



Researching the linkages between social protection and children's care in South Africa

The Child Support Grant and Foster Child Grant and their effects on child well-being and care

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List of acronyms

CCP	Community Care Project
CINDI	Children in Distress Network
CSG	Child Support Grant
CSO	Civil Society Organisation
CSP	Centre for Social Protection
CW	Child Welfare
DSD	Department of Social Development
ECD	Early Childhood Development
FCG	Foster Child Grant
GI	Group interview
HSRC	Human Sciences Research Council
IDS	Institute of Development Studies
KII	Key informant interview
KZN	KwaZulu-Natal
LCW	Ladysmith Child Welfare
NGO	Non-governmental organisation
OVC	Orphans and vulnerable children
PCW	Child and Family Welfare Society of Pietermaritzburg
R	South African rand
RDP	Reconstruction and Development Programme
SASSA	South African Social Security Agency
SSA	Sub-Saharan Africa
SW	Social worker
TCF	Thandanani Children's Foundation
UN	United Nations
UNICEF	United Nations Children's Fund
US\$	US dollar
YFC	Youth for Christ



Executive summary

This research investigates the impact of the Child Support and Foster Child grants in South Africa on children's care. It examines the effect of these grants on the quality of children's care and on decisions about who will provide care to children. It also explores implementation issues regarding both grants and proposes options for making support more effective and efficient. This research is part of a wider study on the linkages between social protection and children's care in Sub-Saharan Africa, and further research has been completed in Ghana and Rwanda. The research in South Africa was led by the Children in Distress Network (CINDI) in collaboration with Family for Every Child and the Centre for Social Protection (CSP) at the Institute for Development Studies (IDS) in the United Kingdom (UK).

The Child Support Grant (CSG) is a modest monthly cash transfer for children living in poor households. It was introduced in 1998 to alleviate poverty and improve nutritional and other outcomes amongst South Africa's children, and has served as an example for similar programmes across the continent and beyond.

The Foster Child Grant (FCG) is a relatively generous monthly cash transfer for children in formal foster care to provide financial support for carers providing foster care. Receipt of the grant goes hand-in-hand with regular monitoring and supervision by social workers, and placement reviews by the courts every two years, as part of the wider foster care system. Developments in the last two decades have led to an exponential increase in both applications to and recipients of the FCG, leading to many delays and payment arrears and putting the social work and judicial systems under great pressure. Various options for addressing these concerns are being discussed in ongoing policy debates in South Africa, into which this research aims to offer further input.

The sample for this study involved 112 adults and 102 children from uMgungundlovu district (surrounding Pietermaritzburg) and uThukela district (surrounding Ladysmith) in KwaZulu-Natal (KZN) province. Participants comprised CSG and FCG programme staff, government and NGO social workers and CSG and FCG recipients, and this research reflects their opinions and experiences.

Key findings

- **The CSG and FCG play a positive role in improving child well-being and care.** The modest financial support provided through the CSG helps to support most urgent needs while the more generous FCG transfer allows for securing a wider set of children's basic material needs. Both grants also help to improve children's care and non-material well-being, such as by improving child-caregiver relationships and helping children to dress similarly to others. The additional support provided by social workers as part of the FCG helps to reinforce the positive effects of the FCG on children's care.
- **Family resources, including grant transfers, are generally pooled across children and other vulnerable household members,** prioritising the most urgent needs. As a result most children in a household are said to benefit equally from the grants, although older children – and particularly adolescent boys – were indicated to have more expensive needs and expectations and also to be more insistent in pushing for those needs to be met.
- **Grants suffer from widespread misconceptions among grant recipients, programme staff, social workers and the wider community about their purpose and what they are to be spent on.** Legislation stipulates that the grants be spent to promote the best interests of the child, but not necessarily on the child him/herself. However, lack of knowledge or misunderstanding of this stipulation has led to preconceptions which place undue pressure on caregivers to spend the money in certain ways. This also plays into negative public perception about misuse of grant money, with people believing that caregivers who spend small amounts of the grant money on the general running of the household or on meeting their personal needs are misusing it.
- **The provision of cash transfers to support kinship and foster care can be positive and negative.** Grants offer much-needed financial support for those providing kinship or foster care but concern was raised regarding the risk of relatively generous transfers, such as the FCG, incentivising the provision of care for financial reasons only. It has to be noted that this was largely referred to in reference to others and may therefore be based on negative perceptions rather than widespread practice.



- **The application procedures for the CSG and FCG grants with the South African Social Security Agency (SASSA) are considered to lack transparency and offer limited client-oriented service provision.** The provision of inaccurate or partial information about the required documentation and next steps in the application procedures appears common as do feelings of stigmatisation and lack of respect.
- **The application procedure for foster care placements (in order to be able to receive the FCG) is subject to long delays.** All but one CSG recipient providing kinship care in the sample had applied for children in their care to be formally placed in foster care with them following a court order in order to receive the FCG. All were still awaiting the outcome of that process, receiving limited financial support through the CSG in the meantime.
- **The FCG suffers from capacity constraints that undermine the impact on child well-being and care.** Social workers spend a lot of time administering the grant. FCG recipients in locations with limited social worker capacity are therefore missing out on more extensive and valuable social work support. These capacity constraints mean that children in real need of care and protection are left without the support that they need.
- **NGO social workers play a crucial role in providing statutory and non-statutory social work.** In areas where NGOs operate to fill the capacity gap, they help to ensure that more children and carers can be reached and that urgent cases, such as those related to abuse and neglect, can be prioritised.
- **The division of roles and responsibilities between social service professionals lacks clarity in the provision of the FCG and associated support.** The ability of social workers to share tasks with other social service professionals allows for more timely support, but at present the various legislative frameworks are inconsistent and give rise to confusion.
- **The FCG's blurred boundaries between acting as a child protection versus a social protection scheme make the grant unfit for purpose.** A grant offering financial transfers to support care for vulnerable children requires a clear understanding of who it intends to reach, with what kind of support, for what purpose. While social protection aims to have impacts beyond poverty alleviation, including the improvement of social and non-material outcomes for children, combining child protection and poverty reduction objectives in a single programme in a context of widespread poverty undermines the programme's ability to reach either of these objectives.
- **Strong referral mechanisms are crucial for linking social protection and child protection systems.** In a system with more delineated objectives and procedures, it is crucial to have a mechanism in place that identifies and refers children who are at risk of or experiencing abuse and neglect and links them to the necessary social service professionals.



Policy Recommendations

1. Urgently ease application requirements and procedures for financial support for kinship carers.

- 1.1. Decouple the requirement for formal foster care placement through the courts from the FCG application criteria for children in kinship care. Note that formal foster care placements through the court system should remain in case of child protection violations or when children are at risk, including for children in kinship care. Removal of this requirement should only be undertaken when embedded in a system of prevention (of separation as well as of abuse or neglect), monitoring and intervention (see recommendation 3).
- 1.2. After decoupling, offer an alternative grant to support kinship carers. One popular proposal is for kinship carers looking after orphans to qualify for a higher valued CSG (the CSG+ or Extended CSG), which could be accessed without the need for social worker or court involvement at the application stage. It would be followed up by a home visit by a social service professional to carry out a risk assessment and make a referral to other service providers if necessary.

2. Improve effectiveness and efficiency of social service professionals to ensure that social workers are not overburdened with the administration of grants.

- 2.1. Address discrepancies in legislation with regard to the roles and responsibilities of social service professionals.
- 2.2. Improve coordination between all actors involved in foster placement application processes, including the Department of Home Affairs, magistrates, Department of Social Development (DSD), and NGOs.

- 2.3. Ensure that all social service professionals have the correct skills, training and accreditation to execute the tasks that they have been allocated.
- 2.4. Build on the combined capacity and strength of statutory social work offered by DSD and NGOs by improving coordination.

3. Build stronger systems for identifying children who are at risk of abuse and neglect, and referral mechanisms for supporting these children.

- 3.1. Ensure that children who are not reached through social protection schemes have access to adequate child protection measures and that this is not contingent on the receipt of grants.
- 3.2. Ensure that SASSA staff are able to identify vulnerable children and refer them to statutory social workers.

4. Regardless of systems changes, make service delivery more transparent, customer-oriented and dignified in support of equitable access services.

- 4.1. Sensitise and build capacity among SASSA staff for dignified treatment and more effective service delivery to reduce stigmatisation and prevent provision of inaccurate and partial information.
- 4.2. Increase the awareness of social service professionals about the grants' objectives and procedures to prevent stigmatisation, and to prevent misinformation being provided to recipients about how grants should be spent.
- 4.3. Increase awareness and knowledge in communities about the grants' objectives and about procedures to enable authorities to be held to account where applicants have been unduly treated or given wrong information.



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1 Introduction

1.1 Background

Recent years have seen a push towards more ‘child-sensitive social protection’. This term denotes social protection policies and programmes that recognise and respond to children’s particular needs and vulnerabilities (Roelen and Sabates-Wheeler 2012). Despite increased interest in the impacts of social protection on children, evidence about the linkages between social protection and non-material aspects of child well-being and care is limited. Little is known about the effect of programmes on outcomes that are less observable and generally not included in programmes’ theories of change (see Barrientos et al. 2013; Sanfilippo et al. 2012). This includes the effects of social protection on children’s need to be cared for in a permanent, safe and caring family. Findings from research undertaken in Ghana and Rwanda as part of this research project suggest that cash transfers and wider social protection programmes can indeed have positive impacts on material and non-material aspects of child well-being, can support positive carer-child relationships and can prevent family separation and lead to family reunification (Roelen and Shelmerdine 2014; Roelen and Karki Chettri 2014). At the same time these findings also suggest that social protection programmes need stronger linkages to child protection and social work services to optimise the effects on non-material well-being and children’s care and to ensure that the needs of the most vulnerable and at risk children are identified and addressed (ibid.).

The aim of this research is to expand our understanding of the interactions between social protection programmes and children’s care through an analysis of the impacts of the Child Support Grant and the Foster Child Grant in South Africa on children’s care. Specifically, the research aims to examine the impacts of these grants on: the quality of children’s care; loss of parental care, family separation and reunification; and the decisions made about who will provide care to children (primarily through foster and kinship care), as well as to learn lessons about how social protection and child protection can be meaningfully linked to provide a necessary but appropriate response to children’s needs and vulnerabilities.

The Child Support Grant (CSG) was introduced to South Africa in 1998 and has served as an example for similar programmes across the continent and beyond. Its main aim is to alleviate poverty and improve nutritional and other outcomes amongst South Africa’s children by providing a means-tested monthly cash transfer. It has been one of the most rapidly expanding social assistance schemes in South Africa (Patel et al. 2013) and its positive effects on education, nutrition and health outcomes for children have been widely documented (see DSD, SASSA and UNICEF 2012a/b; Eyal and Woolard 2013; Heinrich et al. 2012). This is in line with the wider and rapidly expanding body of evidence on the positive impacts of social protection on objective and measurable outcomes for children.

The Foster Child Grant (FCG) forms part of the foster care system in South Africa. Foster care is currently legislated for in the Children’s Act No. 38 of 2005 (Parliament of South Africa 2015) but was introduced decades ago as a form of alternative care for children in need of care and protection. Its original purpose was to facilitate the placement and protection of children ‘in need of care’ – in particular those who face abuse and neglect – in safe care within a family (Meintjes and van Niekerk 2005). The Foster Child Grant is currently provided for by the Social Assistance Act of 2004 but has been available since the 1980s and is one of the most long-standing cash transfers in South Africa. It was designed as a grant to provide financial support for carers providing foster care and goes hand-in-hand with regular monitoring and supervision by social workers, and placement reviews once every two years by the courts, as part of the wider foster care system. However, developments in the last two decades have moved the focus of the FCG away from its primary objectives (supporting caregivers in providing foster care to children who have experienced child protection violations) to serving a function similar to that of the CSG (reducing poverty and improving outcomes for a wider group of poor and vulnerable children). Against the backdrop of many grandparents caring for grandchildren (largely as a result of the HIV and AIDS epidemic), the government has actively encouraged kinship carers to apply for the FCG. For example, in 2002, the Minister of Social Development, Zola Skweyiya, encouraged grandparents caring for orphans to apply for the FCG rather than the lower CSG (Hall and Proudlock 2011). This, in conjunction with the fact that the amount of FCG transfer is almost triple that of the CSG grant, led to an exponential



increase in the number of applicants for the FCG. This has put the grant and associated social work services and judicial system under great strain and pushed it to a point of collapse (ibid.). Various options for addressing these concerns are being discussed in ongoing policy debates in South Africa, one of which considers providing a higher valued CSG to orphans in kinship care, which would ensure the caregivers receive an adequately valued and timely grant directly from the grants payment agency (South African Social Security Agency – SASSA) without necessitating social worker involvement or a court order. This option is referred to as ‘CSG+’ or ‘extended CSG’.

South Africa offers a rare example in Sub-Saharan Africa of a programme that straddles the social protection and child protection spheres in terms of the combined provision of financial and social support. As such, the combined analysis of the CSG and FCG provides a pertinent case study for examining necessary but appropriate linkages between social protection and child protection and social work services. This research aims to draw lessons that are useful within South Africa and Sub-Saharan Africa more broadly.

1.2 Research questions

This research was undertaken as part of a three-country research project in Sub-Saharan Africa. Research in Rwanda and Ghana has already been completed. The research in South Africa aimed to explore the following research questions.

1. What is the role of the CSG and FCG in promoting well-being and quality of care for children in households receiving CSG/FCG?

Although much evidence is available regarding the impact of the CSG on material elements of children's well-being, research with respect to wider impacts on non-material well-being and children's care is less widely available. Information about the FCG's impact on material and non-material aspects of care appears less widespread.

2. What is the role of the CSG and FCG in preventing loss of parental care and incentivising kinship and foster care?

Poverty and deprivation have a major impact on children's ability to stay with their parents, and may also affect the ability of extended or other families to offer homes for children (Family for Every Child 2013, 2014). Social protection may play an important role in preventing loss of parental care and supporting family care for children through its objective of reducing and mitigating poverty, as evidenced by findings from Ghana and Rwanda. At the same time, the provision of cash transfers in support of providing care to children can give rise to concerns about the true motivation for providing such care. Findings from Ghana and Rwanda point towards the potentially ambiguous role of financial incentives as they provide positive and much-needed support to kinship carers but could also play into the provision of care for the purpose of financial reward only, thereby potentially putting children at risk. This research aims to further investigate these issues by considering the roles of the CSG and FCG, which is particularly pertinent given the large difference in transfer amounts received through both grants and the access to FCG for kinship carers.

3. What are the options to address the balance between administrative and social work responsibilities within the FCG?

Research findings and policy recommendations in both Rwanda and Ghana reflected the shortcomings of existing grant programmes in terms of supporting children's care and well-being and focused on strengthening the links to social work and child protection services. The FCG in South Africa is implemented in a context with an established social workforce in place. At the same time, the system is extremely overstretched with very high workloads for social workers and a backlog of up to two years for processing FCG applications. This research considers the issues in linking the provision of cash grants and child protection services and explores opportunities for improving such linkages.



2 Data and methodology

This chapter discusses the sampling framework, methods, research process and ethics procedure used in the research in South Africa.

2.1 Sampling

Fieldwork for this research took place in two different districts in KwaZulu-Natal (KZN) province: uMgungundlovu (surrounding Pietermaritzburg) and uThukela (surrounding Ladysmith). The choice of districts was based on the nature and extent of support available for children through Civil Society Organisations (CSOs) in each district, including one district with limited support and one district with relatively extensive support. In the uThukela district, there are two medium-sized CSOs registered with the government as child protection agencies and providing statutory social work on behalf of the Department of Social Development. Outside of this, CSO support is generally limited to the provision of early childhood development (ECD) services and non-material support by grassroots community-based organisations. In the uMgungundlovu district, there are four large CSOs registered as child protection agencies providing statutory work, mostly as part of a wider, comprehensive programme for vulnerable children and families. In addition, a number of

other specialised CSOs exist with well-developed psychosocial support programmes as well as an extensive network of smaller CSOs providing an array of services to children. For the purposes of this research, we collaborated with one of the main NGOs operating in the area – the Child and Family Welfare Society of Pietermaritzburg, commonly known as Pietermaritzburg Child Welfare (PCW) – with respect to community entry, recruitment of respondents and organisation of logistics. Several of their social workers were interviewed for this research (including from their subsidiary in Ladysmith, Ladysmith Child Welfare (LCW)) as well as social workers from the Community Care Project (CCP), Thandanani Children's Foundation (TCF) and Youth for Christ (YFC).

Selection of research participants within each district was based on purposive and stratified sampling. Within each district, research was conducted with children and adults in three categories based on carer-child relationships in terms of relatedness and legal status and what kind of grant they receive. These categories were: (1) children in kinship care by blood relatives and receiving CSG; (2) children in foster care by blood relatives and receiving FCG; and (3) children in foster care by non-blood relatives and receiving FCG¹. Discussion groups were stratified by gender. Table 1 summarises the stratification framework per district across the various qualitative data collection methods, indicating the number of interviews, group discussions (typically including four to eight participants per group) and case studies which were undertaken. In total, this research includes perspectives from 112 adults and 102 children.

¹ In this research we denote kinship care as care provided by blood relatives. This can be either formal or informal. Foster care refers to court-ordered foster care, which can be provided by either blood or non-blood relatives. This is outlined in chapter 12 of South Africa's Children's Act, section 180, which must be read in conjunction with section 150.

² These abbreviations are explained in the next section on methodology.



Table 1 Stratification framework and sampling framework

Respondent category	Number spoken to		Method	Total
Programme staff – South African Social Security Agency	1		KII	1
Social worker – Department of Social Development	2		KII	2
Social worker – Ladysmith Child Welfare	3		KII	3
Social worker – Community Care Project	1		KII	1
Social worker – Pietermaritzburg Child Welfare	1		KII	1
Social worker – Thandanani Children's Foundation	1		KII	1
Social worker – Youth for Christ	2		KII	2
Total number of individual interviewees	11			11
	In Ladysmith: area with limited support	In Pietermaritzburg: area where NGOs are providing statutory support		
Adults in households with children in kinship care with CSG	4 (4 female)	3 (3 female)	GI	7
Adults in households with children in foster care by blood relatives with FCG	5 (1 mixed, 4 female)	4 (4 female)	GI	9
Adults in households with children in foster care by non-blood relatives with FCG	3 (1 male, 2 female)	3 (3 female)	GI	6
Children in kinship care in households with CSG	4 (1 male, 3 female)	3 (1 male, 2 female)	GI	7
Children in foster care by blood relatives in households with FCG	5 (1 male, 2 female, 2 mixed)	4 (1 male, 2 female, 1 mixed)	GI	9
Children in foster care by non-blood relatives in households with FCG	1 (1 male)	3 (1 male, 2 female)	GI	4
Total number of group interviews (4-8 members per group)	22	20		42
Household case study with child and parent – kinship care and CSG	3 (3 female)	3 (3 female)	CS	6
Household case study with child and parent – foster care by blood relatives and FCG	4 (4 female)	4 (1 male, 3 female)	CS	8
Household case study with child and parent – foster care by non-blood relatives and FCG	2 (2 female)	2 (1 male, 1 female)	CS	4
Total number of case studies	9	9		18

2.2 Methods

This research was qualitative in nature and employed a range of methods, including literature review, in-depth case study interviews, key informant interviews and group interviews.

Literature review included analysis of available information from secondary sources, ranging from academic studies to policy documents and media excerpts. Two types of *in-depth interviews* were conducted: (1) *case studies* (CS) of CSG beneficiary

and FCG beneficiary households that comprised interviews with a carer and child in alternative care; (2) *key informant interviews* (KII) with programme staff at SASSA and social workers (government social workers and NGO social workers from PCW, LCW, TCF, CCP and YFC undertaking statutory and non-statutory social work). *Group interviews* (GI) were conducted, which typically brought together six to eight people who engaged in a facilitated discussion on the basis of pre-defined discussion guides. The purpose of conducting these discussions was not to gather 'collective' opinions or shared experiences but



rather to stimulate debate and explore differences in attitudes and perceptions within these groups. Finally, *participatory techniques* were used to elicit adults' and children's voices and opinions. They included child activity clocks, visual mapping of stakeholders providing care, and voting on policy options. These techniques were integrated into the individual in-depth case study interviews and group interviews.

This combination of methods aimed to build on existing research and obtain new information about people's living arrangements, participation in social protection programmes and experiences of and perceptions about child well-being and care in relation to social protection programmes. This type of data collection was deemed most appropriate for gaining insight into the complex and sensitive situations around children's care and well-being and for developing an understanding of how these can or may be affected by grants such as CSG and FCG.

Fieldwork took place from October to December 2014 with the exception of KIs which were undertaken from March to June 2015. Fieldwork was undertaken by the Children in Distress Network (CINDI). The research team consisted of 13 research assistants who were fluent in isiZulu and English and translated the fieldwork instruments from English into isiZulu and the transcripts from isiZulu into English. In preparation for the data collection, the research assistants were trained by Family for Every Child and the Institute of Development Studies (IDS) and fieldwork instruments were pilot-tested by the three agencies together.

2.3 Ethical procedures

The research was undertaken with strong ethical procedures in place. Ethical protocols outlining potential risks and ways of reducing and mitigating them were approved by both the Human Sciences Research Council (HSRC) Research Ethics Committee in South Africa and the Institute of Development Studies' internal ethical review board. A number of particular steps were taken to observe ethical protocol.

- All fieldworkers signed a code of conduct for researchers based on Family for Every Child and CINDI's child protection policies.
- An ethical protocol was put in place to ensure an adequate response to any distress caused by

participation in the research or any disclosures of child protection violations received during the research. Fieldworkers were trained in identifying and responding to such concerns as per the protocol.

- Informed consent procedures were developed and implemented to ensure that all research participants – adults and children – were able to make fully informed decisions regarding participating in the research, or opting out of doing so either at the beginning or throughout the process. Caregivers provided consent for their child to be asked to participate and children were invited to assent to participate.
- Research participants were asked to choose a pseudonym, which was subsequently used to anonymise data at the time of transcription.

2.4 Research limitations

The qualitative and localised nature of this research makes it subject to a number of limitations that are important to keep in mind when interpreting the results.

- As the research took place in two locations in KZN, results cannot be generalised to the province as a whole, and interpretation of research findings for South Africa as a whole, or to CSG and FCG recipients nationally, needs to be undertaken with caution.
- Despite repeated efforts it was difficult to engage DSD social workers and SASSA staff. The small number of responses makes findings for programme staff liable to selection and response bias.
- The qualitative nature of the research does not allow for drawing conclusions about the size or magnitude of issues raised. As the research is based on lived experiences and perceptions and is not underpinned by an experimental design it is not possible to establish direct causal links between the programmes and their outcomes or impacts.
- The differential roles that the CSG and FCG grants play are difficult to pinpoint as there might have been confusion around the terms used for the different grants in local languages; people use the word child grant as a generic term and don't always understand that there are two different types of grants.



- Although the sampling frame is stratified along types of care and differentiates between kinship and foster care, limited data on children receiving and carers providing foster care prevented a systematic analysis of differences between kinship versus foster care.
- The report does not include analysis of the impact of either grant on family separation and loss of parental care as the data did not provide conclusive evidence on this issue.
- Given the reliance on people's lived experiences, perceptions and opinions, this research is liable to the risk of 'othering', meaning that responses might be negatively biased depending on whether respondents are referring to themselves versus others. The subject of grants is fraught with negative and widely held perceptions about its recipients in terms of why they receive the grants and how they use them, even among beneficiaries themselves (see also Hochfeld and Plagerson 2011). This makes responses in reference to others liable to negative bias with respondents basing their opinions on hearsay or public perception rather than first-hand experience.

3 CSG and FCG

This section discusses the current set-up of the Child Support Grant (CSG) and the Foster Child Grant (FCG). As discussed in the introduction, both grants aim to support children but have different primary objectives: while the CSG is a social protection scheme with the aim of reducing poverty and improving outcomes for poor and vulnerable children, the FCG was designed as a child protection scheme to provide financial and social support to foster carers. Developments in the past decade have caused a shift of focus of the FCG and turned the programme into a de facto social protection scheme, causing great disruptions to the programme and leaving children most vulnerable to child protection violations potentially at risk.

This section provides an overview of each programme, discussing eligibility, application, implementation and key impacts of each programme. It also discusses the current policy debate in South Africa regarding the interplay between the CSG and FCG and challenges within the FCG.

3.1 Child Support Grant

The CSG was introduced in 1998 and is currently South Africa's largest grant in terms of coverage and annual budget (Zembe-Mkabile et al. 2012). Its primary objectives include the provision of supplementary income support and improvement of children's food security (Patel et al. 2015). The grant originally targeted children up to seven years of age who were living in poor households but, following its successful implementation and impact, was expanded to include children up to 18 years of age in 2012 (Patel et al. 2015; Children's Institute 2013), and there are current proposals to extend it to 21 years of age for children still enrolled in school or tertiary studies.

The CSG is implemented by SASSA. A child's primary caregiver (which can be the biological parent, another blood relative or an unrelated caregiver³) can apply by going to the nearest SASSA office and completing an application in the presence of a SASSA official (Wright et al. 2014). The grant is means-tested with income thresholds of 3,300 South African rand (R) (about US\$210) per month for single caregivers and R6,600 (about US\$420) per month for married couples (Black Sash 2015). The transfer amount has steadily increased over time from R100 per month in 1998 to R300 (about US\$19) in October 2013 and in the 2015 Budget speech it was announced that the amount would further increase from R310 to R330 (about US\$21) as of 1 April 2015 (Minister of Finance 2015). The transfer amount remains very low and does not meet national poverty lines or the international poverty line of US\$2 per day. The CSG was an unconditional transfer when originally designed (i.e. there were no conditions that caregivers or children needed to fulfil to receive the transfer) but in January 2010 a 'soft' condition was added to the CSG requiring children between seven and 18 years of age to attend school (Wright et al. 2014). Implementation of this condition appears to have been slow and not strongly enforced (Patel et al. 2015). In 2013, the CSG reached 11.3 million children (see Figure 1), constituting 59 per cent of all children in South Africa (Patel et al. 2015).

³ These eligibility criteria hold for South African citizens, permanent residents and those with refugee status.



The impacts of the CSG have been widely documented (Patel et al. 2015; Children's Institute 2013). Receipt of the CSG has been found to improve children's nutrition, education and health outcomes (DSD, SASSA and UNICEF 2012a/b) and to stimulate adult labour force participation.

Households receiving the CSG have been found to have considerably increased spending on **food** (Delany et al. 2008) and children have been found to have improved nutritional outcomes (Agüero et al. 2006; DSD, SASSA and UNICEF 2012a, Williams 2007). In terms of **education**, several studies point towards the CSG's positive impact on enrolment rates (Case et al. 2005; Williams 2007; Budlender et al. 2008; Delany et al. 2008; Eyal, K. and Woolard, I. 2013). The CSG has also improved attendance and completion rates, with the impact being greater if children receive the CSG from an early age onwards (Heinrich et al. 2012; DSD, SASSA and UNICEF 2012a). Early receipt of the grant for girls was also found to decrease the likelihood of delayed enrolment by 26.5 per cent (Heinrich et al. 2012; DSD, SASSA and UNICEF 2012a). With respect to **health**, the CSG decreases children's likelihood of being unwell, with this impact being larger if children start receiving the grant from an early age (DSD, SASSA and UNICEF 2012a). Knowledge of access to free primary health care and preventative medicine in terms of growth monitoring and vaccination uptake was found to be high amongst primary care givers receiving CSG; 75 per cent of CSG beneficiaries had taken their child to a clinic the last time they were unwell (Delany et al. 2008). Finally, the CSG has been found to increase **labour force participation** (Williams 2007). A study regarding the impact on young women's livelihoods found that the CSG improved employment opportunities and labour force participation for young women as their children were more likely to be enrolled in early childhood development centres or to be cared for in crèches (Eyal et al. 2011).

3.2 Foster Child Grant

The FCG is the oldest child grant in South Africa and has been in existence since before the 1990s (McEwen and Woolard 2015). It was established as part of the child protection system with the aim of financially supporting caregivers to provide foster care for children who have been removed from their families

due to child abuse and neglect (Hall and Proudlock 2011) and/or who are 'at risk' (McEwen and Woolard 2015). Examples of children who are placed into foster care include those who cannot be cared for by their parents and are in danger of falling into homelessness, poverty, malnutrition or crime (ibid.). Foster placements are formalised through the courts with the state becoming the child's legal guardian.

The grant is implemented by SASSA, the Department of Social Development (DSD) and the Department of Justice and Constitutional Development. The process for receiving it is two-fold and consists of a foster care placement process and an application process for the grant itself. The placement process involves an initial social worker investigation (assessment), report and court inquiry. The grant application process involves an application to SASSA. A documented review of foster care arrangements by a social worker is required after every subsequent two-year period, which informs a court-ordered extension of the grant (Hall and Proudlock 2011). The grant is available for children aged 0-18 (or up to 21 years of age if still in education) who are determined by a magistrate as being in need of care or protection due to being orphaned or abandoned and being without visible means of support, or having a parent or caregiver but that person is unable or unsuitable to care for the child (Parliament of South Africa 2015, chapter 9). The FCG is not means-tested or tied to any income criteria. It is aimed at assisting carers providing care to children placed in foster care by court order; these carers can be blood relatives or unrelated to the child, but not the child's biological parents. The FCG transfer is fairly generous, particularly in comparison to the CSG, and constitutes R860 (about US\$55) per month as of 1 April 2015 (Minister of Finance 2015). In 2013, 532,159 children received the FCG (Children's Institute 2013).

Impact studies for the FCG are much less widely available than for the CSG. Available studies do suggest that the FCG provides much-needed financial support to foster carers in order for them to secure **basic needs** (Rochat et al. 2015) and that it has helped children to remain in **family-based care** over being placed in institutional care (Dunn 2007 quoted in Csáky 2009). It is also said to facilitate a decrease in **income-based inequality** and help communities avoid falling into poverty traps (Aguero et al. 2006; Meth 2007 quoted in Hearle and Ruwanpura 2009).



3.3 Implementation of the grants

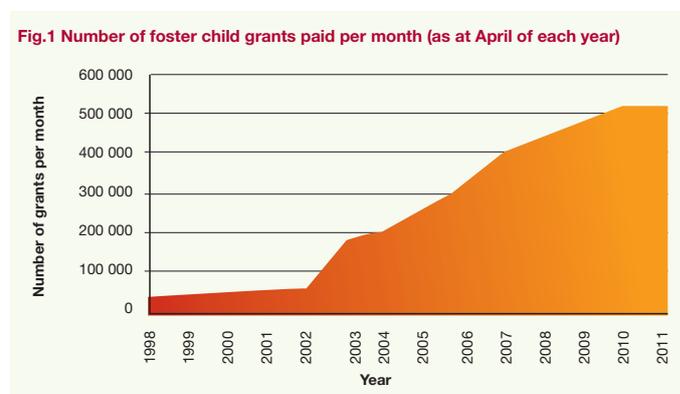
As indicated above, the CSG and FCG were designed with very different aims and different target groups in mind: while the FCG was designed to provide financial and social support to foster carers, the CSG was set up to provide financial support to poor caregivers and their children (see Table 3 for an overview). In other words, the FCG was set up as a child protection grant aimed at providing specific support to a particular group of vulnerable children, while the CSG was set up as a social protection grant aimed at reducing poverty for a large group of children in South Africa. In the last decade, these boundaries have become blurred and the purpose of these two grants has become conflated over time (Hall and Proudlock 2011). In particular, the FCG has become a de facto social protection mechanism with the provision of financial transfers to mostly poor kinship carers and the orphaned children they are caring for. While children receiving foster care from blood relatives have well-documented psychosocial needs and may be at greater risk of experiencing abuse and neglect, not all children may be in need of support from child protection services in the way that is currently stipulated. Yet the same procedures need to be followed for all children in formal foster care and in receipt of the grant – including a social work investigation (assessment), monitoring and review as well as court orders and extensions – leading to an unsustainable system and inadequate support for children most at risk who need strong support from social workers and magistrates (Hall and Proudlock 2011).

At the core of the blurred boundaries lies confusion around the guideline in the Children’s Act that the FCG is to be targeted at children in situations where there is no visible means of support and what this means (Hall and Proudlock 2011). The FCG’s original purpose was to facilitate the placement and support of children ‘in need of care’ – in particular those who face abuse and neglect – in safe care within a family (Meintjes and van Niekerk 2005). Section 150(1) of the Children’s Act (Parliament of South Africa 2015, chapter 9, part 1) includes an extensive list of situations when a child qualifies for foster care, such as a child living on the street or begging for a living; a child displaying behaviour that cannot be controlled by the parent; a child being addicted to drugs; a child who has been exploited or is living in circumstances that expose him or her to exploitation, among others. Against the

backdrop of many grandparents providing kinship care to orphaned grandchildren (largely as a result of the HIV and AIDS epidemic), the government actively started encouraging kinship carers to apply for the FCG in the early 2000s. For example, in 2002, the Minister of Social Development, Zola Skweyiya, said that the FCG should be made available to relatives who cared for orphaned children in recognition of many kinship carers providing vital support to children (Hall and Proudlock 2011). Increased public awareness and various court cases of kinship carers successfully arguing for their right to the Foster Care Grant have forced magistrates to expand the interpretation of Section 150(1) of the Children’s Act (Parliament of South Africa 2015, chapter 9, part 1) and its reference to ‘without visible means of support’ to include a poverty perspective. It is now widely understood that kinship carers caring for orphaned and abandoned children can apply for the FCG by going through the foster care placement and grant application processes.

This broadened interpretation in conjunction with the FCG transfer being almost triple the amount of the CSG transfer has dramatically increased the number of applications since 2003 (see Figure 1). Approximately 50,000 children received the FCG in 2002; now over 500,000 are receiving it – a ten-fold increase – with a further one million eligible families not yet accessing it (Hall and Proudlock 2011). As the same process of full assessment and review by a social worker and official foster care placement through court order is required, the system is being overburdened to the point of collapse, which is illustrated in DSD’s affidavit to the High Court in December 2014 indicating that the current system is in crisis (High Court of South Africa, 2014).

Figure 1 Foster Child Grant payments 1998-2011



Source: Hall and Proudlock 2011



In terms of pressures on human resources, the system is particularly stretched with respect to the social workforce available to support and process applications and provide monitoring for the FCG. The Children's Act ((Parliament of South Africa 2015) specifies that only designated social workers are permitted to perform tasks with respect to investigation (assessment) and monitoring of cases, which has resulted in a large backlog with applications taking up to two years before being processed. To illustrate: South African legislation notes that the preferred social worker ratio for foster care placements in South Africa is 1:60 (DSD affidavit to High Court December 2014); however the actual social worker ratio is currently one social worker to every 104 children currently receiving FCG and would rise to one social worker to 283 children if all the eligible 1.5 million child recipients of FCG were to be reached with the current workforce of designated social workers (ibid.). Payment delays and arrears and delays in application procedures cause many orphaned children in kinship care and their carers to go without support for extended periods. The overburdening of the system has also meant that it has become unfeasible for social workers and courts to keep up with reviews and extensions of foster care placements (and thereby payment of the FCG) once every two years, causing many FCG recipients to have their payments automatically stopped after two years even when still eligible. In a bid to stop this discontinuation of payments and to clear the backlog of lapsed grants, a court order was taken out against the DSD in 2012, which permitted the administrative extension of certain foster care placements for a specific timeframe. DSD requested an extension of this court order at the end of 2014 due to a recurring backlog in lapsed grants.

The developments in the past decades have led to a system that is not only overburdened and unsustainable but is also no longer fit-for-purpose. Many more children now undergo social work investigations (assessments) and receive on-going social work support through review and monitoring procedures, but arguably many of those children do not need such rigorous procedures. At the same time, those children most at risk of neglect and abuse are potentially denied the support that they need due to capacity constraints and the lack of attempts to mitigate them.

Debates about this issue and potential solutions have been ongoing for a number of years – involving government, civil society and academic partners – many of which revolve around greater alignment between the CSG and FCG and appropriate roles and responsibilities for statutory, non-statutory and auxiliary social workers and the wider children's workforce including Child and Youth Care Workers⁴. This research and the remainder of this report aims to provide input into these debates by giving insight into the impacts of the CSG and FCG as experienced by caregivers and children and perceived by social workers and SASSA staff, as well as reflecting on caregivers, social workers' and SASSA staff's opinions about potential policy changes to improve the way the grants function.

4 Findings

This chapter discusses each of the three research questions in turn, drawing comparisons across grants (CSG versus FCG), locality (Ladysmith versus Pietermaritzburg) and respondent group (adults versus children) if and where appropriate.

4.1 Context

In this section, we describe the context in which this research took place in terms of the livelihoods and living conditions of families, and children's care arrangements and well-being.

Livelihoods and living conditions

Although rates have fallen significantly in the past decade, child poverty in South Africa remains widespread; in 2011, 58 per cent of all children were estimated to live below the lower poverty line (R604 (about US\$38) per month) with unemployment and lack of income-generating activities one of the largest concerns (Children's Institute 2013). Poverty rates differ substantially by province with KZN among the worst affected provinces with a child poverty rate of 67 per cent (ibid.). KZN is also particularly affected by unemployment; in 2011, 43 per cent of all children in KZN lived in a household without an employed adult (ibid.).

⁴ Child and Youth Care workers, auxiliary social workers and non-statutory social workers have limited mandate and responsibilities but support statutory social workers with non-statutory work and administrative support.



Livelihoods and living conditions in Pietermaritzburg and Ladysmith, as described by key informants and adult respondents in this research, mirror poverty and unemployment figures, with some diversification between the two localities. Key informants suggest that livelihoods in Pietermaritzburg and Ladysmith are similar, with high levels of unemployment and great reliance on social grants. In both locations key informants indicated that unemployment is widespread, particularly among the younger population with social grants such as the CSG, FCG and old person's grant constituting an important or the main source of income. Key informants indicate that employment opportunities in Ladysmith are particularly limited. In both locations, rural-urban migration by the adult population to Johannesburg and other cities in search of work is widespread.

"Most of them are unemployed and they rely on foster care grants, old age grants and child support grants, and for some of them that is their main source of income. Others are domestic workers [for] which they earn a minimum of 800 rand [around US\$49] to [a] maximum of 2000 rand [around US\$124] in a month, which for some of them is not enough to provide for their large families." (Key informant interview, SW, Pietermaritzburg)

Children were reported to help out with domestic chores, usually after returning from school; these include cooking, sweeping, fetching water, boiling bath water, gardening, ironing, and washing clothes.

In terms of living conditions, lack of access to services and infrastructure and social problems were more frequently mentioned in Ladysmith than in Pietermaritzburg. Social workers indicated that there are high numbers of youth in Ladysmith as well as high rates of social problems, such as child abuse, unemployment due to lack of job opportunities, school dropout, early pregnancy and political misappropriation of social housing. In very rural areas there is a lack of electricity, water and public transportation. In Pietermaritzburg, social workers described large variations in living conditions. While some live in social housing with running water, others stay in informal settlements where there are no basic services, and another group was said to live in mud huts and shacks.

"Most of the residents are youth. We have a lot of behavioural problems, a lot of cases of child abuse, like child abandonment and child neglect. And there is a high rate of unemployment, there is a high rate of school dropout, a high rate of teenage pregnancy. There are no job opportunities at all because it is a small town. It's a very complicated area with a lot of social problems. Most of them they are occupying RDP houses⁵ because it is very easy to get these houses." (Key informant interview, SW, Ladysmith)

Answers by adults receiving CSG or FCG were more mixed, particularly in Ladysmith. Some corroborated the social workers' indication of many social problems while others suggested that there is good community spirit.

"In the area where I live there are no problems, it is a new area and we built our own houses in the land. We live well, we plough, we do everything, there are no problems." (Female adult, CSG, in a household with children in kinship care, Ladysmith)

"Where I live there are people who do not look after their children; the children are all over the place ...they drink and smoke, some of them don't care if the child went to school, if the child went there or not they don't care. I live in that kind of community, the conditions are poor, and they are poor." (Female adult, FCG, in a household with children in foster care by blood relatives, Ladysmith)

Care arrangements

Key informants report that care arrangements are largely the same across both localities and that it is common for children to live without their biological parents in the care of grandparents, aunts or unrelated adults. The main reasons for parental separation were also similar in both localities and included the death of parents, parents migrating for work, early pregnancy, abandonment and child abuse and neglect. Key informants indicated that children separated from their parents due to abandonment, abuse and neglect were more likely to live with unrelated carers. The number of child-headed households was said to be small in both areas.

⁵ Low-cost social housing that is provided for free by government.



“Very, very common [for children not to live with their biological parents]. In fact very rarely do you find a child that is living with both their mother and father. Most have mothers who are alive, not necessarily caring for them, but maybe with work somewhere else like Durban or Pretoria and then they would come back in the holidays to see their children. That is very common. The children often live with their grandparents. There is still a very small percentage of children who live on their own, not many but enough to be concerned about.” (Key informant interview, SW, Pietermaritzburg)

Descriptions of care arrangements by caregivers also highlighted the complex situations that many providing care for their biological or other children face.

“Yes it is normal [for children not to live with their biological parents]. Usually they have stepfathers, maybe as a mother you have lost the father of your child and you now live with another man, but now he does not treat your children right, [...] it gets difficult for single parents who live alone and do not have partners who are the father of their children.” (Female adult, CSG, in a household with children living in kinship care, Ladysmith)

Child well-being

In order to make an assessment of the impact of the CSG and FCG on child well-being as perceived by caregivers and children, respondents were asked to consider what constitutes child well-being, how it can be secured, and to what extent children in their communities currently experience a good level of child well-being.

In terms of **material and tangible needs**, the majority of children mentioned **food** and indicated that food keeps them healthy, helps them to survive and enables them to do better in school. The majority of children mentioned the importance of **clothing**. Various things were associated with clothing: protection from cold and nakedness, having school uniforms, feeling well dressed and for this to be observed by others. The majority of children mentioned **education**, particularly the need for scholastic materials, and how education will help in the future to build a career and seek employment and thereby support families. Several children shared that **water** is needed for drinking, cooking, washing and

housework and that **money** is important for securing children’s basic needs. Children also mentioned the importance of good **housing** as it gives them shelter, keeps them safe, prevents them from living on the street, reduces discrimination and reduces tensions in the family.

“Nutritious food: most of the time when somebody is sick it is because they don’t eat food with nutrients, they eat food that causes illness.” (Girl, FCG, in a household receiving foster care by blood relatives, Ladysmith)

“It’s important for children to have clothes, especially school uniforms so that you look like every child in school: this shows that that child is well cared for.” (Girl, CSG, in a household receiving kinship care, Ladysmith)

“Education] is [important] because if you do not go to school you will be left unemployed when you grow old.” (Mixed group, FCG, in a household with children in foster care by blood relatives, Pietermaritzburg)

The majority of caregivers shared children’s views regarding the elements of material well-being. **Food, education, clothing and personal hygiene** were considered key material needs. Several mentioned **shelter, money and health**. A few carers mentioned that a lack of **water** in the home can lead to children going out of the home to fetch water, which can be unsafe. The same was said about going out to watch television if there was not one in the home.

Children and caregivers also both pointed to the importance of **non-material and psychosocial elements** of child well-being. The majority of children mentioned feeling happy when playing with other children, making **friends**, sharing their toys; playing helps them relax and remain healthy. Many children spoke about **having a family** and getting their **support, love and affection** and that without having or being part of a family, life would be difficult. Families provide love and protection, and help children grow as carers fulfil basic needs and support children. Several children also mentioned positive communication with parents and caregivers and the importance of living in a healthy and safe environment.



"The child should know that he/she is loved so that the child does not go out looking for love outside, and also the child that is loved will be able to love other people because she/he will know that she/he is also loved." (Girl, FCG, in a household with children in foster care by blood relatives, Pietermaritzburg)

"Like when a child has done a mistake, they must not beat up the child, but they must motivate the child just by talking with the child and not by constantly beating the child and calling the child by names that are nasty, that end up abusing the child mentally." (Boy, FCG, in a household receiving foster care by non-blood relatives, Ladysmith)

Caregivers offered similar perspectives, including the importance of children **playing with other children**, having the **freedom to talk to and be listened to** by their caregivers, receiving **love and affection** from their parents and **feeling safe in the home** and for the home to be a happy place. Several caregivers also indicated that **discipline and encouraging good behaviour** are elements of good child well-being, as well as for children to have an ambition or dream for the future, and to be confident and have a sense of self-worth through guidance and reassurance from the carer and through not being treated differently from other children in the household.

Levels of well-being were indicated to differ depending on **age**, gender and family situation. In terms of age, both caregivers and children discussed the differential needs of children according to their stages of development, such as younger children being easier to care for, older children needing to take on more responsibility, and having to spend more money on older children to meet their basic needs. Several children also indicated differences in well-being attributable to **gender**. This referred to restrictions being placed upon girls regarding going out of the house and the unfair distribution of household chores, both of which impact upon girls' leisure time and therefore their non-material needs.

"A girl is treated differently than a boy because a boy goes away to have fun but a girl cannot because they say she is not allowed to do that. A boy can come back home even when it's dark at night but a girl is not allowed to do that because they say she is a girl and is expected to clean the house and do other house chores whereas a boy is not expected [to]." (Girl,

FCG, in a household with children in foster care by blood relatives, Pietermaritzburg)

A few children indicated that a child's **relationship** with his/her primary carers, whether they are the child's biological parents or not, is an important factor influencing child well-being, with some stating that living away from biological parents has a negative impact on child well-being. This was in relation to alleged favouritism towards biological over non-biological children, for example with regard to buying things and distribution of money. It has to be noted that this issue was only mentioned in reference to others and so should be interpreted with caution.

"It happens, for instance where biological parents [...] would buy expensive clothes for their biological child, and they would say: 'Because you are not our biological child, buy these cheap clothes' to a foster child, saying: 'No you are not a biological child of this family'." (Girl, FCG, in a household with children in foster care by blood relatives, Pietermaritzburg)

Factors playing a role in determining the level of child well-being were discussed in relation to the challenges faced by caregivers in providing and securing well-being for their children. Caregivers and children identified lack of money, unemployment and alcoholism as negatively impacting upon caregivers' abilities to provide good care and secure child well-being. The **lack of sufficient household income** means that families are unable to provide for material needs such as food, clothing and education.

"Sometimes you find that there are lot of children at home and the parent cannot provide for every child at home, you find that she provides for some of the children and the next time she buys for the other children as well." (Boy, FCG, in a household with children in foster care by non-blood relatives, Ladysmith)

"Money, nothing else. We give them love but there is that place that love cannot reach." (Female adult, CSG, in a household with children in kinship care, Pietermaritzburg)

Unemployment was described as a challenge in securing the necessary income to provide for the basic needs of children. In cases of unemployment, most people were said to end up relying on grants targeted at specific household members, such as the

old person's grant for elderly caregivers or the CSG, to provide for all household members.

"Being unemployed is a challenge and not having someone to support you in raising a child makes it difficult for us to provide a child with good well-being. The grant can't provide for all children's needs." (Female adult, CSG, in a household with children in kinship care, Pietermaritzburg)

Some adults also stated that they sometimes struggle to balance work with taking care of their children and with managing children's behaviour.

Another challenge that was mentioned in the context of securing good well-being and caring for children related to alcoholism. Misuse of household income – from grants or other sources – was said to negatively impact on children's material and mostly non-material well-being. Again, this issue was only mentioned in reference to others and so should be interpreted with caution.

"In some households, as my sister has said, the uncles drink with this money, because there is no one who has that feeling that children must be taken care of in the house, or that children must learn. They see the money and think it is for them to be happy, they use the grant money for themselves, [rather] than look after the children." (Female adult, FCG, in a household with children in foster care by blood relatives, Ladysmith)

4.2 CSG and FCG and promotion of well-being and quality of care

This section discusses the first research question: *What is the role of the CSG and FCG in promoting well-being and quality of care for children in households receiving CSG/FCG?* It considers experiences with application and receipt of the grants and their impact on child well-being.

Application for grants

This section discusses experiences with and perceptions of application from the perspective of caregivers and key informants. An overview of findings is presented in Table 2.

In both locations, basic knowledge of the CSG and FCG's objectives, eligibility criteria, application procedures and transfer amounts appeared widespread among adults and children in households receiving either grant. However, there were gaps in knowledge or misconceptions about more detailed criteria, including who can apply for the CSG (parent versus caregiver) and what documents are required (abridged versus unabridged birth certificate for the CSG and FCG). Such lack of detailed knowledge is not surprising; for example, it has been reported elsewhere that the income criteria for the CSG has caused confusion (DSD, SASSA and UNICEF 2012b).

Key informant interviews demonstrated that programme staff at SASSA know the application procedures for the CSG well but are less able to provide information about the FCG, largely because handling CSG applications and cases is considered their responsibility while FCG cases are considered the remit of social workers. Similarly, social workers have good knowledge of the application procedures for the FCG but have limited detailed knowledge about CSG. Interviews with CSG and FCG recipients indeed indicated that they have been provided with incorrect or incomplete information, both by SASSA and by social workers.

"The problem I have is the door you go through; you go to SASSA and they tell you that they want this, you go and find it, you come back the next day, they tell you: 'This is missing', they don't explain in time, at the same time." (Female adult, CSG, in a household with children in kinship care, Pietermaritzburg)

Table 2 Application for grants – CSG and FCG

Application for grants	CSG	FCG
Adults and children have basic knowledge about programme and who can apply	✓	✓
There is confusion about exact rules of application and receipt	✓	✓
Applicants experience difficulties obtaining correct information and support with applications	✓	✓
Applicants experience long delays in applying for the grant		✓
Grant applicants and recipients receive support from social workers		✓



Interviews also revealed that applicants are sometimes asked to fulfil requirements that are not strictly necessary, such as being asked to provide evidence of the whereabouts of absent or unknown fathers when applying for the CSG, or told that they cannot apply for the CSG while waiting for the outcome of the FCG application process.

Key informants from SASSA provided more detail about the application procedure for the FCG and division of roles between SASSA and DSD, indicating how caregivers wanting to apply for the FCG are referred to DSD first. Once caregivers have successfully obtained a court order for the child to be placed in foster care, SASSA gets involved to process the application for the FCG.

“That process starts with clients coming here to tell us that they have a child that is not their own and then we refer them to the [Department of] Social Development. Then the [Department of] Social Development will take up this case and assess, maybe go to their household and see how the child is and then assess that client [...] and take them to the magistrate children’s court to have their children placed legally under their custody. Once they have finalised that part of the process then they refer the client to us with the court order from the magistrate; only then we take an application for foster care.” (Key informant interview, SASSA, Ladysmith)

Statutory social workers from DSD or NGOs approved to provide such statutory support then undertake the assessment and support caregivers with their application for foster care support. Social workers describe how they help caregivers to access the FCG by proactively providing information in schools or community centres and by helping applicants following requests for support, which appears more prevalent in Pietermaritzburg.

“What we do is we go to schools and we introduce our office to the teachers so that they know what we are doing. Then a prospective foster parent usually comes to our office. When that prospective parent comes, they usually explain what’s going on in their home, about the child, and then the social workers are helping.” (Key informant interview, SW, Pietermaritzburg)

All but one of the CSG recipients included in this research indicated that they have applied for the FCG. Most of them reported having experienced difficulties and delays in that process.

“Yes, you see when I came down from Durban and I had these children, I did apply for the FCG, and it took about [...] two or three years for me to get that FCG.” (Female adult, FCG, in a household with children in foster care by blood relatives, Pietermaritzburg)

Social workers confirmed this delay in the application process for the FCG, largely following the growing number of applications from kinship carers and the lack of capacity within DSD (and among its social workers) to process this volume of new applications.

“My experience with [the FCG application process] is that it will take a very, very long time. We have a lot of caregivers who did not realise that there is such a thing as the FCG and we are going in there to promote the rights of the child and the caregiver and to explain that there are such things as FCG, and then hitting a wall when we go to DSD to apply because they are swamped.” (Key informant interview, SW, Pietermaritzburg)

Both social workers and caregivers voiced their frustration with the courts delaying applications for the FCG, saying they have limited capacity to process the large number of cases. Key informants said that delays in obtaining an (unabridged) birth certificate from the Department of Home Affairs delayed applications for CSG and FCG as the certificate is required for each.

“Taking people to the court takes a long time.” (Female respondent, CSG, in a household with children in kinship care, Pietermaritzburg)

“Maybe if Home Affairs can speed up their processes. Maybe [they can] make the unabridged [birth certificate] available after one month or even on the same day because that is our biggest challenge, the unabridged.” (Key informant interview, SW, Ladysmith)

Applications for the CSG are processed directly by SASSA and applicants for CSG indicated that they had received little to no support from social workers (this is to be expected as support by social workers is not a component of the CSG).

“CSG is normally done by SASSA. In DSD we normally do FCG.” (Key informant interview, SW, Ladysmith)



"I can say in my area we do not get any support from the social workers; they only give help to guardians who live with orphans. We who receive the child grant, they don't even look at us." (Female respondent, CSG, in a household with children in kinship care, Ladysmith)

Despite the application process being more straightforward, some CSG recipients indicated having experienced problems and delays in lodging the application.

"They only issue forms before seven in the morning; if you are late you have to come back tomorrow while they know that the queues are long. It never happens that you finish everything in one day, it's a long process with delays." (Female adult, CSG, in a household with children in kinship care, Pietermaritzburg)

Some respondents also indicated feeling badly treated or stigmatised in the application process, in line with recent research by Wright et al. (2014) on lone mothers receiving CSG.

Receipt of grants

This section considers the experiences with and perceptions of caregivers and key informants on the support received as part of the CSG and FCG, including cash transfers and social work support. An overview comparing results across programmes is presented in Table 3.

The majority of CSG and FCG recipients participating in this research indicated having experienced no problems receiving the cash associated with the grant. Caregivers did point towards challenges with decision making on how the grant is to be spent, particularly when caring for adolescent boys. For example, some described how older boys push strongly for their own needs and for the cash to be spent in a certain way. This is discussed further in the section on the impact of transfers.

Table 3 Receipt of grants – CSG and FCG

Receipt of grants	CSG	FCG
There are few to no problems with the receipt of grants after successful application	✓	✓
Grant recipients receive financial on-demand support from social workers	✓	✓
Grant recipients receive home visits and psychosocial support from social workers		✓

⁶ It should be noted that grant recipients should automatically be exempted from paying school fees as stipulated in the Schools Act. Yet this often does not happen, resulting in recipients having to ask social workers to mediate on their behalf.

As far as support from social workers is concerned, there are large disparities in terms of the extent and types of support received from social workers between Pietermaritzburg (where a number of NGOs provide statutory and non-statutory social work) and Ladysmith (where there are few NGOs providing statutory social work). The extent of social work was generally more diverse and widespread in Pietermaritzburg. For example, although social work support is not part of the CSG, adults and children in Pietermaritzburg receiving the CSG did indicate having received support following direct appeals, particularly with regard to school fees⁶ or food supplies.

"I am pleading for help from social workers to make me a letter to send to the child's school. [...] I asked for a letter from the social worker and they told me to fill in some forms and I went and did that, then one month [later] they called me and said they will cut the fees." (Female adult, CSG, in a household with children in kinship care, Pietermaritzburg)

In Ladysmith, adult CSG recipients indicated they had not received any support from social workers, while children indicated that they received material support from social workers through school.

FCG recipients indicated that they had received more support from social workers, particularly in Pietermaritzburg. Social work support included home visits and psychosocial support related to the FCG, as well as material support through the provision of food parcels and school materials. One child also said she had been consulted by a social worker on which parent to live with.



“They help us a lot with regards to mental and emotional support. I can budget, but to raise these children, especially at the stage they are in, I need support. Sometimes I see that a child is not well, they would call me about the child’s situation.” (Female adult, FCG, in a household with children in foster care by non-blood relatives, Pietermaritzburg)

“Yes, when my parents died, they supported me and allowed me to choose a person I wanted to stay with. Because the person who wanted to take us, I did not want to stay with because he/she did not have care. So, they helped me to choose who I wanted to stay with.” (Girl, FCG, in a household with children in foster care by blood relatives, Pietermaritzburg)

In both Ladysmith and Pietermaritzburg, some adult caregivers receiving the FCG commented that they had not received any support after their application for the FCG was successful.

“They have never helped me; I’ve seen in other places they say they receive a box of soup and what what, I have never received anything, even with the boy, I just receive this money, nothing else.” (Female adult, FCG, in a household with children in foster care by blood relatives, Pietermaritzburg)

“I don’t receive any support, it’s just the money. I hear there is some support but I have never received any.” (Female adult, FCG, in a household with children in foster care by blood relatives, Ladysmith)

Impact of grants on child well-being and care

This section discusses perceptions of the impact of the grants on child well-being and children’s care from the perspective of caregivers, children and key informants. Caregivers and children were asked about the impact of the social grants in reference to elements of child well-being as described above. An overview comparing results across programmes is presented in Table 4.

Caregivers and children receiving CSG and FCG all stated that they used the grants to meet basic needs including food, clothing, school materials and lunches, and house rent. Exact spending patterns differed by month and depended on the urgent needs of children or within the family.

“After getting the grant money, you buy food and give a portion to the child to carry to school. If there’s a need, you see that the uniform is lacking, you take from [the grant] and use it.” (Female adult, CSG, in a household with children in kinship care, Ladysmith)

“Months are not the same so your decision changes, maybe this month you say that I will buy a large amount of food so that next month you can look at other things that need to be bought in the household.” (Female adult, CSG, in a household with children in kinship care, Pietermaritzburg)

Table 4 Impact on child well-being and care – CSG and FCG

Impact on child well-being and care	CSG	FCG
The grant helps to secure basic material needs	✓	✓
The grant helps families to save		✓
Grant support in providing for basic needs helps reduce stress and improve child-carer relationships	✓	✓
Resources are generally pooled across children and vulnerable household members	✓	✓
Most children in the household benefit equally from the grant, but sometimes boys and older children or children for whom the grant is received are prioritised	✓	✓
Interactions with social workers support parenting and quality of care		✓

7 ‘Stokvel’ refers to a community-based savings mechanism.



Some respondents also indicated that they save a portion of the grant money. This appears much more prevalent among and possible for FCG recipients than for CSG recipients, which is not surprising given the higher transfer amount for FCG, and the fact that FCG recipients might have higher incomes as the grant is not means-tested.

“For me, the grant is R830 (about US\$53) right; I use R300 (about US\$18.50) for stokvel,⁷ then with the R500 (about US\$31) I buy [things]. I started stokvel this year because the child is now 15 years old.” (Female adult, FCG, in a household with children in foster care by blood relatives, Pietermaritzburg)

Caregivers and social workers in Ladysmith indicated that FCG recipients are being encouraged by DSD social workers to save a certain amount per month, despite this not being an official requirement within FCG. It was explained that such saving would help to ensure children going into tertiary education.

“What we did as social workers, we always advised our clients to save R100 (around US\$6) from this R830 (about US\$53). Maybe she has three children, for each child she will save R100. Reason being that when these children have completed grade 12 we would like them to go to tertiary, so we would like them to at least have registration fee to apply. It’s amazing because some of them they are doing it. In my caseload I have five children who are going to tertiary. And I even help them to go to tertiary because it’s my responsibility to do that.” (Key informant interview, SW, Ladysmith)

In terms of the transfer size, many CSG respondents indicated that the transfer amount was not high enough to cover all needs.

“For us the money we receive is too small while faced with many needs, so we use it to buy food and that is where it finishes.” (Female adult, CSG, in a household with children in kinship care, Ladysmith)

FCG respondents expressed less concern about the amount of the transfer but did note the need for careful budgeting to cover all expenses.

Many caregivers, children and social workers indicated that money received through both grants was pooled and spent equally across all family members. Caregivers pointed out that the grant is an important

source of income for the whole family and vital for supporting all children and other household members. Some caregivers and social workers indicated that allocating the grant to the child for whom the grant is received could be painful for other children in the household and also make the child for whom the grant is allocated feel stigmatised.

“We all get same treatment even if you receive a grant or not.” (Girl, FCG, in a household with children in foster care by blood relatives, Ladysmith)

“Everybody in the house gets a share of the grant to eat; they must all get it, because it is painful if they do not get equally.” (Female adult, CSG, in a household with children in kinship care, Ladysmith)

“No there is no difference, it’s all the same. They all eat the same way, we dish up the same food for them, when I go to work and I come back with apples, everyone gets an apple, if you’re not home it’s kept in the fridge for you. You will eat it when you get back, we all eat the same amount and type of food.” (Female adult, FCG, in a household with children in foster care by blood relatives, Pietermaritzburg)

Other respondents, both CSG and FCG recipients, referred to the cash being primarily spent on the child it was allocated to, because the money is not sufficient to cover other children’s needs, because they felt that the grant should be spent on a child specifically, or following explicit demands from children themselves. Greater demands appeared to be linked to age and gender with older children incurring more costs for schooling and older boys specifically having more expensive needs but also voicing their needs more strongly.

“The school uniforms are expensive and today every school has its own uniform so with CSG you can’t buy everything, it can only cover for one child that receives CSG.” (Female adult, CSG, in a household with children in kinship care, Ladysmith)

“[It] differs as older children know of CSG and they demand more so you end up promising the child that someday you will provide for them just to comfort them and make them happy.” (Female adult, CSG, in a household with children in kinship care, Ladysmith)



Caregivers indicated that the most significant impact of the grants included meeting basic needs and improving children's health. Children explained how the grants have had a positive effect in terms of having food and being able to afford things. With respect to CSG, one issue that was mentioned by caregivers and children was how the grant enabled them to look like other children in terms of clothing and appearance.

"It has an impact in that children are healthy, they have health, even though it is not adequate but it does allow me to do certain things." (Female adult, FCG, in a household with children in foster care by blood relatives, Ladysmith)

"CSG is little money, but it can help you here and there, yes, it helps a lot, because [it can pay for] school supplies, she has uniform, she is not struggling with school things, clothes, even if she doesn't dress the way I would like for her to dress. But when she has taken a bath, she looks beautiful like the other kids, you wouldn't point her out and say she is an orphan, you see, she is like all the other children. So it helps with clothes and also with food. With the food, I think that is the biggest role it plays, because most of the time, we are able to buy food." (Female adult, CSG, in a household with children in kinship care, Pietermaritzburg)

"It made life better for me because I was able to get new school uniforms – a shirt, skirt and new school shoes." (Girl, CSG, in a household with kinship care, Ladysmith)

The grants were also reported to improve carers' ability to support non-material aspects of well-being and care. Both adults and children indicated that the reduction of financial stress through the receipt of the transfer helps to improve child-carer relationships. This is particularly true for the FCG as the transfer amount is more generous, but positive effects were also reported for the CSG. This is in line with findings by Patel et al. 2015, suggesting that the "CSG relates positively to the carer's involvement with the children" (p.16). Caregivers indicated that it has made them feel better able to provide for their children.

"It helps as you can provide for children and feel better knowing they will go to school having had breakfast." (Female adult, CSG, in a household with children in kinship care, Ladysmith)

One respondent indicated that the grant has reduced tensions between siblings.

"When you are a parent, you usually go to work for your own children; now that I have orphans, my children need to know that they need to share now. This notion that [the] benefits of you working are for your child alone changes, and now my child looks at the other ones with anger, now they have to share these benefits. Getting the grant has helped me a lot: my children can now say: 'Mom, let us share this money with them, let us all pay half for school fees and when their money comes we will divide it and pay all balances and finish all payments.' With the grant money the pressure or the work that you carry can be reduced." (Female adult, FCG, in a household with children in foster care by non-blood relatives, Ladysmith)

Social workers echoed these positive impacts, particularly with respect to the FCG.

"If ever you are looking at the client, then you can just see how she changes when you tell her that she is going to receive this foster care grant, she become happy you know. And when you go for a home visit maybe after three months, you can see that at home it's better than before. There are some changes in the children. It changes in a big way." (Key informant interview, SW, Pietermaritzburg)

In terms of the support associated with the grants, CSG respondents said that the impact can be largely attributed to the cash. This is not surprising as the CSG provides little other support.

"Only the cash part makes a different as we don't get any support." (Female adult, CSG, in a household with children in kinship care, Ladysmith)

"Without CSG it would be very difficult as we don't work and rely on CSG: the money plays a huge role." (Female adult, CSG, in a household with children in kinship care, Ladysmith)

In comparison, caregivers and children receiving the FCG mentioned both the impact of the money and the help they received from social workers in terms of securing basic needs. References to support from social workers were more frequent in Pietermaritzburg, suggesting that little to no support from social workers (outside of assistance relating to the application procedure) was received by FCG recipients in Ladysmith.

“A lot, it has been the social workers, they train us about how to handle the money, they themselves treat us well, they tell us how it should be done.” (Female adult, FCG, in a household with children in foster care by non-blood relatives, Pietermaritzburg)

One FCG recipient noted that the education on child well-being that they received as part of the social worker support associated with receipt of the grant had helped change their attitude and behaviour towards parenting. Other CSG and FCG respondents noted that behaviour and attitudes to parenting are not directly related to the receipt of cash but to non-material issues.

“It’s not about the money. It’s about your love, how much love you give to the children. Money doesn’t do anything, even if it were a million rand, money is never enough, no matter how much it may be.” (Female adult, CSG, in a household with children in kinship care, Pietermaritzburg)

Caregivers and social workers also expressed concerns with respect to misuse of the money or to it leading to teenage pregnancies as the grants are thought to motivate girls to have babies in order to access the grant (see section 4.3 below). It has to be noted that this was always mentioned in reference to others’ situations rather than in reflection on one’s own situation. For some, misuse of grants may not be the result of malevolent behaviour, but could instead be linked to lack of awareness or skills regarding how to use the transfer in the best interests of the child.

“For some households it makes a difference because you’ll find that it’s only the granny who is receiving the old age pension, so this grant will assist in maybe buying food, clothes for the children, paying school fees for those who are paying school fees and transport. So it really assists the grandmother. But for some families it doesn’t. I have noticed this for the foster parents like the young ones; so you’ll find maybe a child is 18 so she becomes a foster parent for the other siblings and she will not use the grant effectively to help the children. You will find that she will take the money do her own stuff, clothes for her, sometimes drink the money. But the grandmothers, I can say they are really, really putting the money to the children, where they should be.” (Key informant interview, DSD SW, Ladysmith)

“In my opinion I think it has helped a lot of families because most of the families they are solely dependent on this grant for [a] source of income. In other cases you will find that all the money that has been collected on behalf of children is not used for their children, like the children’s needs. Because with us we also have experienced that, we have so many cases we deal with and then you find that the child’s needs are not met well.” (Key informant interview, SW, Ladysmith)

4.3 CSG and FCG and incentivising kinship and foster care

This section discusses the second research question: *What is the role of the CSG and FCG in preventing loss of parental care and incentivising kinship and foster care?* It considers reasons for loss of parental care as well as reasons for providing care and assesses how the CSG and especially the FCG interact with such reasons.

Reasons for loss of parental care, separation and for providing care

This section discusses causes of loss of parental care and incentives for offering alternative care from the perspective of caregivers, children and social workers. Respondents were asked about the reasons for the separation of children from their biological parents and reasons for others to offer care to children who are not their own.

Both adults and children considered poverty and a lack of resources to be strongly linked to the loss of parental care, either directly or indirectly. Lack of financial means was indicated to prevent parents from caring for their own children. Poverty was also said to be interlinked with many other causes of separation and loss of parental care, most notably migration for work following lack of employment opportunities.

“Basically it’s unemployment – because parents will relocate – [...] you will find that even though you would like to stay with your child but you are scared, maybe you will leave the child back home and then you will go and look for work somewhere else and keep your child safe.” (Key informant interview, SW, Ladysmith)



“Some parents work very far and they have to live at work or near their work place, so they leave their children with others.” (Female adult, CSG, in a household with children in kinship care, Ladysmith)

Caregivers and social workers indicated death and ill health to be a key cause of loss of parental care. Social workers linked this specifically to the HIV and AIDS epidemic.

“Most of the cases the parents died due to HIV/AIDS. Most of the cases you can find that the parents are deceased.” (Key informant interview, SW, Pietermaritzburg)

Neglect and abuse were often identified as a cause of the loss of parental care by all groups of respondents, who often linked this explicitly to alcohol abuse.

“Firstly it’s because their parents don’t look after them, when they get money they throw parties and drink and forget to look after a child and then social workers visit that family. When they get there they learn that children are starving, maybe they have not anything to eat from Monday, then they take the kids to a place where they will receive the things they were deprived of.” (Boy, FCG, in a household with children in foster care by non-blood relatives, Ladysmith)

“In most of our foster care cases we could find that both parents are alive but the issue is neglect and the contribution of that is sometimes alcohol and drugs but it is an issue of neglect.” (Key informant interview, SW, Ladysmith)

Respondents were also asked about reasons for providing care for children who are not their own. Reasons for providing care as indicated by adults and children include kind-heartedness, traditional practice, the inability to conceive and family ties to the children needing care. Several children and social workers identified **kind-heartedness** to be a key motivation.

“Other people are good-hearted; they can take a child when they see him staying outside.” (Boy, CSG, in a household with children in kinship care, Pietermaritzburg)

“Maybe some of them may have a genuine love for children and they want to genuinely assist – we’ve had cases like that.” (Key informant interview, SW, Pietermaritzburg)

Social workers and caregivers also linked people’s desire to look after children who are not their own to South African culture. This refers in particular to the philosophy of **‘Ubuntu’**, which can be translated as humanity towards others or human kindness.

“Culture – they will not see a child abandoned, they take care of the children here, especially the older generation.” (Key informant interview, SW, Pietermaritzburg)

“This is not a new thing– it happened in the olden days. In my family we were 18 and if parents died, other relatives looked after those children, and if they were better off [than] other parents they raised their children for them, just like today.” (Female adult, CSG, in a household with children in kinship care, Ladysmith)

Likewise social workers discussed the link between **love, family ties and the obligation of family members** to provide kinship care.

“I think if the family is related they are obliged to look after the child; though this FCG will contribute to the family’s income, in most cases it is duty.” (Key informant interview, SW, Ladysmith)

“Some of them they don’t have children of their own, some of them they just love children purely. The grannies take care of them because they are family – they don’t want them to go and stay with someone else and to grow up without family. Although sometimes it is a problem because of their age, you know the granny is 55 and the child is 10 but they don’t want them to go somewhere else.” (Key informant interview, SW, Pietermaritzburg)

Some children and social workers indicated that **infertility** is also a reason for some.

“Sometimes if one cannot get children, they take a child who is not in a good environment, and that child makes that mother happy.” (Boy, CSG, in a household with children in kinship care, Pietermaritzburg)

The importance of **financial incentives** as an explicit reason in response to questions about why caregivers decide to provide kinship or foster care was only mentioned a few times.

“The main motive I have seen is money.” (Key informant interview, SW, Ladysmith)



Table 5 Impact of providing kinship or foster care – CSG and FCG

Impact of the grants on providing care	CSG	FCG
The grant provides much-needed financial support in providing basic needs and can positively motivate care	✓	✓
The grant may lead to perverse incentives		✓
The involvement of social workers and magistrates increases accountability		✓

Impact of grants on providing care

There is widespread public concern in South Africa about the CSG motivating poor girls and young women to have children, and over the high transfer amount of the FCG motivating people to provide kinship or foster care for reasons of material gain. At present there is little to no evidence to substantiate these concerns. Fertility rates have not been shown to go up as a result of the CSG and no evidence has been found to support the claim that caregivers provide kinship or foster care for financial reasons. The rigorous application process for the FCG might help to prevent the latter. This section explores the potential impact of receiving the CSG or FCG on care arrangements in more detail (see Table 5 for an overview).

Key informants and caregivers indicated that the grants, particularly the FCG, facilitate the care of non-biological children by supporting carers to meet their material needs, and the certainty of a regular transfer is an important motivator in deciding to provide kinship or foster care.

“It is a good thing, because [when] the child is an orphan he/she has no family. It does motivate you because it is extra help. You keep a child who is an orphan even if you do not have money to feed them, you say: ‘They will eat where I eat, with my children.’ Now when there is a grant, you can look after them, buy them clothes, make them look like other children, they go to school and to church.” (Female adult, FCG, in a household with children in foster care by blood relatives, Ladysmith)

“If you get the grant you know that you can provide for children’s needs so it makes the decision to take non-biological children easier.” (Female adult, CSG, in a household with children in kinship care, Pietermaritzburg)

The importance of financial transfers in providing care has also been found elsewhere; in a country with such high poverty levels as South Africa, the generous financial incentive offered by the FCG has been reported to be an important reason for carers to opt for foster care rather than adoption⁸ (Rochat et al. 2015). At the same time, respondents in research on attitudes to foster and adoptive care in KZN considered suspicions about foster carers’ intentions based on the financial incentives offered by the FCG to be inappropriate and misplaced (ibid.).

That said, a number of social workers expressed concerns over the potential of the fairly high FCG transfer to lead to perverse incentives. They also pointed out the important role of social workers in counteracting these perverse incentives or their consequences.

“With regard to FCG, it has both a positive and negative impact on the families including the children that are placed there. Negative impact, as the children will be placed there because of the financial assistance, sometimes you might find that it is not because they genuinely care for the child but that it is the financial assistance that they need. Sometimes the treatment that the children will get will be bad but we monitor the placement to our best of our ability. The positive aspect is that sometimes it happens that the FCG is the only source of income that is reliable in the family and it keeps the family going and that’s how it is positive. And the usage of the FCG I can tell you the honest truth is 50/50. Sometimes it is used for the best interests of the child and sometimes it is used to just to accommodate the family’s needs, that’s how it is used.” (Key informant interview, SW, Ladysmith)

⁸ Note that children having been adopted are not eligible for FCG but only for CSG, making adoption an unattractive option from a financial point of view given the much higher transfer amount for FCG.



Indeed some caregivers receiving the FCG noted that the assistance and monitoring they receive from social workers, courts and communities as a result of receiving the grant provides positive support, and holds them to account for the assistance they have been given.

“It motivates us because a child is an orphan, there is the court and the social worker, and the school. All these people look at you, it motivates us to behave in the right way, because we are not looking after the children alone.” (Male adult, FCG, in a household with children in foster care by blood relatives, Pietermaritzburg)

“The fact that you get money because of the child motivates people, and being observed in the community that you receive the grant makes you take care of the child and you want to make a good impression.” (Female adult, FCG, in a household with children in foster care by blood relatives, Ladysmith)

The notion of accountability is not always positive; caregivers also indicated feeling great pressure not to be perceived as bad caregivers and as mispending the money received through the grants, a concept referred to as social control. A qualitative study among CSG recipients considering this issue in more depth found that lone mothers especially experience stress and isolation regarding this strong social control (Wright et al. 2014). In some cases this problem could be resolved through taking a more strength-based approach which aims to identify, highlight and build on caregivers and children’s strengths as opposed to always focusing on shortcomings or trying to identify risk.

“The fact that you receive the grant because of the child is what makes you decide to take care of the child; because the world is watching me, I will be the one to be blamed if the child is seen to be poor and needy and I have been spending the child’s money.” (Female adult, FCG, in a household with children in foster care by blood relatives, Ladysmith)

4.4 Balancing administrative and social work responsibilities

This section considers the third research question: *What are the options to address the balance between administrative and social work responsibilities within the CSG and FCG?* Before considering respondents’ opinions with respect to this, roles and responsibilities for both grants as they currently stand are reviewed.

Current roles and responsibilities

The role of SASSA is mostly administrative: processing applications for the CSG and FCG after the child has been placed in foster care through court order; and providing applicants with the card for collecting payments. For the CSG, SASSA officials check applicants against the eligibility criteria, including compliance with the means test, and check that they have all the required documentation. In the case of enquiries, they provide information about the criteria and application process.

“Anyone who wants to apply for the child support grant has to bring his/her ID to prove that he/she is South African, and a birth certificate for the child, and if he/she is married then you need proof of marriage as well as spouse ID. Of course they need to bring the child as well because these days we need to take the fingerprints of the child. So they also need to give us their proof of income so that you can try [to] means test and see if they do qualify. And then they go through the process of application; once it is approved we issue them with the card which they can use at either at the pay points or at the bank.” (Key informant interview, SASSA, Ladysmith)

With respect to the FCG, SASSA will refer the applicant to DSD in cases where the child has not yet been placed in foster care through court order, or process the application for payment of the grant in cases where this has been done and all official documentation is in place. One SASSA official understood DSD’s role to be to investigate the child’s history of separation from their original parents or caregiver, and the child’s current situation, and to make recommendations to the magistrate.

“OK, that process starts with the clients coming here to do an enquiry and telling us that they have a child that is not their own, then we refer them to the [Department of] Social Development. Then the [Department of] Social Development will take up this case and assess, maybe go to their household and see how the child is and then assess that client through their processes, and take them to the magistrate children’s court to have their children placed legally under their custody. Once they have finalised that part of process then they refer the client to us with the court order from the magistrate; only then do we take an application for foster care.” (Key informant interview, SASSA, Ladysmith)



Table 6 Roles and responsibilities of social workers – DSD, NGOs and auxiliary social workers

Roles and responsibilities of social workers – DSD, NGOs and auxiliary social workers	DSD	Auxiliary	NGOs – statutory	NGOs – non-statutory
Support FCG application processes and foster care placements		✓	✓	✓
Process foster care placements	✓		✓	
Undertake review for extension of foster care placements	✓		✓	✓
Undertake home visits and monitor foster care placements	✓		✓	✓
Raise community awareness about FCG and applications		✓	✓	
Respond to child abuse and neglect cases	✓		✓	
Support adults and elderly	✓			
Set up, support and monitor crèches/ ECD centres	✓	✓		
Raise community awareness about wider issues	✓	✓		

The roles and responsibilities of social workers are more wide-ranging and complex and cover both statutory and non-statutory areas of work. They do pertain primarily to the FCG but not to the CSG; one NGO social worker in Ladysmith said that social workers would get involved in cases of misuse of money but did not elaborate on the nature of their role. The extent and types of work undertaken differ considerably between government social workers from DSD, NGO social workers and auxiliary social workers, and between NGO social workers authorised to undertake statutory work and those that are not (see Table 6). As such, the description below discusses the roles and responsibilities along these lines of comparison. These responses are geographically biased as most responses from NGO social workers are from Pietermaritzburg and most responses from DSD social workers are from Ladysmith. This bias does reflect the division of human capacity available on the ground.

The roles and responsibilities of social workers divide between statutory and non-statutory work. The roles for both types of social workers are similar with the exception that only a social worker designated for statutory work can carry out investigations and compile reports for cases which are required to be presented before a magistrate – for example the removal of children from harmful parents or foster care placements. Auxiliary social workers can provide support to that process such as advising applicants or helping to obtain documentation. The number of foster care placements and the shortage of statutory social workers has resulted in their role being dominated

by foster care cases (applications, investigations and monitoring), although DSD social workers are still expected to carry out other tasks such as monitoring of ECD centres and community groups.

Both DSD and NGO social workers authorised to perform statutory social work provide FCG applicants with support in arranging the foster care placement and the application process. One NGO social worker in Pietermaritzburg described their role in relation to the FCG as follows.

“OK, I am assisting the prospective foster parents, those who are planning to foster children. I assist them to receive the foster care grant by looking at them financially, health wise, we look at the house where the child will stay. Then I compile a report so that we can submit it in court. Then as a social worker I have to go to court, accompany the client with the child because on that day when they do the court enquiry the magistrate needs to see them so that they can ask questions.” (Key informant interview, SW, Pietermaritzburg)



NGO statutory social workers also explained that they monitor and review cases to inform extension orders.

“OK what we do, after we went for court enquiry in court, then two years later we need to review the grant. Then we write a report, we do a visit at home, then if ever there are any changes we write it down and give it to DSD. Then DSD usually give us an extension order which we give to the client. If ever they delay to give us the extension order, then the client becomes angry and they know who does the extension order. That’s when they do go to DSD, by themselves, not because we send them.” (Key informant interview, SW, Pietermaritzburg)

NGO social workers who undertake non-statutory work explained how they support foster care placement and FCG applications by advising applicants and completing the investigation that is part of the application. Sometimes this support also extends to CSG applications, including liaison with Home Affairs for required documentation. Social workers described how this offers support to both applicants and DSD social workers, who are often stretched and overburdened.

“What I do is that I give the parents advice, because the grant often requires a social worker investigation, I can do that part of it. So I can write a report into the history of the family and up to a certain point on the well-being of the child. And then I can refer all of it. Depending on the grant, if it’s a CSG I can refer to SASSA and if it’s FCG I refer it over to a government social worker who would then be able to process it through court.” (Key informant interview, SW, Pietermaritzburg)

“If there is a need, I would support them by going to Home Affairs and explaining the situation, but I would also get affidavits, look to the school for the school report, you know I would still gather other existing information that’s required.” (Key informant interview, SW, Pietermaritzburg)

“Our main role can be to inform caregivers that these grants exist and how they can go about applying for them; there are situations where we go and find a caregiver with 17 children in the house and the parents are alive but not really around and they might come once a month to visit their child. Really the CSG should be going to the grandma. [...] As far as I know, this particular family has never met the area social worker. There are too

many families in this situation. My experience is that DSD really appreciates the support of NGOs who can go out and do all the groundwork and then they just have to do one home visit. [...] Months, we are talking about months of work. It is also very difficult to make an assessment of the actual circumstances.” (Key informant interview, SW, Pietermaritzburg)

Other NGO social workers undertaking non-statutory work support community awareness-raising about the FCG and identify and refer children in need of care or the FCG to statutory social workers.

“Specifically my role within this current organisation is we are the point of referral. So we have a trained team that goes out into the communities providing life skills training and HIV prevention and awareness programmes. And what we do come up with is that we identify orphans and vulnerable children within the schools and communities that we service. [...] So although I am not a statutory social worker as such, where I don’t take the matter to court or advocate for the finalisation of children receiving the foster care grant or the child support grant, what I do is make referrals to submit them to the relevant organisations that are working with statutory cases so that they can facilitate the process of the foster care grant.” (Key informant interview, SW, Pietermaritzburg)

Government social workers from the DSD in Ladysmith explained that they have a wide range of responsibilities, including statutory and non-statutory work. They are responsible for foster care and child abuse cases, including supporting applications for the FCG and making referrals to other service providers. One social worker explained how they also establish ECD centres, which includes securing funding and monitoring these centres. They monitor the programmes and finances of children’s homes and lunch clubs for senior citizens, and undertake community awareness-raising. Some social workers indicated that they prioritise child abuse cases over foster care cases due to the risks involved.

Some social workers indicated that DSD and NGO social workers that do statutory work perform the same functions but may divide the caseload in a particular area instead, for example by age group or by location. DSD social workers indicated how such a division of labour reduces their workload and allows them to offer more effective services.



“Also the social workers from NGOs, they assist us in certain areas. For instance here in Ladysmith, they took all the town areas so we are no longer doing the town areas, they are doing the town areas, so our workload it decreased and then we can provide more effective services to the other communities.” (Key informant interview, SW, Ladysmith)

Auxiliary social workers have a limited mandate and responsibilities but support statutory social workers with non-statutory and administrative work. DSD social workers said that the assistance by auxiliary social workers allows them to concentrate on their casework.

“Yes, our auxiliary workers they assist us in our work. Like in terms of maybe we collect information, maybe they type the report for us. We also do group work with them, yes they assist us in group work. They assist us in many ways.” (Key informant interview, SW, Ladysmith)

“For social auxiliary workers they are mainly assisting the social workers to lessen their burden because there is a lot of work that relies on social workers, so the auxiliary workers do the basic things – such as taking all the documents, putting them in together, opening the file – and then the social worker will take over the file and then do the follow up and find out what is happening, do all the counselling and then go to court and then do the court report and all that. The auxiliary workers mainly do the administrative part, making appointments for counselling and ensuring that children are attending school and the school reports are on the files and all that.” (Key informant interview, SW, Pietermaritzburg)

According to one NGO social worker, the social auxiliary workers monitor the cases after the social worker has made the assessment, unless there are family conflicts or family dynamics that need social worker intervention, in which case the file remains with the social worker.

“Yes, yes to monitor but if there are like maybe family conflicts or like family dynamics, it needs social worker intervention and then the file will remain with me.” (Key informant interview, SW, Ladysmith)

Some NGO social workers expressed ambivalence regarding the role that social auxiliary workers play, as they have fewer responsibilities on the one hand but may be closer to the community on the other hand.

Policy options

Caregivers and social workers in both Ladysmith and Pietermaritzburg indicated the need for more social workers. This follows widespread frustration with delays in the application process for the FCG, but also the relative inaccessibility of social work services in rural areas as well as in urban communities where services are not available.

“I think definitely they need more social workers looking at FCG, maybe more regional as in based in the areas where they actually work. Government needs to fill the gap in terms of how accessible services actually are. People do not have the money to come into town to do this.” (Key informant interview, SW, Pietermaritzburg)

In order to consider how the current unsustainable burden on DSD, social workers and magistrates can be reconsidered, caregivers, social workers and SASSA staff were asked to respond to different hypothetical options (see Table 7). These options mirror the current FCG and CSG grants but also options currently under debate in South Africa such as the CSG+. The proposed CSG+ would be available for kinship carers caring for orphans and offer a higher amount than the CSG (but lower than the FCG) through direct application to SASSA, without the need for formal foster placement through court order. The proposal does not involve a social worker at

Table 7 Policy options as presented to respondents

	Amount in rand	Application	Social worker assessment	Court order	Means tested
Option 1 – as FCG	830	Through DSD and SASSA	Before application approved	Yes	No
Option 2	830	Through DSD and SASSA	Before application approved	No	No
Option 3 – CSG+	600	Through SASSA	After application approved	No	No
Option 4	600	Through SASSA	No – just monitoring	No	Yes
Option 5	400	Through SASSA	No – just monitoring	No	No



the application stage so as to ensure that the lack of social workers does not lead to delays in processing the grants. However all beneficiaries receiving the CSG+ would receive a home visit from a social service professional (broader category including auxiliaries and child and youth care workers) who would refer to a social worker if a protection issue is detected.

It should be noted that these proposed policy options and their discussions only refer to orphaned children in kinship care but not to children who have been placed in foster care following abandonment, child abuse or neglect. These options do not propose a change to the FCG for children who are at risk of child protection violations and in need of state protection services.

Caregivers' responses with respect to the potential options differed between Ladysmith and Pietermaritzburg and between recipients of FCG versus CSG. Analysis indicates that in areas where the application process is very onerous and slow (more likely in Ladysmith), CSG recipients having applied for the FCG responded relatively more positively to options 3 and 4. They indicated that they are willing to receive a smaller amount if this means that the process will be quicker. In cases where more support was provided to navigate the system or the system has indeed proven to be a positive process (more likely in Pietermaritzburg), FCG recipients were more supportive of options 1 and 2. They preferred to retain the higher amount and the process as a whole. This seems particularly related to support from social workers; the value courts' involvement adds was considered to be limited. Indeed, FCG recipients generally found options 1 and 2 with full social work support more favourable.

Caregivers' responses with respect to options 1 and 2 – retaining the FCG as it is, or removing the need for a court order – were two-fold. A number of respondents indicated that they preferred to receive a high transfer amount, even if the application procedure is arduous and lengthy. Others emphasised the importance of social workers' assessments and support that is an inherent part of options 1 and 2. Others also pointed to the value of the court order, although caregivers from both Ladysmith and Pietermaritzburg questioned the value and therefore the necessity of the court's involvement, given the long delays that it causes. It has to be noted that those with positive attitudes to

these options consisted primarily of caregivers already receiving FCG, or close to receiving it, or who have received support with their applications. The choice of options 1 and 2 was slightly more prevalent in Pietermaritzburg due to the relatively large presence of NGOs undertaking statutory and non-statutory social work.

“Running away from going to court, I don't see a reason for that, you see? So rushing to get the money no matter how much it is, these places are the ones that are important which you have to go to with the child, the ones you want to run away from. [...] A person needs to go through each and every process that is there, which is important, you see? So if I have to go to the court, I will go to court and take the oath I need to take. If I need to go to the social workers, I'll go, all the things that are the right way. Short cuts do not help with anything.” (Female adult, CSG, in a household with children in kinship care, Pietermaritzburg)

“There must [be] a social workers' report, because they are qualified to know how children should be cared for. They know about mentally ill parents who beat their own children.” (Female adult, FCG, in a household with children in foster care by blood relatives, Ladysmith)

“I chose [option 2] because [of] the court delays; it takes months and they tell us that they will book for us at the magistrate. When we no longer have the court we can go to the social workers – it is better.” (Female adult, FCG, in a household with children in foster care by blood relatives, Ladysmith)

“Because when you go to the court here, you wait for a long time because people wait until the sun goes down.” (Female adult, FCG, in a household with children in foster care by blood relatives, Pietermaritzburg)

Social workers and SASSA staff shared concerns about misuse of the grants and indicated that the courts and social workers therefore have an important role to play in establishing accountability on behalf of caregivers and reducing any potential perverse incentives.

"I think it's good [to have the court involved] because you know people [who are not eligible] will come and apply for FCG. Then we go home and do the investigation and you will tell the applicant: 'Oh the next step is we are going to court,' and people will disappear. Yes, it's because people are scared of the court, they are scared of going to the court and lying. There are those who are doing it but... I think the court helps a lot. And also in cases where there are people misusing the foster care grant. Because some, you take them to the magistrate and it really, really helps. Because some there are issues like maybe the father is unfit to have the custody of the child but once you take the parents to the magistrate, it becomes easier, rather than talking to the parents." (Key informant interview, SW, Ladysmith)

Comments with respect to options 3 and 4 – options with lower transfer amounts in comparison to the current FCG (R600 (about US\$38) compared to R830 (about US\$53) but with a simpler application process – referred to how a simplification of the process and a reduction of the involvement of social workers would speed up the process and reduce delays. Some caregivers referred to negative or disappointing experiences with social workers, including their lack of involvement and poor support. Given the more pronounced problems with the FCG process in Ladysmith, caregivers in that area appeared relatively more favourable to these options. Most respondents preferred the grant not to be means tested.

"R600 [about US\$38] is better as you don't have to go to the social worker and there are fewer delays." (Female adult, CSG, in a household with children in kinship care, Ladysmith)

"I say option 3 because more people can receive the grant. There will be less delays going to SASSA, which will make the process quicker." (Female adult, CSG, in a household with children in kinship care, Ladysmith)

None of the caregivers opted for option 5, which has a low transfer amount (R400 – about US\$25.50 – close to the current CSG) for all but no means test.

In terms of addressing the challenges with respect to CSG and primarily FCG, social workers and SASSA staff emphasised the importance of improving systems supporting the grant application and implementation procedures. A number of social workers (both from

DSD and NGOs) indicated that there is a need for better collaboration with Home Affairs with respect to obtaining the (unabridged) birth certificate that is required for all grant applications. Some NGO social workers suggested clearer and more transparent lines of communication and accountability between DSD and NGOs as to who is taking responsibility over what cases in terms of extension and application.

"Maybe Home Affairs can try and fast track all the applications because it takes a lot of time. Because in my caseload I have people who have been waiting for [an] unabridged certificate since 2013 and some of the children have turned the age of 18 while waiting for [their] unabridged certificate and have missed their support." (Key informant interview, SW, Ladysmith)

"I would say it would be better if there was maybe a system, or maybe a person in DSD who is allocated to one organisation, then we know whom to address it to when we have to write an extension order, we know who is the person who is allocated to [it in] that organisation, rather than saying [we are] writing a report to DSD." (Key informant interview, SW, Pietermaritzburg)

One NGO social worker also emphasised the need for government to value social workers more: high workload and subsequent staff turnover leads to worse outcomes for children.

"I think government needs to acknowledge social workers in terms of their assisting orphans and vulnerable children (OVC) children in South Africa. What we have is that the high staff turnover is actually contributing to making children more vulnerable [...]." (Key informant interview, SW, Pietermaritzburg)



5 Summary of key findings

This section outlines main findings and lessons learned.

- **The CSG and FCG play a positive role in improving child well-being and care.** The modest financial support provided through the CSG helps to secure children's basic material needs. It also goes some way towards improving children's care, such as by improving child-caregiver relationships. It can also improve non-material aspects of child well-being, for example by helping children to dress similar to other children. Notwithstanding the positive effects, the size of the grant is too low to have a large impact. The higher cash transfer of the FCG as compared to the CSG, in conjunction with the additional support from social workers, helps to secure basic material needs, allows for saving money for the future, strengthens caregiver-child relationships and can reduce tension between biological and non-biological siblings. It has to be noted that the impact of social workers was only mentioned by participants in Pietermaritzburg, where FCG recipients received substantial additional support from NGO social workers.
- **Family resources including grant transfers are generally pooled across children and other vulnerable household members,** prioritising the most urgent needs. As a result most children in a household are said to benefit equally from the grant, although older children – and particularly adolescent boys – were indicated to have more expensive needs and expectations and also to be more insistent in pushing for those needs to be met.
- **Grants suffer from widespread misconceptions among grant recipients, programme staff, social workers and the wider community about their purpose and what they are to be spent on.** Legislation stipulates that the grant be spent to promote 'the best interests of the child', but not necessarily on the child him/herself. However, lack of knowledge or misunderstanding around this was reflected in caregivers' responses about what constitutes 'misuse' of grant money, and social workers' efforts to stimulate savings. This has led to preconceptions, which place undue pressure on caregivers to spend the money in certain ways. It also plays into negative public perceptions about the misuse of grant money, with people believing that caregivers who spend small amounts of the grant money on the general running of the household or on meeting their personal needs are misusing it.
- **The provision of cash transfers to support kinship and foster care can be positive and negative.** The CSG and, even more so, the FCG play an important role in supporting the care of children. The grants offer much-needed financial support, which allows the basic needs of children in kinship and/or foster care to be met. Concern was raised over the risk of relatively generous transfers, such as the FCG, incentivising caregivers to provide care for financial reasons only. It has to be noted that this was largely referred to in reference to others and may therefore be based on negative perceptions rather than widespread practice. Also, the close involvement of social workers and magistrates associated with the FCG was said to play a key role in ensuring accountability for the use of FCG grants. Informal social control impacted on how caregivers spent the grants, which can be both positive and negative depending on community members' views of how grant money should be spent.
- **The application procedures for the CSG and FCG grants with SASSA are considered to lack transparency and offer limited client-oriented service provision.** Many respondents reported receiving inaccurate or partial information about the required documentation and the next steps in the application procedure. This includes knowledge about who can apply (i.e. primary caregivers, not only biological parents) and what documents or procedures are required (the use of alternative identity documents for CSG), as well as what the transfer money should be spent on (on the child versus 'in the best interests of the child'). Examples of unlawful practice were also raised, such as telling people to advertise for the father as part of CSG application when this is not required and telling people that they cannot apply for CSG while waiting for FCG. Research by Wright et al. (2014) also finds that lone mothers feel that their dignity is undermined when applying to SASSA, particularly following staff comments about the child's father disappearing or the need for the father to take up his responsibility so that the mother does not need to claim the grant.



- **The application procedure for foster care placements (in order to be able to receive the FCG) is subject to long delays.** All but one CSG recipient providing kinship care in the sample had applied for children in their care to be formally placed in foster care with them in order to receive the FCG. All were still awaiting the outcome of that process and therefore receiving limited financial support. Some caregivers – particularly those experiencing long delays in their current FCG application process – appear open to the receipt of a lower transfer amount in return for a simplified and quicker process. The value added by the courts and the need for a court order was questioned by caregivers and social workers. At the same time, most social workers and some caregivers emphasised the support structure and accountability mechanisms that the involvement of the courts and particularly social workers offered, which will be particularly important for children and carers unknown to each other before placement, as is usually the case with foster care by non-blood relatives. Also, many caregivers would still opt for a grant with a higher amount, even if the application process is more rigorous and lengthier.
- **The FCG suffers from capacity constraints that undermine the impact on child well-being and care.** Social workers spend a lot of time administering the grant. FCG recipients in locations with limited social worker capacity are therefore missing out on more extensive social work support, which was indicated to be valuable in supporting children's care. These capacity constraints mean that children in real need of care and protection are left without the support that they need. Social workers also pointed out that there is a need for greater and more transparent collaboration between partners involved in the foster placement and FCG application and implementation processes, including Home Affairs, DSD and NGOs performing statutory and non-statutory work.
- **NGO social workers play a crucial role in providing statutory social work.** Given the small number of DSD social workers in relation to the number of foster care and FCG applications, many NGOs operate to fill the gap. In Pietermaritzburg the use of NGO staff alongside DSD social workers for statutory work helps to reach more children and carers, and enables DSD staff and NGO statutory social workers to prioritise more urgent cases, such as those related to abuse and neglect. The support provided by NGO workers was highly valued by respondents in this research. Similarly, auxiliary and non-statutory NGO social workers also play an important role in lessening the burden of paperwork by completing sections of FCG and CSG paperwork and passing on referrals to DSD staff. Auxiliary and non-statutory NGO social workers also increase the visibility of the grants in communities at grassroots level.
- **The division of roles and responsibilities between social service professionals lacks clarity in the provision of the FCG and associated support.** Social workers indicated how the ability to share tasks with other social service professionals allows for more timely support to children, both to children in kinship care having applied for or receiving the FCG and to children in foster care, children at risk of abuse and neglect and other vulnerable community members. The system would benefit from an appropriate division of roles and responsibilities across social service professionals that makes appropriate use of their skills and capabilities in identifying or responding to children's needs. At present the Children's Act and the Social Services Act do not speak clearly to one another about this issue, giving rise to confusion and inefficient use of resources.
- **The FCG's blurred boundaries between acting as a child protection versus a social protection scheme make the grant unfit for purpose.** A grant offering financial transfers to support care for vulnerable children requires a clear understanding of who it intends to reach with what kind of support. Combining child protection and poverty reduction objectives in a single programme in a context of widespread poverty undermines the programme's ability to reach either of these objectives. A core question underlying this issue is whether orphaned children in kinship care require the same type and level of support as children in foster care by non-blood relatives. While some may argue that orphaned children in kinship care are at greater risk of deprivation, abuse and neglect in comparison to children living with their biological parents, many emphasise that most children living in kinship care do not face a greater risk and therefore do not need the same type of support as children in foster care as a result of abuse or neglect, specifically in terms of social worker assessments and court



orders. Furthermore, with respect to the higher amount of the FCG, children in kinship care cannot necessarily be said to be in more need of financial support than biological children; children in single mother households might be much more vulnerable to poverty, for example. Some social workers also point out that biological children and children in kinship care in the same household should be treated the same and receive the same support in order to ensure a sense of belonging and equality, suggesting that the CSG and FCG transfers should distribute the same amount. More generally, children who are in need of financial support over child protection support are therefore better off with a programme offering cash only, such as the CSG (Meintjes et al. 2003).

- **Strong referral mechanisms are crucial for linking social protection and child protection systems.** In a system with more delineated objectives and procedures, it is crucial to have a mechanism in place that identifies and refers children at risk of or experiencing abuse and neglect and links them to the necessary social service professionals. Social protection programme administrators may not be specialised in social work or child protection issues but if they have been sensitised to or trained in identifying signs of child abuse and neglect they can link into a strong referral mechanism that allows such administrators to direct cases to social workers when they come across them.

Various models for identification and referral are possible and may result in greater or lesser success depending on whether they are located in a highly formalised or more community and volunteer-based social protection system. For example, if targeting of a social protection programme is community-based, programme administrators might be able to identify child abuse and neglect during their household level assessments of families eligible for the grant. In more formal targeting based on a means test there may be fewer opportunities for abuse or neglect to be identified. Considerations regarding more stand-alone social protection and child protection programmes that are linked through an identification and referral mechanism also gives rise to questions over who should do what and the extent to which community volunteers should be made responsible for identifying and potentially also providing a basic response to child abuse and neglect, for example.



6 Policy recommendations

This chapter includes recommended improvements to existing grants and recommended changes to policy governing the grants.

1. Urgently ease application requirements and procedures for financial support for kinship carers.

1.1. Decouple the requirement for formal foster care placement through the courts from the FCG application criteria for children in kinship care. This would ease the burden on magistrates and support an overall easing of the FCG application process. It should be noted that formal foster care placements through the court system should remain in case of child protection violations or when children are at risk, including children in kinship care. Removal of this requirement can only be undertaken when embedded in a system of prevention (of separation as well as abuse and neglect), monitoring and intervention (see recommendation 3).

1.2. After decoupling, offer an alternative grant to support kinship carers. One middle-ground proposal from DSD that has support from leading children's sector NGOs is for kinship carers looking after orphans to qualify for a higher valued CSG (the CSG+ or Extended CSG). This could be accessed by direct application to SASSA without the need for social worker or court involvement at the application stage. It would be followed up by a home visit by a social service professional to assess for any risk. In the few cases where risk is detected, the case would be referred to a statutory social worker for a formal protection investigation.

2. Improve effectiveness and efficiency of social service professionals to ensure that social workers are not overburdened with the administration of grants.

2.1. Address discrepancies in legislation with regards to the roles and responsibilities of social service professionals.

2.2. Ensure that all social service professionals have the correct skills, training and accreditation to execute the tasks that they have been allocated.

2.3. Build on the combined capacity and strength of statutory social work offered by DSD and NGOs by improving coordination.

2.4. Improve coordination between all actors involved in the foster placement application processes, including the Department of Home Affairs, magistrates, DSD, and NGOs.

3. Build stronger systems for identifying children who are at risk of abuse and neglect and referral mechanisms for supporting these children.

3.1. Ensure that SASSA staff are able to identify vulnerable children and refer them to statutory social workers.

3.2. Ensure that children who are not reached through social protection schemes have access to adequate child protection measures and that this is not contingent on the receipt of grants.

4. Regardless of systems changes, make service delivery more transparent, customer-oriented and dignified in support of equitable access services.

4.1. Sensitise and build capacity among SASSA staff for dignified treatment and more effective service delivery to reduce stigmatisation and prevent provision of inaccurate and partial information.

4.2. Increase awareness of social service professionals about the grants' objectives and procedures to prevent stigmatisation, and to prevent misinformation being provided to recipients about how grants should be spent.

4.3. Increase awareness and knowledge in communities about the grants' objectives and about procedures to enable authorities to be held to account where applicants have been unduly treated or given wrong information.



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