Cash for Care: Making Social Protection Work for Children's Care and Well-being

Family for every child

Centre for Social Protection

Institute of Development Studies

Challenging Heights

Children in Distress CINDI Networking for children affected by AIDS

Uyisenga N'Manzi Child Care and Affection

Together for children

Family for Every Child is a global alliance of local civil society organisations working to improve the lives of vulnerable children across the world. We bring together and share experiences, practices and research from our local and national contexts to create a range of solutions to the crisis of children living without families.

The Centre for Social Protection (CSP) is a research centre at the Institute of Development Studies (IDS) that seeks to provide a global focus for research, policy analysis and capacity building on social protection and its linkages to other social and economic sectors. The Centre supports a global network of partners working to mainstream social protection in development policy and to promote social protection systems and instruments that are comprehensive, long-term, sustainable and pro-poor.

Challenging Heights brings unique expertise in rescuing children trafficked within Ghana for exploitation in the fishing industry. They raise awareness within fishing communities and children's home communities, thereby encouraging these groups to reject the sale and exploitation of children.

Children in Distress Network (CINDI) champions the rights of vulnerable children and their families in South Africa by bringing together a strong, diverse network of local organisations to implement a wide range of programmes. CINDI also works specifically with children affected by HIV/AIDS in the province of KwaZulu-Natal.

Uyisenga Ni Imanzi (UNM) cares for vulnerable children and young people in Rwanda through advocacy and networks. Targeted groups are orphans and vulnerable children and young people affected by genocide, HIV/AIDS or poverty, and young survivors of sexual abuse or other forms of violence.

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Contents

4 Infographic of key points

6 Summary

7 Key points

8 Research

9 Social protection programmes in focus

10 Lessons

13 Recomendations

17 References

Millions of children in sub-saharan Africa experience inadequate care

Globally, an average of

10%

of children

live outside of parental care.

However, in Africa, this figure is over

30%

This has a major impact on **child wellbeing.**

Violence and abuse in the home is common in the region with over

of women in many countries reporting **physical violence** prior to reaching the **age of 18**

much of which was carried out at the hands of relatives.

Violence pushes many children out of families

and this has been given as a key reason for the millions of children living on the streets across Africa.

Poor care impacts on:

- School attendance
- Children's growth and development
- Vulnerability to abuse and exploitation
- Happiness

A child in Malawi

"No one will love you like your mother; she gave birth to you so you are part of her. A mother will care for you better than anyone else."

A girl in Kenya

"Being apart from your parents means that your life will not be good. Children should not be apart from their parents at all if they are alive"

Cash transfer schemes can improve care for children

We carried out research on the linkages between care and cash transfers in Rwanda, South Africa and Ghana. We spoke to:

323 Adults

312 Children

Cash can help.

We found that regular transfers can:

- Prevent family separation and increase reintegration of children
- Reduce stress in the household and improve relationships between children and carers
- Enable families to care for children who are not their own
- Improve the material and non-material well-being of children

In order to improve care, cash transfer schemes need to:

Promote **meaningful linkages** between social and child protection systems, such as strong referral mechanism when vulnerable families are identified by either system

Sensitise communities about the importance of good care

Avoid over-burdening social workers with the excessive administration of grants

Provide **child care** for public works components so that children are not left home alone or caring for siblings

Provide grants of a **meaningful size** that are paid on time

Summary

This aim of this research is to start to fill knowledge gaps on the linkages between social protection and children's care through primary qualitative research on government-implemented social protection programmes in three Sub-Saharan African countries: Ghana, Rwanda and South Africa.

The research in Rwanda and Ghana highlighted the need for stronger links between social protection programmes and child protection. The research in South Africa provided a case study of these linkages in action, enabling deeper reflection on best practice.

Results suggest that cash transfer programmes can support carers in providing better quality of care, improving both children's material and their non-material well-being.

These schemes can also help to prevent loss of parental care and support family reunification. It is vital to address implementation challenges within programmes to optimise such positive outcomes. Providing financial support to kinship or foster carers can be crucial in enabling them to care for children that are not their own. Concerns exist over perverse incentives leading to children being placed with particular family members as a means of gaining access to cash transfers and putting children at risk. Evidence suggests some adverse consequences such as transfers reinforcing certain children's marginalised positions within the household and inappropriate use of transfers on alcohol. Findings indicate that a public works requirement can compromise carers' abilities to provide high-quality care with children being left home alone while carers participate in such public works. Stronger linkages between social protection and social work or child protection services are needed to support children's care. However, such linkages must not overburden child protection systems or divert energy towards the provision of social protection and away from the protection of children from abuse, neglect and exploitation.

Key points

1. Ensure that transfers represent a meaningful contribution to household resources.

To maximise positive and minimise negative impacts of transfers on children's care and well-being, amounts need to make a significant contribution to household income and be responsive to household size.

2. Use social protection programmes as an opportunity for sensitisation around care issues and referrals to social services for vulnerable children.

To further maximise the positive effects of cash transfers, programmes need to be accompanied by sensitisation regarding transfer use and ways of supporting children's care and well-being. This should be embedded within broader programmes of social change to ensure maximum uptake, and within broader referral systems to ensure maximum coverage.

3. Ensure that public works programmes appropriately integrate child care for the children of participants. This can be done through provision of quality child care services near to homes or work sites, and making child care and early childhood development services an element of public works activities.

Programmes should also temporarily relieve pregnant and lactating women from work requirements, while continuing their transfer, particularly where work is strenuous.

4. Ensure that social workers are not overburdened by the administration of social protection programmes and are able to carry out child protection responsibilities.

Social work is a specialised profession. Making social workers solely or mainly responsible for administration and implementation of cash transfers is an improper use of resources. Social protection programmes should include an appropriate mix of well-trained staff sensitised to the programme and the needs and vulnerabilities of target groups. Programmes also need a context-specific approach to identification and assessment in order to make programmes responsive to children's care and other more complex needs.

5. Carefully consider the targeting of transfers and associated support when creating links between social protection programmes and child protection systems.

When targeting transfers and associated support and creating links between social protection programmes and social services, consider carefully whose needs the programme should respond to, how to respond appropriately to those needs, and whether all children without parental care are in more need than their peers.

6. Further learning in this area through research and evaluation is needed.

Further learning in this area is needed through large-scale research using quantitative methods, research exploring the effects of social protection on different forms of care, and evaluation in other countries where links between systems are already established.

Research

The research sought to answer the following overarching research questions:

1) What are the linkages between social protection and the quality of children's care?
If and how does social protection influence relationships between children and their parents/carers and their capacity to positively influence child well-being?

2) What is the link between social protection and the loss of parental care or family separation?
What are the impacts of social protection on key factors leading to loss of parental care and family separation, including poverty and access to basic services?

3) How does social protection influence decisions about foster or kinship care?
If and how does the provision of social protection offer incentives or disincentives for placing children in alternative care such as kinship care or foster care?[1]

The research was qualitative and participatory. It involved a literature review and interviews or focus group discussions with 323 adults and 312 children, which included both programme participants (those receiving cash transfers/participating in public works programmes) and non-participants (those from the wider community) across the three countries. Full details on the methodology used can be found in the individual country reports[2], but some important points with respect to interpretation are noted here.

Firstly, findings are based on views and perceptions of respondents regarding their own personal situations and those of others, introducing a risk of response bias.

There is a risk that opinions of others' situations may be based on prejudice or widely held preconceptions, particularly around the subjects of care arrangements and use of social transfers. Secondly, research in all countries is at sub-national level and any extrapolation of findings to national or regional level should be undertaken with caution.

Thirdly, the qualitative nature of this research means that we cannot comment on the size or magnitude of the effects of social protection on child care and well-being or attribute changes in children's lives to the programmes under consideration in a quantitative manner.

Finally, the term 'family' may be understood differently in each context, sometimes focusing primarily on the household unit and at other times including the extended family.

When the distinction is of particular relevance, this will be noted.

1. The research took place in Sub-Saharan Africa (SSA) as this region has seen a particular rise in the number of children outside of parental care in recent years due to factors such as the spread of HIV, migration and the growing use of residential care. Social protection programmes, and cash transfers in particular, have also seen a rapid expansion in SSA in the last decade (Davis, Gaarder, Handa and Yablonski 2012) due to the need for more systematic, rights-based, documented support to the most vulnerable and chronically poor (see Ellis et al. 2009; Devereux et al. 2011; Davis et al. 2012).
2. Roelen and Karki Chettri 2016, Roelen and Karki Chettri 2014, and Roelen and Shelmerdine 2014. Available from www.familyforeverychild.org

Social protection programmes in focus

All social protection programmes included in this study are national and government-implemented and provide cash to households on a monthly or bi-monthly basis. One programme (in Rwanda) includes a public works component, making the receipt of cash conditional upon participation in public works activities.

Ghana: Livelihood Empowerment Against Poverty (LEAP) programme

LEAP targets extremely poor households with at least one eligible household member who is either an elderly or disabled person who is unable to work or someone caring for an orphan or vulnerable child (OVC). Household selection is done at community level by Community LEAP Implementation Committees and verified centrally by a proxy means test. Households receive a bi-monthly cash transfer based on the number of 'eligible members' within the household, which is capped at four people per household. All household members receive free enrolment in the National Health Insurance Scheme. Cash transfers are conditional upon school enrolment and take-up of health care services, but conditions are not enforced in practice. Payments are made manually in the community, allowing for sensitisation activities. In 2013, LEAP reached over 70,000 households (Handa et al. 2014).

Rwanda: Vision 2020 Umurenge Programme (VUP)

The VUP targets the abject and very poor based on community-based targeting using the local *Ubudehe*[3] household wealth categories. The programme has four pillars: 1) Direct Support provides unconditional cash transfers to extremely poor households without an able-bodied adult; 2) Public Works offers paid employment on community asset building projects for extremely poor households with at least one adult who is able to work; 3) Financial Services provides access to savings, credit and financial institutions to groups of VUP beneficiaries and non-beneficiaries; and 4) Training and Sensitisation focuses on creating awareness within the community on the VUP and how it can support households to improve their lives. In 2012-13, VUP Direct Support and Public Works covered more than 130,000 households (Gahamanyi et al. 2014).

South Africa: Child Support Grant (CSG)

The CSG provides a monthly cash transfer for children up to 18 years of age living in poor households. A child's primary caregiver (which can be the biological parent, another blood relative or an unrelated caregiver[4]) can apply by going to the nearest South African Social Security Agency (SASSA) office. The grant is means-tested with lower income thresholds for single compared to married caregivers. Since 2010 the CSG has been conditional upon children between seven and 18 years of age attending school; however, this conditionality appears to be 'soft' and is not rigidly enforced. In 2013, the CSG reached 11.3 million children (Children's Institute 2013) and is one of the largest transfer schemes in the region.

South Africa: Foster Child Grant (FCG)

The FCG provides a monthly cash transfer to carers of children who are in formal foster care, either as a result of being orphaned or having been removed from their families due to being 'at risk'. Foster placements involve social worker investigations (assessments) and are formalised through the courts with the state becoming the child's legal guardian. This is followed by a grant application to SASSA. A documented review of 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 targets children aged 0-18 (or up to 21 years of age if still in education). The FCG is not means-tested or tied to any income criteria and its transfer is generous in comparison to the CSG. In 2013, 532,159 children benefited (Children's Institute 2013).

3. Ubudehe refers to the long-standing Rwandan practice and culture of collective action and mutual support to solve problems within a community.
4. These eligibility criteria hold for South African citizens, permanent residents and those with refugee status.

Lessons

1) The quality of children's care and their well-being can be supported by cash transfers.

Findings in all countries point towards overwhelmingly positive effects of programmes on carers' abilities to provide quality care to children and to support both material and non-material aspects of children's well-being.

In Rwanda, transfers were said to instil confidence and make carers feel better able to fulfil their care responsibilities by improving their ability to meet their children's basic needs.

In Ghana, transfers supported carers to purchase food and meet other basic needs such as education while the link to health insurance helped by covering health expenses.

In South Africa, both grants supported the purchase of clothing, thereby fostering social inclusion of children, as well as the purchase of food and other material items.

> **"In fact, the LEAP programme has made us become better parents and the children are always happy with their life as well."**
>
> - Mother receiving cash transfers, Ghana

> **"The programme helped us a lot because when you don't have means and you are not able to get things that your child needs, you cannot even approach her and talk about life or share views. Sometimes you are even dirty and you cannot say anything in front of her. The VUP has built in us the abilities to fulfil our responsibility towards our children. [...] Now you can converse with your children, share views and give her advice on how she has to behave."**
>
> - Mother receiving cash transfers, Rwanda

2) Family separation can be prevented and family reunification supported by cash transfers.

Findings indicate that cash transfers have the potential to prevent family separation and support family reunification through poverty reduction, which was mentioned as a key reason for loss of parental care and family separation in all countries.[5] In Ghana, transfers were said to counteract key reasons for adults or children leaving home and for children being cared for by their extended family. In Rwanda, findings indicated that transfers can support family reunification, with some children returning home following an improvement in their families' living conditions. In South Africa, programmes were said to help keep children in nuclear or extended families or communities of origin, but concerns were raised over this leading to reduced investment in primary prevention as social workers often do not have the time to prevent family separation or to respond to abuse and neglect within families.

> **"Some children went back to school, because they left due to poverty before the VUP. Others came back home after being street children and sex workers. I know a child who left because her family was poor, but when they got into the VUP the child came back home, and she is studying as the family now has means."**
>
> - Male kinship carer receiving cash transfers, Rwanda

3) Not all children benefit equally from the positive effects of cash transfers on care and well-being.

Findings regarding intra-household spending of transfers show that transfers are generally spent on all children and adults in the household, but the extent to which they are shared equally might differ. Differences were assessed along the lines of age, gender and the child's relationship to the household head and considered against existing inequalities between younger and older children, boys and girls and biological and non-biological children.

5. The conceptualisation of 'family' was not the same across all contexts. In Ghana and Rwanda, family separation was primarily discussed in terms of children living within extended family care as opposed to nuclear family units. In South Africa, family separation was conceived much more on a spectrum of preference, with the preferred family unit including the biological mother, followed by living with extended family members (most notably grandmothers) and finally living with non-relatives or outside of any family setting.

In Ghana, non-biological children were found to have lower levels of well-being, and to be at risk of receiving lower-quality care, than biological children in the same family. These existing inequalities are compounded when living in larger families and may limit the extent to which these children benefit from transfers.

Non-biological children in Rwanda were also found to experience lower levels of well-being, as were older children and girls. These existing inequalities were said to limit the extent to which these groups of children benefit from the transfer as they received lower priority in intra-household distribution of transfers.

There was no indication of structural inequalities between children of different age, gender or care relationships in South Africa. However, adolescent boys may benefit from transfers more than other children as they were said to be more vocal about their needs and may claim the transfer for themselves.

> **"The biological child goes to school and the non-biological doesn't, or when they both go to school, the biological child's tuition is paid while the non-biological child's fee is left unpaid. Parents buy gifts for their own children and do not buy for the non-biological [child] and it leads to quarrels between both children."**
>
> - Boy in a house receiving social protection, Ghana

4) Carers' abilities to provide high-quality care may be compromised by public works.

Findings from Rwanda suggest that making the receipt of cash transfers conditional on participation in public works 'activities may compromise carers' abilities to provide high-quality care. Children may go unsupervised while their parents work, or take over their parents' work and care responsibilities at the expense of their schooling and leisure. Requirements that pregnant and lactating women perform the strenuous public works may be detrimental to the care of their young children.

> **"As I worked very far from home, I had to leave the children alone and close the door so that they cannot go outside, and I left food for them."**
>
> - Mother participating in public works, Rwanda

5) Positive impacts of cash transfers may be undermined by small transfer sizes and implementation challenges.

The large disparity between the transfer amounts of the two grants in South Africa is reflected in the differential effects on children's care and well-being, with the Child Support Grant's low transfer amount having a smaller impact.
Similarly, transfers in Ghana cover only a small proportion of average household costs with large family sizes and the cap on the maximum number of beneficiaries per household further limiting potential positive impacts.

Findings across all programmes indicate that although programme design is crucial for achieving positive impacts, implementation issues are also a barrier to achieving potential positive effects.

In Ghana, irregular and inconsistent payments make it difficult for beneficiaries to invest or budget. Additionally, the limited use of opportunities for sensitisation is a missed chance to support beneficial spending of the transfer and create awareness about the harm caused by differential treatment of biological and non-biological children.

South Africa's Foster Child Grant is subject to severe implementation issues, such as defaults on payments, limited support from social workers and long delays in application processes, compromising positive impacts and forming a barrier to eligible children in need of support.

> **"Some people benefit more than others because some families have many children, so the money is not enough for them, and some families do not have many children, so the money is enough for them."**
>
> - Girl in a household receiving social protection, Ghana

6) The potential role of cash transfers in 'incentivising' kinship care presents a mixed picture.

In all countries the provision of a transfer to carers of non-biological children was generally considered to be positive as it would support poor households to properly care for these children. In most cases, it was argued that the decision to care for the children of relatives is motivated by affection and family ties. However, some respondents in all countries raised concerns over the risk that carers might be motivated by financial gain, with cash transfers potentially incentivising carers to take children in.

Concerns were also raised about the extent to which carers might use the cash for their own purposes, or for their own children, rather than for the non-biological children in their care. In South Africa, the rigorous application process for the Foster Child Grant, involving social workers and courts, was considered potentially helpful in avoiding such problems.

> **"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 kinship carer receiving the Foster Child Grant, South Africa

7) Concerns exist over spending of social cash transfers.

In all countries concerns were raised that money may not necessarily be used for the benefit of children.
In Rwanda there was frequent mention of money being used for buying alcohol, causing stress in the family. In South Africa concerns were raised over Child Support Grant recipients spending cash inappropriately, such as on alcohol and airtime/ phone credit. Given that concerns were shared in reference to others' rather than to respondents' own situations, responses are potentially susceptible to prejudice or preconception.

> **"It could be that parents after receiving money from VUP waste it through drunkenness instead of taking care of their children."**
>
> - Woman receiving cash transfers, Rwanda

8) Stronger links between social protection and social work or child protection services are needed to support children's care, but this must not overburden child protection systems.

Lessons from the Foster Child Grant in South Africa show the need for critical reflection regarding programme objectives and the most appropriate division of roles and responsibilities within the programme for meeting those objectives.

The Foster Child Grant was set up to support carers providing foster care to children at risk of child protection violations or without visible means of support. However, it has evolved into a de facto poverty reduction programme accessible to more than one million children in formal foster care, often being cared for by extended family members with questionable need for the formalisation and monitoring of care.

The provision of cash transfers and the support of social work and legal services are very strongly linked within the programme; however, such a tightly linked system has high personnel and infrastructure demands which are currently not being met. Social workers and magistrates simply cannot follow their duties in full while reaching all children who are eligible.

Furthermore, it can be argued that not all eligible children need this level of service, while other children who are in need may be overlooked, including those living with their parents and receiving the Child Support Grant.

> **"I don't receive any support, it's just the money. I hear there is some support but I have never received any."**
>
> - Female kinship carer receiving the Foster Child Grant in an area with few social workers, South Africa

Recommendations

1) Ensure that transfers represent a meaningful contribution to household resources.

To maximise positive and minimise negative impacts of transfers on children's care and well-being, transfer amounts need to make a significant contribution to household income and be responsive to household size, with the overall transfer amount varying according to the number of household members.

A failure to vary the amount in this way will disproportionately disadvantage children as they are more likely to live in larger households. It may also play into existing inequalities between children within a household as scarce resources require a greater degree of prioritisation in redistributing such resources among members.

An example of such 'Full Family Targeting' can be found in Ethiopia's Productive Safety Net Programme (Berhane et al. 2013). Decisions regarding appropriate transfer amounts should be guided by programme objectives and design, with public works programmes having to account for opportunity costs of child labour or adults no longer being able to pursue their own income-generating activities (UNICEF 2014).

2) Use social protection programmes as an opportunity for sensitisation around care issues and referrals to social services for vulnerable children.

To maximise positive and minimise negative impacts Although cash transfers have many positive effects, the provision of cash is not sufficient to improve quality of care and child well-being. Programmes need to be accompanied by sensitisation regarding transfer use in relation to existing inequalities between biological and non-biological children and ways of supporting children's care and well-being.

Sensitisation should be standardised and consistently implemented so that the desired outcomes are achieved in all communities. Strong monitoring and continued capacity building of staff providing such sensitisation is imperative, particularly in terms of more complex issues around children's care and well-being.

This is particularly important as a number of problems identified in this research (including unequal care between biological and non-biological children, boys and girls and younger and older children, and inappropriate use of transfers) are embedded in wider socio-cultural norms and values and not caused by the programmes per se.

Staff need to be aware of how to confidentially refer vulnerable children identified through this sensitisation to appropriate social services. In some instances, to ensure this, it may be necessary to involve additional staff cadres with the requisite skills or to partner with other agencies to ensure referral systems function well. This should be embedded within broader programmes of social change to ensure maximum uptake, and within broader referral systems to ensure maximum coverage.

3) Ensure that public works programmes appropriately integrate child care for the children of participants.

Programmes that have a public works requirement should firmly integrate child care solutions into the programme.

Options for facilitating a balance between participation in public works and providing adequate care to children include the provision of quality child care services near to homes or work sites, and making child care and early childhood development services an element of public work activities. For example the Karnali Employment Programme in Nepal has included such components in selected areas of implementation (Roelen 2015). Another important consideration concerns the situation of pregnant and lactating women and their temporary inability to meet work requirements. They should be temporarily relieved from their work requirements and remain receiving the transfer, as is the case in the Productive Safety Net Programme in Ethiopia.

4) Ensure that social workers are not overburdened by the administration of social protection programmes and are able to carry out child protection responsibilities.

Acknowledgement that social protection programmes should create stronger linkages to complementary services has led to social workers playing a role in the implementation of many programmes, such as cash transfer programmes in Brazil, Chile, Ethiopia and Moldova (EveryChild 2012, FAO 2014).

Debates regarding the expansion of social protection programmes and the development of social protection systems often make reference to the need for more social workers to ensure that children's care and protection needs and wider household members' needs are adequately responded to. However, this is often done without full understanding of the existing roles and responsibilities of social workers, or sufficient consideration of what an appropriate division of roles and responsibilities would be between social workers and other staff cadres in the administration and implementation of social work and social protection programmes. The involvement of social workers may not be what is needed, nor a sustainable solution from a human resource and financial perspective when programmes are scaled up. Lessons from elsewhere – such as in Botswana with respect to the Orphaned and Vulnerable Children Programme – indicate that social workers experience frustration and lack of respect from communities they work in when tied up in programme administration as opposed to supporting children at risk of violence or abuse (Roelen et al. 2011).

Social work is a specialised profession. Therefore, social workers should not be solely or mainly responsible for administration and implementation of cash transfers: this is an improper use and a waste of already scarce resources. Social protection programmes should include an appropriate mix of staff, including dedicated administrators for the registration of participants and processing of payments.

In order to make programmes responsive to children's care and other more complex needs, a context-specific approach to identification and assessment should be put in place. This could include a combination of community-based volunteers, extension workers, other social service professionals and para-professionals and social workers.

The strong staff training and supervision demonstrated by South Africa's Isibindi model (National Association of Child and Youth Care Workers, 2013) could provide a concrete example to other countries of how to support such staff cadres and link them to statutory social workers, even though the potential of such staff is not currently being realised in the implementation of the Foster Child Grant.

Regardless of the exact mix of staff involved in social protection programmes, it is crucial for all staff to be well-trained and sensitised to the programme objectives and the needs and vulnerabilities of target groups. In contexts with capacity constraints, this requires substantial investment in training of staff. In contexts where staff are already in place, focus should be placed on keeping them informed of programme changes such as with respect to application guidelines, transfer amounts or payment modalities.

Continued capacity building should emphasise respect for programme participants and their needs, to guarantee and reinforce the programmes' positive and empowering impact. Findings from South Africa in particular underpin the importance of well-informed and sensitive staff in the provision of correct information and positive staff-client interaction.

5) Carefully consider the targeting of transfers and associated support when creating links between social protection programmes and social work or child protection systems.

Do not assume that all children who are without parental care are automatically in greater need of

cash transfers or of associated social work.

To benefit children's care and well-being, social protection programmes must provide a combination of services that are appropriate to and adequate for meeting the needs of vulnerable children.

Findings from Ghana and Rwanda suggest that stronger linkages between social protection, social work and child protection services are needed to facilitate social protection's positive impacts on children's care and reduce potential negative impacts. For example, effective implementation of sensitisation activities in Ghana and inclusion of child care solutions within public works in Rwanda would require such linkages.

However, findings from South Africa indicate that the creation of linkages between social protection, social work and child protection services requires careful and nuanced consideration. Otherwise, there is a risk that the social work system becomes overburdened, providing inadequate support to children who are included in the programme while at the same time excluding the most vulnerable and at-risk children from support.

Programme design requires greater critical reflection about whose needs a programme should respond to and what the appropriate response to those needs should be.

For example, should orphaned children or children living without their biological parents automatically receive cash transfers, or be included as a specific target group disregarding their wider living conditions? In South Africa, kinship care is frequently formalised in order to access the Foster Child Grant, rather than because of the need for a social worker to support and monitor families. In these circumstances, should children in formal foster care being looked after by kin automatically receive social worker support while children in parental care are precluded from such support without further consideration of family conditions or individual needs?

It is important for countries in Sub-Saharan Africa that are still piloting programmes and testing modalities to review the lessons from the longstanding national programmes in South Africa, to avoid getting locked into a system that may be unable to reach and appropriately address the needs of the most vulnerable children.

Do not encourage the excessive placement of children in formal foster care by making access to cash transfers contingent on the formalising of care.

To reinforce the positive effects of social protection on children's care and well-being, programmes need to be coherent, consistent, coordinated and well-monitored. Beyond improving the effectiveness and impact of individual programmes, it is crucial to consider how various programmes operate alongside or in conjunction with each other. For example, the large difference in transfer amounts between South Africa's Child Support Grant and Foster Child Grant has led to kinship carers having to become formal foster carers in order to access adequate social protection, leading to overburdening of social work systems and an inability to administer the grant in a timely and effective way.

A more integrated approach with harmonised transfer values and complementary objectives could reinforce the positive effects of individual programmes and ensure that vulnerable children receive a package of support that appropriately and adequately responds to their needs.

Even if programmes are operating in parallel rather than in conjunction with each other, considering their joint implementation will be crucial to ensure that no child falls through the cracks, and to avoid perverse incentives. Strong monitoring mechanisms are needed to safeguard against this, which should be considered when deciding on the required cadres, numbers and training for staff.

6) Further the learning in this area through research and evaluation.

Large-scale quantitative data collection is needed to assess the breadth and cross-contextual validity of the well-being and care links explored.

The qualitative nature of this research allowed us to gain valuable insights into experiences and opinions, but it does not quantify the contribution of programmes to changes in children's well-being, quality of care or care arrangements. Furthermore, the scale of this research means we can only confidently report findings for regions within the countries in focus. Large-scale quantitative or mixed methods research would make valuable contributions to the debate.

Further investigation into the effects of social protection on children in different care arrangements is required.

This research included the role of social protection in supporting the well-being and care of children in parental and non-parental care, but it did not analyse the representation of children in different care arrangements among beneficiaries. A more quantitative investigation is needed to enable further comparative analysis regarding the inclusion of children in different forms of care (including parental, kinship, foster and residential care, and children outside of any care or in a child only household) in social protection programmes, particularly for programmes that do not target their participants along those lines of care.

Evaluation of other countries where social protection, social work and child protection systems already have established links is needed.

The combination of findings from Ghana, Rwanda and South Africa illustrates that a simple recommendation to include social workers in social protection programmes is not enough to guarantee children's care and well-being, and could in fact undermine social workers' core duties and put the wider child protection system under great strain.

We recommend greater reflection on the division of roles and responsibilities within social protection programmes, especially in relation to the role of social workers.

To effectively implement this recommendation, much more lesson learning is required regarding the success factors of tried and tested models in a variety of contexts; and the scope of studies and evaluations on social protection programmes need to be expanded from a focus on impact to include analysis of staffing and capacity considerations. This knowledge gap needs urgent attention to optimise social protection's potential impacts on children's care.

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