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**Child Support Grant and Child Poverty Alleviation: Experiences of Caregivers
in Alleviating Child Poverty**



**A thesis submitted in fulfilment of the requirements for the degree
of Master of Social Work**

University of Fort Hare

Faculty of Social Sciences and Humanities

Department of Social Work and Social Development

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2016

Declaration of own work

I hereby declare that this dissertation is entirely my original work, except where indicated and has not been submitted for any other degree at any other University.

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Date.....*25/08/2016*.....



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Dedication

This work is dedicated to my grandmother, uNothikanti Ida Vaaltein. The love with which you raised me has not only made it possible for me to dare to dream big dreams, but has also instilled a burning desire to constantly live those dreams. I cannot express my thankfulness for the support you gave me in all the endeavours I choose to undertake. May your spirit of love continue to live in me and many other lives you have touched.



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- ✓ I would like to thank the Post graduate Research Forum for the inputs they had on this work, and for reviving the drive to restart my thesis when I had lost it during a break- in at my place. Saving in multiple storages has now become a culture for me.
- ✓ I would like to thank the Govan Mbeki Research Development Centre (GMRDC) for covering my tuition fees during the past 2 years.
- ✓ I would also like to thank the NGOs, Agencies and all the participants who agreed to take part in this research, your inputs were invaluable to the completion of this study.

"May this study influence those with power to perfect the Child Support Grant so that it better meets the needs of the vulnerable children"

Abstract

Patel (2015) argues that “social security policies address structural problems or an underlying cause of poverty and inequality in the society. In addition it creates a minimum standard of living below which the population should not fall”. This dissertation explores the experiences of caregivers who receive the Child Support Grant (CSG - a social assistance or social security policy) to alleviate child poverty in Buffalo City Metropolitan (BCM). The question this study seeks to address is: How does the CSG address child poverty in BCM? International instruments regulating South Africa on policy issues relating to child poverty are at the back drop of the discussion and exploration of the CSG as means to alleviate child poverty in a context such as BCM. Theoretically framing the study using the Social Development Approach (SDA) assisted in viewing the CSG from a developmental contribution point of view, when examining the caregiver’s experiences of using the CSG to alleviate child poverty. The child focused multidimensional model (CFMDM) further brought into perspective aspects of child poverty, which became the focus for this study. A qualitative research method was utilised to explore the experiences of caregivers who use the CSG to alleviate child poverty in BCM. Research participants were drawn based on a non- probable sample of BCM caregivers receiving the CSG, with which semi-structured interviews and focus group discussions were conducted. This study discovered that due to high unemployment of the caregivers living in BCM the CSG was not directly improving the lives of children living in poverty, as the caregivers solely depended on the receipt of the CSG to care for their children and other sources of income were not available for the participating care givers.

Key Words: Child, Caregivers, Child Support Grant, Child Poverty Alleviation, Social Development Approach, Child Focused Multi-dimensional Model

List of Acronyms

BCM – Buffalo City Metropolitan

CFMDM – Child Focused Multidimensional Model

IPA – Interpretive Phenomenological Analysis

SASSA – South African Social Security Agency

SDA – Social Development Approach

UNICEF - United Nations Children's Emergency Fund

EU - European Union

OECD - Organization for Economic Cooperation and Development



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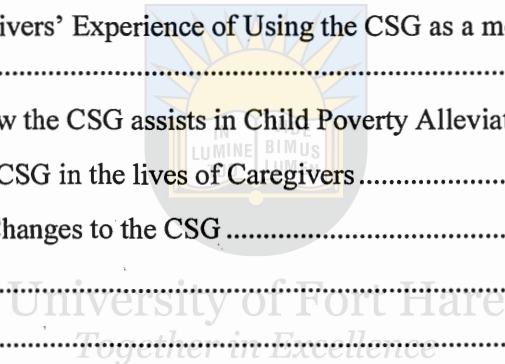
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Chapter 1: Introduction

Introduction to Child Support Grant and Child Poverty Alleviation: Experiences of Caregiver in Alleviating Child Poverty

Background to the Study

Socio-economic policies drive social change and social development in South Africa. However, as much as social policies drive social change, the direction of their recourse is largely determined by the powerful groups in society. This means that the voices of those living in the margins of society are not always heard (Patel & Selipsky, 2010). This study explores the experiences of the caregivers receiving a Child Support Grant as means to alleviate child poverty in Buffalo City Metropolitan area (BCM).

Business Day (2008) indicated that social security spending and delivery of welfare services amounted to 3.3% (70.7billion) of the GDP, making it the second largest budget portion for spending. Over 16 million people (16,943,279) in 2015 were South Africans who were reported to be beneficiaries of social grants (www.sassa.gov.za). According to South African Social Security Agency (SASSA) Statistics Report (2015) approximately 11,953,773 of social assistance is paid to CSG beneficiaries, which makes the CSG the highest beneficiary uptake.

A comparison between two previous years regarding the number of beneficiaries receiving the CSG shows an incremental trend. SASSA statistics indicated the following statistics for the years 2015 and 2014;

CSG Beneficiary Comparison

Table 1

Cited from SASSA (2016)

Region	Year	Statistics
Eastern Cape	2014	1,840,125
Eastern Cape	2015	1,874,748

Such increases in the grant uptake have led to South African citizens advancing concerns regarding fiscal sustainability issues, dependency syndrome and advancement of discourses supporting unproven arguments that caregivers who receive the CSG get pregnant to access the CSG (Patel, 2013). These discourses have been cited by Wright, Noble, Ntshongwana, Neves, Barnes (2014) as giving rise to the erosion of dignity to caregivers receiving the CSG. These public discourses indicate the minimal knowledge the public has regarding the need for the existence of the CSG, limited understanding of how the CSG is utilised by caregivers who receive it and have given rise to the prejudice of the caregivers who receive the CSG.

In the context of the above described situation and that of the child poverty alleviation agenda of South Africa, this study explores the experiences of caregivers receiving the CSG to alleviate child poverty in BCM.

Problem Statement

The study seeks to obtain rich knowledge and an understanding of the experiences of caregivers receiving CSG to alleviate child poverty in BCM. The problem this study seeks to address is in relation to the question regarding how the CSG addresses child poverty in BCM. Since the implementation of this poverty alleviation programme (CSG) 15 years ago the value is still as low as R330 per month and many children depending on this grant come from families where there are no employed adults. This means that the CSG becomes the only regular income in the households of poverty.

Hall (2012) compared child poverty rates of the Gauteng and Western Cape Provinces (20% of children live in unemployed households) with the Eastern Cape and Limpopo Provinces (50% of children live in unemployed households) it was found that the Eastern Cape and Limpopo Provinces were homes to large numbers of children living in poverty (about 50% of children live in poverty). This already indicates a poverty stricken context from which BCM caregivers raise children. A further discussion on the BCM poverty context is located in the literature review chapter.

Patel (2010) view the social assistance of 330 Rand offered by Government through the CSG undermines the realisation of Children's Rights as outlined in the Constitution (1996), and through the Convention on the Rights of Children (CRC) United Nations (UN) (1989), African Charter for the Rights and welfare of the Child To be more precise in their study of child inequities (Hall & Woolard, 2012) used a lower bound poverty line equivalent to R575 per person per month, they found that about 60% of children live in impoverished conditions as they fell below this line. This study used a multi-dimensional approach to evaluate/ interpret the way child poverty is perceived within the BCM area.

Research Goal

The goal of this study is to determine how the CSG is a means to address child poverty.

Research Questions

How do caregivers experience the CSG as a means to alleviate poverty in BCM?

How does the CSG address child poverty as described by the CFMDM?

Research Objectives

To explore how the caregivers experience the CSG as a means to alleviate poverty?

To explore how the CSG addresses child poverty as described by CFMDM

Significance of the Study

The importance of this study came through the researcher's observations of the struggles faced by many unemployed caregivers in the BCM area. Conducting this study will not only generate new information on the BCM participants' experiences of the CSG, but findings/conclusions arrived at could influence current policies that address the importance of the CSG as poverty alleviation strategy.

Theoretically, conducting this study has led to the validation of the Child Focused Multidimensional Model presented as a point of analysis regarding child poverty. The use of the CFMDM during the exploration of the caregiver's experiences of using the CSG to alleviate child poverty in BCM, helped uncover the limitations of the CSG in addressing child poverty. This was apparent as many caregivers reiterated that the CSG is not enough to address the crucial aspects to the development of their children.

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Definition of Key Concepts

The following provides a brief outline of the definition of key concepts within the context of the study.

Child

The Social Assistance Act (no. 13 of 2004) together with the children's Act 38 of (2005) refer to a child as a person under the age of 18. This study also follows the same definition of a child.

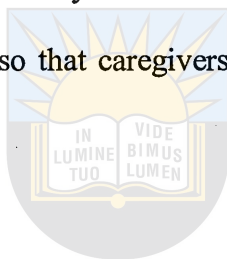
Caregiver

According to the Children's Act 38 of (2005) a caregiver is "anyone other than the parent or guardian who factually cares for the child". Bornstein (2008) on the other hand describes caregiving in parenting terms and views it as involving consistency in caring for the

lives of children. This study considers caregivers anyone including parents, guardians and other individuals primarily involved in caring for the child.

Child Poverty Alleviation

According to Twine, Collison, Polzer & Kahn (2007) child poverty alleviation is a “a measure to support the income of poor households to enable them to care for the child”. London and Esper (2014) further depict child poverty alleviation as a designed intervention targeted at a specific child poverty alleviation outcome. In line with the two explanations of child poverty, this study views child poverty alleviation as a measure (in this case the CSG) implemented to target child poverty, so that caregivers can be able to care for the children effectively.



Child Support Grant (CSG)

Budlender and Woolard (2012, p. 48) define Child Support Grant as the main poverty oriented child grant. They indicate its availability to all primary caregivers who pass a simple means test that is set at 10 times the value of the grant (or double this amount for the spouses' combined income if the care giver is married). For example a single primary caregiver earns has to earn less than R34,800 p.a and a married couples' combined income should be less than R69,600 p.a to qualify for the grant application (SASSA, 2016). Patel, Hothfeld and Moodley (2013) further describes the Child Support Grant as being one of the large and rapidly growing social interventions in post-apartheid South Africa, and is paid to primary caregivers with children under the age of 18 years. The 2 descriptions of CSG encapsulate what and how the CSG is distributed in South Africa and also address the ways in which the CSG is perceived in this study.

A Child-focused Multidimensional Model (CFMDM)

A child –focused multi dimensional model (CFMDM) is a model that is ‘child focused’ in that it measures poverty that is relevant to the child’s life, considers the different domains of deprivation, good access to quality services and at its core contains the absolute component that is complemented by the relative dimension which is based on the child’s ability to participate fully in society and most importantly considers the applicability for different age groups (Dawes, Bray, & Merwe, 2007). Furthermore, Noble, Wright, and Cluver (2006) perceive the purpose of the CFMDM as providing a lens through which child poverty can be perceived. It emphasises the consideration of the South African constitution and promotes social rights and an outlook into international theories of poverty and social deprivations. This study used the CFMDM to highlight the key deprivation domains of child poverty, issues around access to good quality services and promotion of children’s rights to effective social protection- in this case being the CSG.

Social Development Approach

The concept of Social Development refers to “the implementation of policies and programmes to meet needs, promote rights, manage social problems and facilitate maximization of opportunities to achieve social well-being and the promotion of human empowerment and social inclusion” (Patel, pp.203). According to the Department of Social Development (2013) in the framework for Social Welfare the social development approach aims to address the following goals; promotion of social and economic development, integration of the socially excluded in the developmental initiatives, capacity building and maximization of people’s choices, promotion of social integration by providing appropriate social welfare services to vulnerable groups of people, promotion of human rights. The social development approach was utilized in the similar fashion in this study.

Limitations of the Study

The study sets out to explore the experiences of caregivers receiving the Child Support Grant (CSG) to alleviate child poverty in Buffalo City Metropolitan area. The following limitations were identified:

- Even though the CSG is meant to address the needs of the children, this study explored only the experiences of caregivers who bear the responsibility of using the CSG to address children's poverty. It was appropriate to do this because the CSG is paid directly to the primary caregiver and not to the child.
- Although the CSG is a South African social protection policy, the study was only conducted in Buffalo City Metropolitan area. As such, findings are only limited to the area
- Due to the qualitative nature of the Study a small scale sample was selected purposively, and such a decision could have eliminated some participants that could have had rich information that the study could have offered
- Some of the potential participants agreed to part-take in the study and pulled out last minute for fear of being in trouble with South African Social Security Agency (SASSA).
- Furthermore, during the analysis stage of the study the use of the the Nvivo data analysis software utilised to analyse data was installed in a select few computers at the University of Fort Hare lab, which is open to everyone. This posed challenges that dragged the analysis process longer than anticipated, as the computers with the software were not always readily available for the use of the researcher.

Chapter Overviews

With the exception of the current Chapter, this study unfolds into 5 Chapters. These Chapters have helped bring into perspective the exploration of the BCM caregiver's experience of utilising the CSG to alleviate child poverty. The Chapters are outlined below:

Theoretical Framework – This Chapter looks at the Social Development Approach (SDA) as a theoretical framework for this study. The evolution of the SDA and its relevance to the current study are further discussed in this Chapter. This theoretical framework is complemented by the Child Focused Multi-dimensional Model, which is also utilised in this study to better explore the experiences of child poverty alleviation.

Literature Review Chapter - This Chapter discusses current discourses in CSG and child poverty alleviation. Specifically, the following issues are dealt with: The interlinked Nature of South African Child Poverty and child poverty alleviation, Eastern Cape as a Context for a Study on Child Poverty, Buffalo City Metropolitan Area (BCM): A focus Area of the Study, and Child Support Grant (CSG) as a Child Poverty Alleviation Strategy.

Methodology Chapter- This Chapter looks at the research methods and instruments utilised to execute the research question. These include the phenomenological research design and qualitative approach, Miller and Crabtree's (1999) qualitative research method, which looks into the issues of setting, goals and means for the research, sampling and data collection, the analysis process and the assessment of the research quality. Ethics and limitations are also explored herein.

Data Analysis Chapter- This Chapter offers an analysis of the findings. This was done with a thorough engagement of the literature. In line with the research schedule, this chapter explored the findings in relationship to the CSG indicators in CFMDM and the changes that caregivers would like to see to make the CSG more effective in addressing child poverty.

Conclusions and Recommendations - This Chapter provides the conclusion remarks and recommendations regarding the findings and future research. Theoretical implications are also explored with a consideration of possible future research.

The next chapter which follows the introductory chapter looks at one of the most critical issues in this study, and that is the theoretical framework, which has been used as the frame of reference, and is thereafter followed by the Literature Review Chapter to put the discussion of the BCM caregiver's experiences of using the CSG to alleviate child poverty into perspective.



Chapter 2: Theoretical Framework

Overview of the Theoretical Framework for a study Exploring caregiver views on CSG and Child poverty Alleviation

Introduction

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This Chapter advances the discussion in the previous one to include the Social Development Approach as a theoretical framework of the study. The concept of Social Development refers to “the implementation of policies and programmes to meet needs, promote rights, manage social problems and facilitate maximization of opportunities to achieve social well-being and the promotion of human empowerment and social inclusion” (Patel, 2005 p.203). Should a future study exploring issues of child poverty alleviation be conducted it stands to benefit greatly from the implementation of the SDA theory in research that is meant to generate knowledge that will help change people's lives.

This theory is supplemented by the CFMDM to help clarify the major aspects of child poverty alleviation that are explored to determine the methods, which caregivers in BCM use the CSG to alleviate child poverty. This chapter explored the evolutions of both the SDA and the CFMDM, followed by the relevance of the SDA and CFMDM to the study.

Evolution of the Social Development Approach (SDA) and the Child Focused Multi-dimensional Model (CFMDM)

The Social Development Approach (SDA) first emerged in the 1960s as some of the world's countries' obtained independence from colonialism. The approach was introduced by the United Nations in response to human development needs faced by poor nations (Patel, 2005). According to Patel (2005) the approach re-emerged in the late 20th century to address issues of inequality and distorted development, at this stage the SDA was endorsed by the United Nations World Summit for Social Development in 1995 (United Nations, 1996). This reputation makes the Social Development approach a relevant model when articulating issues around social issues such as the caregiver' experience of addressing child poverty using the CSG in BCM.

In the South African context the SDA has a long and significant history, which cuts across the politics and extends to the administration of social welfare. The intension of the SDA is more inclined towards the modernisation of the welfare system for the purpose of achieving a just, equitable, participatory, and responsive to needs of the citizens (Patel, 2005). Adoption of the SDA in South Africa lead to the inclusion of the Social Development theory in the White Paper for Social Welfare Policy (1997). To date, the integration of the SDA in the White Paper for Social Welfare has imposed implications on the design, implementation and monitoring of the social welfare policies of South African. Hence, the Lund report on family and child care (1996) ended up proposing recommendations for an implementation of a cash transfer programme as a means to alleviate child poverty in South Africa.

One of the significant policies explored in this study was the GSG. The CSG, which was designed to address the risk of child poverty cannot be scrutinized without the careful

thought of the SDA from which the CSG was developed. It seemed critical, therefore, to utilise the SDA as a framework for this specific study.

The scope of the current study looks into two variables or phenomena, the CSG and child poverty alleviation. The SDA provides a platform to explore whether the CSG alleviates child poverty however, because child poverty alleviation is a complex issue on its own the SDA does not provide clarity on the specifics, which constitutes child poverty alleviation. As such, a model to complement this framework by clarifying child poverty was adopted and it is the CFMDM.

In South Africa the CFMDM was introduced by Noble, Wright, and Cluver (2006) for the purpose of providing a lens through which child poverty can be perceived. The emphasis of the model is on the prudent consideration of the South African constitution, which promotes social rights and an outlook into international theories of poverty and social deprivations (Noble, Wright, and Cluver, 2006).

Having a clear insight into issues surrounding child poverty in South Africa helped narrow the focus of this study into significant aspects that can be easily explored within a small scale study. The scrutiny of the CSG perception to alleviate child poverty by caregivers was therefore easy to unpack.

The Relevance of the Social Development Approach (SDA) and the Child Focused-Multi-dimensional Model (CFMDM) to the Study

In providing light to the relevance of the SDA in this study, the experience of child poverty alleviation or lack thereof is viewed through the CFMDM deprivation domains discussed later in this section. The discussion is linked to that of the relevance of the SDA, which uses five goals as core elements. However, the SDA discussion precedes that of the CFMDM with a brief overview of the SDA goals, which are listed and discussed below:

- ✓ Promotion of Social and economic Development
- ✓ Integration of the socially excluded in the developmental initiatives
- ✓ Capacity building and maximization of people's choices
- ✓ Promotion of social integration by providing appropriate social welfare services to vulnerable groups of people
- ✓ Promotion of human rights

Description of the SDA Goals

Promotion of Social and Economic Development

As a planned process of social change, SDA cannot be separated from economic development from children of poverty as this interrelationship and interconnection enhances the well-being of people (Midgely, 1995). The meeting of child poverty issue through the implementation of the CSG is the government's step towards a socio-economic change process, which is needed to stimulate sustainable livelihoods. From a CSG and child poverty alleviation context Patel (2005) views CSG as positive support to vulnerable groups and as a means to secure an acceptable standard of living. This standard, however, is disputed by the findings in this study as caregivers describe accounts of struggling to make ends meet despite the receipt of the CSG. Such a reality has propelled the embarkation of utilising the SDA as a literary standard through which the CSG addresses child poverty. This standard is described with the utilisation of the social development goals described below. The idea is to determine how well the CSG best addresses these goals in the process of child poverty alleviation.

Integration of the Socially Excluded in the Development Initiatives

In order to meet human needs or address a social issue such as child poverty Rautenbach and Chiba (2010) proposed that an effort or action towards understanding individuals, families, and communities from an interrelated and interconnected manner is required in accordance

with SDA. Such a view calls on all stakeholders involved in child poverty and poverty alleviation discourses engage in open discussion and action, thereby increasing the level of participation. This study utilizes the SDA as a platform for caregivers to share their experience as recipients of the CSG in conjunction with the goal of the designers of the CGS to alleviate child poverty. The caregivers' voices were heard in the midst of volumes of literature on the issue of CSG and child poverty.

Capacity Building and Maximization of People's choices

This Social Development goal speaks to the social capital deprivation domain highlighted in the CFMDM later in this chapter. Social capital considers issues related to friendships, kinships, and community networks, which play a pivotal role in creating sustainable livelihoods and social support systems (Patel, 2005). Networks expand the capacity of individuals and as such generating opportunities to develop families to a level of sustainability and choose alternative functional ways of living. To this effect Wright, Noble, Ntshongwana, Neves, & Barnes (2014) epitomise this goal by depicting instances in which caregivers who receive the CSG dispatch their children to urban kin for access to quality schools or grandmothers who are left to care for the children while mothers relocate to seek employment and provides economic assistance to the grandmothers. This study has similar findings and implications to the above citation, which are discussed in the following chapters.

Promotion of Social Integration by Providing Appropriate Social Welfare Services to Vulnerable Groups of People

The SDA has been distinguished through its multi-sectoral approach aspect. This Approach cuts across the disciplines of Health, Education, Social Service, Social Work, and Social Security. These disciplines must function integratively or complementarily in order to provide appropriate services that assists caregivers to alleviate child poverty. It is therefore critical to consider each deprivation domain outlined by the CFMDM and CSG in alleviation

of child poverty. This exercise is illustrated clearly in the Analysis and Conclusions Chapter. The next section of the framework looks closely at the CFMDM.

Promotion of Human Rights

The South African constitution (1996) Section 27 (c) reserves the right for South African's citizens to have access to free Social Security and Social Assistance should the citizens not be in a position to provide or support themselves and their dependents. Hall and Chenelle (2011) have attributed a strong link between income and the realisation of children's socio-economic rights citing the constitutional right to direct support from the state when families are unable to meet their basic needs.

Therefore, the Social Assistance Act (2004), which provides for the rendering and mechanisms for the rendering of social assistance services stipulates that the Child Support Grant can be accessed by primary caregivers of the children who meet the eligibility criteria. The Social Assistance Minister has put in place the mechanisms for rendering the CSG in accordance with the Act. This further supports the argument advanced by Hall and Chenelle (2011) that the shared duty of providing for the child is between parents (or caregivers) and the state. The CSG can be viewed as promoting human rights, thus it is in line with the goals of the Social Development Approach. Addressing the question of: How the CSG addresses child poverty as viewed by the caregivers who have to use it to meet their children's needs is also in line with the Social Development Approach to child poverty issues.

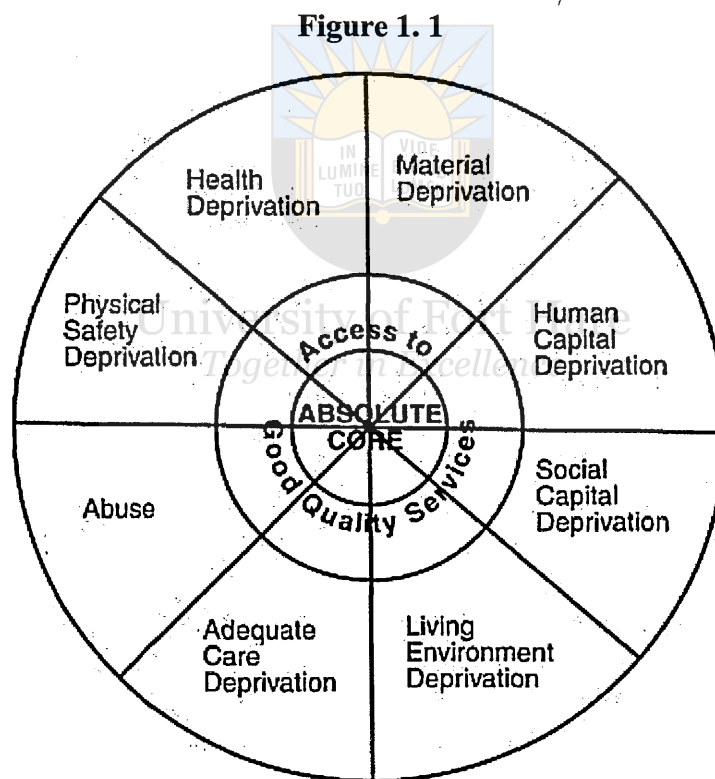
The capacity with which the CSG addresses child poverty in BCM can be weighed in accordance to the standards of the Social Assistance Act and the Social Development approach instruments outlined above, and as such these instruments will influence the way child poverty is viewed. Theoretically framing the study using the SDA paves the ways for the conceptualisation of child poverty so that the process of discussing child

poverty alleviation can be implemented, discussed, evaluated and readjusted for increased effectiveness.

This study uses the CFMDM to define the scope of child poverty, which has indicators know as Deprivation Domains used to view child poverty in South Africa. Figure 1.1 illustrates the South African Deprivation Domains, which will be used in this study.

Figure 1.1

Child Focused Multi-dimensional Model



The Deprivation Domains of the CFMDM are further outlined and discussed in this Chapter.

Noble, Wright, and Cluver (2006) articulate the eight domains of deprivation in relationship to absolute and relative components of poverty. The discussion below emphasise

that located between these two components are indicators relating to access of good quality services. The indicators include; material deprivation, human capital, social capital, living environment, adequate care, abuse, health, and physical safety

Material domain- According to Noble, Wright, and Cluver (2006) the material deprivation domain would include indicators such as food, warmth, and clothing, which exemplify more clearly the potential relationship between core and relative indicators and between consensual and research-based definitions. Noble et al. (2008) insist that food has particular relevance for young children in terms of developmental milestones without which would reflect childhood stunting due to malnourishment. The relative component of the same domain on the other hand can be defined consensually and can include indicators such as having a television, fashionable clothing and footwear, and the ability to have a birthday party.

This domain was particularly of assistance in the determination of the kind of child poverty that caregivers experience (absolute or relative) and the caregivers: compensation for using the CSG. Another critical domain to the experience of child poverty is human capital.

Human capital domain- Could include school enrolment, attendance, and attainment of grades Noble et al (2006). Hall (2011) found that school enrolment and attendance rates in South Africa are already high, for both boys and girls. About 97% of children aged 7-17 years attend an educational institution. Although schooling is compulsory in South Africa, supply-side problems make it difficult for some children to attend. Every year some children are turned away from schools that are full. Over 2 million children do not have schools within a 30-minute radius of their home, and the vast majority walk to school.

Education- is one of the important developmental investments a country can make for its youth to end intergenerational cycle of poverty. The experience of this domain is explored from a developmental aspect with an intention of determining how the CSG contributes to the

realisation of the domain. Again, it's important to note that the goal of exploring the human development opportunities for children is likely to be realised when a network of support is present in the child's life. As such the next domain to be investigated is that of social capital.

Social capital domain- This domain is crucial to the relative component and Noble et al (2006) believe that it is also reflected by the principle of 'Ubuntu'. They insist that community cohesion is an essential part in this domain and maybe included by having family support, support from neighbours and local friends (Noble et al 2006). This domain is in line with the social development goal of integrating the socially excluded into developmental efforts. This promotes cohesion amongst people and builds the culture of helping each other in an effort to uplift the community from poverty. This is important for child poverty alleviation too. The next domain looks into the living domain.

Living environment domain- indicated through reflection of inadequate shelter, extends beyond street homelessness to include insecure informal dwellings, overcrowding, and the absence of basic services such as water, sanitation, and electricity (Noble et al 2006). Children's living environments are worse, on average, than adults'. This is partly due to relatively poor municipal service provision in areas where many children are concentrated. Households with children are considerably larger, on average, than those without children. Hall and Wright (2011) report that many South African children, over 5 million live in overcrowded households . The experience of this domain has implications for the claims that the CSG alleviates child poverty and possibly a need for a review of the manner in which child poverty is defined in South Africa, so that issues of living environment are addressed. This study also peaks into the issue of living environments through the experiences of the caregivers.

Furthermore, adequate care must be amongst the issues that must be addressed in the discussion of child poverty. Without the consideration of adequate care the child's

developmental growth is ignored. The following domain addresses provision of adequate care.

Adequate care domain- Noble et al (2006) place emphasis on “care and supervision of the child in all environmental settings, which children reside, play, attend school and receive care. According to Hall and Wright (2011) nearly a quarter of all children do not have either of their parents living with them. Some children are orphans, but 8 out of 10 have at least one living parent who resides elsewhere. Most of children whether orphaned or not orphaned they are mostly cared for by relatives. Although they were not dwelled during the exploration, this study also picked up issues around who cares for the children and the relationship between the children and their biological parents.

Parental relationships with the child have implications on the experience of child poverty. Often the parents are absent because they are residing in metropolitan areas where employment is more accessible. Frequently, parents send monies home for the child, which boosts the CSG and increases the access to resources that can help the caregiver alleviate child poverty. Adequate care is conjointly related to the next domain that explores the abuse domain.

Abuse domain- According to Noble et al (2006) this domain was created as a result of high prevalence of abuse in South Africa. Abuse in South Africa includes sexual, physical, emotional abuse and neglect. These facets of abuse all fall in the core component of the CFMDM. However, due to the nature of this study it will not be possible to appropriately explore this domain and therefore only issues surrounding disciplining or dealing with misbehaviour of children are included. Investigation into the possibly of child endure. Further, the health domain is explored.

Health (Physical and mental) domain- Based on medical and research evidence indicators include infant and child mortality, HIV infection and other sexually transmitted diseases, mental health issues such as depression, chronic illnesses and disabilities such as

Foetal Alcohol Syndrome (Noble et al; 2006). According to Reading (1997) as cited by Naven and Egan (2013) consequences of poverty on children's health have been shown to affect mortality, health at birth, growth, physical morbidity, and psychological and developmental disorders. Reports from Department of Social Development, South African Social security Agency, and United Nations Children's emergency Funds (2009) discovered an important reciprocal relationship between the CSG and health care services. The reports demonstrate that on one hand health care services facilitate access to the grant while on the other hand accessing the CSG assists in improvement of accessing health care services. The reports also alluded to the fact that receiving clinical attention decreased cases of stunting for children with mothers who have more than eight grades of schooling. Although the next domain of physical safety overlaps with that of the living environment, and even the health domains, it was also explored solitary.

Physical safety domain-Falls in the core component and includes child vulnerability to firearm injuries, trauma, poisoning, and burns (Noble et al 2006). There are numerous health and safety implications associated with overcrowding and poor or absent basic services. Many children still do not have access to the minimum recommended level of service for water and sanitation. This means that children's health may be compromised simply as a result of inadequate service delivery. Where piped water is not available, children are often responsible for collecting water, which can be both time consuming and dangerous, and also result in their arriving late for school (Hall and Wright, 2011). Physical safety are also some of the aspects this study, which include the intention of advancing issues around viewing child poverty alleviation practically and realistically.

Lastly, an exploration of all these domains is connected by access to quality services domain and as such this is one of the elements that were explored.

Access to good quality services –Critical to the above mentioned indicators is access to good quality services. The Department of International Development (2006) argues that enabling chronically poor families to invest in children’s health and education will help prevent transmission of poverty from one generation to the next. Scaling up investment in service provision and the quality of services is of course necessary, but is not sufficient to achieve universal access to health and education services.

Specific policies to boost demand and expand equitable access to quality health and education services are also required. According to the World Bank (2014) Advances in areas such as electrification of homes and access to education and health services have increased equality of opportunities. This has resulted in the reduction in the levels of poverty in recent years. This the World Bank (2014) attributes to the 2006 and 2011 proportions of the population living in poverty which fell from 57.2 % to 45.5%. Accessing quality services therefore has important implications for a study, which explored the experiences of caregivers in alleviating child poverty, in a poverty stricken area such as BCM.

Considering the background of the CSG the SDA approach and the CFMDM provide a synergistic view of the CSG policy. The CSG is a precedence of the State Maintenance Grant which was phased out on recommendation by the Lund Committee as a means of addressing the concerns of the Committee of the Minister of Welfare and Provincial Members of the Executive Council, regarding the future affordability of the State Maintenance Grant (South African Government, 1996).

The Lund Committee’s report proposed that a flat rate of child benefit be introduced. This introduction of cash transfer was viewed by the Committee as promoting financial responsibility of parents and promotion of a culture of payment.

Today the CSG is largely reported to be received by females compared to males, and recipients of the CSG tend to be the heads of households (Patel, Hotchfeld, Moodley, 2013). This current state of affairs may be an indication that the CSG caregivers have become more self-reliant since the implementation of the CSG. This could also offer explanation as to why the uptake of the CSG is rapidly growing. These are some of the issues that were noted in this study and could pave a way for more enquiries into some of these issues.

Conclusions

An account of the application of the SDA and the CFMDM were utilised in this study was offered. This was accomplished through the review of literature and the application to the context of this study. To help illustrate the application of the SDA theory into context of the five SDA goals were selected and explored for the purpose of establishing a standard that the CSG must meet in order in order for it to be declared a policy that alleviates child poverty in BCM. The five SDA goals were; Promotion of social and economic development, Integration of the socially excluded in the developmental initiatives, Capacity building and maximization of people's choices, Promotion of social integration by providing appropriate social welfare services to vulnerable groups of people, and Promotion of human rights.

As highlighted before the SDA was supplemented by the CFMDM. The CFMDM provides a symbol of sight into aspects of child poverty alleviation. The combination of the SDA and the CFMDM grounds this study and make it possible for the selection and application of the methods and methodologies used in the Literature Review Chapter to address the research question: How caregivers view the CSG to alleviate child poverty in BCM?

Chapter 3: Literature Review

An Overview of Child Poverty and Child Support Grant: Exploring Child Support Grant and Child Poverty alleviation in the Buffalo City Metropolitan Area

Introduction

The previous chapter provides an overview of the background to the study. This literature review chapter puts forth and discusses three major relevant themes, which this study has incorporated within the research questions and methods. These themes include the link between child poverty and child poverty alleviation, the Eastern Cape and BCM as the context of the study, and the exploration of the CSG as a strategy for child poverty alleviation.



Type of Research

This is an applied research due to its application of research instruments such as focus group discussions and interviews (Fouche, 2002) The outcomes of which are aimed at making the Child Support Grant effective at addressing multi-dimensional child poverty in Buffalo City.

International Discourses on the Issue of Child Poverty

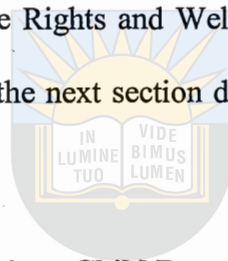
“Half of the world’s children live below the international poverty line of \$2 a day and suffer from multiple deprivations and violations of human rights” (Ortiz, Daniels, & Engilbertsdottir, 2012). According to the World Bank (2010) 1.4 billion people in the developing world were living below the income poverty line of \$1.2 a day. Despite these shocking statistics there has also been praise indicating much progress on the reporting of income poverty in the developing world. The World Bank (2010) has also called for a shift towards a multidimensional approach to viewing poverty. Minujin and Nandy (2012) noted the following dimensions of a multidimensional approach that speak particularly to child poverty

Children's living conditions, access to basic services, their ability to participate in normal society as full citizens, the right to be free of any kind of discrimination and exclusion and their rights to protection from exploitation and abuse . This has motivated the drive towards the implementation of the CFMDM utilised in this study, which is discussed further in the Methods Chapter.

On the international arena the centralisation of the discourse of poverty on children is based on the issue of child poverty being a moral, rights-based, and efficiency problem. Child poverty is also a burning issue due to the fact that children experience poverty differently from any other age groups and are more likely to be trapped in the cycle of poverty for the rest of their lives (Roelene & Notten, 2011). As such child development and well-being, particularly when the issue of child poverty is concerned has become an increasing concern for not only the developing countries, but also for major international organizations such as the United Nations Children's Emergency Fund (UNICEF), **European Union (EU)**, and **Organization for Economic Cooperation and Development (OECD)**. This concern has set people on a mission to find policies designed to alleviate child poverty, deprivations, vulnerability and risk factors that trap people in the cycle of poverty (Minujin & Nandy, 2012).

From the international world initiatives, which addresses the child poverty issue have led to the adoption of the 8 Millennium Development Goals to be fulfilled by the year 2015. One of these goals was the prioritisation of the commitment by the UN to have extreme poverty and hunger halved by 2015 (UN, 2005). According to Sachs and McArthur (2005) at the five year review juncture there was a realisation that many poor regions in the world were not progressing towards the direction of achieving these goals, due to poor governance, poverty traps that retain people in the cycle of poverty, persistent pockets of poverty and policy neglect. However, these were refuted later by the World Bank (2010), which saw the developing world right on track towards meeting the goal of halving extreme poverty by the year 2015.

Furthermore, the UNICEF Innocenti Research Centre (2012) argues that nations that fail to protect children from poverty (in other words that fail to meet the Millennium Development Goals) are costing their societies' a significant price, because in the long run poverty results in reduced skills and productivity, low levels of health and educational achievement, unemployment and welfare dependency. South Africa has therefore, not only resolved to enshrine basic human rights in the South African Constitution to avoid the perverse consequences discussed herein, but has also ratified the international instruments for the protection of children's rights, which include the Convention on the Rights of Children CRC (1989) and the African Charter on the Rights and Welfare of the Child (1990). For further clarity on the issue of child poverty, the next section discusses the interlinked nature of the South African child poverty.



The Interlinked Nature of South African Child Poverty and Child Poverty Alleviation

The protection of children from falling victims of poverty is a human right that is regarded highly in South Africa. This can be observed in the application of the South African Constitution (1996), which not only provides for children's rights, but also for social assistance of those in need. South Africa is also a signatory to a number of international agreements that bind the country to a commitment of protecting children's rights. Some of these agreements include the Convention on the Rights of the Child (CRC) (1989) and the African Charter on the Rights of the Child.

Guided by the South African Constitution and by obligations to the above mentioned international agreements in 1994 South Africa adopted the (RDP) Reconstruction and Development Programme (1994) as a transition from the apartheid into a democratic country. These transitions lead to the prioritisation of poverty alleviation, and in particular alleviation of child poverty.

As a result a shift in social welfare occurred and a more developmental approach was favourable, hence the adoption of the Social Development Approach to welfare (White Paper for Social Welfare (1997). Since then, the SDA has been adopted as the framework for delivering social welfare services in South Africa Department of social Development (2013). Therefore, to use this model in framing a study investigating the experiences of caregivers in using the CSG to alleviate child poverty was appropriate.

The CSG which is discussed in-depth in this Chapter has gradually earned itself praise in literature for its effectiveness in child poverty alleviation (Patel, Hotchfeld, Mutwali; 2012; World Bank, 2014; Wright, Noble, Ntshongwana, Neves, & Barnes, 2014). Such literature claims are alarming, particularly for research in the Eastern Cape. As a recent Statistics of South Africa (2014) report claimed that of the 23 million people living in poverty in South Africa, 40% are children. This is precisely why this study had to be conducted.

Furthermore, Khumalo (2013) questions whether the South African social policies are addressing the root causes of poverty or whether the policy statements or reflections only serve as antidotes to the surfacing symptoms of poverty in South Africa. To unpack this question and further the focus of this study to explore how receivers of the CGS purported CSG addresses child poverty. Addressing this question has offered caregivers' views of what perpetuates child poverty despite the implementation of the CSG.

The context of South Africa poverty can be traced back from the socio- political and economic history of the country (Khumalo, 2013). According to Khumalo (2013) the manifestation of poverty is embedded in the history of systematic disadvantaging other peoples by the apartheid regime. As a result poverty can still be viewed from a racial, gender, spatial and demographic interpretations with Black young women being the most susceptible.

Although Leat (2006) recognises the role of racial discriminatory laws in entrenching inequalities experienced by the current South African children who still live in the historically Black and poor communities. Leat (2006) also indicates that some of the causes of poverty include the high unemployment rate, which is currently at 35% in BCM (Census, 2011), and the HIV epidemic, which forces people to invest most of their money in their health care more than in any other aspect of their lives which affects the balance of life. Based on both the socio-political and socio-economic perspectives a consensus can be reached that child poverty is a negative and unacceptable force in the development of a human life.

One of the reasons child poverty is unacceptable is the fact that it causes permanent physical and mental childhood damage. Along with, stunted physical growth and distort their cognitive development. In conjunction with the destruction of opportunities of fulfilment, including the childrens' expected future roles in society (Pantazis, 2003). Furthermore, Barnes and Wright (2012) identify two other reasons for unacceptable child poverty. These reasons include the fact that poverty negatively impacts the child's developmental capacity, educational outcomes, job prospects, health and behaviour and the intergenerational equation of poverty. Secondly, the experienced reality of child poverty is on its own an important facet, which is totally unacceptable because of its negative impact on the quality of life of children.

Although generally, there exists contention regarding the best way to define poverty (Nicholas, Rautenbach, Maistry, 2010), this study compensated for this by adopting the categorised household distribution of income by the Bureau of Market Research (2011) to help define in monetary terms. The Bureau of Market Research (2011) estimated that a total number of households in South Africa were approximately 12 million and had a combined income of about R2 trillion in 2011. The Bureau of Market Research (2011) study categorised the distribution of income as follows:

Poor- (R0-54,344 income per annum)

Low emerging middle Class- ((R54 345- R151 727 income per annum)

Realised Middle Class- (R363 931- 631 120 income per annum)

Emerging Affluent- (R863 907- R1329 844 income per annum)

Affluent (R132 9845 + income per annum)

Based on the above categories, an individual that earns less than R54, 344 per annum is considered poor. As of 2016, the SASSA means test which qualifies beneficiaries for a CSG provides an individual is poor and is eligible for a CSG, if single and earning below R64,680 per annum and if incomes are combined with a spouse earnings should not be more than R129,360 per annum (South African Social Security Agency, 2015). To conclude the SASSA means test defines two categories stipulated above the poor and low emerging class as caregivers must be considered poor and vulnerable. This study adopted the SASSA threshold of defining poverty, and looked at the spending patterns of beneficiaries to determine their experience of child poverty, such patterns were perceived in the context of broader aspects of poverty that make it a multidimensional phenomenon.

According to the Bureau of Market Research (2011) study the poorest households spent 47.7% of their income on food. This lead to a conclusion that not much money is left to spend on critical domains such as health, education, and savings (Bureau of Market Research, 2011). If this is the case, then studies that claim that CSG to alleviate child poverty need to be looked at closely as a gap exists. This is because such studies raise questions such as:

How can child poverty be separated from the poverty of the household? and
How is child poverty better addressed compared to general poverty?

Such questions, however, may have implications for future research. This study only focuses on the BCM caregiver's experience of the use of the CSG to alleviate child poverty.

As such the next section is dedicated to a contextualised discussion of the research question in the Eastern Cape and the BCM area.

Eastern Cape as a Context for a Study on Child Poverty

The Eastern Cape Province is the second largest land area Province in South Africa, and covers some 168,966 square kilometres, which is 13, 8% of South Africa's total land area. The Province has the third largest population of South Africa's Provinces, 6,562 053 million people (Census 2011), which is 12, 7% of South Africa's people. The Province is generally seen as one of the two poorest in South Africa. According to the National Planning Commission (2011) the legacy of apartheid has inherited rural areas that are shaped by high levels of unemployment, with very limited employment in agriculture, noting the Eastern Cape Province as one of the most vulnerable areas to poverty. There are two major urban conurbations within the Province, Nelson Mandela Bay Metropolitan and Buffalo City Metropolitan area (Buffalo City Metropolitan Municipality, 2013/2014). The latter being the case of concern for this study.

The above is interesting to note as it has theoretical and policy implications for lack of development. Conducting a study and contextualising it in the Eastern Cape Province gives a researcher or a policy planner an outlook on specialised issues that affect the Province. Such an outlook can possibly influence consideration of contextual issues on future policies. Development therefore, can truly take place at grass roots. This study specificity is directed to the Buffalo City Metropolitan area, which is based in the Eastern Cape Province.

Buffalo City Metropolitan Area (BCM): A focus Area of the Study

Buffalo City Metropolitan Area is at the heart of the Eastern Cape and is considered the Provincial Capital. It is a Metropole, which is home to South Africa's struggle for freedom, equality, and human dignity (Buffalo City, 2016). It is situated in the Amathole District of the Eastern Cape Province, on the eastern coast of South Africa, and consists of the following

towns; East London, King William's Town, Mdantsane, Zwelitsha and Bhisho. The municipality was named after the Buffalo River, which flows through East London (Integrated Development Plan; 2013/2014). Census (2011) estimates that Buffalo City Metropolitan Municipality has a population of 755,200, and came into existence after the 2000 local government elections. Contrary to the 2011 Census report which indicates the BCM municipality populations estimates that today 880 000 people live in BCM (Buffalo City, 2016)

For the purposes of this research BCM is regarded to have 755, 200 population as the Department of Statistics South Africa (year) is the official department with expertise on statistical data. However, it should be noted that their last report on this matter was published in 2011, which was years ago, as such considerable growth within the area may have taken place.

Statistically Black Africans make up 85,1% of the population, while Coloured is 6%, Indian 0,8%, White 7,7% and other 0,3% Census (2011). As argued in the South African poverty section of this study the majority of the population in the BCM is Black Africans is a reflection of the inherited spatial categorization of the past regime, and hence there are high poverty rates – which are indicated through 35% unemployment rate within the BCM area (Census, 2011).

The above recollection of the historic background, population statistics, and racial categories reflect a lack of transformation and underdevelopment of not only the Eastern Cape, but particularly the BCM which is the place that governs the Eastern Cape. Conducting a study in this area therefore, can help generate valuable rich information regarding social policy issues surrounding the use of the CSG to alleviate child poverty. The next section looks at the CSG as a poverty alleviation strategy.

Child Support Grant (CSG) as a Child Poverty Alleviation Strategy

Dang, Luoto and Mackenzie (2011) view the poverty experienced by people as having an implication on the type of poverty alleviation policy a government adopts in response to it. Meaning that the complexity of poverty necessitates specifications around who is experiencing it, and as such the strategy that is adopted to address poverty should be tailored to those specific groups' needs. It thus, becomes critical to check the effectiveness of the CSG, which is the socio-economic policy adopted by South Africa to alleviate child poverty.

Barrientos and DeJong (2006) show a positive perspective of the implementation of the CSG as they acknowledge and praise cash transfer programmes for their effectiveness in addressing child poverty. Barrientos and DeJong (2006) highlight the programmes critical feature that reflects entitlements of the poor children themselves as individuals, irrespective of their household arrangements. This reflects an orientation towards the promotion and realisation of not only children's rights, but also human rights which are central to the SDA that is utilised for the delivery of social services in South Africa.

The Social Security context under, which the CSG is administered, must also be considered to gain an understanding of the experience of the CSG in BCM. To this end, the Department of Social Development (2003) highlights the complicated element attached to the receipt and expenditure of the grant, which is in relation to the caregiver who applies and collects the grant on behalf of the child. The value of the CGS is insufficient to cover the cost of childcare. In unfortunate cases the absence of an adult in a child's life pushes children outside of conditions for entitlement to the grant. This means that if the child does not have a caregiver that is willing to provide care, the child will not receive the grant as SASSA does not pay CSG directly to the child. Again, Social Development practitioners perceive that the low value of the grant makes it impossible to fulfil all child care needs.

Although these are some of the concerns that are currently identified by the social assistance system, the Child Support Grant is one of South Africa's fiscal policies, which has been found to benefit the poor. In fact, the World Bank Report (2014) states that in South Africa approximately 3.6 million people were lifted out of poverty in the years 2010/11. A South African Social Assistance Agency Report (SASSA) (2016) complements the World Bank Report (2014) with a recent SASSA statistical report that indicates that 1,874, 719 beneficiaries were registered in their social pensions system as CSG beneficiaries by the year 2016. This is an increase of 6,390 from the previous of 1,881,109 beneficiaries.

Seeing that 1,866,149 of the Eastern Cape children are on CSG, South African Social Security Agency (2015) the need to investigate its influence on the lives of the poor in the BCM cannot be overly emphasised, especially in the face of negative discourses surrounding the issues of Social Security assistance in the public space today.

At a Helen Joseph Memorial Lecture Patel (2013) on addressing the question: Do social grants create more problems than they solve? Patel (2005) acknowledges the vast discourse contending social assistance in South Africa Patel (2005) notes the unintended effects of social grants, and fiscal sustainability concerns that the public has raised, which include the anecdotal evidence that cites abuse of grant monies by some caregivers who in the 'public's view' abuse the tax payers' money. Wright, Noble, Neves, and Barnes (2014) note some of the positive and negative effects of the CSG on the dignity of caregivers, which include reduction of poverty, fulfilment of caregiver roles in children's lives, and enhancement of caregiver's dignity amongst social networks. Reduction can take place through supplementation of caregiver's income, ability to buy food, feed a family and contribute to social clubs such as stokvels, which are positive contributions of the CSG. While on the pessimistic side negative social attitudes of beneficiaries, grant value, and application process are viewed as weighing negatively on caregiver's dignity. The reasons for this were attributed to the negative comments such as grant

beneficiaries become pregnant to gain access to grant monies, low monetary value of the grant, and the complicated and long application process.

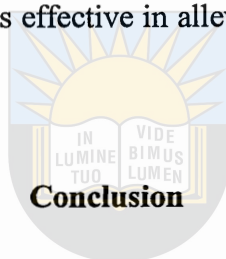
Patel (2013) responds to the concerns of the growing number of beneficiaries of social assistance, which is similar to Tito Mboweni, the former South African governor of the Reserve Bank who equated to the instability and outstrip of South Africa's tax base. Hence the assumption is that GCS not fiscally sustainable. Patel (2013) insists that even though social assistance currently consumes 3.5% of the South African Gross Domestic Production, CSG is estimated to stabilise at 3.3% of the GDP in the next 20 years because the population growth rates are expected to decrease, meaning fewer children will be in need of social assistance, and as such there will not be too much funds spent on the CSG. Again, a report by Statistics South Africa (2014) comparing and examining absolute poverty between the years 2006 and 2011 indicates that poverty levels between in 2011 had improved by 2,4 million people as only 10.2 million people were regarded as poor in 2011 as compared to the cited 12,6 million of the 2006 poor. This improvement was referenced to a number of factors including a growing social safety net, income growth, above inflation wage increases, decelerating inflationary pressure and an expansion of credit.

Although the CSG is designed to supplement the low income families with children below the age of 18 years, the study by Patel, Hotchfeld, Mutwali (2012) showed that the CSG has positive multiplier effects on poverty alleviation. Patel, Hochfeld, Mutwali (2012) report use of some the CSG recipients included the following multipliers:

Food (74.2 percent) and some basic non-food items such as school fees and uniforms (64.9 percent), health and transport (42.9 percent) and to some extent to reduce indebtedness (21.7 percent) and to build up savings (17.1 percent) to protect themselves against risk Further, CSG participants were positively engaged in care activities with the children often or on a daily basis such as helping with school work (64 percent) and playing

with or reading to them (58 percent). Almost all CSG children were enrolled in school and attended school regularly (73.5 percent) with the majority having never failed a grade (74.1 percent). Children appeared to be in good health (91.6 percent), were immunized (96.7 percent) and lived in households with very good access to basic services such as water, sanitation and electricity. Just over half of CSG children lived within walking distance of their school. (p. 2)

This study focused on a more in-depth investigation of the experiences of caregivers of children receiving the CSG as a means in the BCM. With the intention of producing an outcome that verified the claims that the CSG is effective in alleviating child poverty or rejected this statement or mostly importantly if it is effective in alleviating child poverty, give a more in-depth analysis of how it is doing so.



This study took place within the context of the Eastern Cape and BCM areas, which are poverty stricken areas attracting a vast population of Black Africans. This is also a region with the largest number of CSG beneficiaries. As such a study looking to explore the experiences of caregivers in alleviating child poverty stands to gain rich valuable information from this region.

Exploring child poverty within this context also reveals lack or stagnant transformation or underdevelopment of the area since the adoption of the RDP. This is due to a number of rising socio-economic issues in the area. Despite the above, review of literature perceives the implementation of the CSG as an effective strategy for alleviating child poverty.

Chapter 4 Research Design and Methodology

Introduction

This Chapter outlines and describes the methods used to execute the study. As an extension of the founding theoretical frameworks discussed earlier, a phenomenological research design and qualitative approach are utilised as a blue-print. Further, the study follows Miller and Crabtree's (1999) qualitative research method, which looks into addressing issues related to setting, goals, and means for the research, sampling, data collection, the analysis process, and the assessment of the research quality. Furthermore, ethical issues and limitations related to the execution of this study are offered.

Research Design and Methodology

A research design serves as a blue print through, which the manner of collecting data is unpacked. It tackles issues surrounding conditions under which data is collected, selection of participants, instruments to be utilised, and also provides information about who, what, when, where and how of the research project (Royse, 2004). In this study a phenomenological research design was employed. According to Creswell (2007) "a phenomenological study describes a meaning of the lived experiences of a phenomenon of a number of individuals" (p.57).

Utilizing the phenomenological research design was beneficial for this study in that it guided the study towards the goal of exploring BCM caregiver's experiences of using the CSG to alleviate child poverty. Due to the qualitative scope of the study and interview schedule was designed from scratch to address the research question (see Annexure I). Interviews and a focus group discussion were conducted with individuals living in BCM and receiving a CSG for a child. Due to the means test which defines a threshold for the people who qualify for the CSG at South African Social Security Agency (SASSA), which administrates social grants, it was

assumed that if one is receiving a CSG then that person together with their child/ children must be living in poverty.

Therefore, data was collected by the researcher (who is also a SASSA official) at the comfort of the participants' homes, SASSA, and in an NGO where beneficiaries regularly visit. As discussed the scope of the phenomenological approach demands that knowledge generation be deep and rich for better understanding, as such it is essential that the research method used to gather such information be appropriate, hence, the preference for a qualitative approach.

Research Method

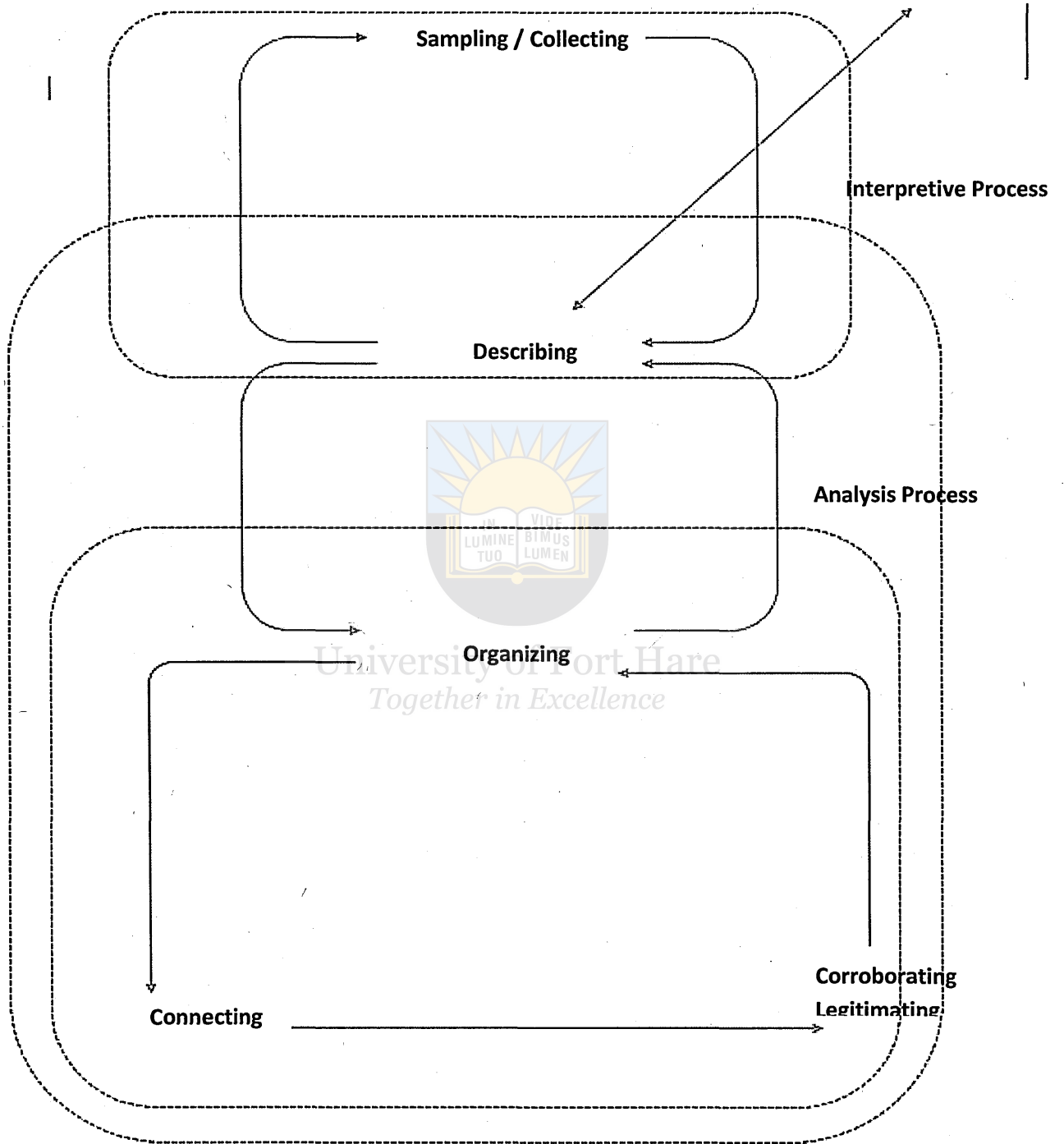
Qualitative methods refer to several distinctive research designs, which may include among other instruments intensive interviewing and focus group discussions (Engel & Schutt, 2005). This study applied Miller and Crabtree (1999) envisaged process of conducting qualitative research. The process is outlined below;

Firstly, the qualitative researcher reflects on the setting and her relations to the target population and interpretations of the topic. . Secondly, a description of and means for the research is explained. Thirdly, the sampling and data collection, which describes data and organizes the data, takes place. Fourthly, and simultaneously with the third step the analysis process takes place. Fifthly, connections between different data segments are made and actions to corroborate credibility of these connections are completed (Crabtree, 1999). This process is described in figure 3.1

below.

Figure 3.1 Processes for Collecting Qualitative Data

Figure 1. 2



Source: Miller & Crabtree (1999, p 16)

The Research Process

This research was conducted in the Buffalo City Metro area in the Eastern Cape Province. The specific areas from which participants were chosen are East London areas (such as Duncan Village and Gonubie), King Williamstown, eThebeni, and Zwelitsha. The areas were randomly selected on the basis of participant's willingness to participate in the study. The SASSA local office managers from the above mentioned areas were approached to request for permission to engage with participants who came to visit local SASSA offices for their permission to take part in the study. This laid ground for conducting a pilot study and some of the actual interviews at the SASSA local offices. The Focus Group discussion was held at the community, eThebeni location where participants lived, but was negotiated during the participant's visit to SASSA local offices. Lastly, some of these interviews were conducted at a non-profit organization in Gonubie and at the comfort of participant's homes. Approximately 3 weeks were spent conducting interviews and focus group discussion.

Population, Research sample and Sampling process

A non-probable sample was selected using the purposive sampling method. A purposive sampling method is usually selected to study unique positions of sampling elements, and internationally targets individuals knowledgeable about issues being investigated (Engel & Schutt, 2013). In terms of the selected sample in the study all participants were caregivers who receive a CSG and were all linked to the SASSA which administrates social grants.

Pilot Study

Five participants were selected for the pilot study from Duncan Village and were firstly interviewed on a one-on- one basis, and later as a group at a SASSA local office. The drafted interview schedule was utilised to conduct both the interviews and the focus group discussion. The pilot study ensured that the questions were clear, and participants were able to understand

them. When the researcher was satisfied with this a selection of participants for the actual interviews and another focus group discussion was made.

Figures 3.2 and 3.3 indicate the gender and ethnicity of both the single interviewees and the focus group participants respectively.

Figure 1. 3

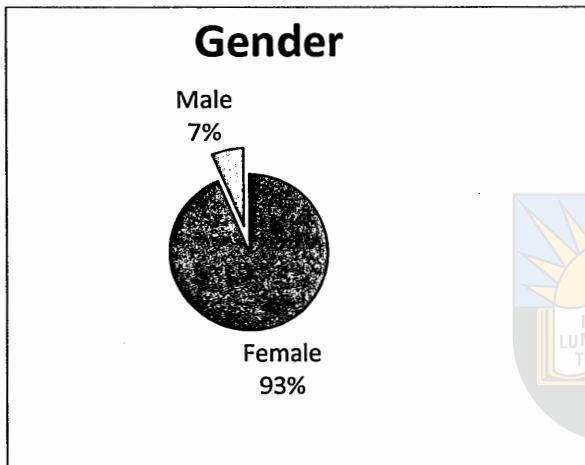
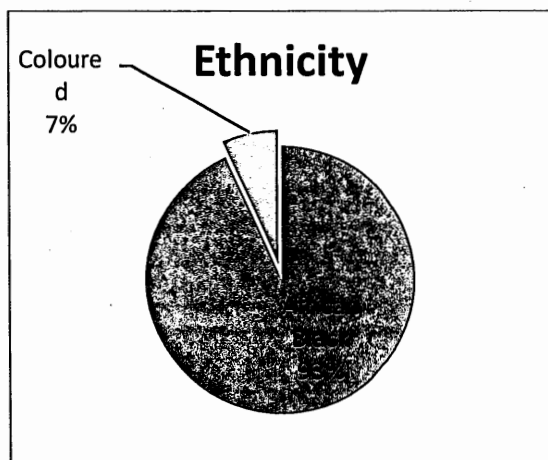


Figure 1. 4



Data collection

The collect of the data consisted of a semi-structured interview technique to fit the purpose of exploring the experiences of caregivers who receive CSG to alleviate child poverty in the BCM. According to Bonifas (2008) "semi-structured interviews are guided by broad

questions that an interviewer asks in an interview, but allow the interviewer to adjust the order and wording of the questions to fit each interview situation. Choosing this technique was essential for the exploration of issues regarding the experience of using the CSG to alleviate child poverty because of the flexibility during the interview with participants about their experiences.

An interview schedule utilised during the pilot study was executed during both the one-on-one interview and a focus group discussion. The interview schedule had 2 sections, one explored the demographic data of the participants and the other explored the participants' opinion of the ability of CSG to alleviate child poverty in the BCM.

One-on-one interviews were conducted with each of the individual research participants except the five participants who participated in the focus group discussion. The interview schedule was written in English, but was conducted in isiXhosa. The researcher translated the participants' answers to English for further analysis. The interviews lasted from 40 -60 minutes. For the actual interviews, three were participants from Duncan Village, three from Gonubie, two from Zwelitsha, and two from King Williamstown. The focus group discussion included five of the participants which were from eThembeni.

Data Analysis

In line with the qualitative approach used in this study, an interpretive phenomenological analysis technique was utilised to analyse data. The data analysis process stages that guided this study are listed below guided (de Vos, Strydom, Fouché, and Delport, 2011).

Preparing and organizing data

1. Planning for recording of data

2. Data Collection and Preliminary Analysis
3. Managing data
4. Reading and writing memos

Reducing the Data

5. Generating categories and coding the data
6. Testing the emergent understanding and searching for alternative explanations
7. Interpreting and developing Typologies

Visualising, Representing and Displaying the Data

8. Presenting the data

Planning for Recording of Data

To avoid facing problems when data has been collected Berg (2001) suggests that visualising the research project unfolding is critical to the spiralling effect of the research activities. According to Berg (2001) it is important to think about the data organization and analysis long before the data collection process begins. To this effect the data was organized in the described manner below.

Permission to use a dicta-phone during the interviews and focus groups discussion was planned for reflection of each session must be followed by a written memo. Transcription of the data also took place and thereafter uploaded into Nvivo data analysis package to organise, code and assist with the interpretation of data.

Data Collection and Preliminary Analysis

An interview schedule was designed to collect the data. This schedule was first piloted with five participants to check for validity and the generation of information that answered the research question. Thereafter, interviews with 10 participants, and a focus group with five

participants was conducted in the following areas of BCM –King Williamstown, East London, Gonubie, and ethembeni locations. This process was aided by a dicta-phone and hand written notes. A brief analysis took place after each interview in a form of reflection on the data collected and the participants’ meaning.

Managing the Data

According to Berg (2001) “In order to analyse data you must first arrange them in some ordered fashion” (p.103). After data was collected for this study, transcriptions were completed, and the data was uploaded on the Nvivo data analysis package for easier management of it.

With the Nvivo data analysis software folders for interviews and focus group discussions, consent forms, ethical clearance, memos, and the notes that were taken were opened. Furthermore, nodes for the categories that are discussed in the following steps were also opened.

Reading and Writing Memos

Memos were written in the form of reflections after each interview session, as well as during the period of reviewing literature. This information was used, read and re-read during the stages of data coding, interpretation and drawing up of conclusions. It also aided in the discovering of relationships between themes that emerged during the analysis period.

Reducing the Data

Generating Categories and Coding the Data

Content analysis began with the classification of the data. Background information was analysed separately from the content information. Answers to each question were grouped

together. Coding of relevant data emerged from there and was done in the already opened nodes discussed in the step of data management.

The nodes, therefore, facilitated the process of generating categories from which patterns of similarities were then explored from each group of classification. Data that did not form part of responding to the question were omitted.

Testing the Emergent Understanding

According to Royse (2004) it is easy to interpret data when comparison of one's current study findings are contrasted with findings of other studies. To test the emergent themes, the researcher also engaged literature with the findings of the study. This process helped with the discovery of similarities and differences between the current study and the current body of literature on discourses of CSG and child poverty alleviation.

Interpreting and Developing Typologies

Data was interpreted within the parameters of the IPA. The focus was on unravelling the meaning behind the caregivers' experience of using the CSG in alleviating child poverty. During this process the first-order or emic approach was adapted to develop typologies. According to de Vos, Strydom, Fouché, and Delpont (2011) "in this first-order interpretation a qualitative researcher interprets data by giving them meaning or making them understandable with the point of view of the people being studied" (pp. 417). So talk about how you applied this concept to your paper

Classified categories were not removed from the separate deprivation domains of the CFMDM, this made the process of refinement a bit complicated due to the interrelated nature of the model being used as well as the nature of child poverty itself.

Quality Control (Trustworthiness)

According to de Vos, Fouche, and Delport (2011) trustworthiness indicates the extent to which results are credible, transferable, dependable, and conformable. The study's quality is assessed accordingly below.

Credibility and Authenticity

According to Engel and Schutt (2013) although there are standards for evaluating validity of qualitative research it is critical that careful thought is placed on evidence and methods through which conclusions are derived. To increase credibility in this study methods namely interviews and focus group discussion were employed on a triangulation basis. Berg (2001) describes triangulation as the use of multiple methods of sights for the purpose of generating richer, more complete array of symbols, concepts and measures of verifying elements.

Furthermore, the data that was gathered was thoroughly engaged with literature. This is another method that was used to enhance the validity of the evidence or findings produced in this study.

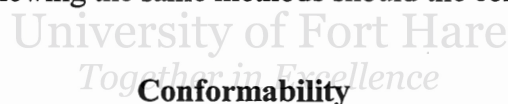
Transferability

Transferability looks into issues of generalization of findings. Here the researcher asks the question of how far findings can be generalised to a larger population. Again the researcher proposes adjustments that would need to be considered should research be generalised to other contexts (Bless & Higson-Smith, 1995). To drive the process of data collection the interview and focus group discussion schedules were largely based on the dimensions of the CFMDM. The purpose of the CFMDM is to provide a lens through which child poverty can be viewed in the South African context. Findings related to the experience of caregiver in alleviating child

poverty using the CSG therefore, can be applicable in other child poverty stricken areas within the Eastern Cape region.

Dependability

Dependability begs the question of whether data is logical, well- documented and audited. Based on positivistic assumptions, the central logic here is whether the study can be replicated should the same methods be used in a similar study (Vos, Strydom, Fouché, & Delpont, 2011). The implementation of the phenomenological design to a non-probable purposive sample of participants contributed to the logic, documentation and auditing of the research. This is because the use of the interviews and focus groups discussion to gather information and the use of Nvivo data analysis software for analysis helped explore the experiences of BCM caregivers in alleviating child poverty using the CSG. There by producing accurate information that can be replicated by following the same methods should the context be similar.



Conformability

Conformability addresses issues related to the objectivity of the study (Vos, Strydom, Fouché, & Delpont, 2011). The triangulation of methods and engagement of findings with current literature enhanced the objectivity of the study. Establishing the SDA and the CFMDM as the foundation of the study also contributed to ensuring the objectivity of the study. The application of the interviewing and focus group discussion instruments accelerated the process of data saturation and helped with the identification of frequent themes that were generated during the data collection stage. This helped in ensuring trustworthiness of the study.

Ethical Considerations

Vos, Strydom, Fouché, and Delpont (2011) suggest that when conducting social research there are concerns that the researcher must give special attention to, to avoid inflicting harm to participants. These include anonymity, confidentiality, and competence of the

researcher and those who assist him/ her in the execution of the research. Researchers must also be cooperative with the contributors, sponsors, and publication by identifying the findings. Similarly, in this study a consideration of these issues was given priority.

Avoidance of Harm

Physical or psychological harm and deception of participants are some of the ethical issues that must be addressed. According to Gray (2009) avoidance of harm means that there is no physical or psychological damage endured by participants as a result of having participated in a research project. Instead beneficence should be the principle that guides the rationale behind conducting a research project. There is no physical or psychological harm that this researcher is aware of from conducting this research. Although it must be noted that the increasing the awareness of the issues of child poverty may have caused the participants to be uncomfortable. This researcher asked each participant if there was any distress from answering the survey questions. All of the participants reported feeling no distress. Furthermore, the University of Fort Hare High Degrees Committee looked into the feasibility of the research and ethical issues were ruled out with the issuing of the ethical clearance certificate.

The benefit of conducting this study is the generation of new knowledge that will be added to the stock of human knowledge. Such knowledge can be accessed by anyone including policy makers when a need for it arises. The benefit to the participants is that their voices may be heard by policy makers. Change in policies or the general public's view of recipients who receive CGS may occur to assist in the complex issue of alleviating child poverty.

With regards to deception of participants, this was avoided at all costs. The confidentiality, voluntary participation and informed consent documents discussed were clarified to participants before they participated in the study. This practice ruled out any misunderstandings that participants could have had about the scope of the study.

Anonymity or Confidentiality

To ensure anonymity, confidentiality issues of voluntary participation and informed consent were explained. This explanation was discussed in isiXhosa to ensure that the caregivers' understand. The participants were encouraged to ask questions should they not understand something regarding their participation with the research.

Voluntary Participation and Informed Consent

Before the start of an interview or a focus group discussion, consent to participate in the study was obtained from participants. This was done through the completion of consent forms (see Annexure II). These consent forms contained information about the scope of the study, the clause on voluntary participation and agreement to tape record the interview. It also explained that the information clients provided would be treated confidentially. Confidentiality was ensured through the identification participants by code names such as ZGK001 for interviews with participants and FGD001 for focus group discussion participants.

Competence of Researcher

The researcher who conducted this study is competent to engage in research. She is an educated and qualified practising social worker. Her experience and understanding of the poverty conditions in which the CSG is administered were beneficial in the execution of this study. Also she fulfilled the requirements for a Bachelor of Social Work Degree (BSW). While obtaining her BSW degree she conducted a research project and is therefore familiar with the execution of academic research.

Cooperation with Distributors and Sponsors

Although a number of people who significantly contributed to the completion of this research are mentioned in the acknowledgement page. The following must be recognised. These individuals include: Supervisor Dr Schiller for the feedback on the proper execution of

the research, Prof C. Black-Hughes for funding transport fares during the data collection phase of this research, Dr Rautenbach for lending me keys to the master's room to conduct the research and the staff of the GMRDC for the funding of tuition fees of the researcher.

Publication of Findings

It is the intention of the researcher to publish a minimum of one article to a recognised accredited journal from the final thesis. The researcher also intends to go back to participants that took part in this study to share the outcome and discuss the implications there of with them.

Conclusion

This Chapter commended the utilization of the qualitative approach to execute the study. This is due to the fact that it enhanced the collection of rich in-depth information about the experiences of caregivers in using the CSG to alleviate child poverty. This approach was complemented by the semi-structured- interviews and group discussion conducted with participants. The phenomenological design further founded the collection and analysis of data.

To better manage, and analyse the large volumes of gathered data, the Nvivo data analysis software was employed. Lastly, the quality of this research was assed against a qualitative criterion for qualitative assessment. Further, ethical issues and limitations pertaining to this research were offered.

Chapter 5: Presentation of Findings

Introduction

This chapter discusses the findings of the undertaken research. Firstly, the biographic data is presented in the forms of charts and bar- graphs with brief summaries. The findings pertaining to the exploration of the deprivation domains of the Child focused Multi-dimensional model, as well as the overall opinions of how the CSG assists beneficiaries, and the envisaged changes to the CSG policy are explored from the participants' perspectives. Readers are cautioned to explore the section exploring the qualitative content of the study with an understanding that the major themes that evolved during the investigation were within the umbrella of the deprivation domains highlighted in the Child Focused Multi-dimensional Model (CFMDM) and hence, the domain are indicated as major headings of the findings.

The following table below this discussion encapsulates the biographic information of participants in the study. It clearly indicates that the majority of participants that took part in this study are largely females as 93% of females were part of this study and only 7% were male. This is a reflection of the gender dynamics present in the receipt of the CSG (Patel, Hotchfeld, & Moodley, 2013).

Similarly to the gender ethical considerations of the participants that took part in this study, 93% were black Africans and the 7% were coloured participants. Statistics South Africa (2016) indicates that Buffalo City is largely black African populated, with Black Africans make up 85,1% of the population, while Coloured is 6%, Indian 0,8%, white 7,7% and other 0,3%. The above explanations why the majority of participants in this study are largely black Africans.

The data also indicates that the majority of caregivers (60%) are unemployed and depend on the receipt of the CSG, 20% is employed and the other 20% is self-employed through

owning a fruit and vegetable stand. The incomes vary from R330 received for CSG payment to a high R4830 which includes a salary and the receipt of the CSG. Lastly, the majority of participants (46) have a grade 12 qualification, 7% has a higher certificate and the rest of the 47% are either completing their grade 12, stopped schooling at grades 7, 8, 10, and 11.

Table 2

Name of Participant	Gender	Ethnicity	Marital Status	Employment Status	Monthly income	Level of Education
ZGK001	Male	Black African	Single	Employed	R 2 330	Higher Certificate
ZGK002	Female	Black African	Single	Self-employed	R 2 620	Passed Grade 10
ZGK003	Female	Black African	Never Married	Employed	R 930	Passed Grade 12
ZGK004	Female	Coloured	Never Married	Self-employed	R 1 330	Passed Grade 12
ZGK005	Female	Black African	Married	Self-employed	R 1 730	Completing NCV/ grade 12
ZGK006	Female	Black African	Married	Employed	R 4 830	Completing NCV/ grade 12
ZGK007	Female	Black African	Married	Unemployed	R 330	Passed Grade 12
ZGK008	Female	Black African	Never Married	Unemployed	R 330	Passed Grade 11
ZGK009	Female	Black African	Never Married	Unemployed	R 330	Passed Grade 8
ZGK010	Female	Black African	Never Married	Unemployed	R 330	Passed Grade 8
FGD001	Female	Black African	Never Married	Unemployed	R 330	Passed Grade 7
FGD002	Female	Black African	Never Married	Unemployed	R 330	Passed Grade 12
FGD003	Female	Black African	Never Married	Unemployed	R 330	Passed Grade 12
FGD004	Female	Black African	Never Married	Unemployed	R 330	Passed Grade 12
FGD005	Female	Black African	Never Married	Unemployed	R 330	Passed Grade 12

Summary of Themes

The following depicts theme 1 to theme 8 as highlighted in the CFMDM and thereafter provides a discussion of both the major theme that emerged and the sub-themes. This is complemented by a table summarizing each theme before its discussion throughout the presentation of findings chapter.

Theme 1: Material Domain

In the conceptualization of the CFMDM the material deprivation is drawn in, and is said to include essential indicators which include food, clothing, and warmth (Noble, Wright, and Cluver, 2006). Using the 2001 Census data, Barnes, Noble, Wright, & Dawes (2009) analysed the statistical data for the purpose of profiling geographical child deprivation in South Africa, and found that about 81% of children experience income and material deprivation. Such findings indicate that either than through the CSG a vast majority of children in South Africa have no other means of accessing material necessities that are key to their development. This study showed the participants' experience of the material deprivation to include 4 relevant deprivation indicators which are financial, mobility/ transportation challenges, plus food and clothing provision measures.

Table 3

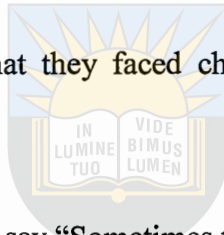
Theme 1	Sub-Themes
Material Domain	Financial and Transport Challenges
	Debt
	Provision of Food and its Challenges
	Unemployment
	Clothing

Financial and Transport challenges

Access to transport is like for most other cities in South Africa, characterised by a high car usage among the economic well-off population, while people with low income have to rely on public transport or must walk (Buffalo City Metropolitan Municipality, 2014/15)

The data assembled from interviews and focus groups for this study alludes to the financial challenges associated with using the CSG for childrearing by caregivers. The majority of the participants regarded the value to be either too low or insufficient to meet some of the critical needs of their children, such as buying medicine, and paying school related fees.

Some participants indicated that they faced challenges with mobility due to their inability to afford transport costs.



Participant ZGK001 had this to say “Sometimes the money is too little”

Participant ZGK009 alluded as follows “R330 is not enough”

Participant FGD001 further stated that “not having money to afford buying medicine”

ZGK005 “fees are really big because I am paying R1000 and something every month for fees”

ZGK0010 “Transportation money to take them to school”

In a research report looking at the gender dynamics and impact of the CSG in Doornkop, Soweto Patel, Hochfeld, Moodley and Mutwali (2012) reported the use of the CSG to include expenditure on school fees and school uniforms by 64.9 percent and on health and transport by 42.9 percent of CSG participants that took part in their study. They acknowledged that the issue of paying school fees was the case even though acts such as the South African Schools Act of 1996 and the National Norms and Standards for School Funding of 1998 have been enacted to

provide for the automatic exemption of children who receive a grant from paying school fees. This emphasis eroded the value of the grant. This is in line with the experience of the CSG by the BCM caregivers who struggle to meet school related fees and transportation costs.

The results of the *South African CSG impact assessment* study identified the positive developmental impact of the Child Support Grant in promoting nutritional, educational and health outcomes (DSD, SASSA & UNICEF, 2012). This is contrary to the outcome of this study as participants expressed their challenges with buying medicine.

Gormesall (2013) argues that South Africa remains a country with extensive and deep child poverty even with the implementation of the CSG. The professional opinion of the author, however, is that CSG reduces child deprivation. Such a view however, has not blinded the author from acknowledging that very young children may still be among those most in need of income support.



According to the World Bank (2014) South Africa is reportedly battling with high levels of household indebtedness (debt stood at 73.5 percent of disposable income in 2014q2), and tightening credit conditions that resulted in credit growth to the household sector are expected to recover only slowly due to constrained high levels of joblessness and declining purchasing power by households due to higher debt servicing costs.

During the interviews participants expressed their frustration with the interlocking poverty cycle they find themselves in due to their habits of ‘borrowing’ money as a means to solve their problems which lends them in even deeper debt that they cannot recover from with the CSG alone.

FDG002 “so sometimes there is no money which means I have to go borrow it and then pay it back using the CSG”

ZGK001 Interview “I have to go borrow money here and there”

ZGK004 “I borrowed R10 to go to SASSA and make a grant application with hopes that I will return it when I get paid”

Provision of Food and its Challenges

The purpose of the CSG is to supplement the household income in meeting the basic needs of the poor child. However, Research conducted by Department of Social Development, South African Social Security Agency, and UNICEF (2011) indicates that THE CSG is rather used as household income top-up, and is used to buy basic food and consumption needs of the household, this is due to poverty and unemployment.

The majority of the participants regarded the CSG to be effective in providing food till the next pay date, provided that the caregiver has other sources of income to supplement the grant.



Research Participant (FDG002) “...Because my child is older now, at least I am able to provide food because the CSG that is meant for the child, supplements the household food which my family takes care of, and so my child is able to have enough food for the month”

Research Participant ZGK005 “they (children) get proper food, at the right time...that is why I want to still continue working...I want to see that both children that I have are safe, and eat the healthy food”

Other participants, however, expressed that due to the low value of the CSG they could only afford to buy nappies with the grant and therefore depend on other people to fulfil the necessity of providing food.

Participant (FGD001) highlighted that,

“...You see the CSG it assists in the provision of food, but it is not enough to provide food for the whole month, so my mother normally adds more money for me to provide enough food for the month for my child. It happens sometimes that I am not even able to use the CSG for food, maybe I might buy nappies only, and then for the milk my mother helps me out”.

Another critical challenge unemployed participants highlighted was the inability to provide sufficient food for the development of their children with the CSG. They highlighted that with the CSG child milk ends too quickly, they may not be able to provide them with lunch at school, let alone buy diapers for the children.

FGD001 “The second one is that the milk ends too quickly, and I do not breast feed my child so I struggle in that sense”

ZGK002 “what hits is the provision of food, diapers, and all”



In South Africa unemployment is largely structural and long term... over the past few years it has remained stubbornly high... with about 7.6 million people being either unemployed or discouraged job seekers in 2014. Of this number, about 38.7 percent were new entrants trying to find a first job, and another 18.3 percent were individuals who last worked more than five years ago (World Bank, 2014)

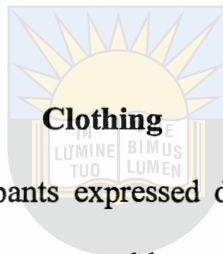
During the focus group discussion participants alluded to the challenge of unemployment as caregivers of children who are receiving the CSG. They described the CSG as partially assisting their plight, but not fulfilling the gap as the caregivers themselves and their children depend on their unemployed mothers who generate income through informal entrepreneurial means.

FGD001 “my mother does not work, what she does is sell things. So, since I am also

not working we all depend on the money she makes:

ZGK007 “The grant money, it’s not that it helps it does not, but then it’s not like having nothing if you are not working”

According to the World Bank (2014) Economic growth in South Africa also continues to trail most of its peers, and if it fails to pick up substantially, progress in reducing South Africa’s high rates of unemployment, poverty, and inequality will prove challenging. Tibert, Maisomnave, Chitiga-Mabugu, Robichaud, Ngandu, (2013) further argue that government policies tend to promote poverty alleviation with less success at ameliorating high unemployment.



Although some participants expressed difficulty in providing clothing their children, the majority of the participants were able to meet the clothing necessity using the CSG and relied on the practice of lay- buys. Some have even analysed price trends and know to buy winter clothes during the summer season, as it is normally cheaper. Others are assisted by their family members as the CSG on its own is not able to stretch as far as even buying clothes. While others bought clothes when they were in a better financial status.

Participant (ZGK002) purported that,

“...its difficult to clothe him”

Participant (FGD003) remarked that,

“...I also lay-buy sometimes or I use my brain, you see in summer, in Summer warm clothing are normally cheaper, so I buy winter clothes in summer, preparing for the next season”

Theme 2: Human Capital Domain

Noble, Wright, and Cluver (2006) purport that this domain includes school enrolment, attendance, and attainment. The domain may also be linked to the material as well living environment deprivation domains. Public childcare and educational institutions in Europe have increasingly become arenas for driving political goals and programs on a wide scale. Not only have public institutions taken over socialisation tasks from the family. What is new for the era of neoliberalism is that the state intervenes in a binding way in the making of a ‘good’ childhood and ‘good’ parenthood. Childcare institutions and childhood have become politicised (Gulløv, 2008). For the purposes of this study the school enrolment, school attendance, educational progress and pocket money will be explored in relation to how recipients of the CSG experience the human development domain.

Table 4

Theme 2	Sub-Themes
Human Capital Domain	Educational Challenges
	Educational Enrolment and Monitoring of Attendance
	Educational Progress
	Comments Regarding Pocket Money

Educational challenges

With regards to education, participants reported experiencing struggles that are related to payments of school fees, sickly children that do not cope at school and as such need medical attention often, and taking children to school at an early age proved to be a challenge for the caregivers

ZGK005 “The school things it’s something that makes me sometimes a little bit struggle”

ZGK006 Interview “when he is in school the teacher may call me and tell me that the child is not right, come and fetch him and go to the clinic”

Educational Enrolment and Monitoring of Attendance

With regards to educational enrolment in South African schools Gustaffsson (2012) raises the issue of discrepancies in statistical data of enrolled students due to publications such as those of the department of education and those of Statistics South Africa. The most reliable source of data for school enrolments are said to be the grade 12 examinations database because pupils in this grade have to provide their 12 digit national identity numbers to register for the exams and as such duplications are rare

Except for children that are still young (between the ages of 0 -2) all the other participants have children in school or a play group or crèche.

ZGK002 “Participant: Child not in School yet”

ZGK003 “One is in school doing grade R, while the other 2 are still living with me”

ZGK008 “Participant: He studies in Nonibe Creche”

All the participants with school going children ensured that their children attend school every day. Instances when children did not attend school included a rainy weather or child sickness. In terms of the distance from home to school there are variations as some are further and others close by. Participants also highlighted that arrangements for a positive school experience are made through budgeting activities and parents accompanying the children school far from home.

FGD003 “yes except for when it is raining. (a bit of a commotion took place). I do not take my child to school when it rains because....are there heaters there?...I think about that and I think well at least when the baby is home with me we can watch cartoon, be covered in blankets and make each other warm, and at times we bring in heated coal

ZGK009 “Participant: I make sure that all the school related needs are enough so that he is able to attend school at ease until the next month, so I make the child a small

budget, you see”

Despite the fact that the majority of the participants in the current study’s persistence that their children attended school almost every day, the recent report by the, by Department of Social Development, South African Social Security Agency, and UNICEF (2011) indicates that child receiving the CSG miss school or even dropout due to socio-economic issues which include money for school fees, uniform, shoes, transportation etc.

Educational Progress

Uwemedimo, Arpadi, Chhagan, Kauchali, Craib, Bah, and Davidson (2014) argue that there are a varied factors that influence participation and learning in class and ultimately school achievement. They point to visual acuity and hearing or middle ear problems as the major contributing factors poor school achievement with African children.

The majority of participants in this study, however, reported that their children were progressing well at school. They could attest to this because they are actively involved in their children’s education as some assist them with home-works and others go to the level of attending the quarterly assessments or presentations which they are normally invited to by schools. Other participants expressed concern with regards to the short concentration span of their children when they engage them in the educational activities

ZGK009 “The child is progressing...The school calls me when there are presentations things of that sort, so they also show me how the child is doing, and explain the progress report to me, even where he studied before at crèche, they used to provide us with progress reports on a quarterly basis, and then advise us as to where we need to assist our children. in overall though the child is doing well. For example his English has improved, though I have removed him from the crèche in Kimberley to the one here at the Xhosas side, he still remembers the things he had been thought”

FGD003 “At least the child is trying...The child gets bored with being instructed by me

though, we tend to fight a lot when we talk about books, but I do not know what the child is actually like in school”

Comments Regarding Pocket Money

Progress of societies, can be viewed on three key indicators namely; longevity of life, literacy, and standard of living (Emmerij, Jolly, Weiss & Thomas, 2001) According to Cluver, Gardner and Operario (2008) the standard of living can be achieved through programs such as feeding schemes, sustainable food and gardening projects and targeted assistance for grant beneficiaries which can be adopted for positive mental health outcomes.

The majority of the participants gave their children pocket money for lunch at school. Others made lunch boxes for them only or to supplement their pocket money. The amount of money given to children per day ranged from as little as R1.50 to as much as R10. Of course some participants did not have to give their children pocket money as they are still too young to understand or use money yet or their children attended a school with a nutritional programme.

FGD005 “Participant FGD005: yes they ask for it by name...

Participant FGD005: “I give the child R2 per week or R1.50 it fluctuates”

ZGK005 “Participant: If I have it I give it to her, R10 each and every day, because their school starts at 7:30 until 12:30 then she is going to after care from 12:30 until 17:00 because both (parents) of us we are working. So during that times she is there attending aftercare, so she needs a little bit of money of tuck- shop because I just do a lunch for her, it will take her until 12:30”

Theme 3: Health Domain

According to Noble, Wright, & Cluver (2006) Based on medical and research evidence health indicators include infant and child mortality, HIV infection and other sexually

transmitted diseases, mental health issues such as depression, chronic illnesses and disabilities such as Foetal Alcohol Syndrome. The World Health Organization (1946) extend the understanding of health as being more than the absence of disease or infirmity, but as extending towards complete physical, mental, and social well-being. It was therefore to this effect that when data illustrated that the children receiving the CSG were not experiencing any chronic illnesses but challenges to accessing quality health care services at the backdrop of using the CSG to alleviate child poverty.

Table 5

Theme 3	Sub-Themes
Health Domain	Preference between Public vs. Private Health Facilities

Preference between Public vs. Private Health Facilities

When children experience common illnesses caregivers indicated a preference to access health care services from private facilities rather than from public facilities. This is due to challenges with distance and mobility, as well as caregiver’s perceived poor quality services received when in public health centres. They did indicate, however, that they have to find other means to pay for the medical costs as the CSG cannot be stretched that far.

Some participants highlighted their view of this domain as follows:

FGD001 “My child is not suffering from any major illnesses yet”

And

ZGK0010 “Mostly it is the private doctors we consult with”

and

ZGK009 Participant: “No it (CSG) does not help, because for example the doctor I go to charges me R250 per consultation, so I work hard enough to make sure that after every 3 months I can afford to take my child to the doctor”

Theme 4: Social Capital Domain

Reflected by the principle of 'ubuntu' this domain entails the trait of community cohesion as an essential part of child development. It may be observed in the child's life through having family support, support from neighbours and local friends (Noble, Wright, and Cluver, 2006). An exploration of support structures and challenges associated with support, plus observation of children's interactional capacity are investigated for participants perceptions.

Table 6

Theme 4	Sub-Themes
Social Capital	Support Structures and Challenges with Lack of Support
	Observation of Interactional Capacity

Support Structures and challenge with Lack of Support

According to Bazemore (2001) "social support in social networks is fundamentally associated with one or more social relationships between the providers and recipients of such support". The quality and strength of which depend on connections youth make in kinship, friendship and other affiliations to social groups. With regards to this study some caregivers reported experiencing challenges with lack of support from the children's fathers who are either unable to support children because they are late or they neglect their responsibility for their children. This then leaves the caregivers to care for the children on their own.

FGD003 "The father of my child died so he cannot support me in that sense"

ZGK004 Interview "his father also does not care"

ZGK007 "It's difficult, particularly when you have to raise the child on your own"

Although some participants reported experiencing challenges with support from their children's father, it must be noted that there are some participants who are fortunate to have

their children's father's support in their lives because they are married to them, or because they have forced them through courts to maintain their children.

The majority of the participants, however, reported getting family support from siblings' in-laws, parents, spouses, and children's father. The support was unlikely to be of financial nature, but it came in the form of emotional, supervision and assistance with childrearing.

FGD003 "My sister supports me; my child's father's family is also supportive of me"

ZGK005 Participant: "Even if I want to go to the church, then my sister can then look after the little one and my neighbours can look after the old one"

ZGK007 Participant: I could just say it's the boyfriend that I have, because I'm not going to say it's who because he gives me money which helps me add on to what I have. I mean I am not going to be in need while he is here, just like I wouldn't go hungry while he is here, and again my child would not, not go to school while he is here?"

Evidence from the above indicates that some caregivers in the study are solely responsible for the care of the children receiving the CSG, while others have familial and communal support through other means rather than financially. Familial and communal support are good asset to have for children, because social resources are viewed as important factors protecting children from neglect and also predict positive social functioning in children (Kotch, Smith, Margolis, Black, English, Thompson, Lee, Taneja, Bangdiwala, 2014). However "the desire to raise the awareness of the importance of Black fatherhood and their commitment help children to develop well and succeed (cultural capital) and, their need to serve as positive 'role' models as Black fathers (symbolic capital) are significant here" (Hewison, Wagstaff, Randal, Williams, 2011).

Observation of interactional capacity

According to Desjardins and Schuller (2007), learning yields more skills, trust, and the motivation to engage in social life. In turn, trust, social skills, and civic engagement facilitate

not only informal learning processes during engagement activities but also participation in more formalized learning occasions. The majority of children are reported to be friendly and love to play with children their own ages. Others on the other hand tend to be bossy, or irritated when asked to play and share with other children their toys. Their caregivers allow them to play either within the yard where they can keep an eye on them or even with older children around donkey charts for example.

FDG002 “My child loves people, particularly people his/her age. As he/she has friends
FGD003 “laughs. My child is cruel, in that he/she grew up beating other children, not wanting to play with other children, but now that he/she is getting old he/she is becoming warmer, yet he/she does not like to be picked on

ZGK009 “She is able to play with other kids, but she tends to be bossy, although she loves people. But do not give other children her toys without my baby’s permission and even when she does not want others to play with her toys do not force her. Otherwise she will take those toys by force, and her facial gestures also change to being very stale”.

Accept for some children who are at a stage of displaying egocentrism, children receiving the CSG are observed by their caregivers to be good in interactional settings and generally sociable. According to Kotch, Smith, Margolis, Black, English, Thompson, Lee, Taneja, Bangdiwala. (2014) “As families are embedded in communities, it follows that the effects of specific family factors would be modified by the community context...Families and family members are influenced by their interactions with the greater social context in which they exist and function”.

The participants’ described social observations of their children’s interactional capacity are in line with the view of a reciprocal relationship between children and their peers.

Theme 5: Physical safety Domain

Noble, Wright, and Cluver (2006) specify that when children are exposed to objects or vulnerabilities such as firearm injuries, trauma, poisoning and burns they fall within the core component of child poverty deprivation. In this domain the recreational settings and activities children are involved are scrutinized for the purpose of determining physical safety deprivation.

Table 7

Theme 5	Sub-Themes
Physical Safety Domain	Recreational Setting
	Recreational Activities

Recreational Setting

Participant's experience of their surroundings indicated concerns about the physical safety of their children and in some instances lack of outdoor activities within considerable distance. As such, the majority of participants reported restricting their children from playing outdoors.

ZGK008 "You will find those in school or crèche only, not in the community at large"

ZGK006 "Ja, because the swings that we do have, I think they are not safe because there is no one that looks after them, so the children get hurt, the swings are constructed on a cement, most of the children that got hurt went to the hospital, so I decided that he must not go, or I will beat him if goes.

ZGK003 "You won't find any in Duncan Village, maybe across from us there are, like that where you will have swings and all, but there aren't any with us"

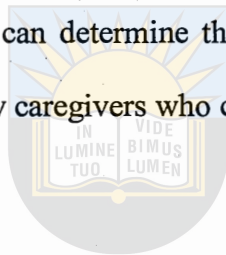
Sandster (2012) on the other hand, warns that "an exaggerated safety focus in children's play is problematic because although children should avoid injuries, they may also need challenges and varied stimulation to develop normally both physically and mentally". To

stimulate their children participants find themselves walking considerable distances to take their children to proper outdoor activities and in some instances use other means to stimulate their children such as buying toys for play instead.

ZGK0010 “No, I have to buy them toys that they use to play with other children that are our neighbours”

ZGK001 “yes it’s the one in zone three” (for swings that is)

It can be deduced from the above that CSG caregivers do value the role played by exposing their children to contexts where they can play, however, factors relating to the safety, distance, and access to play material can determine the caregiver’s ability to expose their children to play. This can be verified by caregivers who claim to buy toys for their children to ensure they play with others.



Recreational Activities

For recreation participants normally take their children out to town, and visit the malls or the beach, swimming pool, or throw a party for them. Some however, due to low income are unable to do those things for their children and depend on the school outings for recreational experience for their children such as a school visit to the zoo.

Playgrounds offer developmentally appropriate physical recreation for children in a controlled environment. This environment can be designed to maximize enjoyment and activity while minimizing danger. Providing safe spaces to play increases physical activity among children living in deprived neighbourhoods (Howard, 2010).

Caregivers in BCM, however, Within the recreational setting sub-theme participants reported that they were not accessing recreational settings within their communities, as such they reported a range of recreational activities that they engage in to stimulate their children’s senses in this sub-theme. These activities include using television as a form of stimulation,

visiting malls, Zoos, the beach, and sometimes playing with children directly or throw a party once in a while.

FDG002 “There are times when I take my baby out to town, and then the child can choose whatever she wants”

FGD004 “I play with the child turn on cartoons for him at home and that is it”.

FGD005 “We go out to the malls, town, you name it, and in January around the 5th, I took them to the beach”

ZGK007 “the school is going to the zoo, so in August they are going to the Zoo, so I will try and ensure that he goes to the zoo, because for example they are going to contribute R50 in school for this trip. I will make sure from the income I get from street vending he gets to go the zoo, which is not the same....I hardly ever take them out (oh my child), he/she does not just ever get amusement from me”

ZGK008 “Their mothers sometimes make parties for them that I do not have energy or power for, but they normally get that, and I tend to see it happen. One gets a cake just like the other kids, I on the other hand do not have the energy or power for that with this grant.... I do not ever go out on my side, my going out entails going around the village, and maybe go to a ritual somewhere, and then maybe I can take the child with me, as sometimes there is not one to leave him with. With the children that are now in school, they get to go out when they go with school”

The above is in line with the findings of a study looking at how early childhood education and care (ECEC) practitioners perceive the risk in children’s play, and how they handle children’s physical risk-taking by Sandseter (2012) who quoted one participants’ view as including that “the opportunity to experience thrills was seen as important for children, and the practitioners felt that, without the joy and fun of encountering risks and challenges, the

children would be bored in kindergarten ‘We have to offer them varied activities also the activities that trigger thrills’ (Sandseter, 2012).

From the above it can be concluded that BCM caregivers are within their means providing platforms for their children to participate in recreational activities, despite the lack of recreational settings within their communities, and financial issues.

Theme 6: Living Environment Domain

According to the South African constitution (1996) everyone has a right to an environment that is not harmful to their health and wellbeing, and to have the environment protected for the benefit of present and future generations. According to Noble, Wright, and Cluver (2006) from a deprivation point of departure this domain “extends beyond homelessness to include insecure informal dwellings, overcrowding, and the absence of basic services such as water, sanitation, and electricity”. In this study beneficiary’s access to Shelter, water and electricity are discussed.

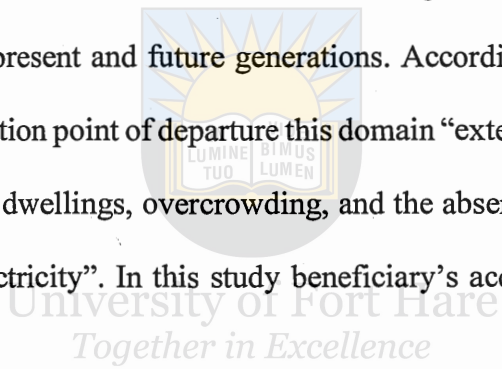


Table 8

Theme 6	Sub-Themes
Living Environment	Shelter
	Access to Water
	Access to Electricity

Shelter

The right to access adequate housing is highlighted within the constitution (1996) The pie chart in section 5.1 indicates that participants in the study live in a variety of housing which includes their own homes, rented shacks, RDP houses, and in their parent’s homes.

Access to Water

Within the BCM Area “water is sourced from Bridle drift, Rooikrantz, Nahoon, Laing and Sandile Dams and the Peddie Scheme, The Wriggleswade Dam storage is the back-up system. The system is complex and is made up of primarily surface water resources, with limited ground water resources suitable for only a few localised schemes” (Buffalo City Metropolitan Municipality, 2014/15) .

The majority of the participants access clean water at no cost and have clean toilets situated outside their homes. As for the toilets anyone is at liberty to use them as they are outside without locks. Some urban participants also reported having to pay rates.

ZGK002 “Participant: Yes we also have to pay for the water as well”

Participant ZGK002: “From the taps yhea.... Participant ZGK002: “yes we have to pay rates, but for me this happens through rent, if you remember I said I am renting so that part relies heavily on the owner of the property”

Participant ZGK008 “We do have clean water, but the taps are situated a little further away from home in the streets, except for those who have been able to connect the water pipes in their homes.... Participant ZGK008 “we are given the water for free, if the needs to be payments made, maybe I could say they are done when there is something that needs to be done on the tap etc.”

Access to Electricity

According to the Buffalo City Metropolitan Municipality (2014/15) both Eskom and Buffalo City supply electricity within the Municipal areas which include among other areas King Williamstown and East London Areas, due to budget constraints the condition of the electricity is in poor condition, hence the frequent power outages and poor supply to electric consumers.

The majority of the participants reported that they have access to safe electricity and some of them even to subsidized 50 free units. Others who have to buy the electricity spend an approximate R50 per month as they rent in a communal setting and as such contribute with others towards electricity and others depend on the people they reside with to take care of this aspect of their lives. Others do not have access to electricity but have applied for it. For power they depend on paraffin use

ZGK0010 Participant: “No not yet, I have applied for it for now... Participant ZGK0010
“I use paraffin, to cook, and for lights as well”

ZGK002 “Yes the municipality does switch it off, but lately that has not been happening, we are also aided by the subsidized electricity as well (which is 50 free units which is better)....:

ZGK002 Participant: “Yes we also have to pay for the water as well”

ZGK003 “well, we don’t have power in our area because we use to have izinyoka (illegal electricity connections), so now they have started installing electric power boxes, we are going to have to wait for the actual power to come through...”

.ZGK003Participant: Yes it’s the municipality, and they promised at least this year will not end without us having access to electricity”

ZGK007 Participant: “Yes we do have electricity, and in the yard we each contribute R50 towards electricity (because I am not the only border there) and then we can buy units either for R200 or R300”

Theme 7: Adequate Care Domain

In this study adequate care is perceived from the caregivers’ ability to use available resources to supervise the child that they are in receipt of the CSG on behalf of to ensure that they grow in a nurturing and stimulating environment. This is important in the child poverty

alleviation agenda as provision of adequate care gives children protection from the other factors that perpetuate the cycle of child poverty.

Table 9

Theme 7	Sub-Themes
Adequate Care Domain	Supervision, its Challenges and How these Challenges are met

Data revealed 3 aspects that participants considered to play a big role in endeavours to provide adequate care. These included elements that constitute supervision, the challenges associated with supervision and how these challenges are met.

Supervision, its Challenges and How these Challenges are Met.

On elements constituting supervision 3 themes emerged. Firstly, provision of educational assistance to children (much of this has already been covered in the human capital domain finding, but was also of relevance here to participant), Secondly, Instilling moral values, and thirdly, provision of guidance.

Some participants had the following to say regarding the provision of adequate care:

ZGK0010 “Participant: I teach them respect for adults, I also take them the importance of being in touch with your spiritual side, through attendance of church so that they can get valuable life lessons. Again respect when they are at school which also helps me in raising them. I also teach them not to steal”

With regards to supervision challenges, the issue of migration of some children’s biological parents were raised. This was in conjunction with the responsibility on the part of the new caregiver to provide constant supervision, and as such minimise some of their original engagements which were socio-economically beneficial to them. This then increases the level

of unemployment and stimulates a high level of reliance on the CSG which the caregiver receives on behalf of the child.

These are some of the views that were expressed by participants during the exploration phase:

ZGK008 “when you care for kids you must remain in one place...you cannot be going around”

The modes in which these challenges are resolved include a strong support system from the communities and families in which the children are brought up. This can be observed through the transference of child’s biological parents’ responsibility from them to other members of the family in their absence.

This is how some of the participants addressed the challenges experienced in the adequate care domain:

FGD005 “My mother sometimes helps with the supervision of the children”

And

ZGK005 Participant: “Ja we get support from my sister in-law, from my mother in-law, from my neighbours, because my own mother is living in rural areas, so she is far away from me”

Theme 8: Abuse

The Abuse domain includes Indicators such as physical, sexual, emotional abuse, and neglect and form part of the core component as highlighted by Noble, Wright, and Cluver (2006). In this study the physical type of abuse will be highlighted via the manner in which caregivers deal with their children’s behaviours, the other types of abuses will not be dealt with.

Table 10

Theme 8	Sub-Themes
Abuse	Dealing with Child Misbehaviour

Dealing with Child Misbehaviour

The National Department of Social Development (2004) defines abuse as ‘. . . all forms of physical and or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation resulting in actual harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power’

The children’s Act (2005) reserves the right to protect children from any physical or psychological harm that may subject the child to maltreatment, abuse, neglect, exploitation or degradation or exposing the child to violence or exploitation or other harmful behaviour. As such In respect of child abuse, the Charter on the welfare and rights of the child (2000) obliges state parties to take all appropriate measures including legal, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parents or guardians (article XVI. Cf article 19 of the Convention).

The majority of the caregivers beat their children when they misbehave, in doing so they prefer to use either a little stick, or a wet washing rag. Others believe that the threat of being beaten is enough to deter their children from misbehaviour while others base their choice of punishment on Christian values which result in talking to children, and lastly others ground their children by prohibiting them from playing, or watching TV for a certain period of time.

FGD005 “I speak with him, and when he refuses to listen I beat him, I do not use my hands I use a little stick, even the younger recognises my facial gestures when I do not

like a particular behaviour”

ZGK005 “discipline in our home is based on Christian values, and when our children misbehave we talk to them”

ZGK006 “On my side I like to say ‘I will beat you okay’, so he fears being beaten, I tell him that I will get a stick and beat him. So he will stay near the TV and asks for forgiveness, and promises not to ever do it again. Again when you shout at him, he cries, he hates being shouted at”

ZGK007 “I am a beater, when a person will not listen to me I take a washing rag a slap a person, like I do not immediately beat him, I talk to him and when he does not listen still, I resolve to a wet washing rag and slap him with it, you see, because he does not listen”

ZGK009 “I punish her, she will not go and play nor watch TV, so she will then come and ask for forgiveness, but I will let her know that she will be forgiven when she is done doing time of the punishment”

The cultural variations in the understanding of abuse poses a controversy as for example in many societies physical punishment is accepted as an appropriate form of discipline, but the same behaviour is regarded as abuse from a rights perspective (Save the Children Sweden, 2005).

Overall opinion of how the CSG assists caregivers

The majority of participants reported that the CSG assisted them mostly with the provision of food and clothing. Followed by transportation costs, school related fees (including after care services) and visits to health facilities. There are some participants who could not really name the major aspects of their lives the assisted with for a number reasons one being that they really did not depend on the grant that much, two being that their lives were really not improved by the grant in any way as they remained stagnant.

FDG002 “Mostly clothing, and again when the child was still crèche the grant used to assist me with the provision of lunch”

ZGK005 “Yes, as most of the money goes to the education of the children. Something that is of true value to me”

ZGK006 “His father used to maintain him, and I used that money for other things, so I used the CSG for transportation particularly, when I need to take my some to Frere hospital, and when we need to eat, we also use it, and we use it for when we need to do check-ups, so in that sense it really helped me”

In a study conducted by Hunter and Adato (2007) participants expressed that if the child support grant were to be increased they would spend it on educational needs of their children, food or groceries for the household, and future needs of their children. According to Coetzee (2011) “cash transferred through the CSG appears to be spent on improving the well-being of children and in this sense contributes to previous findings in literature indicating a positive impact on health, nutrition and education of children receiving the grant”

Drawing from literature and the above results, it can be argued that between the participants’ use of the grant or perceived assistance of the grant there is a link to the material deprivation domain, health, and human development. In other words, Participants perceive the CSG to assist them more in meeting the material, health and educational needs of their children.

Change brought by the CSG in the lives of caregivers

The major change brought by the CSG in the lives of caregivers was reiterated by a majority of the participants as being empowerment. Participants feel empowered to do things for their own children which they would otherwise not be able to do such as to educate their children in private learning institutions, to care for the child even when the child’s father refuses

to assist in caring for him/her (as a result the mother does not find herself running after someone who clearly does not want anything to do with her).

FDG002 “Uhm it has changed my life, because if was not receiving the grant I would be running after the child’s father, of which he does not care about me”

FGD001 “changed my life? Well it has actually because I am unemployed, so at least there is something I can do for my child, so it helps in that way”

It also encouraged other participants to start their own businesses and make their own money, join life cover policies and make budgets for food and transportation. Some participants acknowledged that no one else would be giving them R300 at a spare of a moment, so having CSG as a regular income brought hope as some participants state that without the grant their children would not even be attending school.

Participant FGD003 “I used to help when the child’s father was still alive as he was the one getting and would bring it when he likes, but now I have learnt to earn money from business, so I do not depend on it”

FGD005 “Yes it has changed our lives because today I am able to go to standard bank to pay a life insurance policy so that when I die, at least a certain amount of money even if it R10000 can be allocated to the family, I can also calculate how much I am going to need for transport, food, like instant porridges and milk and then R100 towards the policy for when I die”

ZGK005 “It has empowered me, and has been of great assistance in my decision to take my child to a model c school, which I would truly struggle had I not been receiving the grant”

ZGK006 “I would say yes it has changed my life, because at clinics, you would not get the medication you would have otherwise gotten at Frere, same as in the care you would

have gotten at Frere, so it has changed my life, because I don't deal with nurses, but doctors, who has more medical experience than a nurse, ja"

Literature indicates that some CSG recipients would spend the grant on generating other means of income such as investing in small businesses. Many recipients have reported the economic independence brought by the grant in their lives, and highlighted the issue that limits the extent of the CSG reach as the value. In most, instances the grant has changed lives through equipping the recipients with resources to meet living needs of their children although not entirely (Hunter & Adato, 2007).

Envisaged changes to the CSG policy

According to the Department of Social Development (2014/15) "The Eastern Cape province as one of the most rural provinces continues to be confronted with unemployment, poverty and underdevelopments which are key challenges facing policy design and implementation". In a research conducted by Wright, Noble, Tshongwana, and Neves (2014) some women described their experience of the CSG as being harmful to their dignity, more especially with respect to the application process, negative attitudes towards them as CSG recipients within their communities, and the small size of the grant. The Eastern Cape context and the experiences of grant beneficiaries, therefore, necessitates changes to the CSG policy as needed, so that the policy can better respond to the critical needs of the most vulnerable groups.

Increase the Value of the CSG

With regards to possible changes to the CSG a study conducted by Hunter and Adato (2007) reported on perspectives that strongly supported the increase in the grant value, the reason for this was alluded to include high unemployment or low income earnings and an increase in the CSG was relatively easy which is a good ideal for the poor. Furthermore, Streak

(2002) states that the small value of the CSG is perceived to be one of the factors hampering the poverty alleviation.

Some of the findings of this research had the majority of the caregivers who were of the view that policy planners should consider increasing the CSG from the ranging amounts of R50- R680. The arguments for such a point included the highlight of high unemployment among beneficiaries of the grant which makes the CSG the only regular income that responds to the needs of the children it is intended to alleviate poverty for.

ZGK001 “I would say they should add more money, you know that its now that its R300, I mean R320, they could add at least R700, so that it becomes R1000, because there are people who need it more, others are not working and depend on this grant, then at least, at least hey...ja this grant is working lot”.

ZGK009 “I would say the money should be increased, in order for the school related things and food for children to be enough for the children....Maybe add another R300 to make R600 so that there is enough money for clothing, and food”.

According to Tiberti, Maisomnave, Chitaga-Mabugu, Robichauda and Ngandu (2013) results of the economy wide impact study of the CSG results in a desirable link between the CSG and the employment of caregivers. This link plus an increase in transfers indicates an increase in household income, this, therefore, in turn increases government income due to an increase in direct consumption and production taxes. The only issue, however, is a decrease in total investment as government savings will also decrease.

Monitoring the Misuse of the CSG

The participants further advised that the increase in the grant value be accompanied by monitoring of beneficiary use. Participants made it clear that they were aware that some participants were not using the grant for its intended purpose and as such suggested those found

in foul play should be punished. For example be given vouchers at certain stores to go purchase necessities for their children rather as money was described as hedonistic.

ZGK006 “What I can think of right now is that there are many children with parents who abuse the grant money, maybe we should not be given money but rather vouchers to a shop for food, but not be given money because the money can be hedonic. And also clothing vouchers from pep for example for clothing”

ZGK007 “Sister I would say this grant needs official people to monitor its use amongst beneficiaries, there are people who do not work, there are those who are able to hustle, you hear me? Because this grant is received by people who have nothing, just like me I do not have anything I do not work I’m sitting down, you see...”

In responding to the question of whether CSG beneficiaries routinely misuse the grant, Patel (2013) informed the attendees of the Helen Joseph Memorial lecture that due to the selective nature of the South African system for eligibility for social grants, not everyone that is poor is likely to receive social assistance which creates a source of envy and negativity towards those who receive grants. However, she notes that based on available literature grant beneficiaries spend grants mostly on food. Furthermore, the results of the study conducted by Tiberti, Maisomnave, Robichaud, Chitaga-Mabugu & Ngandu (2013) indicate an increase in the consumption and production of education and nutritious food products, which they believe challenge the often held view that grants are squandered on non- essential consumption.

Extension of Age eligibility

Other arguments were directed to the extension of the age eligibility to 21 so that for those children who may be in school longer they can continue to receive the necessary support.

ZGK008 “I was receiving the grant for one of the children’s mother, who recently got off it because of age, and immediately after she turned 18, these news spread (of the

grant being extended to the age of 21), and I thought to myself, Yhu! I am encouraging this because, she is studying and we are struggling to provide school related things for her, but anyway she has had to stop for a while and help look after the baby, I really wanted this for her, that somehow she can receive some sort of payment”

Future growth in the CSG will only come from changes in the eligibility criteria, this will in turn increase the number of beneficiaries for the CSG is expected to substantially increase by 2015 (McEwen & Woolard, 2012). The Minister of Social Development (2014) highlighted that SASSA was considering increasing the age eligibility criteria for the CSG to the age of 23 years. She was quoted as having said “In 2015/2016 financial year we are going to be looking into the issue of children up until the age of 18. Secondly we want to look into the issue of foster children between the ages of 19 and 23 and many other children who are grant recipients but their parents are unemployed. We want to come up with a comprehensive programme to ensure that children don't get disturbed up until they are 23.” It is based on these promises therefore, that some beneficiaries have hopes for such an extension for their children.

SASSA to serve only its mandate of administrating and paying Grants

Again beneficiaries were of the view that SASSA should eliminate the service of selling airtime, and electricity to beneficiaries because such services further reduce the value of the grant and once beneficiaries link their accounts for such services deductions never stop.

FGD003 “Yho sister, what seems to be giving use trouble is the issue of airtime, this SASSA thing, if SASSA can just erase this thing of selling beneficiaries airtime and electricity, because they give us the grant free of charge, yes we agree, but now they make us get it at a reduced amount but sometimes you did not buy any of these things but the charges continue to deduct from the money, that is the problem that I would raise with the policy planners. For example at home there is only my grandfather who does not even have a phone, but when he goes to withdraw his pension money there are

charges for R50 worth of airtime and even R100 worth of airtime charged in his account”

FGD005 “If the SASSA agency can just stop the loan sharks from directly accessing their accounts. Things would be better; we would be in a position to see where the money goes”.

Independence

Some participants indicated the desire for independence, where they can get their own employment so that they can secure their children’s future and not depend on ‘useless’ man.

ZGK004: I would like to be independent and not need anyone to take care of the needs for my child, maybe get a job, even if it is for chore work for people who would like such services and for them to give even if its R50, or R100. Have my own job, because his father is useless at the end of the day, and I do not want my aunts to take the child from again because I am unable to provide for him. Even now my baby does not have food because he still eats porridge which right now I do not have.

According to the Framework for Welfare (2013) the social development approach contains the imperative of social processes that bring about changes in relationships so that the poor, vulnerable and marginalised can gain increased control over their lives and access to and control over resources. Again, the Social Development approach is for the promotion of social and economic development, where according to the White paper for Social Welfare (1997) the need to advocate for the meeting of basic needs, to build on ones capacity for self-reliance and participating in all spheres of life is necessary. The desire for independence expressed by participants is an indication that the CSG has a developmental element.

Delays in the Application Process

The drag in the application process is costly to the caregivers have reported to experience a number of inconveniences during the stage of the application for the grant which include; System or computers being down, and the application process not being finished in one day. Participants stressed that the money they use to visit SASSA braches is borrowed and when the process is extended it means when they finally receive the grant they have to pay off debts instead of caring for the child's needs.

ZGK0010: There is one thing, you see during the application process we come here to SASSA for application, maybe you get here and the computers are down, of which you had to hassle for the transport money you used to get there in the first place. Officials then send you back and ask you come back, and maybe the next time you come back you do receive help but the process may not be finished right there and there which means you still need to come back again and check on the status of your application, bear in mind you do not have the money for this which means you have to borrow it, by the time the money comes through you have to make the payments of the debts you have incurred during the application process

Even though grant applicants and beneficiaries have legal and constitutional entitlements to CSG and social assistance, they continue to be mistreated with loads burdens which should not be the case because such people are already burdened with poverty and the care of small children (Goldblatt, Rosa, Hall, 2006)

Conclusion

In the exploration the deprivation domains highlighted in the CFMDM, the CSG was found to have a positive impact on the realisation of necessities reflected by the material, human, and health domains. However, participants also accentuated the fact that they were not

able to meet all the demands of these domains with just the CSG at once. They expressed the CSG complemented their other sources of income which assists them in meeting basic needs.

Lastly, participants endorsed the following changes to the CSG policy; increase in value, monitoring use of the grant against abuse, and extend the age eligibility. Participants did not support the provision of other services by SASSA such as airtimes and so forth as this negatively affected them with never ending deductions. Clients also complained about the delays in the application process. Generally, however, participants praised grant for its contribution in their independence or self-reliance.



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Chapter 6: Conclusions and Recommendations

To Address BCM Caregivers Experiences in Utilizing the CSG to alleviate Child Poverty

Introduction

The preceding chapter presented an engaging discussion of the data on the findings from the interviews, focus group discussion and literature review. Here that discussion is put into perspective and rounded off to make conclusions regarding the BCM caregiver's experience of the CSG in alleviating child poverty.

The study was exploratory and used a qualitative research approach. Interviews and a focus group discussion were used as methods of data collection. Interviews were carried out at participants' homes, NGOs, and SASSA local offices. The sample included 15 participants of which 10 participated in interviews and 5 in focus group discussion. A phenomenological analysis of data took place thereafter.

The goal of this study was to explore how the CSG is a means to address child poverty in BCM. This goal was address through the adoption of the research questions and objectives listed and assessed below:

Research Questions

- ✓ How does the CSG address child poverty when utilising the CFMDM indicators?
- ✓ How do caregivers experience the CSG as a means to alleviate poverty in BCM?

Research Objectives

- ✓ To explore how the CSG addresses child poverty as described by CFMDM
- ✓ To explore how the caregivers experience the CSG as a means to alleviate poverty

Assessment of the Questions and the objectives of the Study

The objectives in this study were derived from the questions. As such addressing the questions directly influence the process of addressing the objectives. With regards to the exploration of the first question and objective the following categories highlighted as deprivation domains in the CFMDM were identified for exploration:

- ✓ Material Domain
- ✓ Human Capital Domain
- ✓ Health Deprivation Domain
- ✓ Adequate Care Domain
- ✓ Social Capital Domain
- ✓ Physical Safety Domain
- ✓ Living Environment Domain
- ✓ Abuse Domain



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The exploration of the above domains indicates that research question one and objective one are addressed. This is because all the categories or domains listed above are deprivation indicators listed in the CFMDM. This is a model that is used in this study to illustrate aspects of child poverty essential to the child. It is within the researchers' view therefore that research question one and objective one is exhaustively addressed in this study.

In respect of addressing the second question and objective of how caregivers experience the CSG in alleviating child poverty the following themes were explored:

- ✓ Caregivers' views of how the CSG assists them in alleviating child poverty
- ✓ Exploration of the kind of change brought by the CSG in the lives of caregivers
- ✓ Lastly, Caregivers' views of what must change to make the CSG more effective in the child poverty alleviation.

The second question and objective are addressed based on the fact that the findings largely demonstrated caregivers' views of how the CSG assists them in means to alleviate child poverty. This was even supplemented by enriching data on how caregivers see the direction of the CSG in efforts to make it more relevant in their lives.

Exploration of How the CFMDM Addresses the Domains of the CFMDM

Conclusions on how the CSG addresses child poverty as explored from the individual deprivation domains of the CSFMDM.

Material Domain

Based on the findings presented in the analysis chapter, the researcher is of the view that the CSG has minimal contribution on this domain, due to its low value. The role played by the CSG in response to provision of food, clothing, transportation can be observed. However, it is outweighed by debt and high levels of unemployment of caregivers.

This means that as a supplementary source of income the CSG does not fully address critical necessities presented by this domain, without a stable income in the household from which children live. The issue of unemployment also hampers the process of child poverty alleviation through the utilization of the CSG. It can be concluded that the CSG has a minimal contribution to this domain but does not fully address the basic necessities to alleviate child poverty alleviation.

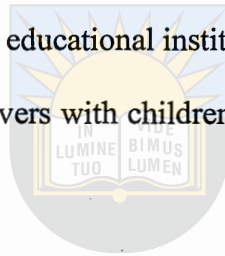
Recommendations:

Firstly, to meet the challenges stated above, SASSA and the Department of Social Development should collaborate with the caregivers to design an intervention programme that will not only help identify caregivers needs, but will also help caregivers learn other lucrative means of generating income and support structures to assist in the process of meeting children's physiological needs.

Secondly, adopt Olaleye's (2013) endorsement of recruiting community social workers who will act as referral sources and resource persons in initiatives aimed at alleviating child poverty.

Human Capital Domain

Challenges perpetrated by other deprivation domains such as health and material deprivation domains converge and overlap on human capital context posing challenges for the CSG to address the critical factors of child poverty presented by this domain. Even though that is the case data presented in the previous chapter illustrates that all caregivers in this study have their children enrolled and attending an educational institution such as play group, crèche, and school. Exceptions are for those caregivers with children that are not yet of school going age (0-2).



The children that are in school are progressing well despite some caregiver's concerns of playful behaviour that the children display.

Much attention needs to be taken with regards to health, material issues which heavily influence the performance of the CSG on this domain. Such actions could yield positive rewards for the children's experience of the human development domain and to the alleviation of child poverty.

Recommendation:

There is a need to strengthen food nutrition programmes and transport or mobility programmes in schools, so that caregivers do not bear the burden of having to make their children proper lunch and pay transport contracts as this cuts out a huge chunk from the CSG. This could help caregivers divert the CSG to other aspects of the children's' lives thereby alleviating child poverty.

There is a need for new policy strategies that successfully integrate a rights-based approach in the process of poverty alleviation especially in the case of children who are still in the critical stages of human development.

Health Domain

Despite measures to provide free health care services to social grant beneficiaries by government, problems within the health care system divert people into the private sector which is more expensive. As far as the beneficiaries of the CSG are concerned such problems have negative financial consequences for them, they therefore find themselves where they have to devise other means to afford medical attention for their children, as the CSG cannot meet this domain. It can be concluded that the CSG does not address children's health domain. Caregivers must have other alternatives in place to meet this domain.

Recommendation:

The enactment of pro-poor policies which only grant social grant beneficiaries free access to health care is not enough, as such there is a need to invest more in the quality of services rendered by the public health institutions. According to Sanders, Reynolds, & Lake (2012) this can be achieved through the establishment of partnerships with the private sector to ensure that the public sector meets the criteria for serving the poor.

Adequate care Domain

The CSG plays a critical role in the provision of adequate care. Caregivers indicated the high level of commitment needed to care for children which includes amongst other things constant supervision, ensuring daily necessities such as preparation for school are fulfilled and that proper social developmental values are instilled for good foundational childrearing.

In the midst of a declining economy with high unemployment rates, many caregiver provide supervision themselves, and sometimes get help from relatives or neighbours and as such rely on the CSG to assist financial demands created by such support structures.

Furthermore because supervision can be so demanding some caregivers find it difficult to participate in their own economic development for a lack of not only the employment opportunities but also a lack of time as they have to invest most of it in raising and supervising their children. This aspect of the caregiver's lives has developmental implications on the part of the CSG as the policy does not give caregivers a piece of mind knowing that the CSG might help with the hiring of a nanny while caregivers look for or even create employment.

Some caregivers are able to meet this developmental challenge through the help of their families. Having access to other sources of income also assist in providing quality supervision. It can be concluded that the CSG has potential to play a pivotal role in addressing this domain. However, it does not fully meet its demands due to individual economic circumstances of caregivers, and its own low value.

Recommendation:

The caregivers' role of providing adequate supervision is another factor that hampers caregivers from hunting for and obtaining employment. This sets back the gains that can be achieved with the use of the CSG in addressing child poverty as it is the single income in homes of beneficiaries. Challenges that are generated by the unemployment of beneficiaries can be resolved through the implementation of programmes and services that help strengthen caregivers through assistance with caregiving activities for their children while they search for employment, again programmes that assist with job hunting can also be beneficial to caregivers who are using the CSG to alleviate child poverty.

According to Depanfilis (2006) one of the basic principles that can be used to intervene with families where children's basic needs are not met includes the utilization of the principle of empowerment which resonates well with the SDA goal of maximization of human capacity. According to Depanfilis (2006) teaching families how to manage stress and conditions of their lives empowers them to solve their own problems and not rely on the social system. This is why implementation of programmes and services that will facilitate the employment of caregivers receiving the CSG is more desirable.

Social Capital Domain

Based on the findings it was deduced that the CSG plays a big role in supporting caregivers, especially those who are without support from the children's fathers. In instances where familial and communal support is provided the CSG continues to play a big part in the caregiver's lives as the external support received was mostly in the form of assistance with supervision but not financial. Caregivers mostly relied on the CSG in addressing the social capital domain.

Furthermore, the children whose caregivers receive the CSG were reported to have displayed high levels of interactional capacity. This can be interpreted as the CSG addressing the social capital domain for a majority of caregivers as it compensates for the financial needs while the families of caregivers look after the other necessities. This cooperation further establishes a platform for children to form meaningful relationships and develop their interactional capacity which become necessary in adulthood and in navigating one's way out of poverty through established networks in communities.

Recommendation:

There may be a need to maximize the value of the CSG as it has proven to be effective in meeting the human development domain. This is important as children experiencing poverty

are more likely to receive help than those not experiencing poverty, more especially when they have strong social networks with their families (Matthews, 2015). In the case of this study finance has proven to be a motivating factor for relatives and the community to assist caregivers in childrearing. Maximizing the grant may add value to the experience of the social capital domain for poor children.

Physical safety Domain

The CSG contributes to the realisation of this domain. The previous domain on social capital addressed issues of interactional capacity with children receiving the CSG. That aspect is also influenced by the context in which it takes place. This is addressed in this domain.

Firstly, the majority of caregivers who took part in this domain live in shacks and in townships. This means that children are exposed to risk of physical harm, in this study the caregivers themselves cited this harm as being observed in areas designated for children's recreational spaces.

As such caregivers have resolved to minimise this harm by not allowing children to use such spaces and prefer that they play at school. Other caregivers even buy toys, take their children to malls or play in swimming pools when possible. Although the CSG is not utilised in these activities, its contribution in other aspects of children's developmental welfare provides means for caregiver to use other alternative sources of support to address this domain. As such the CSG can be concluded as having a contribution towards this domain.

Recommendation:

This domain reverts back to the suggestion of collaboration between SASSA, the Department of Social Development, caregivers and the municipality in identifying and children's needs. In this case that could involve ways to ensure that the physical spaces such as the recreational spots that children spend time in are safe.

Living Environment Domain

This domain addresses child poverty issues highlighted that are at the second layer of the CFMDM. These are access to quality services such as housing electricity, and water. This study investigated these in respect of the caregiver's experiences and a link between them and how the CSG assists in accessing them was established.

Caregivers reported sheltering their children in the form of their own homes, parents homes, RDP houses, and others rented shacks for shelter. The majority of these caregivers also accessed water and electricity. These services are essential for meeting physiological survival needs, however they also have cost implications.

Due to the fact that the majority of caregivers live with other family members they are able to use the CSG to contribute to other domains such as material domain of the household, thereby indirectly securing other domains which are taken care of by other family members. For example, payment of electricity in most homes is paid by someone else who in most cases accessed the Old Age Grant. It is deduced therefore that the CSG has an indirect contribution towards meeting this domain.

Recommendation:

Expanding on the idea of the establishment of community programmes to address caregiver challenges, collaboration with local stakeholders such as SASSA, DSD, the municipality, and caregivers could help facilitate a process that can ensure that caregivers receive adequate conducive RDP homes, and have access to free basic services such as electricity and water. This can help caregivers conserve the CSG for use in other critical aspects of the poor children's lives.

Abuse Domain

The aspect of abuse that was explored was of physical nature it looked at issues of how caregivers discipline their children, and the contribution the CSG has towards ensuring proper measures are taken by caregivers when disciplining children.

The majority of participants preferred corporal punishment as a critical part of disciplining their children and the selective few exercised threats, grounding and talking or reasoning with their children, which is are mechanisms they learnt from Christian values.

Based on the children's Act 38 of (2005) children must be protected from all types of harm including physical harm. In the context of this study due to the inclination caregivers to continue to inflict physical harm on children, although corporal punishment is against the law. It is concluded in this study that the CSG does not address the abuse domain as it does not contribute towards the education and practices of caregivers to avoid inflicting physical harm on children.

Recommendation:

South Africa enshrines in its constitution (1996) the right not to be treated and punished and a cruel and inhumane or degrading manner. As such policies there is a need for the enforcement of these policies in homes and local communities, so that parents do away with the physical abuse of the children they care for. Establishment of community programmes could also help in the education of caregivers about better ways of dealing with child misbehaviour.

Exploration of the Caregivers' Experience of Using the CSG as a means to Alleviate Child Poverty

The following are concluding remarks on the accounts of caregivers' experience of using the CSG as a means to alleviate child poverty;

Caregivers' Views of how the CSG assists in Child Poverty Alleviation

For the majority of caregivers the CSG had room to assist mostly in meeting the material, human capital, health, and adequate care deprivation domains. This is because the CSG contributes mostly minimally in addressing these domains. However, the CSG was reported to be used towards addressing one domain at a time, this means that on a particular month the CSG is received and is used to address issues within the material domain only, and as such for that month the other domains will not be attended to. Caregivers attributed this experience to the low value of the CSG which cannot contribute to all the domains simultaneously.

With regards to the rest of the domains the CSG either has an indirect or no contribution towards addressing child poverty issues highlighted by each domain. For instance when considering the social capital, physical safety and living environment domains, the CSG is too low to secure support structures and receipt of the CSG does not guarantee social acceptance of caregivers and their children.

Again, receipt of the CSG does not protect children from exposure to vulnerabilities to risk in their recreational settings or ensure access to adequate housing, water, and electricity. However, it can compensate for these things through cooperative measures between caregivers, families and communities networking capacities. These compensations have been explained at the conclusion remarks made at the end of each domain.

Recommendations:

Much attention should be paid to the material, human, health, and adequate care domains with regards to initiatives that could help boost the reach of the CSG. Such initiatives could include reinforcing community work programmes by establishing a programme for instance for food stamps for caregivers receiving the CSG. Such a programme could also

involve a process of re-looking and reforming the health policies to better assist caregivers to access adequate health care services at their own convenience.

Changes brought by the CSG in the lives of Caregivers

The major contribution of the CSG to changing caregivers' lives in an effort to alleviate child poverty was cited as empowerment. Caregiver feel empowered towards self-sufficiency, independence, and towards contributing to the local economy. It has also empowered them to take charge of their children's education and their family's health.

Lastly, The CSG has for many caregivers restored hope for a better life. This has been reflected through the caregivers' involvement in activities that help secure the future such as life insurance policies. Again for the majority of caregivers the promise of receiving the R330 per month to assist with children's needs allows for space to plan their children's lives with the CSG as suretyship.



Recommendation:

Since caregivers already feel empowered in some way by the CSG, there is a need to build on that sense of empowerment to assist caregivers find employment opportunities, that way they can exit the CSG system and become capable and better carers of their children.

Caregiver's Envisaged Changes to the CSG

With regards to changes in the CSG 5 concerns emerged in the study and they included consideration of increasing the value of the CSG, setting-up monitoring measures for misuse, extension of age eligibility, urging of SASSA to remain within the parameters of its mandate and improvements to the application process to avoid delays were cited as possible changes to make the CSG more effective in the lives of caregivers and their children.

For reasons already discussed in the Findings chapter caregivers felt that addressing the concerns above would help make the CSG effective in the alleviation of child poverty. Indeed these concerns must be addressed as they are pressing issues in the provision and receipt of the CSG. The recommendations proposed below will dedicate some time and attention to this aspect taking into consideration the overall findings of the research.

Recommendations:

It is within the researcher's view that the changes envisaged by the caregivers to make the CSG more effective in the process of child poverty alleviation are compelling, urgent, and must be in governments' programme for plans of reforming the CSG policy.

Implications for Theory

The following analysis of the implications of the SDA to the conclusions of this study are not meant as a prescription of what the CSG should be, but rather as a description of the reality of the lived experiences of BCM caregivers who use the CSG as a means to alleviate child poverty. Considering the theoretical framework context of the SDA and the overall findings of this study, it can be concluded that the CSG lacks some of the critical developmental features and this caregivers attributed to its low value.

When exploring the caregivers' views of the CSG in alleviating child poverty, in relation to the goals of the SDA the following were some of the theoretical implications that emerged in relation to the 5 SDA goals that were identified in the theoretical framework chapter:

According to Moscardo (2007) the SDA consists of 3 interrelated social constructs namely social capital, social change, and local capacity building. These 3 social constructs are essential in advancing prosperity of multi0cultural societies such as South Africa. In this study participants demonstrated the strong role played by the social capital in their lives. Participants

felt that social capital was maximised by the presence of the CSG in their lives. Participants described a great sense of social support in their social circles which maximised their network. This in the researchers reflects a positive aspect in the experience of the CSG and somehow also addresses the SDA goal of capacity building and maximization of people's choices.

With Regards to the issues inherent to the SDA goal of inclusion Mocanu, Mitrica, Vardol, & Serban (2012) suggest that developmental policy must be centralised on measures aimed at creating conditions for the rural to absorb the positive effects of the development from urban areas and reinforce their functional links. This can be achieved through the prioritization of public utilities, education, health, and adoptions of strategies targeted at marginalised groups or communities.

Furthermore, Caceres & Caceres (2015) state that macroeconomic policies should advance human development and governance because such a thrust would yield positive outcomes such as higher national savings, and investments rates, lower reliance on external resources, lower economic vulnerability and instability, and dynamic economic growth. This study's findings reveal a positive experience of the human capital domain for poor children. However, some negative experience revealed by children at school has a direct indication on the consequences of living in household where unemployment is high amongst caregivers who care for poor children. This, therefore, poses a regression on the possible developmental outcomes that the CSG could have in the lives of poor children. Somehow measure must be instigated around caregivers receiving the CSG to help caregivers improve their socio-economic outlook. Currently, however, the experience of using the CSG to alleviate child poverty doesn't reflect a push for the acquisition of the freedom within the economic aspect of the caregivers lives.

In respect of promoting human rights, the CSG may have been enacted as a pro-poor policy in response to the constitutional right to social security and social assistance when needed (South African Constitution, 1996), however, the experienced reality of using the CSG to alleviate child poverty in BCM still puts caregivers and the poor children in a vulnerable status quo. This study revealed how the low value of the CSG generally cuts across the broad multi-dimensional experience of child poverty, and the huge impact income child poverty has on the experience raising poor children in BCM. In respect of BCM, South Africans need to think seriously about these issues, including that of unemployment which perpetuates the negative experience of child poverty. The recommendations outlined under each section of the CFMDM maybe a step in the right direction. As of today however, this study indicates that from the perspective of using the CSG for the promotion of human rights much work still remains undone.

The South Africa Social Security Agency (2016) is mandated to administer and pay social grants. In respect of the CSG SASSA fulfils this mandate. However, the issue is with the provision of follow-up social welfare services to help complement the CSG's reach. The findings in the previous for example revealed that caregiver were aware that some caregivers receiving the CSG were abusing or misusing the CSG. SASSA on the other hand does not have a structure in place to provide support services to caregivers. Such services could include educating caregivers about how best to manage the CSG and link them to other services within their communities that could help caregivers to fight child poverty. The presence of such service could help detect unfit caregivers and secure better and more capable caregivers to help children get out of poverty.

In this study the goal of integration and provision of social welfare services were dwelt on. However, SASSA doesn't complement its social grants services with other social welfare

services and this sometimes has negative consequences on the targeted beneficiaries and the poor children. The CSG realisation of the SDA goal of integration becomes unclear.



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ANNEXURE

ANNEXURE I

UNIVERSITY OF FORT HARE

FACULTY OF SOCIAL SCIENCES & HUMANITIES

50 Church Street East London, TEL: 043 704 7000

ETHICS CLEARANCE FORM

ETHICS RESEARCH CONFIDENTIALITY

AND INFORMED CONSENT FORM



Please note:

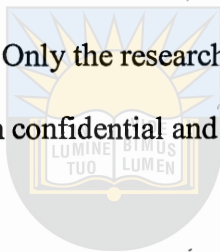
This form is to be completed by the researcher as well as by the interviewee before the commencement of the research. Copies of the signed form must be filed and kept on record

Our University of Fort Hare Social Work and Social Development Department is asking 20 people from your community to answer some questions, which we hope will benefit your community and possibly other communities in the future.

The University of Fort Hare / Social Work and Social Development Department is conducting research regarding experiences of caregivers receiving child support grant as Means to Address Child Poverty in the Buffalo City Metropolitan area. We are interested in finding out more about how the CSG is a means to address child poverty. We are carrying out this research to help the beneficiaries of the Child support Grant and policy makers get a better understanding of the impact of the grant in the BCM area.

Please understand that you are not being forced to take part in this study and the choice whether to participate or not is yours alone. However, we would really appreciate it if you do share your thoughts with us. If you choose not take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way. Confidentiality will be observed professionally.

I will not be recording your name anywhere on the questionnaire and no one will be able to link you to the answers you give. Only the researchers will have access to the unlinked information. The information will remain confidential and there will be no "come-backs" from the answers you give.



The interview will last around (60) minutes. I will be asking you questions and ask that you are as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. I will be asking some questions that you may not have thought about before, and which also involve thinking about the past or the future. We know that you cannot be absolutely certain about the answers to these questions but we ask that you try to think about these questions. When it comes to answering questions there are no right and wrong answers. When we ask questions about the future we are interested in what you think the best thing would be to do and also what you think would actually happen.

If possible, our department would like to come back to this area once we have completed our study to inform you and your community of what the results are and discuss our findings and proposals around the research and what this means for people in this area.

ANNEXURE II

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

THE DEPARTMENT OF SOCIAL WORK AND SOCIAL DEVELOPMENT

EAST LONDON CAMPUS

This interview schedule is meant to assess the impact of the Child Support Grant in addressing poverty in the lives of caregivers in the Buffalo City Metropolitan Area

Section A

Demographics

1.1 Gender

- Female
- Male

1.2 Age of the Caregiver

- 13-18
- 19-30
- 31-40
- 41-50
- 51-60
- 61+



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1.3 Age of the Child receiving Child Support Grant

- 0-3
- 4-6
- 7-9
- 10-13
- 14-17

1.4 Ethnicity

- Black
- White
- Coloured
- Indian

1.5 Economic Status

- Poor
- Below Average

- Above Average
- Affluent

1.6 Type of Housing

- RDP housing
- Shack
- Flat
- Backyard house or room
- Homeless
- Other (describe)

1.7 Size of the Household (number of people living in the household)

- 2 -5
- 6-10
- 11-15

1.8 Indicate the number of children receiving the Child Support Grant for?

- 1
- 2
- 3
- 4
- 5
- 6



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1.9 Are you employed?

- Yes
- No

1.10 Monthly income/wage range

- R100- R2900
- R3000-R5800
- Other _____

1.11 Highest Educational Qualification by Caregiver (to be indicated using grades)

- Primary Level Education
- Secondary Level Education
- Tertiary Level Education
- Skills Qualification
- Abet
- No formal Education

1.12 Highest Educational Qualification by Child (to be indicated using grades)

- Primary Level Education
- Secondary Level Education
- Tertiary Level Education
- Skills Qualification
- ABET
- No formal Education

1.13 Marital Status

- Single
- Never Married
- Married
- Widowed
- Divorced

Section B

Experiences of poverty in receipt of the Child Support Grant as highlighted in the deprivation domains of the Child Focused Multi-dimensional Model

2.1 Are there any other Social Assistance grants you receive? (Except for the CSG?) if so, please indicate: Yes _____ No _____

2.2 What would you say are the major challenges in caring for your child?

2.3 Are you able to provide sufficient food for your child? Explain:

Yes _____ No _____

2.4 Are you able to provide adequate clothes for your child? Explain

Yes _____ No _____

2.5 Are you able to pay for recreational activities your child may desire to participate in within the community? Explain

Yes _____ No _____

2.6 Are you able to give your child pocket money (or an allowance)? If so, how much for how long? (i.e daily, weekly, or monthly allowance)?

Yes _____ No _____

2.7 Is your child in School?, if so what grade is he/she doing? (if in preschool: indicate pre-school)

Yes _____ No _____

2.8 Is your child able to attend school everyday? If not why not?

Yes _____ No _____

2.9 Are they (your child/children) progressing well?, if not why not? Do you get support from anyone in raising your child? (i.e relatives, neighbours, friends-be it financial, emotional, physical etc.)

Yes _____ No _____

2.10 Is your child able to interact and build relationships with other children in the communities? Explain

Yes _____ No _____

2.11 Does your child have access to recreational settings? (i.e parks, safe play areas)

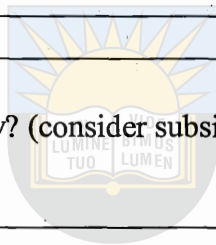
Yes _____ No _____

2.12 Do you have access to clean water?

Yes _____ No _____

2.13 Do you have access to safe electricity? (consider subsidized electricity, or izinyoka)

Yes _____ No _____



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2.14 Who supervises the child? Explain how this process is carried out

2.15 Does the child have any special needs? if yes Explain

Yes _____ No _____

2.16 When the child misbehaves how do you deal with him/her?

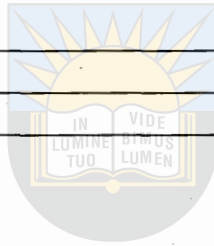
2.17 Does the child suffer from any chronic illnesses or disability (ies)? Explain

Yes _____ No _____

2.18 In your opinion is the Child Support Grant able to assist you in caring for the needs of your child?

2.19 In your opinion, how has the Child Support Grant impacted your life?

2.20 What changes (if any) would you like to see in the future regarding the Child Support Grant?



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