

# The social support network and remaining needs of child-headed households.

A study on provided support to, and remaining needs of child-headed households based in the Limpopo Province, South Africa.



Anke van Vliet

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## **Abstract**

This study explored the support and remaining needs of child-headed households in Elandsdoorn, Limpopo Province, South Africa, within their social network. The role of the South African government was included, since they are responsible for the well-being of child-headed households. Data collection was done through nine semi-structured interviews with heads of child-headed households, ages from 15-25 years old, who live in the Elandsdoorn township. Main conclusions were that all households have built a network around them, although the amount, intensity and content of the supporting network differed within each household. Emotional, material and practical needs remained. The support of local government appeared to be present, but weak. Child-headed households were aware of only a small part of the services that should be available. Actual received support was even less, due to unawareness within the households, and difficult, time-consuming processes and a high non-response rate at local government.

## **Introduction**

In 2006, 0.67% of all children in South Africa were living without parents, in households that were headed by a child. This is equivalent to roughly 122,000 children who live in child-headed households (Meintjes Hall, Marera, & Boulle, 2009). Of all these households, 35% were located in Limpopo Province which makes it the province with the highest prevalence of child-headed households in South Africa. The percentage of children who live in child-headed households in Limpopo Province is 1.4% (Meintjes, 2010).

Children living in child-headed households cope with specific problems. They frequently lack sufficient food, shelter, schooling and medical care (Cluver & Gardner, 2007b), and they have less access to institutional and social services (Donald & Clacherty, 2005). In addition to material and practical problems, their psychological well-being as well as short-term and long-term development is a concern (Donald & Clacherty, 2005; Cluver & Gardner, 2007b). There is no caregiver who supports them daily. Children who grow up without a caregiver score higher on both internal and external problems. These problems include depression, suicide attempts, delinquency, and substance abuse Cluver & Gardner (2007a; 2007b). It can therefore be said that children in child-headed households experience unique pressures when growing up.

### **Governmental regulations and non-governmental services for child-headed households**

The supreme law of South Africa, the Constitution, guarantees that all people below 18 years have children's rights. These are described in the Children's Act (No. 38 of 2005). A summary of this document is enclosed in annex 3. The Children's Act states that children, also these living in child-headed households, should be protected and supported. It aims to support families with children to promote well-being and prevent abuse or neglect, as well as to increase the options for the care of children found to be in need of care and protection. The objectives of the Children's Act are achieved through the provision of a range of social services for children and their families, provided by provincial governments. Social services that could be helpful for child-headed households include crèches, early childhood development programmes, prevention and early intervention programmes, drop-in centres, child protection services, foster care and adoption, and child and youth care centres. Material resources as provided by the government are social grants, food parcels, and houses.

The Department of Social Development is responsible for the well-being of child-headed households through the provision of psychosocial support and material assistance, the

mobilisation of communities to protect, care for and support children and the establishment of childcare forums at community level (South African Department of Social Development, 2005). However, child-headed households still exist and live in harmful conditions. At both national and provincial levels there were no specific programmes on child-headed households in 2008 (South African Department of Social Development, 2008). In addition, no concrete methods of implementation were found which describe governmental services, programmes or interventions that are available. In rural areas social workers are seldom found helpful to communities and in many instances office-bound, not knowledgeable about site and case-specific occurrences. The process for applications for e.g. birth certificates is reported as very slow. Documents often go missing, which results in children not receiving their documents or grants (South African Department of Social Development, 2008). As stated in a study of the South African Department of Social Development (2008), difficulties in the Department of Social Development are problems with funding, lack of human and material resources, inconsistency of provincial monitoring and evaluation of programmes and the huge caseload that social workers have. Above findings suggest that there is insufficient support provided.

Non-governmental organisations (NGOs) play an active role in the improvement of the lives of vulnerable children in South Africa. Ndlovu Care Group, an NGO in Elandsdoorn, Limpopo Province is a community development group that has been operating in rural areas in South Africa since 1994 (“Ndlovu Care Group Homepage”, n.d.). One of the target groups is child-headed households. Limpopo province alone has a population of 34,000 children living in such households (Meintjes, 2010). In Elandsdoorn, Limpopo where the first clinic of Ndlovu Care Group was established, 28 houses were constructed in 2012 to provide child-headed households with a safe permanent house. At this moment, 124 family members are benefitting from this intervention (Tempelman, 2012). Although these children are in safe housing now, Ndlovu Care Group still experiences a gap between the needs of child-headed households and the support they actually receive.

The goal of this study is to explore the resources that are available to child-headed households and the support they actually receive, as well as the needs that remain. The intention was to involve the local government in this study through interviews at the South African Department of Social Development, but unfortunately this did not succeed within the timeframe of this study. The research question is as follows:

*What support do child-headed households need, and what do they receive from their environment? How do they get the support? What is the role of the government with regard to the provision of support?*

This thesis is structured as follows: first, there is a theoretical framework on the developmental impact on child-headed households, and protective and risk factors regarding child-headed households. After that, a methods part will follow, which describes the research design and operationalization of the study. Thirdly, the results are displayed. The results will be followed by a conclusion and discussion with evaluation and generalizability of the results, as well as suggestions for further research.

## **Theoretical framework**

### **Definitions**

In this thesis, the definition as stated by the South African Department of Social Development is used to define orphans and vulnerable children, as it is official and used nationwide. An orphan is defined as a child under 18 years who has no surviving parent caring for him or her (South African Department of Social Development, 2005). A vulnerable child is a child whose survival, care, protection or development may be compromised due to a particular condition, situation of circumstance and which prevents the fulfilment of his or her rights. Children who are vulnerable as a result of HIV and AIDS include children infected with HIV or vulnerable to HIV infection (for example children who are exposed to sexual abuse), children whose parent or primary caregiver is terminally ill, abandoned or with no surviving parent or alternative caregiver. In summary, vulnerable children are those children who are in need of legal protection and alternative family care (South African Department of Social Development, 2005).

According to the Department of Social Development (2005), a child-headed household is recognised when the parent or primary caregiver of the household is terminally ill or has died, no adult family member is available to provide care and support and where a child has assumed the role of primary caregiver in respect of a child or children in the household in terms of providing food, clothing, and psycho-social support. In research already conducted on child-headed households, different researchers describe their own specific definition of child-headed households (Wassink, 2012). According to Wassink (2012), it appears that the term is not a clear concept, due to the following problems: firstly, there are different terms referring to the same phenomenon. Secondly, there are different definitions of the terms. In

2012, van Dril and Wassink performed research on the resources of children living in child-headed households in Elandsdoorn, Limpopo, South Africa. They define a child-headed household as a household where there is no caretaker living permanently in that household. The oldest member is up to and including 25 years old. If someone older than 25 years old lives permanently in that household, this person is dependent on the care of the children instead of the other way around. This definition will be used in this study, because it is based on the population of child-headed households in the current research area.

### **Developmental impact on child-headed households**

Parental death often means new and additional responsibilities for the oldest children (often adolescents) in child-headed households, as was found in research of Hartell & Chabilall (2005). The adolescents take care of the younger children and assume practical responsibilities that comes with running a household. These are adult responsibilities, that put pressure on the heads of the household. Foster (2004) states that orphans and vulnerable children, especially girls, may be forced to start working to earn an income. They are compelled to work due to the generally poor conditions in which they live.

Responsibilities such as the generation of income are considered developmentally inappropriate and could lead to long-term emotional problems, disruptions in education and sexual exploitation (Foster, 2004). Foster (2004) further suggests that as the family support base weakens, children share the responsibility for family survival by working on city streets. Problems of these children include substance abuse, bullying, a lack of food and clothing, sexual harassment, humiliation and harassment by the society and police, a lack of mental health resources and exploitation (Foster, 2004). Also, child-headed households are more exposed to multiple moves, multiple deaths, nursing their mothers, and hunger, than children with parents in equivalent impoverished communities and they record more negative life events (Donald & Clacherty, 2005). These factors could lead to emotional problems, and affect the emotional and behavioural development of children and adolescents (Cluver & Gardner, 2007a).

Children and adolescents are in need of a supportive adult. The lack of adult assistance results in an inability to cope with pressure that comes with the responsibilities of heading a household. In practise, however, it appears to be difficult to find help that can give them support and comfort (Hartell & Chabilall, 2005). This has several consequences. In comparison to their peers, access to education is difficult for heads of child-headed

households, because their responsibilities absorb a lot of time. Therefore, the school non-attendance rate of these heads of households is high (Philips, 2011). Developing skills is more difficult as they learn this at school and in contact with peers (Donald & Clacherty, 2005). Three common characteristics found in child-headed households are lack of self-confidence, lack of self-awareness, and poorer internal sense of locus of control which means that success is felt to be out of their hands (Donald & Clacherty, 2005; Hartell & Chabilall, 2005).

Children living in child-headed households have to deal with several negative life events and other factors such as parental death, poverty, discrimination and low socio-economic status (Cluver & Gardner, 2007a; Philips, 2011). When protective factors and risk factors are in balance, it is likely that the upbringing and the development of a child proceeds normally. When the risk factors outweigh the protective factors, however, the likelihood of developmental disorders, behavioural problems and difficulties in parenting increases (Bakker, 1998). A model that describes the risk factors and protective factors that influence the child's development, is the balance model (Bakker, 1998). The balance model (see figure 1) shows that development and upbringing of children are transactional processes. Many factors, on micro, meso and macro level influence these processes. Concepts 'burden' and 'capacity' are necessary to map the interaction between protective and risk factors, between development tasks and competency, between individual development and social environment, and between different socialisation environments, such as household, school and neighbourhood (Bakker, Bakker, Van Dijke, & Terpstra, 1998).

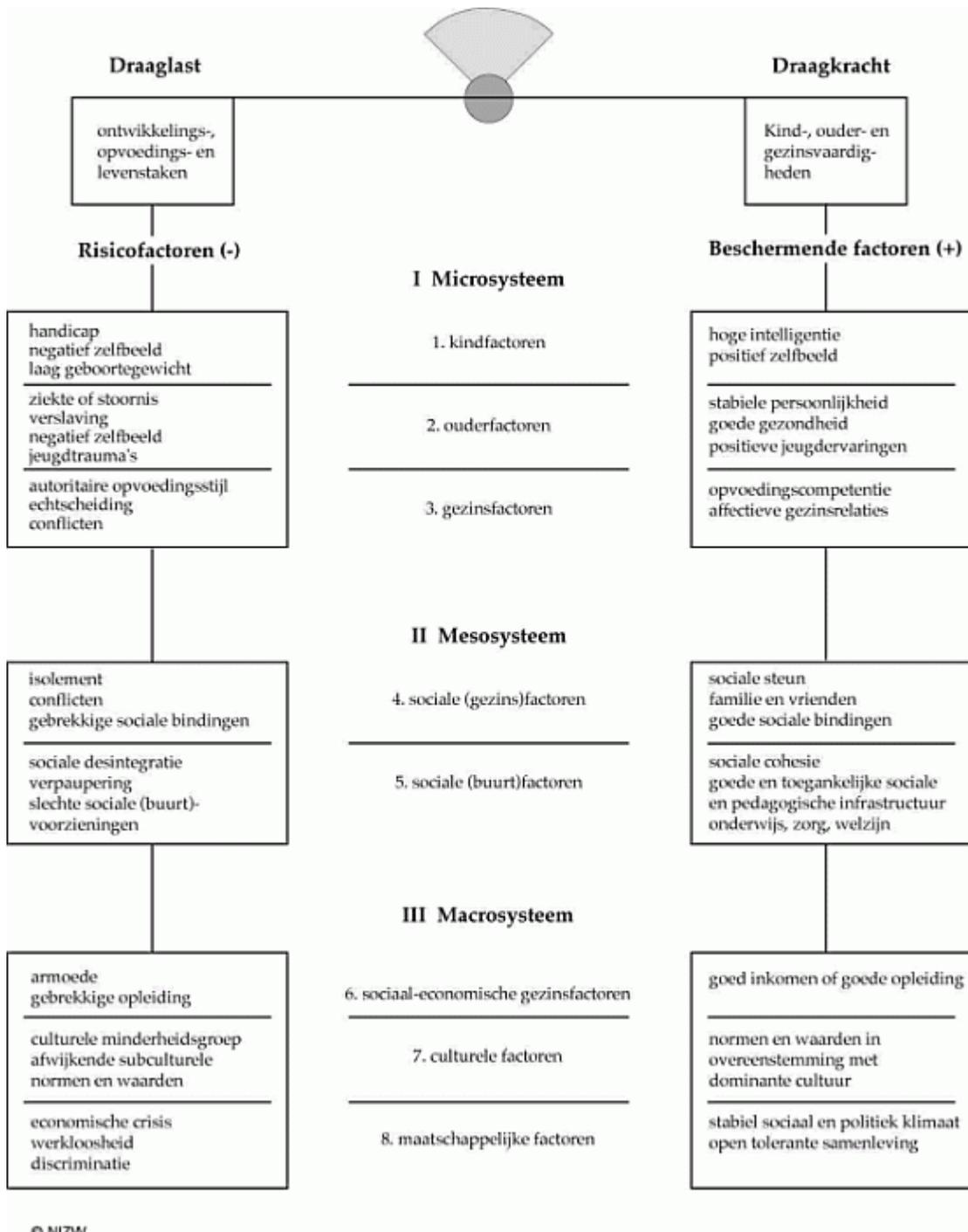


Figure 1: Balance model (Bakker, 1998)

The development of a child can be stressful. The degree of stress is not only related to the tasks that a child has to fulfil, there is also the influence of the conditions in which there has to be worked on these tasks. If a child has many development tasks or problems at one time, this can put its development under pressure. To maintain quality of the child's upbringing and development, it is essential to have a good balance between burdens and capacity. The burdens refers to the whole of developmental- and life tasks parents and children

have to fulfil, like keeping house, providing basic needs of life, growing up, etcetera. Risk factors or life events can be stressful and increase the burden. Problematic factors are for example social isolation and poverty. Also (traumatic) happenings such as parental death and separation of parent can increase burden. In fact, burden exists of the whole of tasks and stressors which confronts the child and parents. Capacity is the whole of competencies and protective factors that enable children and parents to face stressful events and risk factors (Bakker et al., 1998). Given the fact that children in child-headed households experienced many stressful situations, it is clear that the development of these children is under pressure.

### **Protective factors of child-headed households**

Cluver & Gardner (2007a) perceived several protective factors as affecting emotional and behavioural problems among vulnerable children, these include caregiving factors, including support, honesty and praise. This is supported by Foster (2002), who states that children who belong to caring and supportive families are more able to cope with severe psychological stress. The presence of a primary caregiver is important and not only helps the children to feel loved, respected and wanted but also provide boundaries and discipline. Next to the primary caregiver, contact with extended family is seen as important (Cluver & Gardner, 2007a). African families are often extended and any branch may pay a lesser or greater part in a child's up-bringing. Members of the extended family and local community are all actual or potential role-models (Bray, 2003; Foster, Makufa, Drew, & Kralovec, 1997). Thus, the availability of support from an adult caregiver is a protective factor for children living in child-headed households.

Attending school is another protective factor. This includes doing homework and safe play areas and children name it as important when a present caregiver attends school meetings. Socialising with friends is also part of this. Protective factors in the children's environment are services such as social workers and access to medical care (Cluver & Gardner, 2007a). In the lives of child-headed households, friends play an important role. Peers are the most common source of help with homework, and an important source of emotional support (Cluver & Gardner, 2007a; Donald & Clacherty, 2005).

### **Risk factors of child-headed households**

Environmental risk factors for child-headed households are poverty, experiencing or seeing violent crime, lack of medical care, stigma and gossip (Cluver & Gardner, 2007a), bullying and other peer relationship problems (Cluver & Gardner, 2007a; Cluver & Gardner, 2007b).

Growing up in poverty has been shown to be one of the greatest risk factors for children's failing in school (Prince & Howard, 2002).

Perceived risk factors affecting emotional and behavioural development among orphans and vulnerable children include the absence of a primary caregiver, which is the case for child-headed households. Child abuse is a further risk factor, including physical, sexual, and emotional abuse, and neglect (Cluver & Gardner, 2007a). Children orphaned by AIDS are more likely to report symptoms of depression (Atwine et al., 2005; Manuel, 2002; Sengendo & Nambi, 1997; and Wild et al., 2006; as described in Cluver & Gardner, 2007b), post-traumatic stress, delinquency and conduct problems, than children orphaned by other causes and non-orphaned children (Cluver, Gardner, & Operario, 2007). Also, feeling discriminated against other children in the home because of e.g. unequal distribution of resources (Cluver et al., 2007).

These children receive less help in coping; mostly only by unrelated people (Donald & Clacherty, 2005). Child-headed households mostly live in extreme poverty, under harmful living conditions. Income has to be generated by the children themselves, frequently exposing them to (sexual) exploitation and abuse (Philips, 2011). All these factors are present in child-headed households, but are even more pronounced than in orphans and vulnerable children.

## **Methods**

Data collection for this study was done through face-to-face semi-structured interviews that were held with the heads of child-headed households. Ten respondents were interviewed individually, with the support of an interpreter.

### **Selection criteria**

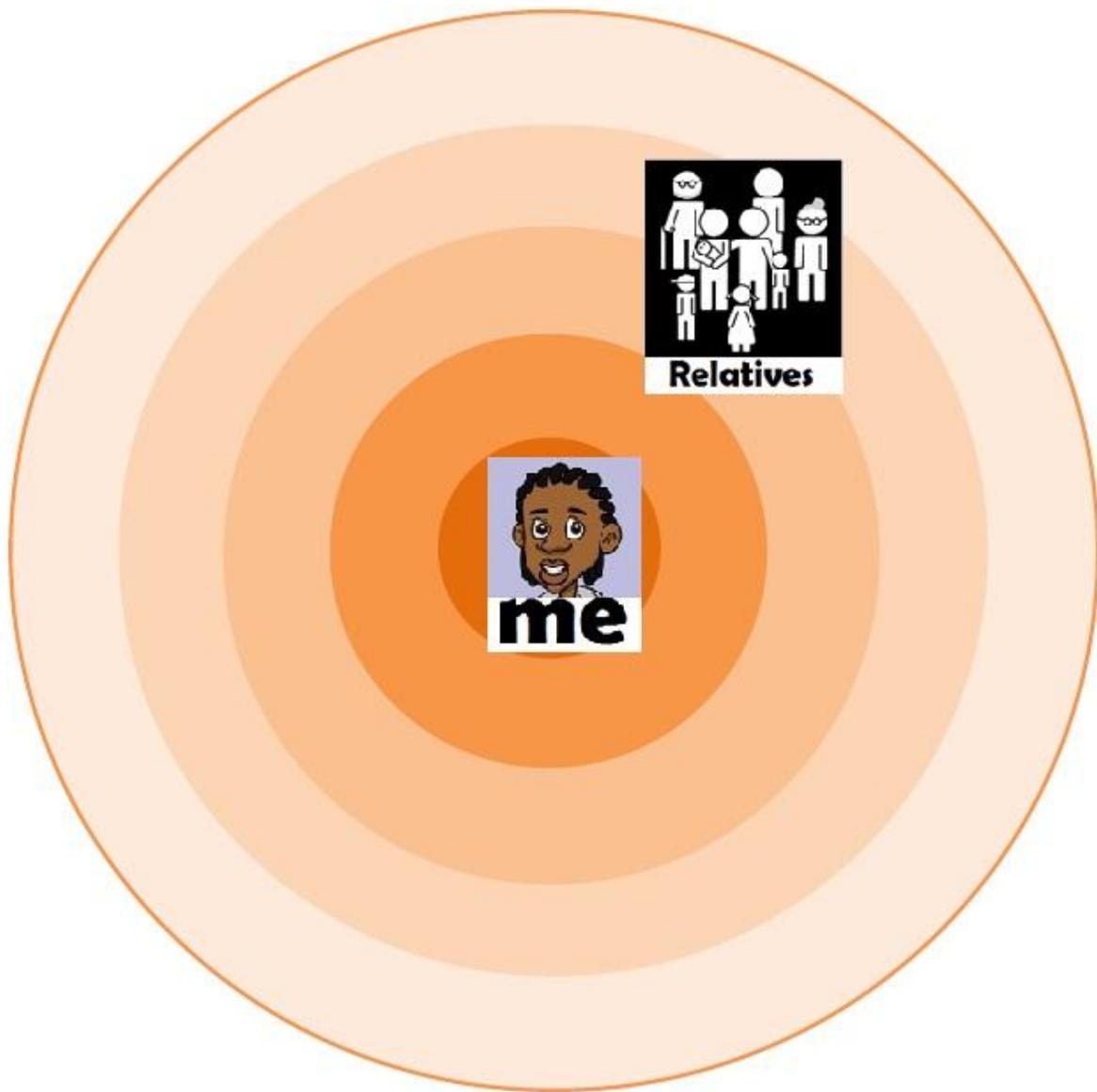
The key informant with regard to this research needed to be a person who is familiar with the township Elandsdoorn, the target group and their living circumstances, and the local government: Elias Motsoaledi Subdistrict. Selection criteria regarding respondents were related to the definition of a child-headed household. The respondent had to be the head of the household, which means a day-to-day responsibility for the (children in the) household. He or she is maximum 25 years old, and takes care of his or her siblings (and if present, own children). Before interviews were conducted, one or two visits per household were planned. The goal of these visits was to see the child-headed household's environments and living circumstances, to introduce myself and to find out whether it would be necessary to make use of an interpreter.

In total, ten heads of households were interviewed. At the start of the interview with respondent 5, it appeared that she had just turned 26 years old. Therefore, this interview was excluded from the research. Nine interviews were used. The maximum age of 25 for respondents was chosen because the 'official' definition of a child-headed households would lead to a sample that was too small. Interviewing only the heads of households was done intentionally. The previous year's interviews (van Dril, 2012; Wassink, 2012) were conducted while other family members were present. As suggested in that study, this could have led to peer pressure, which possibly influenced the information given by the family members. Another possibility is that the heads of households did not want to burden the younger children with their problems.

The social worker at Ndlovu Care Group has been a key informant for this study. This person has been working for Ndlovu Care Group for over a year, and lives in the organisation's operational area. She is acquainted with the people who live there, the local government and other social services. As part of her job, she monitors the child-headed households in the area. She helped identify the respondents, and provided demographic characteristics and additional information about particular households.

### **Semi-structured interviews**

A topic list (see annex 1) for the interviews was created, based on a literature study. First, background information about the respondents' situation was asked. After that, available resources and their importance were inventoried, followed by questions about the ideal situation and the needs that the respondent has to reach the ideal situation. Questions about governmental support were asked to explore governmental influence in the received support. In addition, a network tool was created (see figure 2). This tool was used to gain a good insight into the network of the child-headed households. The inner circle represents the head of the household, the surrounding circles represent the network. Nine pictograms were used to represent resources, namely: brother, sister, relatives, friends, neighbours, help from government, church, Ndlovu Care Group, and other. The 'other' represents a resource that is not there as a pictogram, but is an important supportive resource for the household head.



*Figure 2: Network tool as used in the interviews, including the male version of 'me' and 'relatives' as a supportive resource.*

In order to test the topic list and the network tool, semi-structured pilot interviews were held with two respondents to find out whether the topics were understood by the respondents, and whether the questions were interpreted correctly. Also, the experience of using an interpreter needed to be tested, both for me as well as for the interpreter. After the pilot interviews, one question was removed from the topic list. Five questions were not well understood, so these were restated for clarification.

The involvement of an interpreter increased the reliability of the study because it became more likely that respondents understood the questions, and it made it easier for them to express themselves. Also, respondents might be more open to a person who shares the same

values and culture (Murray & Wynne, 2011). All respondents signed an informed consent form and permission was obtained to record each interview, which made it easier to literally analyse what was said.

It was expected that results could at least be generalized to the 28 child-headed households in Ndlovu Care Group's programme. The children in these households receive support from Ndlovu Care Group, which means that they are less reliant on governmental support. Households in Elandsdoorn outside Ndlovu Care Group might have a different perception about their resources and needs.

## **Results**

This chapter contains the results of this study. It starts with a description of the needs of child-headed households with regard to support. Secondly, the support they receive from their environment. And lastly, the role of government in providing support to child-headed households is described. Demographic characteristics of respondents are shown in annex 2.

### **Support needs of child-headed households**

This sub question describes the needs that the heads of households have at this moment. Needs are divided into emotional and material/practical needs. Material and practical needs are combined, because during interviews it appeared that these are strongly related to each other.

#### **Emotional needs**

Most respondents described the responsibility of heading a household as stressful. Also, some reported the lack of a support system for emotional help, and the need for this. Being alone was described as painful and difficult. Four respondents mentioned the need for an adult who they can discuss their problems with, someone who is close to them. It appears that, even though there are sometimes relatives, household heads do not always receive the support that is needed. Respondent 7:

*“As I say, I’m parentless. Sometimes, I wanted to talk to a mother or a father, but...  
(...) Like I want to go to school, I want clothes to wear, I need more money to buy  
some things. I need a parent to help me with that.”*

## **Material and practical needs**

Respondents find it difficult to satisfy the material and practical needs for the household members. All of them struggle with a lack of clothes. Because there is no or little money, all households survive on clothes they have. School uniforms are necessary to attend school. Sometimes, but rarely, they receive donations.

*“Ok so the challenges that we are having. (...) Especially school uniforms, and now when winter falls we don’t have jerseys. We have no warm clothes. And some of us, when we get clothes we don’t fit them well, they’re not the right sizes.”* (Respondent 2)

Lack of money causes different problems. Not only being unable to satisfy the basic needs like clothes and food, it also causes tension within the household. Respondent 3:

*“It can be stressful at times, because my little brother would sometimes ask for money. For example say, at school they’re going for a trip, and he wants to go on the trip. He comes to me and asks for money to go on the trip. But because I can’t give money, they won’t get along on that one. I sometimes wish that we had our parents so that they can help with those things.”*

Five out of nine respondents say that responsibilities that come with being head of the family, is the reason why they are not in school. Though, motivation for education is present, and the importance of it is well-known: in order to have a better future for themselves and their family one needs education. How difficult it is to combine the responsibilities at home, and being in school at the same time is made clear by different respondents.

*“My father died in 2000 or 2001. And since then I had to drop out of school to support my mom and the younger kids. So I have been doing that ever since and my mom passed away in 2007. So I was in full charge of the kids and the household ever since then.”* (Respondent 9)

Respondent 4 was asked what she would be doing now, if she would not be responsible for the household:

*“Oh, maybe I was going to school, finishing my studies and looking around for a job instead of grant. (...) The school is a thing that is very important to me, I really need to be at school but, you know, the situation is not well for now.”*

Two respondents mentioned wanting to have a job, but it is impossible because of two reasons. The first reason is not being educated that makes it difficult to find a job, the other is having the responsibilities that come with being head of a household. To have a job is important:

*“The thing is: when I work, the things will be simple, because now we need TV, when it’s winter we need paraffin to cook.. I must work and get salary and then I can buy paraffin, I can buy anything that we need, I can buy clothes when it’s winter, I can buy clothes when it’s summer, yes.”* (respondent 4)

### **Received support from the environment**

During the interviews, a network with pictograms of possible supportive resources was used. Resources in the environment of child-headed households are helpful to satisfy their needs. These supportive resources can be seen as their network. The results are divided into emotional, material and practical support.

#### **Emotional support**

Emotional support is provided by different resources for different respondents, namely: an adult that lives close by, the social worker at Ndlovu Care Group, church, sports clubs, and teachers. One of the respondents has two ladies who support him, they are very helpful and important to him. Not only do they help with material support such as food, they are also there in case of a problem. Another head is in contact with a lady who is an important adult to her and helps out a lot. In both cases, they are not related to them.

*“The ‘other’ is the woman who lives close. We normally see her on weekends. Most of the time she helps us with food if we don’t have any. She helps us the way that we do need help, just as a parent does. Not relative, not friend, not sister and not the parent, that’s why she is ‘other’.”* (Respondent 1)

In line with two others, respondent 6 mentioned the social worker at Ndlovu Care Group as the first person they will go to whenever she has a problem. Although she is quite far away and does not visit often, the social worker is important to them.

*“If I am really in need, and I cannot reach things, I talk to the social worker. (...) Ndlovu it’s always there for me, as from now on, they’re taking care of me. And I appreciate it.”*

That school is not only for education, but can also provide emotional support, was clear in the answer of respondent 10. His teachers are the most important adults, when his mother is not there. When there is a problem at home, he talks to his teachers. Church was mentioned as a very important resource by four respondents. It gives strength, spiritual growth and emotional support in case of stress. Sport has a big impact on the emotional well-being of two respondents. It helps them to keep busy, socialise and to de-stress. Socialising with friends is an important source of emotional support, as reported in research of Cluver & Gardner (2007a) and Donald & Clacherty (2005). Respondent 1:

*“The soccer helps me not to stay and think too much, about things that I go through. And then again, it keeps me away from things like drugs. When I play soccer there is no time for friends that are not good and drugs. (...) In most cases when you think a lot you tend to find things that will keep you from thinking, you will start smoking or drinking and all that. So when I play soccer there is no time for that, I come back tired, I have to maybe bath and sleep.”*

Apart from the respondents who receive emotional support, there are two respondents who do not have a support system when it comes to emotional and social problems.

### **Material support**

Respondents report material support from Ndlovu Care Group, neighbours or relatives. All families are provided by material support coming from Ndlovu Care Group; all respondents except one received a house, all of them receive monthly food parcels and occasionally clothes. It was mentioned as a very important resource by eight out of nine respondents. Shelter is said to be the most important support that they received:

*“And then, now we are, we live, we are happy, because of Ndlovu Care Group. Because we come from the whole family, before we moved here. Now there is the time to get peace and rest and we can sleep, we can sit, we can wash the dishes whenever we want. Yes, now we get the nice life because before we didn't have room, we slept together.”* (Respondent 4)

Neighbours sometimes provide material support. They mostly help with food. Respondents know which neighbours are willing to help them. Relatives contribute material support according to three respondents, but not structural support. Sometimes, when they visit, they bring food or clothes.

## **Practical support**

Practical support is provided by siblings, relatives or neighbours. Siblings help with tasks concerning the household. They are called their support systems. The intensity of support of relatives differs per household. Some of them receive daily support, others only during special occasions such as funerals or events. Respondent 8, who was asked what support she receives from her sister:

*“My sister is very important. She helps me out with many things in the house, especially with looking after the kids when I am not home. For example now I’m going to the mall to pay for the funeral cover. And my sister is going to look after the kids.”*

Four respondents mention practical and/or social support as the main support from neighbours. Here, families are visited and being checked whether everything is fine. Sometimes they watch the children when a household head is not at home.

## **Role of government in providing support to child-headed households**

Several governmental services are available to child-headed households. This sub question describes the perception of the heads of households on the governmental services that are provided, and the support they receive.

### **Received governmental support**

Social grants are the best known governmental service mentioned by the heads of households. All of them know about the existence of grants. Two out of nine households receive a child care grant. None of the households receives a foster care grant. Respondent 8 receives one child care grant. For the remaining five children she does not, because they do not possess the required birth certificate. The other household receives a child care grant for all four children. Once the grant is given to a certain child, it seems easier to keep it, even if there is a change of caregiver. This respondent tells about the transfer from her mother’s account to her own account:

*“I added for change of beneficiary, because it was my mom who got this grant. And after she passed away then I went to Social Development and got this social grant. (...) Yeah, that one is not difficult to apply for.”* (Respondent 2)

One of the household heads received a child support grant for herself in the past. When she turned 18 years old, it stopped. Since she has no other sources of income, it is difficult for her

to satisfy the basic needs for her and her brother. Three households received food parcels in the past, all of them only three times, once in three months. None of the households received food parcels distributed by government at the time the interviews were held.

### **Awareness of other governmental support**

As stated above, the only forms of governmental support that are received, are social grants for some households. Many more services are described in the Children's Act (No. 38 of 2005), to support child-headed households (see annex 3). Some respondents are not aware of other governmental services that are being provided. Others are aware of some available support. Four reasons are found why households are aware of, but do not receive governmental support. The first reason is that household heads do apply for support but the process is being delayed by local government, or they do not hear from local government anymore. Secondly, household heads do not know their way to the local government; they hear from people in their environment that certain support is available, but not how to apply for it. Thirdly, households do not meet requirements. And finally, some heads of households are aware of support but do not have a birth certificate that is required to apply for governmental services.

Four of the household heads are aware of the possibility to apply for social housing from the reconstruction and development programme (RDP). Three of them, sometimes with the support of relatives, actually applied for a house. Forms were filled in, but all of them say that nothing happened afterwards. One of the respondents who applied for a house is respondent 9:

*“Yeah, sometimes they can give us those houses, the RDP houses. So we do those program affairs, we apply. Then they don't reply nothing, we applied for five times but there's nothing that we receive.”*

Also respondent 2 applied for a house, she filled in the forms and then lost contact. In both cases, the non-response results in distrust towards the local government.

*“I guess it's more like if we can have more trust with these people, because they do send people who bring application forms. They don't reply to these applications or they don't come back to fetch them from them. These people are... I don't trust them. Liars, liars.”* (Respondent 2)

After the question about awareness of governmental support, examples were given by the interviewer, of services that should be available for child-headed households. The respondents

were asked whether they were aware of the existence of governmental services such as psychosocial support, home-based care or drop-in centres. None of the respondents knew about any of these services.

*“I only know that we can get food and we applied for these food parcels, and only got them these few months. Also, I know that if we had IDs we could apply for social grants of which after we turn 18, they cut the grant. And from there I don’t know what will happen to us, after they reach 18 and no longer receive that money. So I basically don’t know what other help we can receive from Social Development.”* (Respondent 3)

### **Importance of Birth Certificates**

Before the government provides support, it is necessary to have a birth certificate. Possessing a birth certificate determines whether or not the respondents receive governmental support. The birth certificate is an obstacle for many child-headed households because either they were never registered at birth, or had another reason:

*“Interpreter explains: She says she doesn’t receive anything from the government because she doesn’t have a birth certificate. Her uncle once burnt the house, so the certificates were in the house and they were burnt also.”* (Respondent 3)

Consequences of not having a birth certificate are huge. As it is an official document that is used for school and job applications, and support such as social grants. Respondent 10:

*“To get birth certificates is my big, big problem. (...) A birth certificate is the first and most important thing, if I can get that I would be very grateful. Once I’ve got it I can get grants, improve in sport and compete and get ahead. Interpreter explains: He’s a good athlete, whenever he needs to go and compete it becomes difficult. Because they need birth certificate, how old is he, what age group can he compete with, all that.”*

It appears to be difficult to apply for a birth certificate. The process is long and time consuming. It must be proven that a child is indeed the person that he or she claims to be. Since the parents are not there anymore, a traditional leader must be involved to validate this. Once the application forms are filled in, it is often necessary to keep going to Home Affairs and check if it is still in process, or already available. One of the respondents has been waiting for three months, and received nothing yet.

## Conclusions

In this chapter a conclusion will be described, arranged by sub question. The following research question is answered in this thesis:

*What support do child-headed households need, and what do they receive from their environment? How do they get the support? What is the role of the government with regard to the provision of support?*

Responsibilities that come with heading a household are considered developmentally inappropriate for children (Hartell & Chabilall, 2005; Donald & Clacherty, 2005). South African government is responsible for the well-being of this target group and although South Africa has an up-to-date policy regarding the support of child-headed households, local government faces difficulties to apply policy (South African Department of Social Development, 2008). These two findings were the incentive to explore the actual received support and needs of child-headed households. This study was conducted by semi-structured interviews with heads of child-headed households.

In this study, all child-headed households managed to build a support network of different resources to partially fulfil their needs. Overall, the support provided can be classified in three categories, namely emotional, material and practical support. Emotional support is by respondents mentioned as important, and is provided by either a person who lives close by, a relative, or a social worker. Playing sports and visiting church are for some respondents important to cope with emotional difficulties. Material support is, provided by either Ndlovu Care Group, government, relatives or neighbours. All of them mention Ndlovu Care Group as one of the most important resources. Since this organisation provides child-headed households with shelter (except one respondent), food and clothes, which are basic needs to, it seems clear why this support is being mentioned as very important. When it comes to practical support, there is a variety of resources that provide most of it. These are relatives, neighbours or a not-related adult who supports them. They take care of children, provide food, monitor the household members, or support on special occasions like a ritual or a funeral.

Although all child-headed households have a network around them, the amount, intensity and content of the supporting network differs within each household. It is evident that the support provided is not sufficient. Unfulfilled emotional, material, and practical needs are existing within almost all households in this study. It can be concluded that, although there is the support of an adult in their network, they still need someone who is close to them. Most

adults seem not to be close enough to be a structural resource of emotional support. When it comes to material and practical needs, basic needs are yet to be fulfilled. The food, clothes and money provided is not enough. To access money, respondents need either a birth certificate to benefit from a social grant, or a job to generate an income. Therefore, education is necessary. This seems to be the connecting thread in respondents' needs. Five out of nine respondents are not in school because of the responsibilities that come with heading a household. Although they are motivated because of the will of a better future, they simply do not have time to attend school.

Emotional, material, and practical support is supposed to be provided by government through several interventions, programmes and contribution in ways of money, food and housing. The child-headed households that were interviewed for this study, were aware of only three forms of governmental support. Firstly, everybody knows about the existence of social grants. Only 2 out of 9 families receive a grant at this moment, and not even for all the children. Secondly, there is awareness with regard to the possibility to receive a house. However, none of the respondents receive the support. This is due to three reasons; not meeting the requirements (they are for example too young or too old). Others did apply but never got any response on this, or procedures are stopped because household heads lost contact with local government during the process. Thirdly, this is due to a lack of birth certificates, because without a certificate, it is impossible to gain governmental support. Overall it can be stated that governmental support, and the awareness of it, is present. However, it is (awareness of) only a small part of the support that should be available.

### **Reliability of results**

The use of an interpreter was a risk for reliability of this study for two reasons. Firstly, it cannot be guaranteed that the translations are done literally. This applies to the questions asked by the interviewer, as well as for the answers given by the respondents. The use of the network tool minimized this. Secondly, the values and beliefs of the interpreter were not completely put aside. The interpreter stressed the importance of education. Due to this, it could be that respondents gave socially desirable answers with regard to education.

### **Conclusions generalizability**

Since South Africa's governmental documents are used for the analysis, these results can be generalized countrywide. The findings concerning support provided by the local government, can be generalized to child-headed households in the whole area of Elandsdoorn. The findings

in the interviews were strengthened by conversations held with Ndlovu Care Group's social worker, the interpreter, and a number of other staff at Ndlovu Care Group. All of these people share the same experiences with the local government. The remaining needs of children can be generalized to the child-headed households that are in Ndlovu Care Group's programme only. This is because they are being supported through a diversity of material and emotional help.

## **Discussion**

The results and conclusion of this study show some striking findings with regard to governmental support to child-headed households in the Elias Motsoaledi District. A priority is to have administrative matters better organised. Many children living in child-headed households do not have a birth certificate. For the child-headed households in this study it basically means that they cannot benefit from governmental support to orphans and vulnerable children this is in line with what is stated in official documents (South African Government Services, 2012a-b). As a result of this, they miss out on emotional, material and practical support.

It appears to be a difficult and time-consuming process to apply for a birth certificate, but possessing a birth certificate is not the only obstacle. Processes to apply for other services such as social grants or a house are not easy. The non-response rate is high, the process is complicated and it is difficult to keep contact with officers at local government. There are different opinions about how it is possible that child-headed households are not supported. Findings in this study show a lack of trust towards staff at local government. Some respondents suggest there is corruption going on. South African Department of Social Development (2008) states that it is due to a lack of resources within government itself. Examples are a lack of materials and the huge caseload that social workers have, which shows a shortage of human resources. The same finding was reported in research of Meintjes et al. (2005). Two respondents in this study mentioned being treated bad at social services. When taken into account that vulnerable children already experience bullying, stigma and gossip in their environment Cluver & Gardner (2007a; 2007b), it can be suggested that their distrust could grow worse when they experience rejection also at local government.

A second remarkable finding in this study is the network that most child-headed households have available. Although these adolescents are under high pressure, they manage to cope with the responsibilities they have. Donald & Clacherty (2005) state that social

networking is one of the best developed strengths among child-headed households. Results in this study show a network for each household. Although the amount, intensity and content differs for every household, it shows that they are able to build a network. This finding suggests that the task of government is not necessarily to take on the upbringing of children in child-headed households, instead it is their task to provide these households with the necessary supplementary tools. Local government must provide birth certificates so child-headed households can benefit from services through user-friendly processes.

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## Annexes

### Annex 1: Topic list interview child-headed households

#### Introduction:

- Aim of the interview
- Informed consent form
  - When and how did you become the head of your household?
  - Do you have an official adult guardian or supervisor?
  - Do you have someone you can talk to whenever you are in need?
  - What does it mean for you to be the head of the household, and hereby take care of your siblings (and your own children)?
  - What are the responsibilities that you have? How do you feel about having these responsibilities? Do you think these are adult responsibilities?
  - What will happen if you do not take these responsibilities? What would you have done differently / instead (if you did not have these responsibilities)?
  - What are the difficulties that you face (material, practical and emotional)? What do you need to be able to cope with these difficulties? What would make things easier?

#### Network tool:

The network represents you (the inner circle) and your network (the circles around it). Could you show me:

- What resources are available for you, and help you in any way?
- What resources are the most important and less important? (most important are the resources that are the closest to the middle “ME”. The further away, the less important they are). For every resource this will be asked:
  - Why is this resource so close? Or so far?
  - What is the support that this resource gives?

In general about the network:

- How would it be optimal for you? Which resource needs to be closer? Which one could be further away?

- If a certain resource needs to be at another position: What do you need so that the position of this resource will change?

**IF the resource “Help from Government” is NOT used by the child, ask:**

- Do or did you (ever) make use of any governmental support? *For example: home based care, psychosocial support or counselling by a social worker from DoSD / support groups, (assistance with applying for) a social grant.*
  - If yes: what sort of support do or did you make use of? How did you come in contact with the government that offers/offered this support?
  - How does or did it help you?
  - How can they improve the service?
  - If no: are you aware of support that the government could give you? Are you in need of this sort of support?

## Annex 2: Demographic characteristics respondents

Resp. no.	Age	Sex	In school?	No. of household members	Ages of household members	Has an own child?	Household members in school
1	17	M	Yes	1	17	No	1
2	24	F	No	6	3 months, 6, 7, 13, 21, 24	Yes (1)	3
3	18	F	No	3	5 months, 14, 18	Yes (1)	1
4	21	F	No	5	2 months, 4, 11, 15, 21	Yes (1)	3 (1 crèche)
5*	26	F	No	4	3, 7, 21, 26	Yes (2)	2
6	19	F	No (wrote sup.exams)	1	19	No	0
7	22	F	No (passed grade 12)	2	22, 25	No	0
8	22	F	No	11	7 months, 2, 3, 3, 4, 8, 10, 14, 14, 17, 22	Yes (1)	5
9	20	M	No (illiterate)	4	8, 14, 20, 25	No	2
10	14	M	Yes	5	2, 5, 8, 10, 14	No	4

*Note.* \*= Respondent 5 was interviewed. At the starting point of the interview it appeared that she had turned 26 years old, and therefore did not meet the criteria to participate in this research.

### **Annex 3: Document summary – Children’s Act (No.38 of 2005).**

#### **Definition of a child-headed household**

In the Children’s Act, a child-headed household is defined as follows: a household where the parent, guardian or care-giver is either terminally ill, has died or has abandoned the children and there is no adult family member available to care for the children and a child has taken on these responsibilities.

#### **Legal recognition of a child-headed household**

It is possible to be legally recognised as a child-headed household. The Act allows for the legal recognition of Child-headed households by the provincial head of social development in the following circumstances:

- The parent, guardian or caregiver of the household is terminally ill, has died or has abandoned the children in the household;
- No adult family member is available to provide care for the children in the households;
- A child over the age of 16 years has assumed the role of caregiver in respect of the children in the household; and
- It is in the best interest of the children in the household.

The child who has assumed the role of caregiver will have to undergo a developmental assessment to determine if he or she will be able to take on the responsibility of the head of the household. Once recognised as a CHILD-HEADED HOUSEHOLD, the law requires that the household is supervised by an adult who was appointed by the children’s court, a determined NGO or the provincial Department of Social Development. The role of the supervising adult is to support the child heading the household to care for the other children.

Examples of the supervisor’s duties are:

- Facilitate psychological, social and emotional support to all household member;
- Educate household members with regard to basic health and hygiene and, if necessary, sexually transmitted infections;
- Assist the household members with legal documentation when required;
- Attempt to reconnect the household members with their parents or relatives and supervise contact between the children and their parents or relatives;
- Ensure proper provision of resources for the household’s basic needs.

All day-to-day decisions relating to the (children living in the) household can be taken by the child heading the household.

### **Social services possibly helpful for child-headed households**

The main objective of the Children's Act is to give effect to children's constitutional rights to family-, parental- or appropriate alternative care, social services, protection from maltreatment, neglect, abuse or degradation, and have their best interests considered to be of paramount importance in every matter concerning the child. The Act aims to support families with children to promote well-being and prevent abuse or neglect, as well as to increase the options for the care of children found to be in need of care and protection. These objectives are achieved through the provision of a range of social services for children and their families, provided by provincial governments. Social services that could be helpful for Child-headed households include:

- **Crèches and early childhood development programmes**

Early childhood development is the process of emotional, cognitive, spiritual, moral, physical and social development of children from birth to school-going age. Early childhood development services means services intended to promote early childhood development that is provided by a person (other than the parent or caregiver) on a regular basis to children up to school-going age. An early childhood development programme is a programme to provide learning and support appropriate to the child's developmental age and stage.

- **Prevention and early intervention programmes**

The goal of prevention and early intervention programmes is to strengthen and support families with children to address problems that could or will eventually occur in the family environment. Examples are home-based care for families affected by HIV/Aids, child- and family counselling, an after-care programme at a school or a parenting skills programme.

- **Drop-in centres**

A drop-in centre provides basic services to meet the emotional, physical and social development needs of vulnerable children. Basic services are food, homework support, laundry and personal hygiene. In addition, a drop-in centre can offer programmes which are appropriate for the developmental needs of children attending the centre. Examples are social and life skills programmes, school holiday and educational programmes, prevention and early intervention programmes, and primary health care. Also reporting and referral of children to social workers or social service professionals can be done in a drop-in centre

- **Protection services that identify, report and support abused and vulnerable children**

These include services aimed at supporting children's court proceedings and the implementation of court orders (for example assessment services to determine if a child is in need of care and protection). But services are also prevention and early intervention, intervention and removal of children in appropriate cases, and carrying out investigations and the making of assessments in cases of suspected abuse, neglect or abandonment of children.

○ **Foster care and adoption**

A child is in foster care when the child has been placed in the care of a person other than a parent or guardian. Foster care is supposed to recreate the family environment, and normally only six children can be placed with one family. This placement is done through a court order. Usually a children's court order relating to a child found to be in need of care and protection expires after two years, or even earlier. The order is reviewed after it expires and can be extended for another two years. However, if a child has been in the care of a foster parent for more than two years, the court can order that no further social worker supervision or social worker report is required for that placement and that the placement extends until the child turns 18.

○ **Child and youth care centres**

A child and youth care centre is a facility that provides residential care to more than six children outside of the child's family environment according to a residential programme suitable for the children in the facility. Examples are children's homes and places of safety. The Children's Act places a strong emphasis on the provision of appropriate programmes that respond to the developmental and therapeutic needs of children in the centre. Therapeutic programmes must be offered for the residential care of children outside the family environment. Examples are:

- The reception, care and development of children outside the family environment or on a shared basis with the parent or other person with parental responsibilities in respect of the child;
- To observe and assess children, provide them counselling and other treatment or assisting them with reintegration into their families and communities;
- The reception, development and secure care of children who are awaiting trial or sentence or because they have behavioural, psychological and emotional difficulties or because a court ordered their placement in a child and youth care centre because of criminal activity or because they were transferred from an alternative care placement;
- Early childhood development; and
- The reception and care of street children.

## **National norms and standards for child protection**

National norms and standards for child protection, including detailed norms and standards for child-headed households, are set out. These are:

- Promotion of siblings remaining together;
- Safe and nurturing environments for children living in child-headed households
- Benefits and assistance regarding official birth registration, social assistance, social and community services, access to education and development of skills;
- Protecting property or possessions belonging to the children;
- Preventing these children from being exposed to harm and protecting them from community risk factors;
- Support and assistance to children with disabilities living in child-headed households;
- The rights of children in child-headed households to be consulted and to participate in decisions affecting the household;
- Monitoring and supervision of child-headed households and;
- Obligation on the child heading the household to give effect to the norms and standards ‘to the maximum extent reasonably possible’ to ensure the other children in the household enjoy their rights to survival and development and to protection from harm.

## **Material support available for child-headed households**

Different forms of material support is available for orphans and vulnerable children and their caregivers, including child-headed households.

### **○ Social grants**

Two sorts of social grants are available for child-headed households, in the official definition as well as in the definition as used in this study. These are the child support grant and the foster care grant, which are to be obtained from the South African Social Security Agency (SASSA), a governmental service.

The child support grant is provided to needy people to help raise the child they look after. The person has to be the child’s primary caregiver (for example the parent, or a child over 16 years old heading a family). The grant will be R290 per child per month. Proof must be provided that the person is the primary caregiver, if not applied by the child’s parent. This can be a social worker’s report, an affidavit from a police official or a letter from the principal of the school attended by the child. A birth certificate of the child is required (South African Government Services, 2012a).

The foster care grant is provided to help take care of a foster child. A foster child is a child who has been placed in custody of a family by a court as a result of being orphaned, abandoned, at risk, abused and/or neglected. The grant will be R800 per child per month. The child must be legally placed and remain in the care of the family. Apart from a court order, an identity document and the child's birth certificate is required (South African Government Services, 2012b).

- **Social relief of distress (food parcels)**

Social relief of distress is temporary provision (maximum of three months, may be extended for three more months) of assistance, mostly in the form of a food parcel or a voucher to buy food. This is intended for persons in such a dire material need that they are unable to meet their families' most basic needs. It is often provided when a family waits for their children's grants to be processed. It is not possible to receive both a social grant and a food parcel at the same time (South African Government Services, 2012c).

- **RDP (reconstruction and development programme) houses**

Reconstruction and Development Programme. It was heard by the respondents and NCG's social worker that there is the possibility to apply for a house that is subsidised by government. The exact procedure to apply was not found.

### **Children and youth in child-headed households as used in this study**

The definition for child- and youth-headed households as used by the Ndlovu Care Group is as follows:

- there is no caretaker (older than 25 years old) living permanently in the household;
- the oldest member is up to and including 25 years old;
- if someone older than 25 years old is living permanently in that household, this is a person who is dependent on the care of the children instead of the other way around.

This means that the youths between 18 and 25 years old, are not included in the above summary of the Children's Act. Officially, they are seen as adults. This is why also was searched for policy regarding this target group. The Constitution of South Africa (No. 108 of 2006) was read on rights that they have. However, without policy no conclusions can be made on how this policy is applied.

