Master Thesis

"I want to fly, but my wings are too short"

Resources of children living in child headed households

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Master Social Policy and Social Interventions

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NDLOVU CARE GROUP

Preface

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Summary

This report describes research done on the resources of children living in child headed households (CHHs) in the Elandsdoorn township, Limpopo Province, South Africa. This research was done on request of the Ndlovu Care Group. This community development group initiated the development of Elandsdoorn Township.

A child headed household is a household in which children of the same nuclear family or extended family live together without a parent or another adult caretaker. These households often occur because of parental death, parental labour migration or when parents who do not take care responsibility for their children. Children living in CHHs are extremely vulnerable. Risks they face are a lack of protection, lack of physical care and psychological distress and poverty. Additional risks are barriers to participation in society. Barriers to participation in society can be the impossibility to go to school because of care responsibilities for younger siblings, a lack of financial resources, stigmatization and isolation (Department of Social Development, 2010). In order to develop suitable policies to support CHHs, more information is needed concerning the needs and resources of children living in CHHs. This research focuses on the resources.

The aim of this study is to describe the already available resources of children living in CHHs, as well as the barriers to the resources they could receive, but which they do not receive yet because they have no access to them or are not eligible. Knowledge about the resources is necessary in order to make sure policies build further on the already available resources, and to make sure new policies are offered in a suitable way. By suitable is meant that children are eligible for the resources and have actual access to them.The Welfare Diamond of Jenson (2004) was used as a framework to describe the resources and barriers to them. Jenson distinguishes between the state, the market, the family and the community. Each of the four corners of the Welfare Diamond is described in terms of the resources they can provide for CHHs.

This study is conducted with a qualitative research design. 52 Members of 16 CHHs were interviewed. All members of a household were interviewed together. After interviewing the CHHs interviews were held with six other stakeholders (executives of the Ndlovu Care Group

and social workers of the South African Department of Social Development) regarding the resources they provide to CHHs.

The results show that the most important resources from the *state* are social grants and material support in form of food parcels or school uniforms. Not having ID-documents and difficult application procedures are the most important barriers to state resources. Assistance from social workers with application procedures and psychosocial support or guidance of social workers is rarely experienced by the CHHs. The *market*, defined as the labour market, is a resource for income (in form of salary). Resources from the market are highly valued; having a job is important to (older) members of CHHs. However none of the CHHs can receive enough income from the market to maintain the whole household. Barriers to resources from the market are obstacles that prevent members of CHHs to get access to the labour market. The most important barriers are a high unemployment rate and not having qualifications. Another important barrier to the market is care responsibilities for younger siblings. Regarding resources of the *family*, both the nuclear and the extended family are the main providers of material resources like income, clothes and food. The family is also the main provider of psychosocial support and guidance. CHHs appreciate the structural, continuous character of the provision of family resources. Not having family staying in the vicinity and arguments between family members are the main barriers to family support. The *community* in form of neighbours is a provider for incidental material support, advice and protection. Fear for gossiping and having the idea to trouble the neighbours prevents CHHs from asking support from the community. Aside from neighbours, associations and institutions (school, sports clubs, church, the Ndlovu Care Group) also play an important role for CHHs. They provide some material support, but aside from that they are the main provider of a place where children living in CHHs can feel like other children and can feel themselves part of the community.

The main conclusion of this research is that the state has the most resources available to support children in CHHs, but that these resources are hard to access as no support is given to get this access. The market is a provider of material resources, but the market cannot provide enough material resources and is not accessible to each member of a CHH. Therefore the family and the community are at the moment the main providers of resources for CHHs. New policies to support CHHs should therefore focus on the strengthening and facilitating of family and community support, as well as provision of access to resources from the state.

1. Introduction

This report describes research done on the resources of child headed households in the Elandsdoorn township, South Africa. This research was undertaken in the target area of the Ndlovu Care Group (NCG). This South African Non Governmental Organiszation (NGO) is a community development group that operates in rural areas in South Africa. The NCG initiated the development of Elandsdoorn Township, Limpopo Province ("Ndlovu Care Group homepage", n.d.). The aim of this study is to expand knowledge of the already available resources of children living in CHHs and of the barriers to the resources they could receive, but which they do not receive yet.

In the first paragraph of this chapter the phenomenon of child headed households (CHHs) will be introduced. In the second paragraph the policies regarding CHHs and the role of the NCG concerning support for CHHs will be clarified. It will be shown that an increase in knowledge of the available resources for CHH's and of potential barriers to using these resources can contribute to the development of structural support programs for CHHs.

1.1 Problem description

In Sub-Saharan Africa, many children grow up without parental care. Loss of parental care logically occurs when parents pass away. Reasons are often HIV/AIDS, armed conflicts and natural disasters (Philips, 2011). However, loss of parental care can also occur when parents are still alive but cannot, or do not take responsibility for their children because of sickness, abandonment or parental labour migration. The United Nations define children without parental care as "all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances" (United Nations (UN), 2010: 6). These children have to rely on forms of so-called 'alternative care' such as kinship care, foster care, residential care, and supervised independent living arrangements for children (UN, 2010). Alternative care is not only provided by adults (mostly family members), but also by children. These children are mostly the eldest children in a household that suffered loss of parental care. The household continues to exist with the eldest child or children taking over the responsibilities of the parent. This form of living is known as a child headed household (CHH) (Philips, 2011; Slabbert, Kodisang, Mtsweni, Neubert & Gosling, 2010).

According to the South African National Household Survey of 2008 0,5% of children in South Africa lived in a CHH in 2008; around 98.000 children (Meintjes , 2010)[1]. The number of CHHs in South Africa is rather small, though children in these households are extremely vulnerable. Risks they face are a lack of protection, lack of physical care and psychological distress and poverty. Additional risks are barriers to participation in society. Barriers to participation in society can be the impossibility to go to school because of care responsibilities for younger siblings, a lack of financial resources, stigmatization and isolation (Department of Social Development, 2010).

No large-scale research has been done yet on the CHHs in South Africa. This means no systematic information is available yet about the reasons for the existence of these households and the living circumstances of children in CHHs. The increasing number of AIDS-related deaths is often considered the main cause for the existence of CHHs (Philips, 2011; Bower, 2005). However Meintjes et al. (2010), in their meta-study of different National Household Surveys, state that the majority of children living in CHHs have a living parent and are not (double) orphans. Besides orphanhood, other reasons for the formation of CHHs (such as abandonment, parental labour migration, and an overloaded network of kinship care) are assumed but are not confirmed by statistical studies (Bower, 2005; Philips, 2011; Meintjes et al., 2010). Besides knowledge of the reasons for occurrence of CHHs there is also a lack of knowledge about the living circumstances of these children. More specifically information is lacking about the specific needs of these children, the resources they have to fulfill those needs, and the resources they are missing.

This lack of knowledge is problematic for the development of policies to support CHHs. As Meintjes et al (2010) state, a good understanding of the circumstances of children living in CHHs is vital to develop the right policies for support. Without knowledge of the living circumstances of these children, two problems can occur when support is provided to them. Firstly, there is a chance that the already available resources are overlooked and therefore wasted. If no information is available about the resources children already have, there is a risk that policies do not make use of these already existing resources. If, for example, it is assumed that all children living in CHHs receive no support from the extended family, no policies will focus on the possibilities of providing the extended families with means to

[1] Meintjes (2010) defines a child headed household as 'households where the oldest resident is no older than 17 years'.

support the CHHs better (for example by foster care grants). Secondly, new resources might not be offered in a suitable way. By suitable is meant that children are eligible for the resources and have actual access to them. *Eligibility* is the extent to which a person qualifies for certain conditional support (Clasen & Siegel, 2007). The eligibility for resources (especially state resources) is determined by the circumstances CHHs live in. If wrong assumptions are made about their living circumstances this will influence their eligibility for resources. It might, for example, be assumed that all children in CHHs are double orphans, and that being a double orphan should therefore be a requirement to qualify for a grant for CHHs. It follows that children who do live in a CHH but who are not double orphans do not qualify. In this case, there is a problem with the eligibility. And even when a person is eligible for resources, there might be barriers to actual *access* to these resources. For example, having a legal right to free education does not guarantee that a child living in a CHH has actual access to education. Care responsibilities for siblings might, for example, prevent the child from attending school.

1.2 Aim of the study

The examples above show that specific knowledge is needed to develop successful policies to support providers of existing resources to CHHs and for providing lacking resources in a way that guarantees access and eligibility to these resources. Therefore this study focuses on three types of resources to fulfill the needs of children living in CHHs.

- Resources children in CHHs already have.
- Resources children in CHHs could have but to which they have no access because of barriers to actual utilization of these resources,
- Resources children in CHHs cannot receive because they are not eligible.

The aim of this study is therefore to expand knowledge of the already available resources of children living in CHHs and of the barriers to the resources they could receive, but which they do not receive yet because of barriers concerning access or eligibility. Besides expansion of knowledge, the results of this study could also contribute to the development of suitable policies to support children living in CHHs. The knowledge derived from this research can be used to develop strategies to activate and support already available resources, as well as provide CHHs with resources they are lacking.

2. Theoretical framework

This chapter presents the framework that was used to perform this study. Firstly the background and context of the problem of CHHs will be explained. An overview of the national policies already developed for CHHs will be given as well as an explanation of the role of the Ndlovu Care Group in caring for CHHs in the Elandsdoorn township. Secondly, the theoretical framework will be presented that was used in this study: the welfare diamond of Jenson will be introduced as a framework for potential providers of resources. After an explanation of the welfare diamond, this framework will be applied to the situation of CHHs. The available resources as well as barriers to access potential resources will be described.

2.1 Background and context

2.1.1 Policies regarding Child Headed Households

In recent years, the problem of children without parental care received more international attention, for example through the UN Guidelines for Alternative Care of Children (UN, 2010). As described by Philips (2011) the international attention to this problem also caused an increase in national attention and policies regarding children without parental care, and CHHs in particular. In South Africa, all policy documents concerning CHHs are based on the 'Policy Framework for Orphans and Other Children (OVC) made vulnerable by HIV and AIDS in South Africa' (Department of Social Development, 2005). This framework presents five strategies for supporting orphans and vulnerable children:

- Strengthen the capacity of families to care for OVC by prolonging the lives of parents and providing economic, psychosocial and other support.
- Mobilize community-based responses for care, support and protection of OVC.
- Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities.
- Ensure access for OVC to essential services, including education, health care, birth registration and others.
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV and AIDS. (Department of Social Development, 2005, p8)

Besides general guidelines, South Africa also developed guidelines especially focused on CHHs, the National Guidelines for Statutory Services to Child Headed Households (Department of Social Development, 2010). In this document both the local offices of the Department of Social Development (where social workers are based) and NGO's (such as the Ndlovu Care Group) are described as stakeholders regarding care for CHHs (Department of Social Development, 2010). The Department of Social Development requests local NGOs to facilitate early identification of CHHs and to mobilize resources to support CHHs. According to these guidelines NGOs should mobilize these resources primarily by supporting family and communities so that the family and community can provide alternative care. However, formal responsibility for these households lies with the Department of Social Development (Department of Social Development, 2010).

2.1.2 The Ndlovu Care Group

The current study was conducted in the Elandsdoorn Township, Limpopo Province. This is the target area of the Ndlovu Care Group (NCG). As Meintjes (2010) shows, the Limpopo Province has the highest percentage of CHHs compared to other provinces.

	Eastern Cape	**Freestate**	**Gauteng**	**KwaZulu-Natal**	**Limpopo**	**Mpumalanga**	**North-West**	**Northern Cape**	**Western Cape**	**South Africa**
2002	1,6%	0,7%	0,1%	0,5%	1,3%	0,6%	0,3%	0,2%	0,0%	**0,7%**
	46.000	6.000	3.000	18.000	32.000	8.000	5.000	0	0	**118.000**
2008	0,8%	0,3%	0,3%	0,2%	1,4%	0,6%	0,6%	0,1%	0,1%	**0,5%**
	23.000	3.000	9.000	10.000	34.000	10.000	8.000	0	1.000	**98.000**

Table 1: Percentage of Children Living in Child Headed Households.

Source: Meintjes (2010) Statistics on children in South Africa, demographics of Child Headed Households.

In the township Elandsdoorn, the Ndlovu Care Group has already reported more than 40 CHHs to the local Department of Social Development. Once the CHHs are reported, social workers from this department are supposed to assist these households with their needs (mainly basic material needs such as food and clothes). However, the tasks and resources of the department and the social workers working at the department are limited. The role of the social workers can be described as casemanagers. This means that they are not actually

providing care, but that they merely supervise the care. In other words, social workers are not available for CHHs for daily assistance. This leaves an important gap in the care for CHHs; as stated in the constitution of the Republic of South Africa every child "has the right to family care or parental care, or to appropriate alternative care when removed from the family environment" (Constitution Of The Republic of South Africa No. 108 of 1996: 1255) NGOs are therefore seen as important actors, not only in the identification of CHHs in the township but also in the support of CHHs in their day-to-day lives.

The Ndlovu care group wants to implement a program to provide day-to-day support to CHHs, which is complementary to the support already given by the Department of Social Development. For their community development programs the Ndlovu Care Group uses the model of Asset Based Community Development (ABCD). This model is used as a basis for all their social programs and is described as the "process and method aimed at enhancing the capacity of communities to respond to their own needs, through community mobilization, strength-based approaches and empowerment" (Rakolote & Slabbert, 2010: 168). This implies that the programs should focus on the capacities and resources already available in the community (Kretzzman&Mcknight,1993). Enhancing the knowledge of available and potential resources of CHHs is therefore necessary to make it possible for the Ndlovu Care Group to offer programs based on Asset Based Community Development in order to guarantee structural help for the CHHs.

2.2 Theoretical framework

In this paragraph the welfare diamond of Jenson will be introduced as a framework for potential providers of resources to children living in CHHs. After the general introduction of this framework, the framework will be applied to the situation of children living in CHHs. Their available resources will be explained just as their barriers to access potential resources.

A theoretical basis to analyze the allocation of the available and of the potential resources is the welfare mix as formulated by Esping-Andersen (1990). Esping-Andersen states that a welfare state can be classified according to the allocation of responsibilities for providing welfare between the state, the market and the family. However, in the situation of CHHs in South Africa the role of the community (and NGOs in particular) must be taken into account as well. As explained in the introduction of this report, the Department of Social Development explicitly asked NGOs to support them in the care for CHHs. To include the role of the

community, an expanded version of the welfare mix is therefore needed as an analytical framework. For this purpose the model of Jenson (2004) is used. In Jenson's model, the community is added as an extra source of welfare. This model is referred to as the 'welfare diamond'.

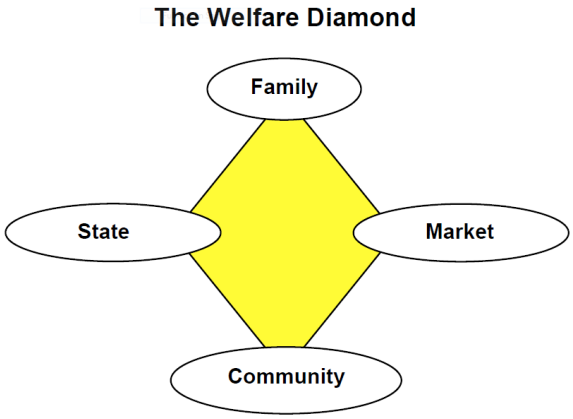


Figure 1: The Welfare Diamond (Jenson, 2004)

In this thesis the welfare diamond is used as a framework to determine in which of these four institutions –family, market, state or community- resources for CHHs are expected, and therefore should be taken into account in the data collection. After a general description of the model, the model is applied to the situation of CHHs.

2.2.1 The four corners of the Welfare Diamond

Jenson divides the provision of welfare into four sources: state, market, family and community. Jenson uses this division to describe the 'social architecture' of a country. This means that the model is "used to describe the roles and responsibilities as well as governance arrangements that are used to design and implement relationships among family, market, community and state" (Jenson, 2004: 3). An important remark is that these four corners are not resources in themselves, but *providers* of resources. Each provider and the resources they can provide is discussed below.

With resources of the *state* those resources are meant that people can derive based on their citizenship (Jenson,2004). Being a citizen formally gives peopele access to these resources. However, a distinction should be made between resources themselves (such as social grants, free education etc.) and the rights to these resources. Being citizens, people derive a right to

resources, but this does not imply guaranteed access to the resources themselves. For example, having a right to a social grant does, for example, not imply that citizens do receive this grant. The state should therefore be seen as a provider of social resources and not as a resource as such. In order to analyze to what extent citizens have actual access to these resources, we must look at the mismatch between eligibility and access to resources as explained in the introduction.

The second source of resources is the *market*, defined as the labour market. The labour market is considered as an important provider of material resources in the form of income derived from employment (Jenson, 2004). On the market, people can get access to financial resources in the form of a salary or a profit by being an employee or entrepreneur.

The third source of welfare is the *family*. This includes care and welfare people derive from their status as members of a family. Especially the mechanism of family solidarity makes that people get support from their family in the form of care for dependent family members and domestic work. In this research, we will define family as both the nuclear family and the extended family. This is explained further in the next paragraph.

The fourth source of welfare is the *community*. With resources of the *community* those resources are meant that people derive from their status as members of a community. According to van Ewijk (2008) a single definition of 'community' is hard to provide. However, it refers to "relationships between certain numbers of people (…) [concerning] social bonds, social interaction, connection, recognition, cohesion, common actions, shared values, shared feelings and feeling of belonging" In this study 'community' refers to the neighbourhood people live in, including its individuals, associations and institutions (Rakolote&Slabbert,2010). Jenson (2004) states that the resources people can derive from their membership of the community are services and support by non-market exchanges such as childcare, food support, recreation and protection. In addition services provided by NGOs are part of the community resources.

2.2.2 Jenson's welfare diamond applied to child headed households

In the previous paragraph the Welfare Diamond Jenson is explained. In this paragraph the theory of Jenson will be applied to CHHs. It will be explained which resources can be provided by each provider (state, market, family and community).

Resources of the state

Right to adult supervision

The resources of the state are those resources that children can claim from the state because of their citizenship. These resources take the form of legal rights to particular resources. The rights of children in South Africa in general are stated in the national children's rights, as formulated in the Constitution of the Republic of South Africa, No. 108 of 1996 (See appendix 1) and in the Children's Act (2005). Summarized the rights are:

> **(1)** Every child has the right-
>
> - to a name and a nationality from birth;
> - to family care or parental care, or to appropriate alternative care when removed from the family environment;
> - to basic nutrition, shelter, basic health care services and social services
> - to be protected from maltreatment, neglect, abuse or degradation and exploitative labour practices;
> - not to be required or permitted to perform work or provide services that are inappropriate for a person of that child's age
> - not to be detained except as a measure of last resort
> - to have a legal practitioner assigned to the child by the state, and at state expense, in civil proceedings affecting the child, if substantial injustice would otherwise result; and
>
> **(2)** A child's best interests are of paramount importance in every matter concerning the child.
>
> **(3)** In this section "child" means a person under the age of 18 years.
>
> (*Constitution Of The Republic of South Africa No. 108 of 1996)*

It is hard to fulfill these rights for children living in CHHs. As Philips (2011) describes, responsibility for fulfilling these rights lies with the parents or those persons responsible for parental care. If no such person is available, the government (in the form of the local Department of Social Development) has the responsibility to make sure these rights are fulfilled, as stated in the Children's Act of 2005 (Department of Social Development, 2010, Children's Act, 2005). It is important to not the legal position of children living in CHHs: a CHH is recognized as a suitable form of 'alternative care', but *only* if supervised by a

caretaking adult (Children's Act, 2005). Having a formal caretaker is therefore a right of children living in CHHs. The presence or absence of a supervising adult is important to take into account because the caretaker often has the formal eligibility to social grants and services.

Right to Child Support Grants and Foster Care Grants

The first important grant children living in CHHs can apply for is a *Child Support Grant*. This grant of R270 (about 27 euro) per child per month is a means-based support grant. The child's primary caregiver can apply for this grant. In the case of a CHH this can be a child older than 16 years of age that is heading the family (South Africa government services, 2012). The second important grant for children in CHHs is a Foster Child Grant. This grant is R770 (about 77 euro) per child per month. An adult can apply for a Foster Care Grant if the child is officially placed in care of this person by court order (Children's Act, 2005).

There are several barriers for CHHs to apply for these grants. Firstly, there must be a sibling or another caretaker over 16 years of age in the CHH in order to qualify for the grant, and in the case of a Foster Child Grant, an official foster parent. Secondly, the legal status of the children can be problematic. Many children in CHHs do not have an official birth certificate or Identification Document. Having an ID-document is a requirement to receive a social grant. This often prevents children from applying for social grants (Philips, 2011; Mkhinze,2006). Another important obstruction is that members of CHHs often have limited knowledge of their rights (United Nations Children's Fund, 2008)

Right to education

A right, not especially assigned to children, but of particular interest to them, is the right to education. In South Africa, all citizens have a right to free basic education untill grade 9 or up to the age of 15 (Schools Act, 1996). Children living in CHHs are automatically exempt from paying school fees (Department of Education, n.d.). Whether children living in CHHs attend school and whether they are exempt from school fees is important because education is a requirement for other resources like jobs or a grant to further education. A barrier to school attendance often reported is dropping out of school because of care responsibilities for younger siblings (Mkhinze, 2006; Philips, 2011).

Social Housing

As stated in the Children's Rights, children have a right to shelter. The Social Housing Act states that CHHs have a right to social housing if they do not have a proper shelter (Housing Act, 2008).

The resources of the family

Resources provided by the extended family

In this thesis, the family is defined as the primary and the extended family. The resources of the family include the resources the members of the CHHs themselves have as well as the resources provided by family members not living in the same household. The resources provided by family members not living with the CHHs can be material resources (such as food, money, clothes) as well as psychological resources such as affection, guidance, attention and protection. Especially in the case of CHHs, the extended family can be of great importance as (adult) family members might also be the access to resources from the state (such as grants). Extended family members are also the most preferred persons to become foster parents of a CHH according to the guidelines for care for CHHs (Department of Social Development, 2010). This can mean that the children in the CHH either live with the extended family member or that the family member supervises the children, while the children in the CHH live on their own (Department of Social Development, 2010). However, even if family members are in contact with the CHH, this does not guarantee meaningful resources. Barriers to providing family support are: limited material resources of extended family members, unwillingness to support, because of a diminished level of family solidarity. Regarding material help, the family members might not be able to give the CHHs the resources they need because they have no money, food, proper shelter etc themselves (Nziyane, 2010). A second possible barrier is unwillingness to give support. As Nziyane (2010) describes, the willingness to support CHH can be influenced by a bad relationship between the parents of the CHH and the extended family and a lack of contact with the extended family. The reason for this unwillingness to give support might be diminished family solidarity. Loss of parents may increase the level of family solidarity, but it is also possible that family members will not feel the CHH to be part of their family (anymore). They may be seen as "not qualified to receive [family] support" (Knijn, 2004: 29). As Foster (2000) states, the family solidarity is highly influenced by the fact that kinship care is traditionally organized via the patrilineal line. This may for example mean that the family of the mother does not feel responsible for the CHHs as they 'belong' to the family of the father. It may also

mean that female relatives on the mother's side (aunts and grandmothers) are not allowed by their husbands to take care of these children, as they are no part of family according to the patrilineal line.

Because of the multiple factors that influence the extent to which the extended family is a valuable resource, not only the presence of family members should be taken into account, but also the characteristics (as mentioned above) of the relationships between the CHH and the extended family members.

Resources in the Child Headed Household itself

Regarding the resources of the CHHs themselves, an important resource to take into account is the extent to which the members of a CHH act as a resource for each other. As stated by USAID/Zambia 'keeping siblings together provides them a critical sense of continuity and is a source of support' (USAID/Zambia, 2002: 38). Living together with siblings is therefore an important resource in itself as this can be a requirement to derive emotional support from siblings. Whether or not siblings live together and whether they consider their relationship as valuable is therefore important in the analysis of the resources of CHHs.

The resources of the market

It is to be expected that the role of the market, defined as the labour market, plays only a small role for CHHs. Firstly, young children have minor access to the labour market because of school attendance. Secondly, there are limitations at institutional level. The first institutional limitation is the fact that it is not allowed to hire children for work that is not suitable for their age (Constitution of the Republic of South Africa No. 108, 1996). Thirdly, it is expected that even for older children, the access to the labour market is minimal, as care responsibilities and minimal education often prevent them from access to the labour market.

Though the role of the labour market as a provider of material resources might be small for the CHH, it should still be considered to what extent children living in CHHs have access to the market as employee or entrepreneur and what this means for their wellbeing, as access to the market can have positive as well as negative effects. Deriving material resources from a job that suits the age of the child, that does not harm the child and that does not conflict with school or other activities might be considered as positive, because it gives access to material resources. However, a job that is not suitable for a child, that harms the child or prevents the

child from school attendance cannot be considered a resource for wellbeing, but should be considered a risk (USAID, 2002).

The resources of the community

As explained in the introduction to this study, 'community' refers to the that neighbourhood people live in, including its individuals, associations and institutions (Rakolote & Slabbert, 2010). Resources from the community can be of material as well a non-material nature. Jenson (2004) states that the resources people can derive from their membership of the community are services and support by non-market exchanges such as childcare, food support and recreation. Services provided by NGOs are part of the community resources. As Chipkin & Ngqulunga (2008) state, an important factor in the amount of neighbourhood support for CHHs is the level of social cohesion. They refer to social cohesion as 'a situation where citizens share feelings of solidarity with their community members, and act on the basis of these feelings' (Chipkin & Ngqulanga ,2008 :62). To determine whether the community is an important provider of resources for CHHs it is therefore important to what extent people feel themselves members of the community and what that means for the support they want to give to community members. Besides the material and non-material resources that CHHs can derive from being members of the community, the feeling of being a member of the community can be a resource in itself as well. Maslow (1970) states: sense of belongingness is a need. Especially in an unstable family situation, it can be a great non-material resource for children in CHHs to have the feeling to belong to the community.

A useful framework for analyzing the availability of resources in the community is the Asset-Based Community Development (ABCD) method, which is already used by the NCG. This method considers local assets as the primary resources for sustainable community development, so called 'capacity focused development' (Kretzzman & Mc Knight, 1993). The approach distinguishes between assets of individuals, associations and institutions. In the ABCD-method, the term *individuals* include both individual persons and households. At this level the help of neighbours, teachers, friends or other individuals that are no family members is contained. Barriers at individual level can be lack of social cohesion and stigmatization (for example by neighbours). *Associations* are mostly self-organized groups with no paid staff. For CHHs, the influence of these groups is expected to be marginal as the options for children living in CHHs to organize themselves are rather few. This can be considered as a barrier. The

last category is the formal *institutions*, such as schools, churches, NGOs, hospitals and the local government. At this level, it should be considered to what extent children living in CHHs have an exceptional position compared to other children in these institutions. This can be in both a positive or a negative way. They could have an exceptional position by being stigmatized, but also by receiving additional support that other children do not qualify for.

2.3 Research question

In the previous paragraph, the welfare diamond of Jenson is presented as a framework to analyze (potential) providers of resources to support CHHs. As stated in the problem description no systematic information is available yet about the resources of the CHHs in the Elandsdoorn township. As explained in the description of the resources, potential resources and barriers to these, it is necessary to obtain more information about these resources in order to develop policies (both by NGOs and the state) that can contribute to giving CHHs structural access to resources. Therefore, the following research question is answered in this report:

What resources are available for children living in child headed households in Elandsdoorn and what are barriers to access and eligibility to these resources?

This question is divided into two sub-questions:

- What resources do children living in child headed households already receive from the state, market, family and community to fulfill their needs and how do they value these resources?
- What barriers prevent children in CHH to have access or eligibility to the potential resources available from the state, market, family, or community?

By combining the results of this thesis with the thesis of Simone Wassink on the needs of children living in CHHs in Elandsdoorn, the overall research question will be answered:

What resources are available for children living in child headed households in Elandsdoorn and to what extent do these resources fit their needs and wants?

3. Research design

3.1 Type of research

To answer the research question a qualitative research design was chosen. This choice was made because of the explorative character of the research and the type of data that was needed to answer the research question. The first argument for a qualitative design is that the research had an explorative character. There was no previous research done on this topic in the target area of this study. A qualitative research design gave the opportunity to work both inductively and deductively. Working *deductively* means that theory is used to explain phenomenona in the field (Boeije, 2005a). In this research the welfare diamond and the mechanisms and barriers reported in former research which might influence the access to resources, were used as a framework to answer the research question. The research topics were based on this framework. However the qualitative design also left space to work *inductively*. This means observations in the field are used to build new theory. In practice this meant that observations that did not fit in the framework were reported and explained. The second argument for a qualitative research design is the type of data that was needed to answer the research question. Whether a resource is perceived to be valuable, depends on the perception of the receiver of the resource. For example, a neighbour who brings food might be experienced as valuable help, but also as stigmatization and therefore experienced as not valuable help. As Boeije (2005b) describes 'the basic principle of qualitative research is that people give meaning to their social environment and that the way they act is based on that meaning' (Boeije, 2005b, p31). Qualitative research gives the opportunity to investigate how this meaning giving influences behaviour and outcomes (Boeije, 2005b).

3.2 Research method

Because of the explorative character the method chosen was semi-structured interviewing based on a topic list. Interviews were done in the first language of the respondent with the help of a translator. The first language of the respondents differed. For each interview a translator was chosen that could speak the first language of the family. For translations life skills facilitators were used. These are former employees of the Ndlovu Care Group who used to work on the youth-programs of Ndlovu. Because of practical reasons the data collection for this research was done together with the data collection for the research of Simone Wassink

on the needs of CHHs. Topic-lists were combined. The data collection took place in different stages:

- ***Stage 1: pilot study: semi-structured interviews with children living in CHHs***

Based on a literature study, a topic list was constructed which contained possible resources of CHHs. This topic list was used for open interviews with a pilot group of three families (eleven individuals). See appendix 2 for the topic list. The purpose of this phase was to clarify what resources were important and not important to CHHs and to see which questions gave a good response (which questions were understandable and appropriate). This stage was also be used to gain experience in interviewing with the help of translators and to solve possible problems.

- ***Stage 2: semi-structured interviews with Children living in CHHs***

After analysis of the pilot study, the topic list was revised and the interviews were conducted. Fourteen more families were interviewed in this stage. All members of one household were interviewed together. This gave the researchers the chance to observe the interrelationship between the members of the household, for example who was talking about which topic. Before starting the interviews, a short list of demographic characteristics of the family was filled out for each family member. These lists were also filled out for household members not present at the interview. A part of the characteristics was not used for the research but was asked on the request of the Ndlovu Care Group (names and geographic location of the houses). See appendix 3 for the list of demographic characteristics. Interviews were held in the houses of the families. The interviews took about one hour. Interviews were taped with a voice recorder. After the interview, participants received a basic food package and a football.

- ***Stage 3: semi-structured interviews with other stakeholders concerning CHHs***

After interviewing the CHHs interviews were held with other important stakeholders regarding the resources they provide to CHHs. This was included to get insight in both the perspective of the *receiver* of the resources as well as the *(potential) providers* of the resources on the availability of resources and the barriers to accessing these resources. Stakeholders were interviewed on their perceptions of the problems that CHHs face and their ideas of what support for CHHs is required. See appendix 4 and 5 for the topic lists. Six Stakeholders were interviewed: tree social workers from the Department of Social

Development who are assigned to CHH's, one Supervisor of social workers of the Department of Social Development who are assigned to CHHs and two staff members of the Ndlovu Care Group.

3.3. Sampling method and selection criteria

3.3.1 Selection Criteria

Defining child headed households

To develop selection criteria, requires a definition of what a child headed household is. As stated the introduction, a CHH can occur for different reasons and it can take different forms. Three important remarks should be made about the concept of a CHH before a definition can be given.

Though orphanhood is main cause for the occurrence of CHHs, not all children in CHHs are orphans. Meintjes et al. (2009) show that 61% of children living in CHHs are not double orphans, but have actually one or two living parents. However, having one or both parents does not imply that the parents are actual caretaking parents. Due to sickness parents are not always able to take care of the children, even if they are living in the same household. The same applies to other adults living in the household, for example grandparents. Grandparents often live in the household but are too old to take care of the children. When defining a CHH a clear distinction should be made between *caretaking* adults and *non-caretaking* adults. The second remark is that adults are involved in many CHHs, but not in a permanent caretaking role (Germann, 2005). Being involved can mean that parents are alive, but not living in the same household because of labour migration and that they only visit the household once a month or less. In addition other family members can be involved but these do not necessarily live in the household itself. Examples are: uncles or aunts who drop by once a month to provide food, or parents who have seasonal work and only live with the household during times they have no work. For the definition of a CHH a distinction should be made between adults living in the household on a *permanent* basis and adults living in the household on an *incidental* basis. The last remark is that CHHs cannot be defined as the (remaining) members of one nuclear family. The members of the households are nearly always family members, but not necessarily members of the same nuclear family. Cousins, and nephews or nieces are often members of the household as well. Furthermore the children living in a CHH sometimes have children of their own as well. For the definition of a CHH this implies that the definition

should give space to include households with members of different nuclear families, that are members of the same extended family.

To include all forms of CHHs, the definition of a CHH should be *'A household in which no adult caretaker is permanently available for the children living in this household'*.

Three things should be defined separately here:

a) A household

b) A child

b) An adult caretaker who is permanently available

To define a household the definition of USAID (2002) is used. A household is defined as *" a group of people who share the same space to sleep and share common meals"* (USAID, 2002: 12). This definition is suitable as it defines a household by the daily activities in which the members of the household are interdependent on each other. As the scope of this research is resources of the households this interdependency is important. As described above members of CHHs are nearly always family members. Therefore we define a household as: *"Extended family members who share the same space to sleep and share common meals"*

The definition of a child in South Africa is a person under 18. However, the state not only uses the term 'Child Headed Household' but also the term 'Youth Headed Households.' This refers to households in which the oldest member of the household is not older than 24 years of age (Department of Social Development, 2009). In this study, the age limit of the household members was 24. In practice it turned out that it was hard to find enough families of which the oldest member was under 24. Therefore, it was decided to take an age limit of 25. This made it possible to include four more families. Considerations to include them were the fact that they have been a child headed family before the oldest member turned 25 and that only one of the family members was 25; the other family members were younger.

To define 'an adult caretaker who is permanently available' the definition of The United Nations (UN) as used in the Guidelines for Alternative Care of Children is useful. They define children without parental care as "all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances" (United Nations (UN), 2010, p6). As stated above, in some cases parents (or caretakers) are not permanently, but

incidentally living in the household. To define which parents are included as members of the household we use the criteria of Statistics South Africa. They define a household member as ' a person who sleeps in the common home for four or more nights a week'(Statistics South Africa, 2012).

Because of the existence of alternative caretakers (such as extended family members) we will expand this definition to: *"all children not in the overnight care of at least one of their parents or any other adult caretaker for at least four nights a week, for whatever reason and under whatever circumstances"*

This means that for this study a child headed household will be defined as: *"Extended family and family members who are not older than 25 years old; who share the same space to sleep and share common meals; and who are not in the overnight care of at least one of their parents or any other adult caretaker for at least four nights a week, for whatever reason and under whatever circumstances"*

Selection criteria

The following criteria were used for inclusion in the household:

- The household consists of (extended) family members with no caretaking adult.
- The oldest member of the household is maximum 25 years of age.
- If an adult lives in the house, this adult is

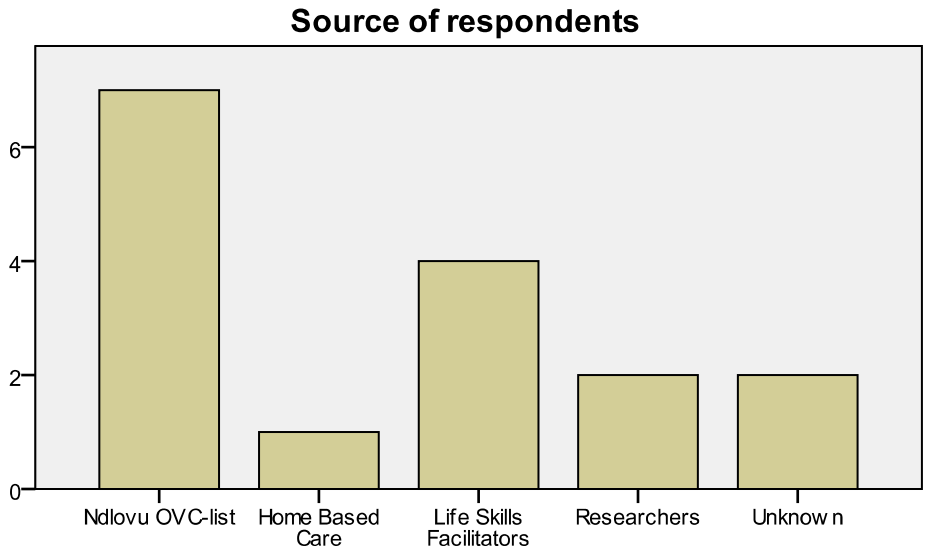
  a) not caretaking or

  b) not permanently living in the house (less than four nights a week at home)

If an adult was permanently living in the house questions were asked to identify whether this adult was caretaking. Questions were about who provided for food, who did the cooking, who provided income for the household and who took care of the youngest siblings. If the response to all of these questions was one of the siblings and not the adult, the family was included. Otherwise the family was excluded

3.3.2 Finding the families

After setting the selection criteria the households were identified. Different sources were used to find CHHs.



- List of Orphans and Vulnerable Children of the Ndlovu Care Group (NCG)

The main source for finding CHHs for this research was a list provided by NCG from the Orphans and Vulnerable Children program (OVC). Employees of the NCG and life skills facilitators were asked to identify which of the 27 families on this list were CHHs. Seven Families of this list fitted the criteria and were interviewed.

- Child headed households reported by Home Based Carers

The Home Based Carers in Elandsdoorn provide home based social support through door-to-door campaigns. They work under supervision of the Department of Social Development. This organization added one CHH to this research.

- Life skills facilitators

Because of their former employment in youth programs of the NCG, life skills facilitators have connections with vulnerable families in the community. Four families were identified by the Life Skills Facilitators.

- Researchers

One Family was found by the researchers through the so called 'snowball-method'. Once families were interviewed they were asked whether they knew more families in the same situation. One Family was found this way. Primary schools were asked if they knew CHHs. Schools were visited and asked to provide a list of children from CHHs that attend their

schools. These children were asked to come to a meeting after school where it was checked whether the children fitted the criteria. If this was the case, their family was visited to ask for permission. One Family was found this way.

- Unknown

For two families it is not clear how the life skills facilitators found them.

3.4 Way of analyzing

After interviewing the interview data was transcribed. These transcriptions were analyzed with QSR-Nvivo 9, a computer program for qualitative data analysis. As explained in the paragraph concerning research methods the research was partly done in a *deductive* way, meaning that the theoretical framework and empirical findings are used to explain phenomenona in the field. For the part that could not be derived from that, the researcher worked *inductively*; observations in the field were used to build new concepts and explanations. This way of working was also used for the analysis. The way of analyzing in this research is based on the spiral of analysis of Boeije (2010). The first step of this spiral is *open coding.* By open coding fragments about the same topic are placed together and coded. The coding in this research was not completely open (and therefore partly deductive): the four corners of the welfare diamond were used as a basis to develop the codes. Resources mentioned in the interviews, as well as possible barriers to these resources were placed in the categories state, market, family and community. Aspects concerning these resources that had not yet been mentioned in the literature received a new code; an inductive way of working. After this first stage of categorizing the second stage of *axial coding* started. In this stage a hierarchy of main codes and sub codes was developed. The last stage of *selective* coding was used to make connections between the categories. This method resulted in a description of the different resources the CHHs received from each provider, how they valued these resources and what barriers they experienced in accessing these resources.

3.5 Relevance of the research

This research is firstly socially relevant for the community where the research was done. Children living in CHHs are extremely vulnerable and the help available is not sufficient as described above. Describing the situation of these children in terms of needs and resources is a first step in getting the problem on the social agenda at a local level. Secondly, a focus on

resources and barriers to access these resources is a valuable input for developing policies that make use of the resources already available in the community. As described in the problem description this avoids a waste of resources. Thirdly, this research has social as well as scientific relevance as the problem of CHHs can be a starting point for other problems. As children in CHHs do not have access to the resources to build a better future for themselves, it may happen that they continue to live in poverty and that this process continues over generations. This phenomenon is described as 'the cycle of poverty'. The cycle of poverty is 'the set of factors or events by which poverty, once started, is likely to continue unless there is an outside intervention' (Rakolote & Slabbert, 2010 :165). To prevent or stop this phenomenon it is desirable to start intervening at a point where people are not disadvantaged yet (for example by not being educated). Therefore, CHHs are a suitable target group for social interventions.

3.6 Relation with interdisciplinary social science

An important characteristic of interdisciplinary social science is that it studies the individual behavior as well as the social context in which this behavior takes place. In this study the circumstances of children living in child headed households are studied. We can only understand their situation completely if we take into account the combination of their own behaviour and the support or limitations derived from the context they live in. So their situation has to be studied at both micro and macro level. Besides that, we also need knowledge of the different disciplines to explain the phenomena surrounding CHHs. Explaining individual behaviour of children living in CHHs should be based on pedagogical and psychological insights, while at the same time the context they live in should be described in sociological terms. This approach makes this research very suitable for interdisciplinary social science.

4. Results

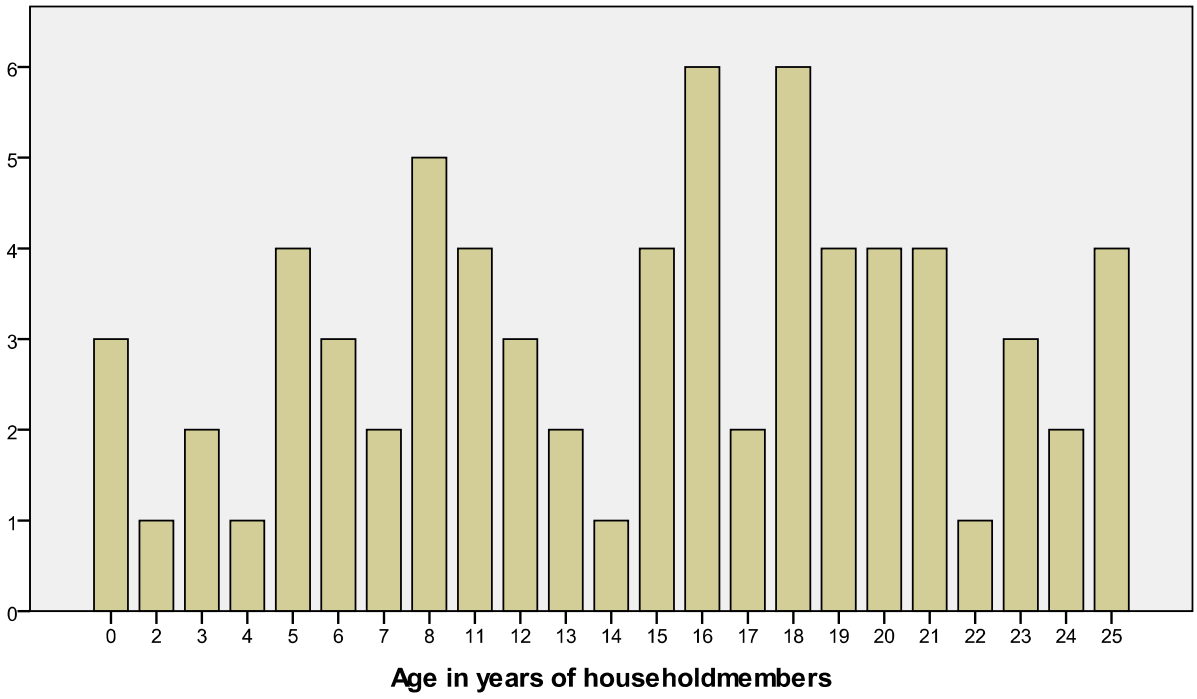
This chapter presents the results of the research. After a short overview of the demographic characteristics of the respondents each potential provider of resources is described in terms of the resources they provide to the CHHs, how the CHHs value these resources and what barriers they experience to getting access or eligibility to the potential resources.

4.1 Demographic characteristics

As stated in the theoretical framework CHHs can take different forms. To get an idea of the living circumstances of the CHHs that were interviewed a short overview of the most important demographic characteristics will be given.

Age of the household members

The average age of the household members was 14,1 years (*sd* =7, 06). In total the households had 75 members, of which 52 were interviewed. All participating members of a household were interviewed together.



Reasons for absence of parents

Each family was asked for the reason of the absence of parents or caretakers. As shown in table 2 the absence of parents or caretakers had different reasons: death of parents was the most frequent cause. In all cases in which at least one of the parents was alive, the parent(s)

visited the household less than once a month. In only one household an adult stayed permanently in the household (a blind and deaf grandmother); however, she was not caretaking.

Reason for absence of parents	
Mother died Father died	8 Families
Mother died Father disappeared	2 Families
Mother died Father is urban labour migrant (still visiting)	1 Family
Mother works at farm (still visiting) Father died	1 Family
Mother works at farm (still visiting Father is urban labour migrant (still visiting)	1 Family
Mother works at farm (still visiting) Father abandoned children	2 Families
Mother abandoned children Father died	1 Family

Table 2: Reason for absence of parents.

4.2 The state as provider of resources

4.2.1 Support received from the state

The families reported that the most important resource they receive from the state is financial support in terms of *social grants.* Five families receive a Child Support Grant of R280 (about 28 euro) per month for at least one of the children. Four families receive a Foster Care Grant of R770 (77 euro) per month .The other families do not receive any grants. Four families reported that they have contact with social workers. The support families receive from this contact is mainly *material support* in form of food parcels or school uniforms. Food parcels are delivered four times a year or less often. Families did not report they receive any *psychosocial support or guidance* from social workers. The families who have contact with social workers tell that they only receive material help. Some families report that social workers call or visit them once a year in order to see how they are doing and to check how the Foster Care Grant is used. None of the families who had contact with social workers were

assisted by social workers to apply for social grants. Vulnerable households in South Africa can qualify for *Social Housing projects*. Three families lived in a house of the social housing projects. None of those families got assistance with the application from social workers.

Family 4: *'Social workers come and check and then they go. They just come and visit but they don't bring anything. Sometimes they just call to hear how we are doing, And that's help... No help, no nothing.'*

Family 8: '*Social workers sometimes bring food for us, in January they came and brought food parcels. But then they didn't show up until now [March, red].'*

Family 16: *Yes, we have the foster grant, but just for one child. That is the only income.*

4.2.2 Barriers to resources from the state

Families who do, and families who do not receive any help from the state, reported many barriers to state resources. *Not having an ID-document or birth certificate* was often reported as the main barrier for not getting access to a social grant, even if the family does qualify in terms of eligibility. If the birth of the child was never officially reported, the child does not have a birth certificate and cannot apply for an ID-document. An ID-document is necessary to apply for a social grant. Even in some cases in which one of the parents was still alive children did not have birth certificates. Reasons cited for this are that the parents did not have an ID-document themselves, and parents who are not willing to assist their children to obtain an ID-document.

A second barrier for not having access to social grants are the *long application procedures*. Families had already applied for a grant but have not received it yet. An explanation for the long application procedures is that *applications are not taken seriously.* For example, a family said that their application for a foster care grant took ten years as their situation was not taken seriously. Other households said that they did not receive the grant until an adult (a teacher or an aunt) helped them with the application, despite the fact that the oldest member of the household was already above 18 years of age.

Social workers themselves explained the minimal amount of psychosocial support and assistance with application for social grants by a lack of resources. They said a lack of time and transport prevents them from visiting the families more often.

Family 13: *'I think that it is maybe because we are still young, and the teacher is an adult [that application was difficult].The teacher told the social workers 'never underestimate needs of these kids for the Foster Care Grant, they really do need it', then they helped us'.*

Family 14: *'No, it is not easy [to get a grant], they want more information from us. It is a difficult process. Because they want information, but we don't know some of the information, like the details of our parents'.*

Social workers: '*We do home visits when we review the case, we don't have time to go every month. We review cases after two years'.*

4.2.3 Valuation of the state as provider of resources

Social grants are valued as very useful as they are often the only source of income the families have. However, several families reported that the social grant is a very limited amount of money and that it is only a resource to fulfill their most basic needs (food and clothes). This is because often several family members have to rely on the grant for one person. As there is no other income, a resource that is meant for one member of the household has to be shared with several members. This makes a social grant as a resource less valuable for the person who should actually benefit from the grant. There are fewer possibilities to use the grant in the best interest of the child (for example to save money for further education) as the interests of the whole family have to be taken into account.

The psychosocial support and guidance from the social workers from the Department of Social Development or the Home Based Care organizations who work under their supervision, is not experienced as helpful by the families as this contact has a formal character and only occurs rarely. With a formal character is meant that families experience that social workers only do their duty (for example: checking how the Foster Care Grant is used) and do not help them with their actual needs.

The material support provided by social workers was valued both positively and negatively. On the one hand, the material support is valuable to the families as they receive resources that respond to their needs (food and clothes). On the other hand the support is not valuable to them, as it is not provided on a continuous basis. Families do not know what support they can expect and when. This renders the material resources less valuable as they are not a resource the families can rely on. Social housing was considered as very valuable as it relieves families from miserable living circumstances. However, the fact that only the house is provided and that the houses are not maintained, results in this resource devaluating over time as the condition of the house deteriorates because of a lack of maintenance. Housing and material support from the state are therefore experienced more as incidental support and not as continuous support.

4.3 The market as provider of resources

The second provider of resources is the *market*, defined as the labour market. The market is considered as an important source for material resources in the form of income derived from employment or entrepreneurship (Jenson, 2004).

4.3.1 Retrieved support from the market

The CHHs often report the labour market as a resource for income, although not as the main resource. Often the main resource of income is not the salary of one of the members of the CHH, but income received from a family member not living in the household (such as a mother working on the farm or an older sister working in the city), or a social grant. In seven families, at least one family member has a job. Only in one case is this a full-time job. If people have jobs, these are so called 'piecejobs' (odd jobs) such as hair braiding or cleaning gardens of neighbours, or temporary jobs as brick layers. The support they receive from the market is *a source of income* to buy food and clothes. The money they earn with these jobs is only enough to buy basic food. This lack of money limits the possibilities to buy on the market what the families need.

Family 2: *'We help around other families, we clean up the yards and get paid.'*

Family 14*: 'I have a neighbour, and he is building houses for people. So sometimes I go there and help to build the houses, so they can pay me something so I can buy some food. I do that after school and in the weekend.'*

Family 9: '*Our mom works at the farm so she usually does not have enough money to buy food and clothes, so she usually buys food for us and there is no money left, so that's why we don't have enough clothes.'*

Family 6: *'The money that our sister is giving is not enough to provide food and clothes. She can only provide food. The rest she tries to safe for education.'*

4.3.2 Barriers to resources from the market

The major barrier to resources from the market reported by CHHs is the fact they *cannot find jobs*. Access to resources from the market (income from labour) is therefore very limited. If the oldest members of the households try to find a job, they do not succeed. Reasons are a lack of jobs, no access to the job information, not being qualified and not having an ID-document (an ID-document is necessary to be put on a payroll). Also *care responsibilities and school attendance* prevent members of CHHs from finding a job. A final barrier mentioned is that the money that is earned by one of the household members is not always seen as family income. Sometimes the money is used to spend on *personal expenditures* like maintaining a child outside the household or medical treatment. The executives of the Ndlovu Care Group

recognize the problem of high unemployment that results in limited access to the labour market.

Family 16: *'Now I (oldest brother) don't have money to go to Joburg or Pretoria, because you need money for transport and pay rent. If you can go to Pretoria and have a place to stay and have food, it will be easier to find a job. If I sit here I don't have the information, maybe they need bricklayers there but I am here so I don't know.'*

Family 10: *'Some of us are still at school. If we are looking for a job they will have to see our ID and we don't have it.'*

Family 3: *'Now it is difficult to find a job or something, now she can maybe work temporary or at the farms and that makes she cannot stay with her younger sisters and that's the reason she wants to go to school and find a suitable job so that she could pay for her younger sisters. Because now it is not possible to find a good job and that's why she went back to school.'*

4.3.3 Valuation the market as provider of resources

Although the market is of very limited value as a provider of resources for families in their current situation (because of the barriers they face to enter the market), they all value the labour market as a very important provider of resources to get a better situation in the future. CHHs report that they would like a job so that they can provide their family with food and clothes. Passing Matric (high school exam) and further education is therefore valued as a very important intermediate resource. This is also stated by the social workers of the Department of Social Development. They tell they encourage the CHHs to study and save money for further education but other than that they have limited resources to give CHHs access to the labour market or provide them with intermediating resources such as scholarships.

4.4 The family as provider of resources

4.4.1 Support received from the family

Material support in the form of food or clothes is the type of support households most often derive from their (extended) family members. Also *structural income* in the form of a salary from older brothers or sisters not living in the household is a resource provided by the family. If the parents are working as labour migrant in the city or on the farms, the parents are the ones who provide food or income. However, the amount of income is often very small as the family members not living with the CHHs not only have to provide for the CHHs but also for themselves. Family members also support the CHHs by helping them with the *application for social grants*. Family members who do this are often uncles and aunts. Sometimes an aunt is also the official foster parent. This does not necessarily mean the aunt lives with the family. Being a foster parent means that the foster parent is the one who receives the social grant and has to maintain the children with the grant. If the oldest member of the household itself was

over eighteen he or she became a foster parent for the younger siblings. The last resource provided by family members is *psychosocial support and guidance.* Especially grandmothers and aunts are mentioned here. This support takes the form of dropping by to check how the CHH is doing or listening to problems. Finally the siblings in the CHHs envision each other as a provider of psychosocial support and guidance in form of listening to each other's daily problems.

Family 13:' Our grandmother sleeps here sometimes but she has her own place to stay, at that side. But she does come here to check if we are OK.'

Family 11: 'The uncle is always helpful, when we had to apply for the ID's. He always plays the parent role.'

4.4.2 Barriers to resources of the family

The first barrier to family support was *not having family staying in the vicinity*. This is especially the case where the parents are migrants. *Arguments between family members* were also mentioned as a reason why family members do not support the CHH. For example, one head of a household (a 21-year old girl) said the grandmother was not supporting the family anymore because she was angry with the girl. The reason for being angry was that the girl had gone to the police to report her uncle (the grandmother's son) who had raped her. A third barrier to family support is the perceived *misuse social grants* by family members. This problem was especially reported by social workers, CHHs themselves mentioned this rarely. Social workers say that family members often become a foster parents (and receive the Foster Care Grant) but then do not take responsibility for the children. A CHH reported that the Foster Care Grant was used to pay for a medical treatment of the foster parent. A final barrier to family support was the *physical inability of family members to take care of the CHH*. This was especially the case with the family that lived with their deaf and blind grandmother.

4.4.3 Valuation the family as provider of resources

Often support from family members is experienced as very valuable. This is also shown in the answers households give to the question: "Who is the most important person in your life?". CHHs mention a family member as the most important person in their lives. If a parent is still alive, the parent is mentioned as the most important person. Also, the oldest member of the household is mentioned as the most important person. Often this person is chosen as the most important person because he or she is the one who provides food and clothes for the family. Another reason to mention somebody as the most important person is the moral support he or she provides to the CHH by listening to their problems. A characteristic of the relationship

with family members that is particularly appreciated by the CHHs is the stability of the relationship. The CHHs refer to this as ‘providing every month’ or ‘he is always there.’ However, this was not the case for all family members. Especially fathers (if alive) are almost never mentioned as an important person in the life of the CHHs. They are not experienced as valuable as they never or very sporadically visit the CHHs. There are also cases in which no member of the extended family visits the CHHs. This phenomena of lacking family support is also observed by social workers of the Department of Social Development. They state that family members do not always feel fully responsible for taking care of the children. They want to support them but do not want to take the full responsibility of maintaining them. This corresponds with the what the CHHs report. However, social workers also stated there is a lot of misuse of social grant. This was not confirmed by the CHHs themselves. In summary, there is a big difference among the households concerning the amount of support they receive from family members outside the household. Inside the own household members of CHHs value each other especially as a source of moral support. When members of the CHHs are asked what is going well in their household they often mention that their interrelationship is good.

4.5 The community as provider of resources

As described in the theoretical framework the approach of the ABCD-method was used to analyze the community as a provider of resources. In this approach, not only individuals (such as neighbours) but also associations and institutions are potentials providers of resources. Therefore this paragraph will firstly describe the role of neighbours as a provider of resources and secondly describe the role of institutions and associations as a provider of resources.

4.5.1 Neighbours as a provider of resources

4.5.1.1 Support received from neighbours

The main type of resources the households receive from their neighbours is *incidental material support*. Many families mention that they go to neighbours when they are out of food. This support is incidental: the families receive some food when they ask for it but not on a structural basis. Secondly, the neighbours are mentioned as important providers of *advice or protection*. Families describe they go the neighbours when a child is sick or has had an accident. Especially girls mention neighbours as the persons they go to for protection when they are afraid of thieves or of physical harm. One girls-only family told about their former good relationship with the neighbours before their uncle had an argument with the neighbours and told them not to support this family anymore:

Family 6: *'They treated us like their own children before. They were like parents to us because they could take the baby to the doctor, they could help us with making things, and now they don't do this anymore. And then maybe they can come over to sleep if they are scared at night. But not anymore.'*

Thirdly the community is mentioned as a *resource for providing information* about upcoming events, available support programs and job opportunities. The role of the community as provider of information is important for CHHs as they often have no access to other forms of information (such as TV and internet). A final important resource the families receive from the community is the *feeling to be part of the community*. Families report that they get a positive feeling from being part of the community. Being part of the community is defined as being involved in activities and being accepted.

Family 3: *'When I talk about community I talk about people in this environment, in this area. And we haven't had any problems regarding that because those people don't criticize us or say anything bad about us. So we feel very much appreciated here.'*

Family 8: *They[the community] always informs us about each and everything that is around in the community. If maybe there are events, or if they are looking for some people to work somewhere.'*

4.5.1.2 Barriers to resources from neighbours

Two types of barriers were found. Firstly there are barriers that prevented the CHHs from asking support from the community. Secondly there are barriers that prevent the community from giving help to CHHs. A first barrier to asking support from neighbours is *fear of gossiping* . This is especially a barrier to asking for food. A second reason for not asking support from the neighbours is that CHHs have the idea *they bother neighbours who have problems of their own.* A third reason mentioned by the CHHs for not asking help from the neighbours was that they are *not used to asking for help*.

Family 8: *'No one is helping us, that's why I usually do piecejobs every weekend. I make sure that I get something to do so I can make some money. We cannot go to the neighbours because they talk too much, like gossiping.'*

Family 3: *'The reason why I hate friends (oldest sister) is that they can come to our house just to chill, and then after that, the friend will go out and tell I don't have clothes, that my parents passed away. All those kind of things. That's why I hate friends, I don't want a friend. Because they will underestimate me, tell I don't have clothes, that I don't have parents and tell other people about my life. So that's why I hate them.'*

Family 16: '*Yes, it is difficult for us to ask [neighbours for help]. It is not nice to go there all the time and ask for meal or sugar because they have their problems of themselves. They have a family to support themselves.'*

Family 2: '*It is very big difficult [to ask neighbours for help] as sometimes we may find out they go to the same family every day, so we feel ashamed. They are afraid that even the neighbours might not feel to help us anymore.'*

Family 9:*'We were never raised that way. We were raised like 'if you don't have something, you don't have it'. That's why it's difficult to go and ask.'*

Besides barriers to asking for help, also barriers were found that prevent the community from supporting the CHHs. A main reason for not supporting a CHH is *a bad relationship between family members of the CHHs and the community*. It is remarkable that this bad relationship is often between the community and the parents of the CHHs and not between the community and the CHHs themselves. However, a bad relationship with the parents results in not supporting the CHHs.

Family 12: *'The neighbourhood hated our mom, so somebody put a gun on her head and said that he would shoot her. So that is why we are hating the neighbours. That's we they don't feel welcome to go to them and ask for help for example.'*

Family 6: *'There was an situation when our uncle came around to see us and then he told the neighbours not to take care of us anymore. They are not supposed to interfere here in each and everything, so since then the neighbours do not take care of us anymore. [This is] Because the uncle's daughter passed away while she was living here. And then our uncle thought this was because of the neighbours.'*

4.5.1.3 Valuation of neighbours as provider of resources

The community is valued by the CHHs as important to maintain a good relationship with. CHHs think the community is a valuable resource in case of emergency (a lack of food at the end of the month, accidents, protection against harm). CHHs did not speak of the community as a resource for help on a structural, continuous basis. The fact that the community provides incidental help, but not structural help was also mentioned by the social workers of the Department of Social Development and their supervisor. They mentioned a difference between incidental support (such as giving some food or reporting the CHH to the Department of Social Development) and taking full responsibility for these children.

Social workers: '*But the community, they don't want to take full responsibility of taking care of those children in terms of supporting them. They don't have money and that kind of stuff, so they don't want to take full responsibility. But they know those children are living without parents and maybe give them a bag of maize meal or some other stuff but they don't want to take full responsibility of them.'*

4.5.2 Associations and institutions as a provider of resources

4.5.2.1 Support received from associations and institutions

The associations and institutions CHHs are most involved in are the church, social clubs such as sports teams, and school. Families also mention they receive support from the Ndlovu Care Group. The church is mentioned as a provider of *spiritual support*. The church is not mentioned as an important provider of material support to the CHHs. In many cases members of CHHs were part of a sports team (netball or football). Being a member of these teams is a

resource for *having fun*. There are no children who receive material support from their teams. At school, it is procedure to register single and double orphans. Therefore in most situations schools know that the children live in a CHH. If the school knows that the children live in a CHH, this often results in extra support. Kinds of support mentioned were *help with application for social grants, help with getting school uniforms* and *understanding for their situation,* for example understanding bad behaviour or not having uniforms. School as a resource for getting entrance to the labour market is discussed in the paragraph concerning market resources. The Ndlovu Care Group was mentioned as a provider of material resources like school uniforms, food and housing. The housing and school uniforms were highly appreciated by the families. Provision of food was valued less helpful as this did not happen on a structural basis. Some households also mentioned the sports programs and the Ndlovu Youth Choir as a resource. They mention the choir and the sports programs especially as a resource for having fun.

Family 9: *' It [church] keeps us happy and healthy, we are always happy if they said something at the church.'*

Family 6: *'We go to a kind of church where they don't give anything [material]. This church does not do these things'*

Family 14: *'If we are around playing with other kids we get to forget the problems at home and we feel free. Then there is nothing to worry about.'*

Family 13: *'The teacher is the one who helped us in the process to go to the social workers and talked to them and stuff.'*

Family 18: *'Last year I registered at school and then they bought me uniforms.'*

4.5.2.2 Barriers to resources from associations and institutions

A first barrier to resources from associations and institutions for children living in CHH is *not reporting their situation*. Especially at school children often thought it would not make sense to report their situation as they thought it would not change anything. A second barrier is not having a chance to participate . Especially *domestic care responsibilities* are a barrier to attending school or to participating in sports clubs.

Family 14: *'I think it does not make a difference [to report at school] because I think they only use it for the school data and not for support.'*

Family 9:' *I'm like a mother to these children. Whenever they go to school I have to stay behind and do the housework.*[19-year old brother].

Family 10: *'I did go to school but I dropped out because I got pregnant.'*

Family 14: *'I feel different, because I always have to come back from school and take care of my sister and clean up the house. I can never take time for myself like the others can do because they have parents to take care. I really like sports but I cannot go because I have to do the household first before I can go.'*

4.5.2.3 Valuation of associations and institutions as provider of resources

Remarkable is that children receive support because they are part of these institutions and associations in two ways. On the one hand, children reported that they received extra material help or support from organizations or institutions when they told about their exceptional position. On the other hand, not having an exceptional position is a resource for *normalization*. Some children reported that their team members or classmates do not know they live in a CHH and this makes them feel like other children when they are together with them. Extra help, received from the exceptional position of living in a CHH, was in some cases also a barrier to support from the community. A family reported that the community gossips about the fact they receive support from the Ndlovu Care Group and the school.

Family 13: *'Teachers at school don't treat us differently, for example with uniforms: we try by all means to get uniforms so that we can be just like other children.'*

Family 13: *The neighbours are always gossiping about us, at the time we were suffering. And even now, that we get the foster grant they are still gossiping about us like 'the school provides you with maizemeal' , things like that, or 'Ndlovu bought you uniforms', things like that. And now we bought a TV and the neighbours say 'You see, they don't want to go out and play with other kids', that kind of stuff.'*

An example of how sensitive the balance between receiving help and normalization is, is shown in an example of a family that did not receive Ndlovu support. The head of the household (a 23-year old boy) explained why he did not want to have a sign of Ndlovu on his house if he would get a Ndlovu house.

Family 18: *It might happen that people identify us like: "oh those people, they are orphan, or they don't have parents because their house was build by Ndlovu". It looks like we are poor and shame. All people can see it. Some people, they will undermine us when they see the sign.*

The executives of the Ndlovu Care Group also recognize how sensitive this balance is and underline the negative influence material support can have.

Executive NCG: '*I think you should make a distinction between material and psychosocial support. Regarding psychosocial support you should do everything you can. But in regard of material support we should be careful. There are many more children not living in a CHH who have the same problems. We must be careful that children in CHH do not become outcasts because we place them in an advantaged position. We must be aware of that balance, and that's a difficult job.'*

5. Conclusions

In the previous chapter the characteristics of each of the four corners of the welfare diamond, as providers of resources for CHHs, are presented. In this chapter the final conclusions of this research will be drawn. The first paragraph describes in what points the results of this study confirm or contradict the theoretical framework. Secondly, the all over research question of this master thesis and the master thesis of Simone Wassink, concerning the needs and wants of children living in CHHs, will be answered. After a discussion of the strengths and limitations of the research, this chapter will end with recommendations. Recommendations will be given for further research concerning the resources of CHHs and for policies concerning support for CHHs.

5.1 Conclusions

In general it can be stated that all four corners of the welfare diamond (state, market, family and community), as presented in the theoretical approach, are of some meaning as providers of resources to fulfill the needs of children living in CHHs. The welfare diamond of Jenson (2004), who added the community as a provider of welfare, is therefore a suitable framework to describe the resources of children living in CHHs.

Concerning the state resources there is a discrepancy between the rights children have to state resources and the resources they actually receive. Often the CHHs cannot meet the conditions to qualify for conditional support like social grants. It was assumed in the theoretical framework that supervision of an adult caretaker is an important intermediating variable for access to conditional support from the state. This was indeed the fact for the CHHs in Elandsdoorn. Many CHHs experience problems to getting access to resources of the state that they are in principle eligible for. Although the state is formally responsible for CHHs and has many resources available for them, they are of limited value to CHHs as minimal services are available to help CHHs to get access to the resources. According to the 'Policy Framework for Orphans and Other Children (OVC) made vulnerable by HIV and AIDS in South Africa' (Department of Social Development, 2005) this is the task and responsibility of social workers. However, support of social workers to get access to state resources was not experienced by the CHHs in Elandsdoorn. Concerning the state resources it can be concluded that the main problem for CHHs is not a lack of state resources, but a lack of services to get access to them. Services that are lacking are frequent visits of social workers, that should

result in assistance with application for grants as well as assistance to receive birth certificates.

The role of the market as a provider of resources for CHHs was assumed minimal in the theoretical framework because most members of CHHs were assumed to be minors and still going to school. However, the age limit of the population of this research was 25 years. Therefore the assumed legal barriers, such as not being allowed to hire minors, are not applicable. However, a barrier not assumed in the theoretical approach was the fact that, even if a member of the household had formal access to the labour market, in terms of being of age and not going to school, there were other barriers for entering the labour market, the most important of which were not being educated and a lack of available jobs. Concerning the market as a provider of resources for CHHs it can therefore be concluded that the type of barriers to entering the labour market were assumed to be legal barriers, but in fact contextual barriers (like unemployment) played a major role. Secondly, the labour market was considered to be a valuable resource once a member of a CHH had actual access to it. It turned out that the resources received from the labour market are minimal. Reasons for this are small salaries and the fact that the salary is not always used to maintain the household. If one of the parents was still alive and used his or her salary to maintain the CHH, this was often only enough income to buy basic food and not to meet all needs. The actual resources received from the labour market for CHHs are therefore less valuable to fulfilling the needs of CHHs than what was assumed.

The family was assumed to be a provider of both material and non-material resources. This was indeed the case. The family is the main provider of food and income for the CHHs. The family is also an important resource for non-material support such as listening to problems and moral support. Family was also assumed to be an important intermediating resource for receiving state resources like social grants, for example by being a foster parent. In some cases this is the fact. An extended family member or a member of the CHHs already of age acts in some cases as an intermediating resource. It was assumed that the family solidarity could diminish after the death of the parents. This is not always the case. In many cases, the relationship between the CHHs and the extended family members reflected the former relationship between the extended family members and the parents of the CHHs. In general, families who already had close contact with extended family members retained this relationship and families who had a bad relationship or no contact at all with the extended

family members maintained this bad relationship. Although there are some exceptions, it might be concluded that the fact that children lost their parents does not influence family solidarity of extended family members. In the theoretical framework a distinction was made between the resources provided by members of the household and of the extended family living outside the household. It was assumed the members of the own household could be of little significance for material resources but could be an important resource for moral support. The assumption that the members of the household were of little significance for each other as providers of material support turned out to be wrong. As explained before, the oldest members of the households are often the intermediating resource to getting access to social grants or, in rare cases, to the labour market. The assumption that the siblings would derive moral support from each other turned out to be true. Especially the fact that siblings experience the same problems and that they understand each other results in the high value of moral support from siblings. In summary, it can be concluded that the extended family (or older siblings not living in the household) are important providers of both material and non-material resources for the CHHs in cases where the relationship was already good before the household became a CHH. If this was not the case, family does not play an important role. Members of the CHHs are important providers of both material and non-material resources to each other. They received most non-material support from the fact that siblings understood their problems.

The assumptions concerning the resources provided by the community seem to reflect the situation in Elandsdoorn. The distinction made between individuals, associations and institutions turned out to be useful as individuals (in form of neighbours) give other kinds of support than institutions and associations. Neighbours are especially valuable as a first contact for adult help which is not available in the household itself, such as advice, protection against harm and providing food. It was assumed that associations and institutions would also play a role in the provision of material help. Especially schools and the Ndlovu Care Group turned out to be valuable as providers of material resources like school uniforms and housing. Besides, institutions and associations turned out to be a very valuable resource for CHHs to feel like other children and to having fun. Social cohesion was assumed to be an important factor for support given to CHHs by the neighbourhood. Chipkin & Ngqulanga define social cohesion as ‘a situation where citizens share feelings of solidarity with their community members, and act on the basis of these feelings’(Chipkin & Ngqulanga ,2008 :62). Solidarity

indeed has an influence on the support CHHs receive from the neighbours. In some areas a high level of social solidarity is shown by the fact that neighbours are very willing to support CHHs and that the CHHs do not mind to ask for help. But solidarity is also a limiting factor. CHHs feel solidarity with the neighbours in sense that they do not want to bother neighbours with their problems and do not want to ask for help. This limits the support CHHs receive from neighbours. A high level of social cohesion between the neighbours is also a limiting factor in the sense that close connections between the neighbours make that CHHs are afraid of gossip and stigmatization when they ask for help. Gossip would give them an exceptional position in the community that the CHHs do not want. Also in associations and institutions CHHs prefer not to have an exceptional position. It can therefore be concluded that the community is a valuable provider of both social resources and (to a lesser degree) of material resources, though only as long as this support does not give CHHs an exceptional position in the community.

5.2 When resources meet needs: answers to the all over research question

In this paragraph the overall research question of the masterthesis of Simone Wassink and Angela van Dril will be answered. This question is:

"What resources are available for children living in Child Headed Households in Elandsdoorn and to what extent do these resources fit their needs and wants?"

This question is answered by considering to what extent the needs of each layer of the Maslow hierarchy are met, and what resources are available or lacking to meet these needs.

The physiological needs of children living in CHHs are partly met. Needs like food, basic shelter, clothes and care are in most cases available, but only to a small extent and they are of minimal quality. This has to do with the fact that children living in CHHs do not have access to a provider of resources that can provide them with enough income to cover all those needs. The way CHHs derive their income can be characterized as 'packaging'. Packaging is "combining of resources from all kinds of welfare and income suppliers to make ends meet" (Knijn, 2004 :21). They combine, for example, social grants with salaries and incidental gifts of neighbours and family, in order to provide enough income to meet their basic needs. Often even this combination of income is not sufficient to meet the physiological needs of the CHHs.

The safety needs of children living in CHHs concern the need for physical safety, including the needs for security, protection, stability, and freedom from fear or constant anxiety (Harper, Harper, & Stills, 2003). The extent to which safety needs are met is firstly determined by the physical environment the children live in. Often the houses are not well maintained, meaning that it is easy to break into the house. As stated above the households often do not have the material resources to maintain their houses. Besides that, they have no access to people who can maintain the house for them. Secondly, the need of feeling safe is often not met because the most important resource to meet this need is an adult who can protect the children against harm. Neighbours are often mentioned as the people the children will go to in case of emergency; however, this means neighbours are only a resource in those cases where an unsafe situation already occurred. Neighbours are no resource to preventing unsafe situations on a permanent basis. The fact that CHHs often have no resources that can safeguard them from unsafe situations means they may live with a continuous feeling of fear. Therefore their safety needs are not met.

Concerning the resources that are necessary to meeting the social needs of the children, the same problem of the absence of an adult caretaker occurs. The fact that no adult caretaker is permanently available in the households, means that the social needs of children living in CHH are only partly met. Children miss the love and affection they can only receive from an adult caretaker. They receive this partly from family members or older siblings, but this is often not on a continuous basis. However, the social needs concerning contact with peers and siblings are met by CHHs. Often children in CHHs retceive a lot of social support from belonging to peer-groups, social clubs, schools and churches. These contacts are valuable for them because there they are treated there just like other children. The fact that they do not have an exceptional position means that especially their needs concerning sense of belongingness are met.

One important aspect of esteem is confidence. A resource for confidence is the fact that CHHs manage to run their own household. When asked what they are proud of they often mentioned the fact that they were able to manage the household all by themselves. Another aspect of esteem is self-worth. School is a resource for this aspect. Successful mastery of school work will foster the children's sense of self-worth. Equal opportunities to having good school results, which in turn can help to meet their needs of esteem, are on one hand facilitated by the fact that (basic) education is free and therefore accessible to CHHs. On the other hand,

CHHs have different living conditions than other children (such as more care responsibilities) that makes it more difficult for them to be successful at school. The social clubs, churches and friends are an important resource for the feeling of acceptance by others, which is an important aspect of esteem as well. About half of the participants in this research mentioned this.

Self-actualization means reaching your potential or realizing your dreams. This is a lifelong process. The participants in this research were mostly too young to meet the need of self-actualization as there was an age limit of 25 years old. An important resource to meet self-actualization is time to develop talents. As described above, and in accordance with the theory of Maslow, children in CHHs are often too busy with the fulfillment of their basic needs (consisting of the first three layers of the theory of Maslow) and are therefore not focused on their possible talents and how they can develop these talents. This is also the case for the layer of esteem. The Ndlovu Care Group can be a resource in this process of self-actualization by identifying talents of vulnerable children and giving them the opportunity to develop those talents, for example in the Ndlovu Care Group Youth Choir and the sports programs.

5.3 Reflection and limitations

The first point of reflection concerning this research is its broadness. Studying all resources that have or may have influence on the living circumstances of CHHs was a huge task. On the one hand, this provides a comprehensive picture of the providers of resources for CHHs. On the other hand, the fact that four types of resources are studied limits the opportunities to study the characteristics and important mechanisms of each provider of resources in depth. This thesis can therefore give an indication of the significance of each provider of resources for the living circumstances of CHH, but does not provide a picture of each resource in depth. The second point of reflection concerns the respondents involved in the research. As this research was the first research undertaken in the Elandsdoorn township on CHHs, it was difficult to find respondents. Several sources were used to find the families but no complete list of CHHs existed. On the one hand, this had a positive influence on the internal generalizability of the research. Because different sources were used to find respondents, the information may be generalizable to other CHHs in the Elandsdoorn township. On the other hand, the fact that it was hard to find the families resulted in the fact that the age limit of the respondents had to be increased to 25 years of age instead of 18 years of age as in the original research design. On the one hand, this resulted in the fact that several assumed barriers to

resources were not relevant for this age group. On the other hand, it turned out that this group of 18-25 year olds also had specific problems and disadvantages resulting from the fact that they grew up in a CHH (such as a lack of education and unemployment). A third point of reflection is the fact that all family members were interviewed together with the help of a local translator (because of practical reasons). This limited the possibilities for family members to speak freely and increased the chance of socially desirable responses. A final limitation is the fact that respondents knew that the research was undertaken at the request of the Ndlovu Care Group. On the one hand, this was positive as it gave the researchers access to the families and most families had a positive attitude regarding the Ndlovu Care Group. This increased their willingness to participate in the research. On the other hand, they were often aware of the fact that the Ndlovu Care Group might provide them with food or housing. This might have caused that families emphasize their problems and not their strengths.

5.4 Recommendations

- As already assumed in the theoretical approach the extended family members (and older siblings living in their own household) turned out to be the most stable and continuous resource for children living in CHHs. Barriers for supporting the CHH were often a lack of material resources. As stated by Knijn (2004) is it difficult to claim any right to family care, as there is no legal right to this. Family care is often based on normative claims. In cases where this resource of *will to take care* is available, this resource should be strengthened by removing the barrier of lacking material resources, for example by supporting these extended family members to get access to foster care grants or provide them with material resource to pass on to the CHH. According to Knijn (2004) family is the best intermediating resource as "the altruistic and reciprocal character of family relationships (…) improves the quality of the exchange." (Knijn, 2004: 27).

- When implementing support programs both NGOs and the state should be aware of the target group they want to reach. As described, CHHs with some form of adult support (from community or family) are more likely to be known by NGOs or the Department of Social Development as the help of adults gives them easier access to these resources. If support is focused on the group that is already known by support organizations the risk of 'creaming' occurs. Creaming is the process whereby only a selective group is included in social programs. This will exclude the most vulnerable

group, the CHHs who are not reported to the Department of Social Development or the Ndlovu Care Group. To prevent this risk of creaming an outreaching approach is necessary in order to find the families most in need of support.

- As described in the conclusions, support from the neighbourhood, institutions and associations is valuable to CHHs as long as it does not give them an exceptional position in the community. Getting an exceptional position conflicts with the need to feel like other children. When help is provided by NGOs or the state this should be taken into account. This should be done by providing support that fits in the context that the children live in. Providing the CHHs with (material) resources which are not available to other members of the community might cause a negative attitude with respect to CHHs and therefore diminish possible community support that could lead to further social exclusion and stigmatization. The same applies to providing support in a way that 'labels' the CHHs as being a household in need, for example by putting Ndlovu signs on their houses.

- Summarizing, the target group for programs that support CHHs should be children who have no access to support programs currently, in a way that does not give them an exceptional position in the community and that utilizes the resources already available in the community and family. If this is considered, together with the fact that many state resources are wasted as children do not have access to them, the Ndlovu Care Group should not play a role in the provision of structural material resources but should be the mediating resource to state resources. This can be done by assisting children to get access to social grants, by giving them access to social housing programs and by monitoring their situation to see whether the CHHs do indeed get (and keep getting) access to these programs.

- In order to let the Ndlovu Care Group become a intermediating resource to state resources, further research should be done in order to investigate which tasks the social workers of the Department of Social Development actually have and what are the barriers they face to performing these tasks. Also the willingness of the Department of Social Development to collaborate with the Ndlovu Care Group should be investigated in order to provide stable policies to support children living in CHHs.

6. References

Boeije, H. (2010). *Analysis in qualitative research*. Londen: Sage.

Boeije, H. (2005a). Soorten van onderzoek: de grote parade. In: 'Hart, H., Boeije, H.&Hox, J. (Eds.) (2005). *Onderzoeksmethoden.* (pp. 61-92). Amsterdam: Boom Onderwijs.

Boeije, H. (2005b). *Analyseren in kwalitatief onderzoek: denken en doen.* Amsterdam: Boom Onderwijs.

Bower, C. (2005). South Africa:The case for child headed households. *Early childhood matters, 105,* 45-49.

Chipkin, I. & Ngqulanga, N (2008) Friends and Family: Social Cohesion in South Africa. *Journal of Southern African Studies, 34* (1), 61-76.

Clasen, J.&Siegel,N.A. (Eds) (2007) *Investigating welfare state change.* (pp. 261-281). Cheltenham: EE Publishing Limited.

South African Department of Basic Education (n.d.). *School Fees in public Schools: Guide for parents.* Retrieved from http://www.education.gov.za/LinkClick.aspx?fileticket=PnMQsprt7J4%3D&tabid=333&mid=1943

Esping-Andersen, G. (1990). Three Worlds of Welfare Capitalism. In Pierson, C. & Castles, F. (Eds) *The welfare state reader.* (pp.160-174). Cambridge: polity Press.

Ewijk, H. van (2008). *Citizenship based social work. An introduction to the international discourse on social policy and social work* (Master Course Book 2008) Tartu University, Estonia.

Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. *Psychology, health and medicine, 5,* 55-64.

Germann, S. (2005).*An exploratory study of quality of life and coping strategies of orphans living in childheaded households in the high hiv/aids prevalent city of Bulawayo, Zimbabwe.* (Unpublished doctoral dissertation). South Africa: University of South Africa.

Harper, F.D., Harper, J.A., & Stills, A.B. (2003). Counseling children in crisis based on Maslow's hierarchy of basic needs. *International Journal for the Advancement of Counseling*, 25: 11-25

Jenson, J. (2004). *Canada's New Social Risks: directions for a New Social Architecture.* Research Report F|43. Ottawa: Canadian Policy Research Networks.

Jochem, S.(2007). Pension reform: beyond path dependency?. In Clasen, J.&Siegel,N.A. (Eds) (2007) *Investigating welfare state change.* (pp. 261-281). Cheltenham: EE Publishing Limited.

Knijn, T. (2004) Family Solidarity and Social Solidarity: Substitutes or Complements? In: Knijn, T. & Komter, A. (2004). *Solidarity between the Sexes and the Generations: transformations in Europe (2004).* (pp. 18-31). Cheltenham: Edward Elgar Publishing Limited.

Kretzzman, J.& Mcknight, J. (1993) *Introduction to "Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets."* (Unpublished Manuscript). Evanston: Institute for Policy Research.

Maslow, A.H. (1970). *Motivation and personality* (2nd ed.). New York: Harper and Row.

Meintjes, H., Hall, K., Marera, D. & Boulle, A. (2010). Orphans of the AIDS epidemic? The extent, nature and circumstances of child-headed households in South Africa, *AIDS Care, 22* (1) , 40 – 49.

Meintjes, H. (2010). Statistics on children in South Africa, demographics of Child-Only households. Capetown: Childrens Institute University of Capetown.

Mkhinze, Z.(2006) *Social functioning of Child-headed Household and the role of social work* (Unpublished doctoral dissertation) South Africa: University of South Africa.

Ndlovu Care Group Homepage (n.d.) retrieved from http://www.ndlovucaregroup.co.za

Nziyane, L. (2010) *Practice guidelines for the integration of child-headed households into extended families* (Unpublished doctoral dissertation) South Africa: University of South Africa.

Philips,C. (2011). Child-headed households: a feasible way forward, or an infringement

of children's right to alternative care? (Unpublished doctoral dissertation) Leiden: Leiden University.

Republic of South Africa. (1996). *South African Schools Act*. (Publication No.84 of 1996). Retrieved from http://www.info.gov.za/acts/1996/a84-96.pdf

Republic of South Africa. (2008). *Social Housing Act.* (Publication No. 16 of 2008). Retrieved from http://www.info.gov.za/view/DownloadFileAction?id=91903

Slabbert, M., Kodisan, P., Mtschweni,N. Neubert, C.&Gosling,A. (2010). The Ndlovu CHAMP childrens programme (NCCP). In: Tempelman, H., Slabbert, M., Gosling, A.& Vermeer, A (Eds) *A Model for integrated health, child and community care in rural South Africa.*(pp. 189-212). Amsterdam: VU University Press.

South African Department of Social Development. (2005). *Policy Framework for Orphans and Other Children made vulnerable by HIV and AIDS in South Africa.* Retrieved from http://www.sarpn.org/documents/d0002008/Policy-Framework_OVC_Jul2005.pdf

South African Government Services (2012) "Child Support Grant" Retrieved from http://www.services.gov.za/services/content/Home/ServicesForPeople/Socialbenefits/childsupportgrant/en_ZA

South African Department of Social Development. (2009). *National Action Plan for Orphans and other children made vulnerable by HIV and AIDS in South Africa 2009-2012*. Retrieved from http://www.cindi.org.za/files/nap_2009-2012_v8_final.pdf

South African Department of Social Development. (2010). *National Guidelines for statutory Services to Child-Headed Households.* Retrieved from http://www.dsd.gov.za/index2.php?option=com_docman&task=doc_view&gid=147&Itemid=39

United Nations. (2010). *Guidelines for the Alternative Care of Children.* Retrieved from http://www.unicef.org/aids/files/UN_Guidelines_for_alternative_care_of_children.pdf

USAID/Zambia (2002) Results of the Orphans and Vulnerable Children Head of Household Baseline Survey in Four Districts in Zambia. USA: Author.

7. Appendixes

Appendix 1: : Constitution regarding Children's rights and educational rights.

28 Children
(1) Every child has the right-

(a) to a name and a nationality from birth;

(b) to family care or parental care, or to appropriate alternative care when removed from the family environment;

(c) to basic nutrition, shelter, basic health care services and social services;

(d) to be protected from maltreatment, neglect, abuse or degradation;

(e) to be protected from exploitative labour practices;

(f) not to be required or permitted to perform work or provide services that-
(i) are inappropriate for a person of that child's age; or
(ii) place at risk the child's well-being, education, physical or mental health or spiritual, moral or social development;

(g) not to be detained except as a measure of last resort, in which case, in addition to the rights a child enjoys under sections 12 and 35, the child may be detained only for the shortest appropriate period of time, and has the right to be-
(i) kept separately from detained persons over the age of 18 years; and
(ii) treated in a manner, and kept in conditions, that take account of the child's age;
(h) to have a legal practitioner assigned to the child by the state, and at state expense, in civil proceedings affecting the child, if substantial injustice would otherwise result; and

(i) not to be used directly in armed conflict, and to be protected in times of armed conflict.

(2) A child's best interests are of paramount importance in every matter concerning the child.

(3) In this section 'child' means a person under the age of 18 years.

29 Education

(1) Everyone has the right-

(a) to a basic education, including adult basic education; and

(b) to further education, which the state, through reasonable measures, must make progressively available and accessible.

(2) Everyone has the right to receive education in the official language or languages of their choice in public educational institutions where that education is reasonably practicable. In order to ensure the effective access to, and implementation of, this right, the state must consider all reasonable educational alternatives, including single medium institutions, taking into account-
(a) equity;

(b) practicability; and

(c) the need to redress the results of past racially discriminatory laws and practices.

Appendix 2: Topic list interviews Child Headed Households

- **Introduction**
  - Aim of the interview
  - Informed consent form
  - Demographic characteristics:

- **Physiological needs**
  - Can you tell us what your day was like today?
  - Do you have breakfast/lunch and dinner every day?
    If not > is this sufficient, what would you like?
  - Who makes sure there is food and how do you do this?
  - Do you have enough clothes for everybody (for every season)?
    If not > What do you need, what would you like?
  - Who provides the clothes for you and how often do you get new clothes?
  - Do you have a good shelter to live in? How many beds do you have?
    If not > What do you need, what would like?
  - Do you have a toilet/bath?
  - *If not > What do you need, what would like?*
  - Who takes care of you when you are sick?
  - If you are sick, can you afford to go to a doctor or to the clinic?

- **Material resources**
  - Can you tell where you get money from to pay for clothes, food and other things you need?
  - Which of you does have a job?

    If not>
  - Would you like to have a job?
  - Have you ever been looking for a job? Why did you not find a job?

    If yes>
  - What kind of job do you have?
  - How did you get this job?
  - Is your job sufficient to earn money to take care of the family?

  - Do you do any other activity for yourself (like selling fruit or odd jobs) to earn money?)
  - Are there any other sources you get money from (grants, family, community, church)?

- **Grants**
  - Do you know what a child support Grant is?
  - Which of you receive a child support Grant?
  - Who organized for you to receive this Grant? (Ndlovu, social work, Home Based Care)
  - Was is easy to get this grant?

  - *If not:*
  - *Did you choose not to apply (and why?)*
  - *If you did apply: Why did you not receive the grant?*
  - *What could help you to apply for a grant?*

- **Social work and Home Based Care**
  - Do you have an official adult supervisor or guardian? (who for example organizes grants, money for food etc.)
  - Do you have any contact with the social workers or Home Based Care?

  If yes >
  - *Can you describe what they do for you to support you? (+how often?)*
  - *Is the social worker/ home based care helpful for you? Can she organize things you cannot organize yourself?*

  If not>
  - *did you try to get any contact with them? (why/why not?)*
  - *Do you think contact with a social worker would have added value for you?*
  - *What would you hope a social worker could do for you?*

- **Safety needs**
  - Do you feel safe in this house, do you feel safe to go to sleep?
  - Do you feel safe in your community, do you feel safe to go on the street?
  - Who is taking care of your safety?
  - To whom do you go to if you don't feel safe?
  - What are the things that make you feel unsafe?
  - Which things help you to feel safe, do you miss something in that?
  - What dangers are you scared of?
  - Are you scared people will try to hurt you?
  - Did that happen before? And in what way?
  - Who do you go to for help in these cases?

- **community resources**
  - Which of you goes to school?
    If not:
  - *What is the reason you don't go to school?*
  - *Would you like to go to school?*

    If yes:
  - *How often do you go to school?*
  - *Did you report at school that you live without parents? (Why/ Why not?)*
  - *Do you get any extra support of your teacher? (extra attention, assigning to social work etc.)*
  - *Do you have friends at school?*
  - *Do you see them after school (playing)?*

  - Are friends important for you? (Why/why not?)
  - Do you do any activities outside school or work?
  - Are you member of any organization? (Church, Ndlovu, School) and is this important to you?
  - Do you receive any support from these organizations (and what?)
  - Do you feel like being part of the community? In what way? Is that important to you?
  - Do you receive any support from the community? (what kind of support?)

- **Social needs + social resources**
  - Who is the most important person in your life? Why?
  - What other people do you know are important to you? (neighbour, family, friends, teacher, social worker, boyfriend/girlfriend)
  - Are any of these people supporting you? (material, emotional, giving advice)
  - What does this support involve?
  - Do you ever go to one of those people if you need help, advice of something else? (why/why not?)
  - Do they come to you on their own initiative to ask if you need anything or to see if you're OK?
  - Are there any family members supporting you?
  - Do you ask your family for help rather than other people?

  - Do you feel dependent of other persons? In what way?
  - Do you mind asking for help?
  - Do you mind if other people know you need help or have problems? *If yes>*
  - *what are you afraid of if people know you have problems?*
  - What kind of help from other people would you like in your life?

  - Do you feel different from other children as you are living in a CHH?
  - Do you feel you are treated differently than other children (for example by teacher, classmates, community, neighbours).
  - What changed most in your life since your parents died?

- **Self-esteem + resilience**
  - What do you think goes very well in your household? (e.g. *Enough food, good clothes, going to school, having fun, being independent, live together*)
  - What makes you can manage running this household?
  - What are you proud of in your household?
  - Why do you think this goes so well?
  - How did you achieve this?

  - What would you like to go better in your household?
  - When would you be satisfied with the way you run the household?
  - What do you think you need to achieve this?

  - What would you like to achieve in the next year? (What has to happen to say you had a good year?)

- **Self actualization**
  - What are your dreams for the future?
  - What do you think your future will look like?
  - What do you think your talents are?
  - Do you have opportunities to develop your talent?

- **Nldovu**
  - As we told we do this research for Ndlovu. What would be your advice to them? How could they help CHH best?

Appendix 3: checklist demographic characteristics of Child Headed Households

Date of interview	
Respondent Number	
Name	
Gender	O Male O Female
Date of Birth	
Higest education	O None O Primary O Secondary O Vocational
Number of Brothers	
Number of Sisters	
Father	O Disappeared O Living in other city O Died ……. (year) O Abandoned children O Other reason ……
Mother	O Disappeared O Living in other city O Died ……. (year) O Abandoned children O Other reason ……
Grandparents alive?	O Grandmother O Grandfather O Both alive O Both died
Living area	
Name school	

Appendix 4: Topic list interviews Social Workers Department of Social Development

- **Introduction**
  - Aim of the interview
  - Informed consent form
  - Can you describe what SD does to support CHH?
  - Can you describe what your task is regarding CHH?
  - How are CHH reported to you? (outreaching?)
  - Can you give some specific examples of support you give to children living in CHH?

- **Perception of needs of CHH**
  - How do you assess the needs of CHH?
  - What needs are most urgent in your opinion?
    - food
    - clothes
    - shelter
    - safety (house, community)
    - connection with community / family (stigmatized?)
    - do you think they are aware of their own good qualities?
    - do you think they are satisfied with their lives?
    - do you think they have the opportunity to develop talent?
    - future perspectives
    - getting the best out of life
  - Can you describe what are specific needs of CHH compared to other vulnerable children?
  - Do you think CHH in Denilton have special needs compared to CHH in other areas?

- **Perception of resources of CHH**
  - What are the most important resources to fulfill the needs of CHH in your opinion *before you come in*?
  - What resources of help do you find in the community/family for CHH?
  - Do you think CHH receive support from school, church, social clubs etc.?
  - What do you think are barriers in the community/family to help CHH? (stigmatization, abandoning)
  - What important sources of help do children receive from the state?
  - What do you think are barriers to get access to these resources? (lack of knowledge, no ID's)
  - What material resources do you think they have? (peace jobs, jobs)
  - What do you think are strengths of CHH themselves, what is going well in these households?
  - Do you think CHH in Denilton have special resources compared to CHH in other areas?

- **Resources provided by Social Work**

  - Do you assign the children to a official adult supervisor or guardian?
  - Can you organize things for CHH they cannot organize themselves?
  - What do you consider as the most ideal way to support CHH and why?

- **Nldovu**
  - How do you see the role of Ndlovu in supporting CHH?
  - Do you see any kind of cooperation between Ndlovu (and you) desirable? (and in what way).

Appendix 5: Topic list interviews staff members of the Ndlovu Care Group

- **Introduction**
  - Aim of the interview
  - Informed consent form
  - Why does Ndlovu consider CHH as a relevant topic?
  - Do you think CHH in Denillton have special characteristics compared to CHH in other areas?

- **Perception of needs of CHH**
  - What do you think are the needs of CHH on:
    - food / clothes and shelter
    - safety
    - love/belongingness
    - self-esteem
    - self-actualization

  - What do you think are the most urgent needs of CHH?
  - To what amount do you think these needs are already fulfilled?
  - Do you think CHH in Denilton have special needs compared to CHH in other areas?

- **Perception of resources of CHH**

  - What are in your opinion the most important resources for supporting CHH at this moment?
  - What do you consider as the most important resources for CHH to fulfill their needs? (state, market, family, community). For sustainable help.
  - What do you think are barriers for access to these resources at the moment?
  - How do you think these resources can be activated?
  - What kind of resources would you like the CHH to receive from Ndlovu?
  - Do you think CHH in Denilton have special resources compared to CHH in other areas?

  - What do you think are strengths of CHH?
  - Do you see options to use the strengths (resiliency) of the CHH themselves?
  - What do you think CHH themselves consider as the best way to support them?

- **Perception of support to be provided by Ndlovu.**

  - What do you consider as Ndlovu's task concerning CHH?
  - Why do you consider support to CHH as a task for Ndlovu?
  - What do you see as Ndlovu's responsibility for CHH an what as the responsibility of social work?
  - How do you see the collaboration with social work?
  - How does support on CHH fit in the vision of Ndlovu?
  - What kind of program would you consider as most helpful for CHH and why?
  - What kind of programs did Ndlvou have for OVC in the past? And where were they based on? And why did these stopped?
  - Did you think these programs were helpful for the OVC, and CHH in special?
  - Do you think CHH need(ed) specific programs and why?

- **Future perspective of Ndlovu**
  - Can you describe what you think Ndlovu should do to support CHH in the future?
  - Are you actively looking out for CHH?
  - Are you planning to make new policies on CHH in the future (and what kind)?
  - In what way do you think our research can be useful for Ndlovu?
  - How do you see the role of other actors (Social Development, Home Based Care) in the future?
  - Do you see any kind of cooperation between them (and you) desirable?