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LESSONS FROM A PILOT STUDY OF A ‘CASH PLUS’ FAMILY INTERVENTION FOR CHILD SUPPORT GRANT RECIPIENTS IN SOUTH AFRICA

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ABSTRACT

Cash transfers combined with strengthening interventions are widely advocated to respond to the multi-dimensional needs of children and their families. However, few local evidence-based programmes have been developed and tested. This article reports on the lessons learnt from a pilot study of a cash plus intervention, the Sihleng'imizi programme, delivered to child support grant (CSG) beneficiaries and their families in Soweto, South Africa. A qualitative design was employed. Ten CSG beneficiary families received a twelve-week psycho-educational intervention. Positive changes were observed in caregiver knowledge and skills, engagement of caregivers in children's schooling, increased financial knowledge and access to social support. The programme was found to be feasible to implement. The study illustrates the application of developmental social work principles in practice and emphasises the importance of training and supervision of social workers to deliver cash plus programmes. However, structural barriers remain, such as socioeconomic challenges facing poor and disadvantaged families.

Keywords: cash plus family intervention; child support grants; developmental social work; family strengthening; feasibility of cash plus programmes

INTRODUCTION

South Africa, along with Brazil, has one of the largest cash transfer programmes for children and families in the global South (Hunter, Patel & Sugiyama, 2021). South Africa's signature investment in children is the child support grant (CSG), which reaches two thirds of all children. Although the CSG has been found to have positive outcomes in improving child and

family wellbeing, it does not address the psychosocial and parenting challenges that children's caregivers face (Hochfeld, 2022). Since these challenges are complex and multidimensional. Patel, Hochfeld and Chiba (2018) argue that cash transfers alone cannot address all aspects of children's wellbeing. Growing research in different countries, such as Columbia, Mexico, Niger, Brazil, Peru (Arriagada *et al.*, 2018), and South Africa (Patel & Ross, 2020) suggest positive child wellbeing outcomes when family strengthening interventions are combined with cash transfers. Cluver, Orkin, Boyes and Sherr (2014) found a reduction in girls' and boys' HIV risk behaviours in South Africa when social protection programmes were integrated with a positive parenting intervention.

Family interventions and their impact are well documented in high-income Western countries (Richter & Naicker, 2013). There is limited evidence, however, for their feasibility in low- and middle-income countries with high rates of income poverty and concomitant psychosocial, parenting, health, nutrition and educational challenges. Although emerging research indicates positive outcomes for children and families, there is still a lack of evidence for the feasibility of delivering complementary cash plus family-strengthening interventions in South Africa. This article documents the pilot study of one such intervention in a poor urban community in Soweto, Gauteng province, South Africa, an area which has one of the largest uptakes of the CSG in the City of Johannesburg (De Wet, Patel, Korth & Forrester, 2008). The pilot study formed part of a larger intervention research study into the design, implementation and evaluation of the Sihleng'imizi family strengthening programme (Sihleng'imizi Family Programme: Facilitator's Manual, 2016), specifically designed to complement the CSG. This qualitative pilot study aimed to assess the feasibility – that is, the practicality – of the cash plus intervention and whether it is likely to succeed in achieving the set child wellbeing outcomes. Finally, we consider what the cash plus intervention might mean for the scaling of the programme and for developmental social work practice. Although aspects of the Sihleng'imizi intervention study have been published (Hochfeld, Chiba & Patel, 2020; Patel *et al.*, 2018; Patel *et al.*, 2019), the lessons learnt from the pilot study and its implications for cash plus intervention programmes have not been documented. The article provides a short overview of the country's policy environment with reference to the CSG and social welfare programmes for children and families. It then moves on to document the early iteration, the pilot of the Sihleng'imizi family programme, the study's conceptual framework, and the theory of change. The lessons learnt are presented with reference to the outcomes achieved, and which programme components were most helpful or difficult to implement. The implications for expanding the reach of the cash plus intervention programme, and for repositioning social work towards more developmentally-oriented preventive and promotive interventions, are examined.

SOCIAL ASSISTANCE AND WELFARE SERVICES

South Africa's welfare policy was completely overhauled after the achievement of democracy in 1994 and now embraces the social development approach to social welfare and social work (Midgley, 2014; Patel, 2015). One of the overriding issues in social development is to achieve the overall national and global goal of poverty reduction and eradication – the United Nations' Sustainable Development Goal One – and a 'first call' for children as a long-term investment in reducing intergenerational poverty. Various policy documents were adopted over the

ensuing years to guide the shift from a focus on social treatment only towards a developmental approach. These include the White Paper for Social Welfare (Republic of South Africa, 1997); legislative reforms such as the Children's Act of 2005; the Social Assistance Act of 2004, which made provision for the implementation of the CSG; and the alignment of national policies with international human rights instruments such as the United Nations Convention on the Rights of the Child (UNICEF, 1989) and the adoption of a National Family Policy (Republic of South Africa, 2013; Republic of South Africa, 2021).

Two key social programmes are implemented nationally: social assistance and welfare services. The former includes the country's expansive social assistance programme for older persons, children and people with disabilities; the latter was expanded in 2020 during the Covid-19 pandemic to include a Temporary Social Relief of Distress (SRD) grant for unemployed people. Together, the grants reach 47% of the population (Patel, Dikoko & Archer, 2023). Cash transfers for children are unconditional, except that the children must attend school. There are no other dedicated interventions which target grant recipient children and their caregivers. In 2023, 13 million children were CSG recipients, with the money being received by the primary caregiver. In view of the large fiscal investment in social assistance – 3.9% of the Gross Domestic Product (GDP) in 2022 (Crotty, 2022) – limited resources are allocated to welfare services. Children's welfare services largely entail statutory child protection, which is a legal and constitutional requirement in South Africa. Therefore, children receive limited preventive and promotive services. Besides fiscal resources, there are significant human resource constraints in the country. There are only 60 000 registered social workers nationally (Skhosana, 2020) to implement complementary cash plus services. Skills and knowledge in developmentally-oriented family and community-based service provision are also underdeveloped (Strydom, Schiller & Orme, 2022). These are just some of the wider policy issues that have a direct bearing on the feasibility of cash plus interventions, and are discussed in this article's findings.

THE SIHLENG'IMIZI FAMILY PROGRAMME

Sihleng'imizi is an adaption of the SAFE Children Family Intervention that was designed for poor urban families in Chicago, USA (Schools and Families Education (SAFE) Children, 2014). While SAFE Children was created for a different context, it contains some of the key programme components relevant to disadvantaged and poor families living in difficult circumstances in South Africa. It was thus chosen as the basis on which to create a new, culturally relevant, appropriate and locally adapted programme to respond to local conditions in the South African context. The adaption involved a detailed review of the programme's content to assess its local relevance. Considering the cultural and education differences between the US and South African programmes, the adaptations included linguistic aspects, delivery modes, content of material and delivery procedures. Sihleng'imizi incorporated, where appropriate, materials from the South African Sinovuyo Caring Families Programme (Doubt *et al.*, 2015a), and the Sinovuyo Teen programme (Doubt *et al.*, 2015b), which were locally developed and piloted-tested in the Eastern Cape (Cluver *et al.*, 2016). One example of such incorporation is the financial literacy component. Adaption of the identified content areas appear to be widely used in low-income countries, and especially in Africa, where parenting

programmes from high-income countries undergo context-specific adaption (Asiimwe, Dwanyen, Subramaniam, Kasujja & Blow, 2022). The decision to adapt the SAFE Children programme was preferred because of the programme's efficacy, efficiency and cost considerations by the research team. Researchers and practitioners from the Centre for Social Development in Africa (CSDA) and the University of Chicago engaged in a six-month process review of the content and delivery procedures. Field testing of the material and training of social workers and supervisors were also conducted; this included online discussions and consultations.

Sihleng'imizi is an isiZulu phrase which means 'we care for families'. Sihleng'imizi is a psychosocial educational intervention that draws on the social development approach to promote child wellbeing. The programme provides support, knowledge and skills to parents/caregivers and families (Gerrity & Delucia-Waack, 2007). A synthesis of three theories provides the programme's theoretical framework: the developmental-ecological risk theory, systems theory, and the psycho-educational approach to family intervention. Thus, the programme addresses risk factors that compromise child wellbeing at individual, family, school and community levels (Tolan, Guerra & Kendall, 1995). A diversity of family structures is acknowledged in the local context, which means that a systemic approach to understanding their interactions with their social networks within the family and wider community is needed. Families' strengths, capabilities and assets, as well as their agency to realise their hopes and dreams are emphasised in the programme (Chiba, 2022). By combining cash and care interventions, Sihleng'imizi attempts to overcome the divide between the economic and the psychosocial aspects of child wellbeing. This serves to affirm the multidimensionality of poverty (Patel & Ross, 2020). The programme incorporates other principles of developmental social work practice, such as beneficiaries' participation and active engagement in interventions, including combining micro-, meso- and macro-level practice as set out in the social development practice model (Patel, 2015). The psycho-educational approach was used because it was found to be effective in a longitudinal study of the SAFE Children programme (Tolan, Gorman-Smith & Henry, 2004). It was found that children's exposure to knowledge, skills and information could prevent their short-, medium- and longer-term social and behavioural challenges. This approach is fitting for the Sihleng'imizi programme as many families lack parenting knowledge and information about how to access and use the resources available to them (Patel *et al.*, 2017). The Sihleng'imizi Family Programme was then designed to complement and scale up the CSG's positive benefits in South Africa. The programme is targeted at children under 8 years of age who are in Grade R and Grade 1, and who were receiving a CSG. The programme ran over a 12-week period and the whole family was invited to attend. Trained social workers and childcare workers delivered it. Ten families were selected and recruited to participate in the study through a local school. All family members were invited to attend the programme; however, not all family members were able to because of employment and other social commitments. The participants, 35 in total, included caregivers and children. The families were split into two focus groups consisting of five families each. The programme content was documented in a manual (*Sihleng'imizi [We Care for Families] Family Programme: Facilitator's Manual*, 2016). Table 1 provides a description of the programme's content and activities.

Table 1: Family activity sessions by theme in the Sihleng'imizi Family Programme

KEY CONTENT AND PURPOSE OF EACH SIHLENG'IMIZI PROGRAMME SESSION
<p>Session 1: Identifying family strengths</p> <p>Encourage parents to view school and learning as a valuable and potentially enjoyable activity that helps families achieve their goals, and to identify individual family members' strengths, and the strengths of each family as a whole.</p>
<p>Session 2: On the home front: Helping kids do their best at school</p> <p>Encourage parents to feel confident and comfortable in helping their children to do their best academically and behaviourally at school.</p>
<p>Session 3: At school: Parents as teachers and advocates</p> <p>Encourage parents to be assertive in supporting their children's success in school.</p>
<p>Session 4: Developmental expectations</p> <p>Parents get to understand what children in grade R and Grade 1 should be expected to be able to do well.</p>
<p>Session 5: Communication with children and adults</p> <p>Encourage constructive communication with children.</p>
<p>Session 6: Anger, self-control, and behaviour management</p> <p>Help families maintain, or regain, control over their anger when dealing with each other, and to learn how to respond to negative attention-seeking behaviour by distracting, redirecting, or ignoring behaviour they want less of.</p>
<p>Session 7: Anger and behaviour management tool</p> <p>Dealing with difficult behaviour by using a 5-Minute Cool Down.</p>
<p>Session 8: Dealing with conflict</p> <p>Help families solve problems at school.</p>
<p>Session 9: Identifying and defining family rules and consequences</p> <p>Help families state, explain, and adjust family rules and consequences.</p>
<p>Session 10: Budgets and motivation to save</p> <p>Everyone in the family understands and identifies ways to manage money and thereby reduce stress about money.</p>
<p>Session 11: Saving</p> <p>Understand the different ways to save, and the risks of borrowing money.</p>
<p>Session 12: Adjusting family rules and consequences</p> <p>Help families rethink rules and consequences that are not working, and give other options for making rules and to make sure they are followed.</p>

The theory of change (ToC) that guided the development and assessment of the intervention is depicted in Figure 1.

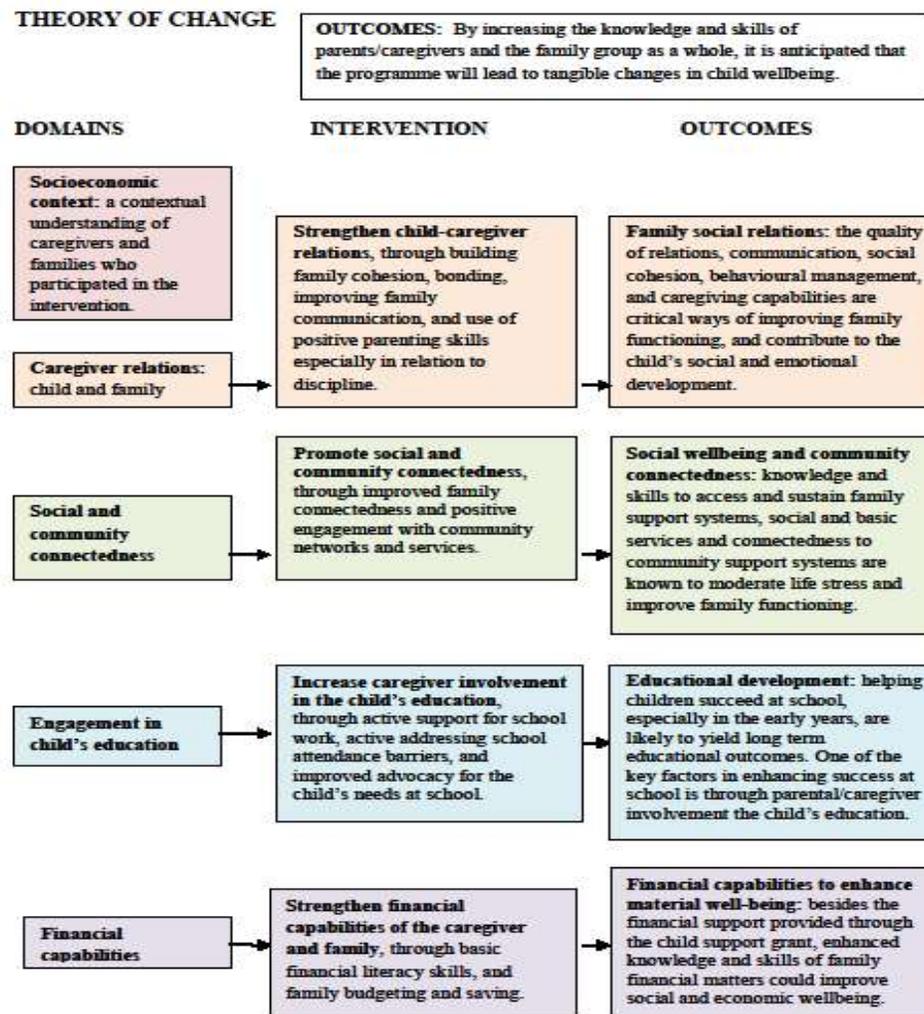


Figure 1: Theory of change (Chiba, 2022)

The ToC is premised on child wellbeing as involving their material, physical, educational and psychosocial wellbeing (Savahl *et al.*, 2015; September & Savahl, 2009). The domains of wellbeing associated with optimal outcomes for children are:

- The child and family's socioeconomic environment. Poverty, in particular, is considered to be a major risk factor for children's optimal development (Hall & Sambu, 2018);
- The nature and quality of the caregiver and family relations (SAFE Children, 2014);
- Levels of social and community connectedness (Synergos, 2014) – this refers to their social networks and use of services;
- Caregivers' levels of engagement with their children's education – this is associated with improved schooling outcomes (Barnard, 2004); and

(e) Enhanced financial capabilities have been found to improve financial decision-making, savings, and optimal use of resources of participants (Sherraden, 2013; Despard & Chowa, 2010).

The Sihleng'imizi intervention programme content was designed to strengthen caregiver and family capacities in each of the domains based on identified challenges facing CSG families (Patel *et al.*, 2017). Taken together, we anticipated that knowledge and skills in these domains could yield positive results.

METHOD

A qualitative design was employed to assess caregiver views and experiences of the intervention. The children and families who were CSG recipients, children who were in Grade R and Grade 1, and who lived close to the venue where the sessions were held, were recruited from a local school in Doornkop, Soweto. The school identified all children and families in the two grades who presented with specific social, learning, health and/or behavioural challenges. Home visits were conducted by a social worker to explain the programme and to invite the caregiver and the whole family to participate in the intervention. We used semi-structured research instruments to collect data from the caregivers. In total, 19 semi-structured interviews were conducted with 10 caregivers who participated in the programme. Ten caregivers were interviewed at the start of the programme and nine at the end. The aim of the study was to ascertain caregiver reflections of the changes that they observed in their knowledge, skills and practices as a result of their participation in the programme.

Caregivers, seven of whom were the biological mothers and three were grandmothers, were interviewed at the start of the programme and immediately after termination of the intervention 12 weeks later. A retention rate of 100% was achieved. This means that all the families that commenced the programme completed it. One participant could not be interviewed at the end of the intervention because of a prior family commitment. The data provided information on caregiver perspectives about the changes observed within their families after attending the programme and included what the caregivers found helpful about the programme. The recorded interviews were transcribed and analysed thematically following procedures outlined by Braun and Clarke (2006).

Atlas.ti was used, which enabled the researcher to carry out the initial stages of thematic analysis. Initial codes were recorded with Atlas.ti. Open coding (Smit, 2002) was used where the data were compared and similar ideas and concepts were grouped together. From this, themes were analysed in relation to the programme dimensions and elements of programme evaluation.

Credibility of the study was ensured by providing sufficient contextual information that could have a bearing on the intervention and the outcomes being assessed (Shenton, 2004). Confirmability was achieved by keeping a record of all the interview files, audio recordings of all interviews, written transcripts, reports and researcher comments made during the data collection and analysis phase. The dependability of the research was ensured by documenting the data-collection process (Bless, Sithole & Higson-Smith, 2013). Limitations of the study included making use of a translator during the interviews with the caregivers, which may have

compromised the accuracy of what was actually said and conveyed. Precise meaning and nuances can often get lost in translation (Berman & Tyyskä, 2011). The researcher's positionality as a social worker could have contributed to interviewees giving socially desirable answers in the interviews (Bergen & Labonté, 2020).

Ethical clearance was obtained from the Faculty of Humanities Research Ethics Committee at the University of Johannesburg. All participants agreed to voluntary participation in the study and completed a consent form. Participants were made aware of their right to withdraw from the study as well as confidentiality and anonymity. Given the vulnerability of the participants, referral for counselling was ensured if the need arose; however, none of the participants indicated a need for this.

FINDINGS

The findings present caregiver feedback on their experiences of the changes that occurred at baseline and at endpoint, including which aspects of the Sihleng'imizi programme were most helpful to them. Pseudonyms are used to protect the identity of participants.

Dimension 1: Family and child caregiver relations

Caregiver and family relations

Of the nine caregivers who were interviewed, three were able to identify changes in their relationships with members of their family, including their children, husbands and mothers, which they attributed to their participation in the Sihleng'imizi programme. Ma Victoria commented as follows on her family and adult son:

It has changed because even with my son, [he] is no longer coming back [late] at night. He comes back home early and does everything accordingly...He actually says that this programme has helped us. We are now getting along well as a family. (Ma Victoria)

Zaki spoke of positive changes with her husband:

Zaki: It is better than before...even [the] father [of my children]...he [used to] drink beer and he wasn't doing things that he should do... .

Interviewer: Why do you think that this [drinking behaviour] has changed?

Zaki: It has changed because when I come here I will tell them what we have learnt. When I go home [I share what] they taught us about this and that. So they understand.

Interviewer: And the father, you also tell him what you would have learnt?

Zaki: Yes, I tell him what I learnt.

The central theme that emerges from both Ma Victoria and Zaki is that of knowledge sharing of programme activities with their family members. Sharing their experiences of discussions and activities that took place during the weekly sessions appears to have brought about a positive change in the behaviour of family members who may not have attended the sessions. This could point to two factors: one is that knowledge sharing of experiences might encourage

self-reflection and motivate individuals to reflect on their behaviour and positively modify it; the other is that the programme delivery to caregivers and children does not take place in isolation. Although not all family members attended, these lessons were extended to the family through conversations at home after attendance of the weekly programme.

Nancy spoke of the difference in her relationship with her mother. At baseline, she had spoken of the relationship being strained.

Yes, it has changed because right now I think we are in a good space, and they don't have any problems with me, and when we do have problems, I try to speak...so it doesn't extend to anger and not talking to each other. (Nancy)

Instead of reacting in an angry manner, Nancy now makes an effort to speak about what bothers her. She could mediate risks, such as intra-familial conflict and breakdown in communication within her family system (Hepworth, Rooney, Rooney & Strom-Gottfried, 2017). The Sihleng'imizi programme materials on family relations appear to have been useful to most of the participants.

One of the six caregivers, Siba, said there was no change in their relationship with her family. She attributed this to staying far away from them.

...they are not staying here, they are staying far. So most of the time, we call each other on the phone. (Siba)

She was therefore not able to practise new skills gained in the programme.

Family cohesion: Bonding and closeness

Of the nine caregivers, all spoke of engaging in some sort of activity with their children that contributed to feelings of closeness between them and their child. However, of the nine caregivers, only five attributed this directly to the Sihleng'imizi family programme.

...yes I play with this small one, Koketso. We play football, we play skipping and jumping rope...before we didn't have time. (Zaki)

...sometimes if I am not doing anything, I take a ball and go play with them outside...I didn't have enough time [before the programme]. (Lucy)

From what both Zaki and Lucy said, they have gained a greater awareness of bonding activities, such as playing with their children – and the value of making time for this.

Nancy and Tumi both reflected specifically on an activity in Session 4 of the Sihleng'imizi family programme. The activity was called 'Say what you see'. Its objective was for the caregiver to actively engage with the child during their play. They do this by reflecting on what they see the child doing and structuring communication around this. Nancy explained how she applied the activity.

I give them toys and then observe them...sometimes I end up playing with them instead of observing them. (Nancy)

The four caregivers who did not directly relate bonding activities to the programme did speak of playing, watching television, singing, doing household chores, going shopping and doing homework together with their children. This was also done prior to participating in Sihleng'imizi.

It is evident above that the Sihleng'imizi caregivers understand the value of playing with their children and how this contributes to the emotional bonding they develop with them. It is also understood that caregivers, such as the Sihleng'imizi caregivers, who live in strained socioeconomic contexts may have fewer resources and limited time and energy to engage with their children as a result of the social, emotional and economic stressors they face (Milteer, Ginsburg, Council on Communications and Media Committee on Psychosocial Aspects of Child and Family Health & Mulligan, 2012).

Parenting skills in discipline

At baseline, six caregivers indicated that they made use of harsh discipline methods with their children. This included hitting, shouting at and beating their children; however, at endpoint nine caregivers reported that they now make use of alternative discipline techniques they learned during the Sihleng'imizi family programme. All caregivers stated that they now specifically make use of the '5-minute cool down' technique they learned in Session 7 on behaviour management. This technique provides an opportunity for the child to be removed from the situation for a short time (5 minutes), to pause, calm down and reflect on their action. Guidance from the Sihleng'imizi Facilitator's Manual suggested this technique would be age appropriate for children aged 4 years and above (*Sihleng'imizi Family Programme: Facilitator's Manual*, 2016).

I don't punish them. They taught us at Sihleng'imizi that if a child does something naughty, they taught us a method called cool down. That is when they stand against the wall and hold it and not watch the TV, as I know that is what he likes, as others watch he knows he is not allowed to watch because he has been naughty. (Ma Alice)

At first I used to beat her. But after attending the Sihleng'imizi programme, they told me that beating a child is not the right thing to do, and it is better to give her a 5-minute cool down so that she can keep quiet in that five minutes. And from then I could see that she is starting to change, and she is listening more. (Lucy)

Ma Alice and Lucy both indicated they have changed their behaviour management techniques. They provided a description of how they use the technique to manage their children's behaviour. For Lucy, it appears that since she changed her technique of managing her child's behaviour, she has noticed that her daughter now listens more compared to before the use of the tool.

Siba explained how she has made use of the 'ignoring and distracting' technique, which is described in Session 6 on anger and behaviour management.

Interviewer: Have you been able to use any of the techniques, like ignoring or distracting the child's behaviour?

Siba: *I have been doing those things to this one [referring to her child]. It is working very well...I would say, go and take that thing. And she goes, and in that way she is distracted.*

Siba was able to recognise that the 5-minute cool down was not appropriate for her younger child, so she applied the ‘ignoring and distracting’ technique to redirect her younger child’s negative behaviour to a more positive one – another technique covered during the programme.

Zaki spoke of making use of the 5-minute cool down corner, as well as another activity that was done only with the children during the programme:

Interviewer: *If Koketso is naughty, you said you use the 5-minute cool down technique?*

Zaki: *Yes...with the naughty behaviour, I tell him: Koketso, go and take the box and sit and play.*

Zaki was referring to the ‘Calm Down Box’ the children made during Session 6. The aim was for children to fill the box with things they brought from home that make them feel happy. In this way, the box is a behaviour management tool that children can use when they feel angry or sad. In this case, Zaki used it in conjunction with the 5-minute cool down technique.

All caregivers mentioned using behaviour management techniques they learned during the programme, and they were also able to modify the original technique for their own context. The 5-minute cool down technique was explained using an example in Session 7, and it was further reinforced when caregivers had to enact a role play during the session. Their homework activity gave participants the opportunity to practise the skills at home. This reinforced the use of the technique as well as participants’ confidence in applying it. Such skills take time to master.

Dimension 2: Social and community connectedness

The baseline data revealed that caregivers had mixed experiences and feelings regarding community trust and safety. Two of the caregivers had very good relations with their neighbours and fully trusted them. At endpoint, in relation to psychosocial support, the caregivers’ networks had improved. An integral part of the Sihleng’imizi family programme was pairing up caregivers, called the Sihleng’imizi buddy system. The purpose of establishing these relationships was to provide caregivers with the prospect “to build community-level support and create informal opportunities for sharing and engagement outside of the group sessions” (*Sihleng’imizi Family Programme: Facilitator’s Manual*, 2016: 30). All caregivers spoke positively of their experiences and engagements with their buddy. Two caregivers, Tumi and Siba, spoke of some difficulty in getting their buddy to commit to a time when they could meet outside of the weekly sessions. However, both Tumi and Siba managed to overcome this through engaging with other caregivers to establish a new buddy. When asked about their experiences of having a buddy, caregivers said:

...I used to see Patience but we were never this close. It was a case of saying hello and nothing more, but now we are speaking like true friends...It [referring to the

buddy system] is very useful because if I do not know anything, or have forgotten how to do something, like homework for example, I will go my buddy to help me out. (Siba)

It has helped me...because I find that everyone was friendly and since I lost my parents I was just living my own life, washing dishes and staying at home. I no longer had friends, but this changed when I started at Sihleng'imizi. (Lucy)

She [referring to the buddy] encouraged me to look out for certain behaviours and follow up so that I know for sure what is happening in the child's life. (Ma Julia)

It has changed a lot because where I have problems that I can't talk about to my parents, I can chat to her [referring to her buddy], and she will advise me. And if she has a problem as well, she comes to me. (Nancy)

I would ask them, like today, I didn't understand the programme and I asked them to explain it for me, what was being said in the session and they would tell me, 'Zaki it is 1, 2 and 3'. (Zaki)

Two strong subthemes emerge from the caregivers' experience of the buddy system. The first relates to the buddy system as a source of psychosocial support to the caregivers. As Lucy and Nancy explained, for them the buddy system provided a space for the disclosure of personal issues. The children in the pilot all attended one of two schools in Doornkop, Soweto, and are most likely to be in the same grade. Siba said she knew Patience from the school both their children attended, but through the buddy system, she has developed a friendship with her. For Lucy, the buddy system gave her an opportunity to be socially connected with her Sihleng'imizi family programme group members. Prior to the programme, she said she was isolated and kept to herself.

Secondly, the buddy system provided a platform for the caregivers to reinforce the new knowledge and skills they gained from the programme's sessions. Siba, Ma Julia and Zaki described how they were able to use their buddies to help them clarify skills and knowledge areas they did not understand.

Through the programme, the caregivers have come to understand that they face similar life challenges in parenting, and through the networks formed in the group, they are able to share their burdens and exchange suggestions for moving forward with each other. Henry *et al.* (2012) found that social and community networks are associated with improved child wellbeing outcomes.

Dimension 3: Caregiver engagement in children's education

At baseline, the majority of caregivers understood that communication between themselves and their children's teachers was important.

I do go to the school and talk to the teacher...they do help, I don't want to lie. (Ma Agie)

Nancy echoed the subtheme of the importance of such communication.

At the beginning of the year, I had such a problem. Other children were bullying him...I told the teacher that this is what is going on and now he doesn't want to come to school because of the bullying. It stopped, and I don't know how the teachers dealt with it. (Nancy)

At endpoint, caregivers appeared to understand their role in their children's education as being more than just communicating with the child's teacher.

I have learned that the teacher is not supposed to be alone there. We as parents should also play our part and work with the teacher. The teacher is a teacher and a parent at school, and I am a teacher at home. (Tumi)

This suggests a recognition that it is not only the teacher's responsibility to make sure a child performs well academically. The caregivers also have a role in supporting the teacher. Establishing open communication with the child's teacher is important for this to take place.

The attendance of school meetings was also covered in Session 2. At baseline, Nancy, Patience and Siba said they did not attend any school meetings.

...since the [Sihleng'imizi] programme started, I've been to three meetings at school. (Nancy)

The meetings that took place before the programme, I never used to attend them...but now I know I do attend. (Patience)

Most of the time, I did not go to the school...all that I was doing was taking him in and fetching...[I realise now] it is very important because you have to know the teacher, and the progress of your child in class, and to attend meetings when they are called. You must have a relationship with the teacher to know how your child is doing. (Siba)

The Sihleng'imizi programme's new knowledge and skills strengthening, and its highly participatory method, seemed to instil in parents and caregivers an appreciation of the value and significance of attending school meetings, and specifically the importance of building relationships with their children's teachers. Meier and Lemmer (2015) speak of communication between caregiver and teachers often being directed one way, from teacher to caregiver. However, Siba's reflection highlights her understanding that building a relationship with the teacher is more than just finding out about school activities. It is gaining insight into the child's functioning at school. Tumi realised that, as a caregiver, supporting the teacher is necessary. Developing such relationships with the child's teacher can assist caregivers to support and enrich their child's functioning. This may lead to improved academic performance (Graham-Clay, 2005) and improved educational outcomes, such as school attendance, enjoyment of school and better performance.

Caregivers also spoke about doing homework with their children and finding ways to facilitate this at home, which Session 2 explores. Ma Julia and Ma Victoria looked for alternative ways to assist their children. Ma Julia explained how.

At school, there is a place where they go to after school. I asked that they should go there, because I could see that I am not going to manage [helping with their homework], as I do not know some of the things [they learn at school]. (Ma Julia)

Ma Victoria's daughter assists Ndivile with his homework. Although Ma Julia and Ma Victoria were not able to assist their children because of their own educational challenges – which was evident among older caregivers in this study – they made alternative arrangements for this.

Tumi and Nancy both noticed that their children have become more independent when doing their homework after attending the Sihleng'imizi family programme.

When he is doing his homework he doesn't want me to stand in front of him. He wants me to just explain to him...he will call me to tell me that he is done, and ask if he did anything wrong. (Nancy)

This independence in doing homework suggests growing confidence and self-discipline in doing the homework tasks unassisted, and in their motivation to complete the task alone. Moorman and Pomerantz (2008) explain that allowing children to do their homework by themselves, and offering assistance only when needed, increases the child's sense of autonomy, competence and diligence in learning. This all contributes positively to the child's education and social wellbeing.

At both baseline and endpoint, all caregivers noted that their children enjoyed going to school and were performing satisfactorily there. All passed their grade at the end of the academic year and were proceeding to the next grade.

Dimension 4: Financial literacy

At baseline, none of the caregivers spoke of doing a monthly family budget. When caregivers were asked about their savings knowledge at the end of the intervention, all spoke of being mindful of putting a budget together. Seven caregivers indicated that they had an improved understanding of various ways to save money. Elaborating on this, some of the caregivers spoke of being able to differentiate between wants, needs and obligations, an aspect focused on in Session 10. Ma Alice reflected on this:

...I didn't know what needs were and what wants were. Actually needs, wants and obligations were the same thing to me...but now I can differentiate my needs from my obligations and wants, and know that at times I shouldn't buy what I want over something I need, because before then I would just buy whatever... Sihleng'imizi has taught me that I shouldn't buy things I haven't planned for. (Ma Alice)

For caregivers, this particular activity assisted them in understanding practical ways of creating a budget for their household.

...the budgeting has helped me a lot. I have not asked [for] money from the people I used to. (Ma Julia)

For Ma Julia, the new knowledge of creating a household budget has assisted her in making better decisions about how to use her money. This has impacted positively on her money-

borrowing behaviour. Seven out of nine caregivers indicated that they now have an improved understanding of effective ways to save their money, as well as how to use a household budget as a tool. Some caregivers commented as follows on their budgeting and saving intentions:

I know in the future I must have a budget and savings, and be able to save some money for my family. (Lucy)

I am going to start saving next year because I was not saving. And there is no more mashonisa [money lenders]. (Ma Victoria)

Interviewer to Patience: *You said that you will save at the bank. Have you started this or not?*

Patience: *That is the first thing I want to do when I get paid, in preparation for next year.*

Next year, I will join the grocery stokvel and save money. (Zaki)

Caregivers' responses indicate that they have an increased understanding and knowledge about ways to save money. However, at endpoint, it also appeared that they were not able to start saving immediately. It must be noted that these interviews took place in early December 2016. The likelihood of people saving during this time is slim, as many caregivers make use of their savings throughout the year to prepare for the festive season. This may include spending the money on buying food, gifts and perhaps new clothes for children. This may explain why they were not able to start saving immediately.

Caregivers' reality is that their opportunities to save are slight. One reason, as indicated in the baseline data, is that more than half are unemployed and rely on the CSG as their only source of income. This amounts to R460 per child (Statistics South Africa, 2021). Research indicates that although families receive the grant, it does not bring about a significant change in the household's economic status and thus families remain poor (Hochfeld, 2015; Hochfeld & Plagerson, 2011; Patel & Hochfeld, 2012). Against this backdrop, the rationale for including a savings component in the Sihleng'imizi's financial education session may be questioned, given the limited financial resources of the social grant beneficiaries.

Notwithstanding this limitation, educating the Sihleng'imizi families about financial skills and increasing financial capabilities was covered over two sessions. Findings from Von Fintel, Von Fintel and Buthlezi's (2019) study suggest that for CSG families, financial literacy skills may positively impact on children's growth potential. We found that financial skills assisted caregivers in making better financial decisions about spending and savings for children and households.

DISCUSSION OF LESSONS LEARNT

Potential to improve outcomes of cash plus family strengthening interventions

The Sihleng'imizi family programme intervention proved to be beneficial in all its domains. While all caregivers reported improvements, more than half indicated significant changes that occurred which we summarise here. First, all participants reported using alternative techniques

to discipline children and in managing their behaviour. They reported less shouting and beating of children, and improved communication, such as speaking less harshly to their children. This was accompanied by caregivers using alternative positive parenting techniques to varying degrees. Similar findings emerged from a pilot study (quantitative) of a parenting programme with much larger sample sizes conducted in South Africa by Cluver *et al.* (2017).

Second, the Sihleng'imizi buddy system proved to be effective in increasing peer support. All participants valued the opportunity to build new relations with a member of the group. This provided much needed psychosocial support, building of a friendship network, reinforcing new learning, and strengthening participants' sense of connectedness to each other and others in the community. Similar findings emerged from other studies of group-based support systems (Strydom & Strydom, 2010). A lack of support is associated with high rates of depression (Moodley, 2018; Patel, Hochfeld, Moodley & Mutwali, 2012). Although depression was not assessed in the pilot study, child support grant beneficiaries were found to experience high rates of depression in an earlier national study (Patel *et al.*, 2017), which increased significantly during the Covid-19 pandemic (Nyati *et al.*, 2022). Strengthening caregiver support systems could improve their psychosocial wellbeing and coping mechanisms.

Third, the development of caregivers' financial capabilities proved to be beneficial. All caregivers reported improved knowledge and skills in budgeting, savings and financial management at the end of the intervention. Improved knowledge about savings was high by the end of the programme, with 22% of participants reporting lower levels of indebtedness. There is no dedicated financial literacy training for social grant beneficiaries in South Africa, a country with one of the tenth largest social assistance programmes in the world (World Bank, 2013). Improved financial knowledge and decision-making capabilities could aid low-income caregivers in finding ways to mitigate financial stress, a risk factor for the psychosocial wellbeing of both caregivers and children (Engelbrecht, 2008; Patel, 2015; Sherraden, 2013). There is an urgent need for financial capability interventions for social assistance beneficiaries. This component of the Sihleng'imizi programme provides pointers for intervention research to inform delivery of financial literacy at scale.

Finally, other beneficial Sihleng'imizi programme components were related to activities to promote family cohesion. The skills caregivers learnt in different sessions relating to child-caregiver relations appear to have been applied at home, thereby reinforcing understanding and practice of the skill. Engagement with children's schooling improved for a third of the children in the pilot programme. Where caregivers reported high levels of engagement with their children's schooling at the start of the intervention, changes could not be attributed to the intervention. While it is possible that socially desirable responses may have been offered, this may also suggest that families were already enacting positive parenting behaviours.

Supervision of children, use of community resources and feelings of trust in the community and neighbours appeared to have been strengthened to a lesser degree, as these were less prominent in the thematic analysis. In these domains, parents either had sound knowledge and strategies to begin with, or they did not yet have the opportunity to demonstrate implementing the knowledge by, for example, making use of a community resource, such as a health care facility. This might be a result of the short-term nature of the intervention; a follow-up over a

longer period may be required. In addition, community safety conditions remained unchanged, which might have affected trust levels.

Overall, the Sihleng'imizi family intervention complemented the CSG in important ways to mitigate risks associated with compromised child wellbeing, such as harsh parenting practices, inadequate knowledge and skills of financial management, and social support. In these three specific domains, the CSG plus a family-strengthening programme appeared to have the potential for success. There were no changes reported in the families' socioeconomic conditions, as all participants continued to live in poverty with limited employment opportunities. Despite the important contribution of the CSG in mitigating economic risks, the grants are not sufficient to lift these families out of poverty. All the children and their families in the pilot programme therefore continued to experience significant material risks to their wellbeing. Nonetheless, the Sihleng'imizi programme could go some ways towards minimising some risks associated with the intergenerational transmission of poverty (Patel *et al.*, 2017).

Feasibility and potential to scale up a cash plus family strengthening intervention in South Africa

It is evident from our findings that the Sihleng'imizi programme design, its features, content, mode of delivery, activities, and knowledge and skills that caregivers acquired were closely correlated with some of the key outcomes: reduction in harsh forms of discipline, increased financial capabilities and social support. The link in other instances, such as parental engagement with their child's school, was mixed. The retention rate in the intervention of 100% was high compared to other programmes internationally (Smokowski *et al.*, 2018). The selection criteria were also fit for purpose, while the group-based, face-to-face delivery mode fostered positive relations and shared learning between the families. Taken together, one may conclude that the cash plus intervention is practical, logical and feasible to deliver in other urban communities similar to Doornkop with a high social grant uptake. Advanced testing, with larger samples in different contexts are indicated. This includes the use of further experimental research designs such as randomised control trials (Patel *et al.*, 2019).

Caregivers' socioeconomic contexts, and that of their children and families, are illustrative of wider societal and gender injustices (Hochfeld, 2022). Further consideration needs to be given to how to address the structural barriers that impact on children and family wellbeing in the face of continuing high rates of poverty, the low value of the CSG – which continues to remain below the food poverty line (Statistics South Africa, 2022) – and extraordinarily high levels of unemployment, especially for women. Policy advocacy for increasing the CSG is strongly indicated and could yield better material wellbeing outcomes. We may need to refine the Sihleng'imizi programme content, such as adding a livelihood session (Patel *et al.*, 2023). More research is needed to find the best ways to achieve this to assess its feasibility and efficacy. Naturally, the pros and cons of adding a further layer of complexity to the intervention must be carefully examined.

Having considered the feasibility of the programme components and outcomes, we now turn to the question of the scalability of a cash plus intervention of this kind.

How best to increase the reach of eligible populations while retaining fidelity to the programme is a huge challenge. Studies show that successful scaling requires carefully selected and capacitated implementing agencies, well-trained, well-supervised and mentored staff, including sufficient financial resources and infrastructure (Fixsen *et al.*, 2005; Fixsen, Blase & Fixsen, 2017). Enabling organisational environments, committed leaders, and alignment and synergy of organisational policies with wider national policies are recommended (Fixsen *et al.*, 2005; Fixsen *et al.*, 2017). When thinking about expanding cash plus interventions, we need to ask questions such as: what level of social service professional is needed to deliver the intervention, and should it be targeted at early grade learners only? This would go to the heart of the design of scaling the intervention and its cost implications. South Africa has an under-supply of social work personnel relative to our needs. Statutory child protection services receive the bulk of the financial allocations (Strydom *et al.*, 2020) and are resource intensive. This leaves limited human and financial resources for preventive and promotive interventions. And then there is the trade-off between the ever-increasing social assistance budget – leaving limited resources for welfare services. This is all against the backdrop of intersecting crises: economic, governance failures, corruption, and social and political instability. Finding a way forward for translating the lessons learnt from the Sihleng'imizi pilot programme to be extended on a wider scale remains an important policy and programmatic consideration for South Africa's children. We need engagement with national, provincial and local governments – and with non-governmental partners and development agencies – to build wider support for cash plus interventions.

Small-scale studies, such as the Sihleng'imizi pilot study, and the advanced testing and evaluation of the programme (Patel & Ross, 2020) do provide a practical way forward for implementing the social development approach, and in giving effect to its key features. These involve, among others, prioritising poverty reduction and eradication; combining the psychosocial and economic dimensions of development; integrating micro-, mezzo- and macro-level practice, such as generalist social work practice; and a collaborative partnership between all role players – social workers, teachers and families – and linking beneficiaries with community services. It also fills an important gap between policy intentions and social work practice at the grassroots level (Lombard, 2007; Patel & Hochfeld, 2012; Patel, 2015) by bridging the divide between welfare services and social protection programmes that continue to operate as separate silos. The cash plus approach resonates with post-apartheid social development commitments to accelerate preventative and promotive interventions that could stem the escalation of social problems.

CONCLUSION

Cash transfer programmes such as the child support grant in South Africa have had many positive impacts on children's wellbeing. These positive outcomes can potentially be amplified through a complementary family-strengthening intervention, as has been indicated through the pilot of the Sihleng'imizi family intervention. Improvement in parenting knowledge and skills, improved financial literacy, and social and community connectedness contribute to mitigating risks associated with compromised child wellbeing. A cash plus intervention, such as the Sihleng'imizi family intervention, is well rooted in the social development approach, and it

provides a practice model for implementing the key features of this approach. However, if such an intervention were to be scaled up, much consideration needs to be given to the under-funding and under-resourcing of social welfare services in South Africa. Training of social workers and ongoing supervision in the developmental approach are needed for successful implementation. However, structural barriers remain, such as socioeconomic challenges facing poor and disadvantaged families. Further economic strengthening interventions are indicated that were not included in the programme content.

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