*, 16 (1): 81-107
- Patel, L., Knijn, T., Gorman-Smith, D, Hochfeld, T., Isserow, M., Garthe, R., Chiba, J., Moodley J., & 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
- World Health Organization, UNICEF & the World Bank (2018) *Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential*. Geneva, Switzerland: World Health Organization.