CHILD-HEADED HOUSEHOLDS IN GAUTENG PROVINCE

A survey of the prevalence and experiences of families in Gauteng

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Report prepared by:
Chiastolite Professional Services
PO Box 880
Wierda Park
0149
+27 12 654 0314
esharrison@absamail.co.za

Report prepared for:
Gauteng Department of Social Development

The directors of Chiastolite Professional Services are:
Ms Elaine Harrison (Project Manager)  
esharrison@absamail.co.za
Ms Tasleem Daffurn (Regional Coordinator)  
tasleem.daffurn@gmail.com
Ms Nkatiseng Nxusani (Regional Coordinator)  
cnxusani@telkomsa.net
Ms Gladys Makondo  
gladys.makondo@unisa.ac.za

This study was conducted in association with:
Prof Rini Schenk (UNISA)  
schenci@unisa.ac.za
Dr Adrian Van Breda (University of Johannesburg)  
adrian@vanbreda.org
Dr Alet Harmse (UNISA)  
harmsac@unisa.ac.za

With the assistance of:
Mr Derick Blaauw (University of Johannesburg)  
pfblaauw@uj.ac.za
Ms Annemarie Boshoff (Project Administrator)  
aboshoff@absamail.co.za
Ms Bettie Benadé  
bettie.benade@yahoo.com
Mr Heinrich Potgieter  
heinportg@gmail.com

Chiastolite acknowledges the contribution of the following regional coordinators:
Ms Arista Bouwer
Mr Mohloho Kgopane
Mr Jabu Radebe
Mr Ferdi Schenk

The teams of fieldworkers in the six regions

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# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>iii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>vii</td>
</tr>
<tr>
<td>List of Figures</td>
<td>ix</td>
</tr>
<tr>
<td>Foreword by the MEC for Gauteng Provincial Department of Social Development: The Honourable Kgaogelo Lekgoro</td>
<td>xi</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>xii</td>
</tr>
<tr>
<td>Background &amp; Rationale</td>
<td>xii</td>
</tr>
<tr>
<td>Population &amp; Sample</td>
<td>xii</td>
</tr>
<tr>
<td>Results</td>
<td>xiii</td>
</tr>
<tr>
<td>Recommendations</td>
<td>xvii</td>
</tr>
<tr>
<td>Introduction &amp; Methodology</td>
<td>1</td>
</tr>
<tr>
<td>Background to the Study</td>
<td>1</td>
</tr>
<tr>
<td>Formulation of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Problem Statement</td>
<td>3</td>
</tr>
<tr>
<td>Aim of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Objectives of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Deliverables of the Study</td>
<td>4</td>
</tr>
<tr>
<td>Research Questions</td>
<td>4</td>
</tr>
<tr>
<td>Operational Definitions</td>
<td>5</td>
</tr>
<tr>
<td>Research Methodology</td>
<td>5</td>
</tr>
<tr>
<td>Definition of Study Population</td>
<td>6</td>
</tr>
<tr>
<td>Stage 1: Community Mobilisation</td>
<td>7</td>
</tr>
<tr>
<td>Stage 2: Population Census</td>
<td>8</td>
</tr>
<tr>
<td>Stage 3: Sample Survey</td>
<td>11</td>
</tr>
<tr>
<td>Ethical Considerations</td>
<td>14</td>
</tr>
<tr>
<td>Challenges in Implementation</td>
<td>15</td>
</tr>
<tr>
<td>Literature Review</td>
<td>18</td>
</tr>
<tr>
<td>Orientation</td>
<td>18</td>
</tr>
<tr>
<td>HIV &amp; Orphans in South Africa</td>
<td>18</td>
</tr>
<tr>
<td>HIV and AIDS, Poverty &amp; Orphans</td>
<td>20</td>
</tr>
<tr>
<td>What is a ‘Child-Headed Household’?</td>
<td>21</td>
</tr>
<tr>
<td>Extent of Child-Headed Households in South Africa</td>
<td>24</td>
</tr>
<tr>
<td>International Studies</td>
<td>25</td>
</tr>
<tr>
<td>South African Studies</td>
<td>26</td>
</tr>
<tr>
<td>Household Dynamics</td>
<td>26</td>
</tr>
<tr>
<td>Extended Family’s Capacity to Care</td>
<td>26</td>
</tr>
<tr>
<td>Role Adjustments</td>
<td>29</td>
</tr>
<tr>
<td>Migration of Children Following Orphanhood</td>
<td>29</td>
</tr>
<tr>
<td>Emotional &amp; Social Distress</td>
<td>30</td>
</tr>
<tr>
<td>Economic Survival</td>
<td>32</td>
</tr>
<tr>
<td>Social Security</td>
<td>33</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>A</td>
<td>Narratives</td>
</tr>
<tr>
<td>B</td>
<td>Household Information</td>
</tr>
<tr>
<td>C</td>
<td>Household Composition</td>
</tr>
<tr>
<td>D</td>
<td>Informal Care System</td>
</tr>
<tr>
<td>E</td>
<td>Formal Service System</td>
</tr>
</tbody>
</table>

### Sexual Exploitation & Prostitution

- Food & Nutritional Needs
- Education/Schooling
- Health Care
- Childhood Resilience
- Community Responses
- Conclusion

### Distribution of Population

- Analysis of the Contacts Database
- Analysis of Child-Headed Households

### Sample Survey

- Willingness to Participate in Sample Survey
- Section A: Narratives
  - Becoming a Child-Headed Household
  - Experience of Being a Child-Headed Household
  - Coping as a Child-Headed Household
- Section A: Conclusions
- Section B: Household Information
- Section B: Conclusions
- Section C: Household Composition
  - Household Size
  - Relationship to Household Head
  - Age of Household Heads
  - Gender
  - Age Ranges
  - Education Level Attained
  - School Attendance
  - Health
  - Citizenship
  - Identification Documents
  - Social Security
  - Status of Mother and Father
- Section C: Conclusions
- Section D: Informal Care System
  - Sources of Informal Care
  - Nature of Informal Care
  - Frequency of Informal Care
  - Satisfaction with Informal Care
- Section D: Conclusions
- Section E: Formal Service System
  - Drop-In Centre
  - Home Based Care
  - Free School Uniform Programme
  - Counselling Services
  - Food Parcels
  - What Children Need
  - What Children Think of DSD
  - Access to Formal Services
  - Services from the Formal Sector
Table 1. Child-Headed Households by District Municipality ..............................................................6
Table 2. Distribution of Contacts Across Region ..............................................................................43
Table 3. Reasons for Non-Child-Headed Households ....................................................................45
Table 4. Distribution of Households Across Region .........................................................................46
Table 5. Distribution of Households Across Suburb ........................................................................48
Table 6. Becoming a Child-Headed Household .................................................................................51
Table 7. Experience of Being a Child-Headed Household .................................................................54
Table 8. Coping as a Child-Headed Household .................................................................................58
Table 9. Household Information Summary ........................................................................................61
Table 10. Location of Household before becoming Child-Headed .....................................................63
Table 11. Status of Mother and Father ..............................................................................................73
Table 12. Nature of Informal Care .....................................................................................................75
Table 13. Frequency of Informal Care ...............................................................................................76
Table 14. Satisfaction with Informal Care ..........................................................................................77
Table 15. Reasons for Dissatisfaction ...............................................................................................77
Table 16. Reasons for Satisfaction ....................................................................................................78
Table 17. Usefulness of Drop-In Centres ...........................................................................................80
Table 18. Improvements to Drop-In Centres ....................................................................................80
Table 19. Reasons for Not Accessing Drop-In Centres .....................................................................81
Table 20. Usefulness of Home Based Care .........................................................................................82
Table 21. Improvements to Home Based Care ..................................................................................83
Table 22. Reasons for Not Accessing Home Based Care .................................................................83
Table 23. Reasons for Not Accessing the Free School Uniform Programme .....................................84
Table 24. Usefulness of Counselling Services ....................................................................................85
Table 25. Improvements to Counselling Services .............................................................................86
Table 26. Reasons for Not Accessing Counselling Services .............................................................86
Table 27. Usefulness of Food Parcels .................................................................................................87
Table 28. Improvements to Food Parcels ..........................................................................................88
Table 29. Reasons for Not Accessing Food Parcels ..........................................................................88
Table 30. What Children Need .........................................................................................................89
Table 31. What Children Think of DSD ...........................................................................................90
Table 32. Types of Organisations Accessed .......................................................................................92
Table 33. Number of Formal Services Accessed ..............................................................................92
Table 34. Types of Formal Services Accessed ....................................................................................93
Table 35. Types of Formal Services Accessed by Type .....................................................................93
Table 36. Frequency of Meals ............................................................................................................98
Table 37. Dropping out of School .....................................................................................................102
Table 38. Social Security Benefiting Child-Headed Households ......................................................102
Table 39. Household Income ............................................................................................................106
Table 40. Contribution to Household Income from Various Sources: CHH’s, 2008 and South Africa, 2005/06 .................................................................107
Table 41. Percentage of the Respondents able to Support Various Household Sizes, Using Statistics on South Africa’s Poverty Line .................................................................109
Table 42. Monthly Minimum Living Standard in Pretoria by Size of Household: 2004 and 2008, Adjusted by the CPI ..............................................................109
Table 43. Households with Little or No Income ..............................................................110
Table 44. Household Tasks ............................................................................................114
Table 45. Explanation of Community Relations ..............................................................115
Table 46. Sources of Help with Crime ............................................................................117
Table 47. Experience of Help with Crime .......................................................................118
Table 48. Perceptions of Abuse of Child-Headed Households .........................................118
Table 49. Experiences of Abuse ....................................................................................119
Table 50. Perceived Knowledge of Children’s Rights ......................................................120
Table 51. Perceived Children’s Rights ..........................................................................120
Table 52. Perceived Children’s rights themes and the constitution ..................................122
Table 53. Respect for Children’s Rights ........................................................................123
Table 54. Help from Social Development in Exercising Rights .......................................123
Table 55. Referral for Social Services ...........................................................................124
List of Figures

Figure 1. Estimates of Child-Headed Households in South Africa ............................................................... 2
Figure 2. Estimates of Percentage of all South Africans 0–14 with One or Both Parents Dead ........... 19
Figure 3. Constellations of Children Without Adult Caregivers ............................................................... 23
Figure 4. Matrix to Define Child and Adolescent-Headed Households .................................................. 24
Figure 5. Percentage of Double Orphans and Single Orphans (Not Living with Surviving Parent), Ages 0–14, by Relation to Head of Household ................................................................. 25
Figure 6. Key Factors Contributing to Resilience in Children ................................................................. 39
Figure 7. Distribution of Households in the Contacts Database .............................................................. 44
Figure 8. Spatial Distribution of Child-Headed households .................................................................. 47
Figure 9. Suburban Distribution of Child-Headed households ............................................................... 49
Figure 10. Number of Children per Household ...................................................................................... 64
Figure 11. Relationship of Household Members to Household Head ..................................................... 64
Figure 12. Age of Household Heads ....................................................................................................... 65
Figure 13. Gender of Household Members and Household Heads ....................................................... 65
Figure 14. Age Groups of Household Members and Household Heads ................................................ 66
Figure 15. Educational Level Achieved .................................................................................................. 67
Figure 16. Relationship between Age and Education ............................................................................. 68
Figure 17. School Attendance of Household Members and Household Heads ........................................ 69
Figure 18. Number of Times Ill During Previous 12 Months ................................................................. 70
Figure 19. Household Members and Heads Producing Evidence of Identification Documents .......... 71
Figure 20. Household Members and Household Heads Accessing Social Security ............................. 72
Figure 21. Types of Social Security Accessed ......................................................................................... 72
Figure 22. Sources of Informal Care ....................................................................................................... 74
Figure 23. Nature of Informal Care ......................................................................................................... 75
Figure 24. Frequency of Informal Care .................................................................................................. 76
Figure 25. Satisfaction with Informal Care ............................................................................................. 77
Figure 26. Accessibility of Drop-in Centres ........................................................................................... 79
Figure 27. Accessing of Drop-in Centres ............................................................................................... 79
Figure 28. Accessibility of Home Based Care ......................................................................................... 82
Figure 29. Accessing of Home Based Care ............................................................................................ 82
Figure 30. Accessing of Counselling Services ........................................................................................ 85
Figure 31. Accessing of Food Parcels ..................................................................................................... 87
Figure 32. Number of Formal Services Accessed per Household ........................................................... 92
Figure 33. Location of DSD Offices and Child-Headed Households ..................................................... 95
Figure 34. Types of Health Services Households Access ....................................................................... 96
Figure 35. Accessibility of Health Facilities ............................................................................................ 97
Figure 36. Households Problems in Accessing Health Care ................................................................. 98
Figure 37. Number of Meals per Day ..................................................................................................... 98
Figure 38. School’s Knowledge of Households’ Child-Headed Status .................................................. 100
Figure 39. Supportiveness of School ..................................................................................................... 100
Figure 40. Assistance with Homework .................................................................................................. 101
Figure 41. Payment of School Fees ....................................................................................................... 101
Figure 42. Utilisation of Social Security ................................................................................................. 103
Figure 43. Collection of Household’s Social Security .......................................................................... 103
Figure 44. Social Security in Benefit of the Household .................................................................104
Figure 45. Total Monthly Income of Child-Headed Households in Gauteng, 2008.....................106
Figure 46. Consumption Pattern of Households in South Africa, 2005/2006 ............................112
Figure 47. Household Treated Differently by the Community .................................................115
Figure 48. Victims of Crime .......................................................................................................116
Figure 49. Experiences of Abuse ...............................................................................................119
Figure 50. Households Able to Exercise their Rights.................................................................122
Figure 51. Respect for Children's Rights..................................................................................122
The subject of child headed households has become a central theme in our daily lives particularly to institutions and people concerned with the quality of community or societal life. HIV/AIDS, as generally portrayed, is growing faster in South Africa than any country in the world with approximately 5, 5 million people being infected. Consequently the number of children made vulnerable by HIV/AIDS, such as orphan hood, is apparently increasing at an alarming rate and this has become a social problem that places risk factors on affected children.

The Gauteng Provincial Department of Social Development is mandated to provide programmes and services to vulnerable children located within its borders to contribute towards ‘making Gauteng a province fit for children.’ The Department continuously strives to look at innovative, sustainable and creative ways to improve service delivery to our nation’s greatest assets, our children. Research is an essential instrument in the social development field which ensures the use of scientifically valid and reliable information to deliver responsive services tailored to meet needs expressed and prioritized by the people that we as a Department are committed to serve.

The research on child headed households conducted by the Gauteng Department of Social Development was underpinned by a need to establish the extent of childheaded households in the province, to locate these needy children for care and protection, to establish their needs, their social circumstances as well as the quality of services they receive to provide the Department of Social Development with insightful information ensuring that services provided respond to real needs.

The Department of Social development will always strive to ensure that all needy children in the Gauteng province develop into productive members of society, giving them the right to a chance at a future free of fear, vulnerability or abuse. The Department remains committed to ensuring a better quality of life for the children of Gauteng.

MEC Lekgoro
Executive Summary

Background & Rationale

The Department of Social Development is mandated to provide programmes and services to vulnerable children according to international agreements ratified by the government. These include services aimed at protecting children’s rights as entrenched in the Constitution of South Africa, the Children’s Act of 2005 and the UN Conventions on the Rights of the Child. One of the groups of vulnerable children is those living in child-headed households. These children lack the presence of parenting that most children have, have limited means to generate an income, are unable to effectively sustain their household, and are less able to protect themselves from abuse and exploitation.

In light of this, the Gauteng Department of Social Development contracted Chiastolite Professional Services to conduct a census of child-headed households in Gauteng and to collect in-depth qualitative data on these households. The aim of the study was to determine the prevalence of child-headed households in Gauteng in order to establish a database and to ensure access to programmes by needy child-headed households.

A three-stage research design was used.

- **Stage 1** entailed a wide-spread mobilisation of the Gauteng community through mass media, community walks, posters and pamphlets, and liaison with local government structures, schools, clinics, welfare organisations and churches. The purpose of this stage was to identify child-headed households either directly or through service providers and key stakeholders. Ultimately, over 6,000 households believed to be child-headed were captured into a contacts database.

- **Stage 2** entailed door-to-door visits to all of these households and the completion of a brief demographic questionnaire that was captured in the database of child-headed households. A total of 63 households were verified as being child-headed by the end of July 2008.

- **Stage 3** entailed an in-depth combined qualitative/quantitative study of these households to determine their psychosocial and service delivery needs. A total of 61 households participated anonymously in this survey.

Population & Sample

Drawing on legal definitions in the Children’s Act (South African Government, 2005a), child-headed households were defined in this study as households in which the oldest member living in the house is under the age of 18. Based on Census 2001 data, a population of approximately 10,000 such households was predicted. The total population of child-headed households, however, was finally calculated to be 63 households, comprising a total of 107 children.

It is evident that the majority of households that were reported by agencies as being child-headed are in fact adult-headed (accounting for 76.7% of these households). The person most likely to be caring for these children is the grandmother (19.6%), in keeping with findings in the national and international literature. Indeed, when the gender of the adult was indicated, we find that women are much more likely than men to be caring for these vulnerable children (47.2% of those living with an adult are cared for by women, compared with 10.3% cared for by men, while 42.5% live with unspecified adult/s).
The wide discrepancy between the expected population of 10,000 and the resultant population of just 63 households points towards a number of key conclusions:

- There is not yet widespread acceptance of the legal definition of a child-headed household, viz a household headed by a person under the age of 18. Different organisations and communities have adopted their own definitions of what constitutes a child-headed household. For example, many organisations (with good reason, in our view) recognise a household as child-headed if the head is still school going (or even at university), regardless of their age.
- The target population is a transient population. For example, most households are headed by a late adolescent (48% of our households were headed by a child who is 17 years old). Thus, household heads that are currently registered in our population may, within a couple of months turn 18 and no longer meet the definition. As another example, many welfare agencies indicated that as soon as a household is identified as child-headed, they are placed in a place of safety or in foster care. Thus, many of the families in our population may, within a couple of months, have been placed in care and thus also not meet the definition.
- Strategy and programme planning is compromised by a lack of consistent and verifiable management information. There is, for example, considerable difference between planning for 35,000 child-headed households (as originally estimated by the Gauteng Department of Social Development) and the 63 that we have been able to locate and verify.

Results

Section A: Narratives

Section A explored children's narratives about their life situation, from which the following conclusions were drawn:

- It seems that in Gauteng children are more likely to become child-headed households as a result of abandonment rather than orphanhood. This may have legal implications, since some parents appear to have abandoned their responsibility to provide adequate care and support to their children (South African Government, 2005a, Section 7(1)(k)).
- The threat of poverty and the demands of survival are very real for many of these children. They continually struggle to secure the resources needed to live – food, clothes, shelter.
- Many of the children in this study reported multiple losses and traumatic events. This may leave residual trauma that appears to have received inadequate attention, as expressed by a number of children who reported persistent feelings of loss and disappointment. Children seem more likely to have access to physical and financial support than emotional support. The children themselves may be not fully aware of this trauma, as they seem more concerned for their basic survival needs, rather than the psychosocial concerns. Furthermore, a handful of children were unwilling even to discuss their life story because of the distress it caused them.
- The narratives suggest that the children’s living conditions changed from a sense of being part of a family to one of ‘aloneness’. On the whole, children seem to have had reasonably happy experiences prior to becoming child-headed. Despite the feeling of ‘aloneness’, however, several children pointed to strong relations between the remaining family members, suggesting that child-headed households establish an alternative family form that may be characterised by mutual trust, respect and caring.
- The overall experience of children in child-headed households tends towards negative, although this is not uniformly so. Several of the children report only positive experiences associated with their life situation, while others provide both negative and positive experiences, leaning towards positive.
There is an indication that the children are able to develop coping mechanisms, in spite of their difficult circumstances, and that they show a degree of resilience. Some have even transformed what many might consider an 'abnormal' situation (children having to care for themselves) into a growth opportunity.

Overall, the experiences of the participants suggest that we need to shift from a pathogenic view\(^1\) of child-headed households towards the salutogenic or resilience perspective\(^2\). Despite their vulnerability, many of these children have successfully mobilised a range of coping mechanisms and positive worldviews, turning a less-than-ideal situation into a growth opportunity. Recognising and affirming these strengths and assets could transform the approach to planning of service delivery to child-headed households.

**Section B: Household Information**

From this section, which addressed variables related to the geographical space in which children lived, the following conclusions were drawn:

- Households have been child-headed for an average of 1.42 years, with a range of 83 days to 5.47 years.
- Child-headed households tend to live primarily in informal shacks or secondarily in freestanding houses, with an average of 2.5 rooms (excluding the kitchen and bathroom). Over a third of the dwellings belonged to the children’s parents, while a fifth belonged to the children themselves.
- The number of children who are currently living in a better house than previously (e.g., living in a freestanding house now and a shack previously) is roughly equal to the number who are living in a worse house than previously. The majority of children report living in the same type of house currently as previously.
- The majority of households (56%) appear to have moved into their current region since becoming child-headed. They have moved on average only once since becoming child-headed. About 14% of households seem to have migrated from rural areas into the urban areas of Gauteng.
- Most households make use of electricity for cooking and lighting, although coal is also used by a third of households for cooking. Most households obtain water from an outside tap.

**Section C: Household Composition**

Section C addressed variables related to the individual children in the households. Based on the results of this section, the following conclusions were drawn:

- Most child-headed households are small, with a little under half (43%) comprising only a single child, and a further 39% comprising only two children.
- About half of household heads (48%) are aged 17, and the youngest head is just 12 years old. In almost all families, the oldest child took the role of household head.
- Although the overall ratio of boys to girls is equal, two thirds of household heads are boys. This may suggest that families and communities perceive boys as more able to look after themselves than girls.
- Households comprise primarily family members, especially siblings, although also a significant number of cousins and the children of children.
- Most children are still attending school and appear to be making adequate academic progress. Children in grades three to five, however, appear academically vulnerable, perhaps related to a combination of psychosocial concerns and inadequate supervision by their older siblings.

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1. An emphasis on the origins of illness, dysfunction and social breakdown.
2. An emphasis on coping mechanisms, resources and assets, and the origins of health.
Access to identification documents (particularly for household members) and social security remain a concern, with less than a third (28%) of children accessing grants.

Roughly half the children in this study reported that their parents had died and about half reported that their parents were alive but living elsewhere. The former are orphans, while the latter have been abandoned, suggesting a failure of parental care.

**Section D: Informal Care System**
Based on the results of Section D, which explored the range of informal care systems that children draw upon, the following conclusions were drawn:

- Child-headed households draw upon an average of 1.4 informal support systems per household.
- Child-headed households are satisfied with about half of the informal support systems they draw upon, very satisfied with a quarter and dissatisfied with a quarter. Children are most satisfied with the care provided by religious clerics and friends, and least satisfied with care provided by parents and aunts/uncles.
- Most of the children receive financial and physical support, but very few receive emotional or psychological support and support regarding their schoolwork.
- Children tend to receive informal support rather infrequently – weekly or monthly – particularly from family members. Siblings, neighbours, teachers and friends are most likely to provide frequent (daily or weekly) care.

**Section E: Formal Service System**
Section E, which addressed a range of formal services that the Department provides, was combined with data on the organisations that the children utilise. The following conclusions were drawn:

- Child-headed households reported a total of 32 different organisations as providing services to them. The Departments of Social Development, Health and Education are the three main service providers. The majority (71%) of child-headed households access one or two types of services. The Department of Social Development is perceived to be the main service provider, whilst local government plays a very limited role.
- All six of the key services that are provided by the Department of Social Development and its partners are accessed by at least some of the households in this study. A lack of information or awareness of services are indicated as the main reasons for not accessing these key services.
- **Drop-in centres.** Two thirds (69%) of children evidenced a lack of information or awareness about the presence of a drop-in centre in their area. Those who knew about the centres, reported that they were easily accessible and provide for their physical and emotional needs and the development of skills. Services at drop-in centres could be improved by increasing human resources and other resources such as food.
- **Home based care services.** Two thirds (61%) of children demonstrated a lack of information or awareness about the presence of a home based care service. Children residing in Ekhurhuleni were found to be better informed and reported accessibility. Home based care services provide care for the sick and food for the needy. These services could be improved by the provision of more human resources and the assurance of confidentiality.
- **Free school uniform programme.** Accessing this service seems to be very limited, because few children meet the eligibility criteria. Children are provided with uniforms from other sources and some even buy their own.
- **Counselling services.** Only 11.9% of children accessed counselling services in the previous six months. Those who utilised the service perceived it to be helpful, but list financial constraints, accessibility and the attitude of personnel at the counselling services as limitations they experienced. Main reasons for not accessing counselling services include the lack of information...
or awareness, perceptions of not needing counselling, not being referred or advised to access counselling services and the perceived lack of usefulness of these services.

- **Food parcels.** Children report a need for the food parcel service, since it alleviates hunger and ensures survival. The parcels, however, need to be provided more frequently and in larger quantities. Some children report that while they have applied for the food parcel service, they have not received any food.

- Children report that tangible donations of food, clothes, toiletries, textbooks and free services would improve the lives of child-headed households. They believe that the government is responsible for taking care of child-headed families.

- Children don’t know what services the Department of Social Development provides and equate the Department with the grant or social security system. The majority of respondents were dissatisfied with the Department because they feel that the Department does not care about or fulfil its responsibility towards child-headed households. Only 11% of responses suggested satisfaction with the Department’s services.

**Section F: Health & Nutrition**

Based on the results of Section F, which addressed the health and nutritional needs of children, the following conclusions were drawn:

- Child-headed households have access to health facilities, especially clinics, although they are concerned about how they are treated by staff members.

- With the help of the informal support systems in the community most of the children have access to at least two meals per day, but they are not food secure.

**Section G: Education**

Section G addressed the children’s relationship with the school, school fees and homework. Based on the results of this section, the following conclusions were drawn:

- The majority of the children (93%) continue their schooling despite difficult circumstances and a lack of resources.

- Most children (83%) report that the school knows they are child-headed and experience the schools as being supportive (74%).

- Half of the child-headed households are exempted from school fees, making it possible for them to continue their schooling.

- The responsibility of support within the home rests largely on the shoulders of the heads of the household. Schools can play a more supportive role in this regard, particularly in light of the academic vulnerability of younger siblings.

**Section H: Social Security**

Based on the results of this section, which focused on the access to and use of social security, the following conclusions were drawn:

- Less than a third of the eligible child-headed households are supported by social security/grants. The reasons for not accessing grants are not clear, since two thirds of the children did have identification documents.

- Most children who do receive grants indicated that the grants are used for their benefit and go towards food, school expenses and clothes.

- Although only one of the recipients mentioned the misuse of grants, the process of collecting data suggests that many adults pocket much of the grant yet do not provide direct care to the children.
Section I: Household Finances

Section I addressed the income of child-headed households, from which the following conclusions were drawn:

- The income available to child-headed households varies between no income whatsoever and a total income of up to R3,000 per month. The average monthly income of a child-headed household in Gauteng is estimated at R1,121 and the median is R1,000 per month.
- Almost half (44.3%) of the child-headed households in the survey are living in absolute poverty.
- An analysis of the data reveals that 26.2% of the households cannot support even one person with their total monthly income, while less than 40% of the households are able to support a household with two to three members.
- Pensions from deceased parents and grants generate just over 20% of the gross monthly income of these households, compared with just 6.1% of gross annual household income in the general South African population in 2005/6.
- The majority (51.1%) of the respondents who maintain that they have very little if any income state that they have to make do with what they have as they have no other option. This puts them in an extremely vulnerable position, particularly given the increased cost of living.
- Neighbours and relatives play a positive role in the lives of the children. A significant number of child-headed households say that family members, churches, neighbours and employers provide for many of their material needs in the form of cash and/or kind. Parents also continue to provide material support to many children, even though they are not living with the children.

Section J: Household Tasks & Community Relations

Based on the results of this section, the following conclusions were drawn:

- Day-to-day tasks, such as cleaning, washing, ironing and household maintenance, are the most burdensome tasks the children have to perform. Cooking and the generation and management of finances are enjoyed the most.
- Most children are treated as part of the community, and are even appreciated and respected for their courage. A third experience that they are treated differently because they are child-headed.
- Those who experience acceptance in the community may be good networkers, showing resilience and coping. They are able to establish supportive and affirming relationships among the community members in their neighbourhood.

Section K: Safety & Protection

In Section K we explored children’s experiences of crime and abuse and the consequent access to safety and protection. Based on the results of this section, the following conclusions were drawn:

- Child-headed households are most vulnerable to physical abuse and neglect, followed by sexual abuse and then emotional abuse. These children seem to have a heightened feeling of vulnerability, independent of their own experience of actual abuse or crime.
- Participants are overwhelmingly positive that they will be helped if they were to be the victims of crime. This help is perceived as being forthcoming from the community itself and from the SA Police Service.

Section L: Children’s Rights

Based on the results of this section, which addressed children’s knowledge and securing of their rights, the following conclusions were drawn:

- Participants evidence superficial knowledge of their rights. Their knowledge of their rights, however, does not lead to automatic access to and enforcement of those rights. Their rights appear not to be universally respected.
Probably the greatest challenge facing the Department of Social Development in the field of children’s rights is the creation of mechanisms and processes to ensure inter-departmental commitment and cooperation in the field of children’s rights.

Recommendations

Based on the results of the study, and the processes of data collection, the following 15 sets of recommendations are proposed:

- **Vulnerable Children.** We recommend that the dynamic of vulnerability be foregrounded and the means-test factors of age and other demographics be of secondary importance. Such an approach would meet the developmental social welfare criterion of ‘rights-based’ (Patel, 2005, p. 98). It would recognise that vulnerable households have the right to a range of social welfare services regardless of the demographic profile. The fact of their vulnerability ‘fast-tracks’ them into the social service system.

- **Definition of Child-Headed.** We recommend that consensus be sought among governmental and non-governmental role players regarding a contextually-responsive definition of what constitutes a child-headed household. This would serve to reduce the vulnerability of households in which the head has reached majority and harmonise the provision of services to such households across various sectors of society.

- **Family Preservation.** We recommend that family preservation services be expanded, within the guiding framework of a promulgated National Family Policy. These services should, in particular, focus on *early intervention*, to assist families in staying together. The State should take a more active role in requiring and assisting parents to fulfil their legal and social obligations as parents. The Family Court, which could be a central legislative body to assist children in securing adequate parenting, should be implemented.

- **Exploitation.** We recommend that the Department of Social Development ensure that children are informed about their rights and about what actions can be taken if they are being exploited. The Department should take the lead in providing all children with greater and easier access to legal assistance when the children feel that their rights are not being upheld. Such assistance needs to be free and accessible. Cases of child exploitation should be dealt with rather harshly to ensure that children perceive that their rights are upheld.

- **Exploitation: Social Security.** We recommend that foster placements be more closely monitored to ensure that children are receiving appropriate and adequate care. We suggest that the Department of Social Development consider following up on those cases of child-headed households that we contacted but that subsequently were dropped from the database. We recommend that, wherever possible, children be given direct access to social security rather than having to depend on an adult intermediary, thereby reducing their vulnerability to exploitation.

- **Economic Vulnerability.** We recommend that a follow-up study be conducted to more precisely explore the economic vulnerability of child-headed households.

- **Holistic Care.** We recommend that the Department of Social Development facilitate a comprehensive package of services to vulnerable children that includes both practical/material and psychoemotional care. We suggest that existing models, such as that of Heartbeat, be explored as possible best practices. We recommend that agencies use donor funding to provide professional, school-based social services to vulnerable children. We recommend that the Department actively educates children about the services and rights that they are entitled to.

- **Role of Department of Education.** We recommend that the Department of Social Development play a central coordinating and mobilising role with the Departments of Education and Health. We recommend that schools take on the responsibility to host after-
school services to vulnerable children, incorporating psychoemotional care, life skills development, assistance with social security, health services and supervision of homework. We recommend that a long-term view be taken on vulnerable children, and that the State’s investment in human capital be measured in terms of these children’s later participation in the economic and social dimensions of the country. We recommend that the Department employ school social workers and locate the implementation of the service delivery model for children at schools.

- **Social Security.** We recommend that the Department of Social Development advocate on behalf of vulnerable children to both the Department of Home Affairs and the SA Social Security Agency to give priority attention to the provision of social security, including identification documents, to children.

- **Vulnerability & Resilience.** We recommend that service delivery actively explore both the vulnerability and resilience of child-headed households during intake assessments. We recommend that social workers utilise a balanced assessment approach that brings to light both the strengths or assets of child-headed households and their needs. Similarly, we recommend that service provision simultaneously support household strengths while providing services to address gaps.

- **Participation.** We recommend that the Department of Social Development convene a conference to which the 63 households identified in this study are invited. We recommend that they be presented with the results of the study and that they be engaged in a structured problem solving process aimed at formulating a comprehensive service programme for vulnerable children.

- **Community Service Systems.** We recommend that the Department of Social Development facilitate a process of reviewing the role and functions of Ward Councillors and Community Development Workers, so that these systems become community assets rather than liabilities. Councillors and Community Development Workers should be exposed to training opportunities in community development and management, such as those provided by the Department of Social Work at the University of Johannesburg's Soweto campus. We recommend that the Department ensure that Community Development Workers are held accountable to Government and that they be evaluated in terms of the degree to which they are meeting the needs of community members.

- **Management Information.** We recommend that the Department of Social Development facilitate a workshop with agencies to explore the issue of databases – the challenges, the kinds of data elements that would be helpful for agencies and the Department, and the processes and systems that can assist agencies in maintaining current and usable data. We further recommend that the Department audit agencies that receive government or donor funding for programmes for child-headed households, to ensure proper governance of funds.

- **Quality & Availability of Services.** We recommend that the Department of Social Development convene a working group of service agencies who, in consultation with child-headed households themselves, can work towards an agreed upon package of services for child-headed households. In addition, Batho Pele should be adopted by these agencies as the gold standard for the quality of service delivery. The Department should contract out client satisfaction surveys based on the Batho Pele principles. Finally, the Department should develop community screening processes aimed at continuous early identification of vulnerable children and families, initially based on the databases compiled in this study.

- **Social Service Human Resource Networks.** We recommend that the Department of Social Development take the lead in mobilising a diverse network of human resources focused on the reduction of childhood vulnerability. We recommend that this network be centred on social workers based at schools.
INTRODUCTION & METHODOLOGY

The Gauteng Department of Social Development is mandated to provide programmes and services to vulnerable children according to international agreements ratified by the government. These include various agreements that mandate the provision of services aimed at protecting children’s rights as entrenched in the Constitution of South Africa, the Children’s Act of 2005 and the UN Conventions on the Rights of the Child.

The plight of children living in child-headed households is a significant concern, as these children are vulnerable, have limited means to generate an income, are unable to effectively sustain their household, and are less able to protect themselves from various forms of abuse. It is against this background that a need for a database of these households was identified. It was hoped that this would assist the Department to identify and access this vulnerable group, in order to respond appropriately to their needs and systematically account for the services that they are receiving.

Due to the magnitude of the study and research constraints within the Department, service providers were invited to submit proposals. Chiastolite Professional Services was contracted to conduct the study in collaboration with the Gauteng Department of Social Development.

Background to the Study

The South Africa Department of Health estimated that in 2005 5.54 million South Africans were living with HIV, of whom 235,060 were aged 14 or younger (NDOH, 2006, p. 16). As the impact of HIV and AIDS continues to expand in South Africa and southern Africa, there is growing concern that we will see an increase in the number of orphans in need of care. Traditionally, vulnerable children in Africa have been absorbed by a network of family and kinship systems. However, there is increasing evidence in the literature that indicates that the reserves of these systems are becoming exhausted. It is likely, therefore, that we will see an increase in the prevalence of child-headed households in the future.

“The General Household Survey (GHS) 2005 indicates that there were about 118,500 children living in a total of 66,500 child-headed households across South Africa at the time of the survey. This is equal to roughly 0.7% of all children (0–17 year olds) and to 0.6% of all households in the country. The proportion of children living in child-headed households relative to those living in households where adults are resident is therefore small” (Children Count, 2006). (See Figure 1.)

An analysis of available data based on age group suggests that most child-headed households (68%) are headed by a teenager (Children Count, 2006).

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- “Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support. This may be done in a number of ways including economic strengthening, providing psychosocial support, supporting carers, supporting succession planning, prolonging the lives of HIV positive parents and strengthening young people’s own life skills.

- “Mobilize and support community-based responses. This strategy outlines key elements of community mobilization including engaging local leaders, enabling local communities to talk more openly about HIV/AIDS, organising and supporting cooperative activities and providing and supporting community care for children and young people without any family support.

- “Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others. Key services for orphans and other vulnerable children include education, birth registration, health, nutrition, water and sanitation, judicial protection and placement services for children and young people without family care.

- “Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to communities. This strategy includes a wide range of provisions. These include ensuring that governments develop policies, strategies and action plans to guide national responses, enhancing government capacity, ensuring that resources reach local communities, ensuring that each country has a supportive legal framework and establishing mechanisms to ensure information exchange.

- “Raise awareness to create a supportive environment for children affected by HIV/AIDS. This strategy includes conducting a situation analysis, tackling stigma, silence and
discrimination and strengthening and supporting community mobilisation efforts at community level.”

The Gauteng Department of Social Development identified the need to locate these child-headed households and to determine the nature of their needs in order to ensure responsive programmes and access to these programmes. The information from the study will be used for strategic planning on the development and implementation of relevant programmes.

Formulation of the Study

Problem Statement
The Gauteng Department of Social Development is mandated to ensure appropriate and effective service delivery to vulnerable children, including child-headed households. However, these households are typically hidden. While the Department does have access to lists of households, produced by various welfare agencies, the Department is concerned about the completeness of these lists. It is their belief that there are many households who are not on the caseloads of any welfare organisations, thus not accessing much needed services including social security.

Even if a comprehensive list of child-headed households were available, however, the Department would still be unsure as to the needs of these children and the services they are already accessing. There is currently a lack of insight into their needs and gaps in service delivery.

Aim of the Study
The aim of the study is to determine the prevalence of child-headed households in Gauteng in order to establish a database and to ensure access to programmes by needy child-headed households.

Purpose of the Study
The purpose of the study is to:

- Assist the Gauteng Department of Social Development in developing a database of child-headed households that can be used as a tool for the planning and implementation of relevant programmes.
- To formulate a database that will serve as a monitoring and evaluation tool.
- To inform the Department of currently utilised programmes and the service needs of children living in child-headed households.
- To identify gaps and barriers to service delivery and the need for new or adjusted programmes and services.

Objectives of the Study
The objectives of the research as identified by the Gauteng Department of Social Development are:

- To identify children living in child-headed households.
- To identify the physical location of child-headed households.
- To determine the extent or prevalence of child-headed households.
- To establish factors that lead to the emergence of child-headed households.
- To establish the nature of current available psychosocial support.
- To determine the need for psychosocial support.
To identify service providers offering assistance to child-headed households.

**Deliverables of the Study**

The final deliverable for this study is a comprehensive report that includes:

- A database on child-headed households with the following information:
  - The identification details of children living in child-headed households.
  - The physical location of these households.
  - The number of children living in these households.
  - Organisations rendering services to these households.
- The factors that contribute to the establishment of child-headed households.
- The nature of psychosocial support provided to child-headed households.
- The nature of psychosocial support needed by child-headed households.
- The current circumstances of the households.
- Possible solutions in the development and implementation of programmes to meet the current needs.

This report, together with an electronic database in MS Access, constitutes the deliverables that were contracted by Chiastolite Professional Services.

**Research Questions**

The following research questions will address the objectives:

- Who are the child-headed households in Gauteng?
- Where are the child-headed households physically located?
- Who in the community knows about the child-headed households?
- What are the factors that contribute to the establishment of child-headed households?
- What is the current situation in the child-headed households?
- What care and support are they receiving in the community?
- How are the key strategies of the global framework implemented in the communities in terms of:
  - Economic strengthening, providing psychosocial support, supporting carers and strengthening young people’s own life skills.
  - Engaging local leaders, enabling local communities to talk more openly about HIV/AIDS, organising and supporting cooperative activities and providing and supporting community care for children and young people without any family support.
  - Access for orphans and vulnerable children to essential services, including education, birth registration, health, nutrition, water and sanitation, judicial protection and placement services for children and young people without family care.
  - Protection of the most vulnerable children through improved policy and legislation and by channelling resources to communities.
  - Raising awareness to create a supportive environment for children affected by HIV/AIDS.
- What are the nature and extent of services to child-headed households?
- Who are the service providers offering assistance to child-headed households?
- What are the views of children in child-headed households on existing services for child-headed households?
- What are the views of children in child-headed households on the needs for programmes and services for child-headed households?
What are the challenges faced by child-headed households in accessing services?
What possible interventions, programmes and services can improve service delivery?

Operational Definitions

The following operational definitions were adopted for this study:

- **Child-Headed Household**: The Request for Proposal published by the Gauteng Department of Social Development defined a child-headed household as “Orphaned, abandoned, or neglected children who live in a household in which the oldest member is under the age of 18 and where there is no adult supervision and support. Children who live alone but have access to adult supervision and support are excluded in this definition.”

- This definition’s stipulation that there be no access to adult supervision or support is not aligned with the definition of a child-headed household provided in the Children’s Amendment Bill (South African Government, 2005b, Section 137.1). Furthermore, it was considered virtually impossible to operationalise what this lack of supervision and support meant, as virtually all children in child-headed households have access to some form of adult support in the form of a teacher, pastor, neighbour, etc.

- The Children’s Amendment Bill’s definition was also not suitable, since it requires the household head to be over 16 years of age, which means that all households that are headed by a child under the age of 16 would be excluded from the study.

- Consequently, the research team agreed to define a child-headed household as: A household in which the oldest member living in the house was under the age of 18.

- **Household**: The Request for Proposal from the Gauteng Department of Social Development defined a household as: A dwelling place for a family that is characterized by a building structure that provides shelter and a yard.

- **Orphan**: The Request for Proposal from the Gauteng Department of Social Development defined an orphan as: A child whose parents are both deceased.

Research Methodology

This study was conducted in three main stages, which ran virtually concurrently:

- **Stage 1: Community Mobilisation.** This stage was characterised by an extensive effort to mobilise Gauteng communities. Community mobilisation purposed to produce a preliminary list of possible child-headed households. The mobilisation entailed a media campaign, posters and information desks at primary health clinics, letters to welfare agencies and schools, and networking with local government and community development workers. The output of this stage was an electronic list of 6,039 contacts for possible child-headed households. Although it later turned out that only a handful of these households were in fact child-headed, we found that many of these households were nevertheless vulnerable and in need of social services.

- **Stage 2: Population Census.** All of the contacts gathered in Stage 1 were visited by a team of 66 field workers. Of the 6,039 contacts, 63 were confirmed to be child-headed households. This entire population of child-headed households in Gauteng was surveyed using a brief data collection tool. The data concerning these households were captured in a Microsoft Access database, from which a variety of reports have been generated.

- **Stage 3: Sample Survey.** It was initially intended that a sample of 500 households would be sampled from the population using systematic sampling. Due to the small population size, however, all of the households were invited to participate in Stage 3, of which 61 were...
interviewed. In-depth psychosocial interviews were conducted anonymously with these households. These data, a combination of quantitative and qualitative, were analysed to produce a profile of child-headed households in Gauteng.

**Definition of Study Population**

The study population was defined as households in Gauteng in which the oldest member living in the dwelling was under the age of 18. It was important to estimate the population size to facilitate planning for the fieldwork in Stage 2 and to determine the systematic sampling interval (k) for Stage 3. It was recognised, however, that this would be an estimate of population size. One of the objectives of this study was to determine the actual population size.

There are various figures relating to the number of child-headed households in Gauteng. The most comprehensive data come from the 2001 Census, although these data are now quite old. Chiastolite Professional Services conducted a direct analysis of raw Census data using StatsSA’s Nesstar facility ([http://interactive.statssa.gov.za:8282/webview/](http://interactive.statssa.gov.za:8282/webview/)). This facility provides a 10% sample of the population (dataset SA01P-10PCT_F1.NSDStat), thus all figures were multiplied by 10 to get true frequencies. Based on these analyses the following were found:

- The population of household heads (of all ages) in Gauteng was \(N=2,119,550^4\).
- 7,270 of these household heads were under the age of 18 years.
- This gives a prevalence of child-headed households of 0.34%.
- There were 2,160,800 children living in Gauteng, thus 0.336% of children in Gauteng are child heads of households.

TABLE 1 below provide the distribution across the province by district municipality.

<table>
<thead>
<tr>
<th>District Municipality</th>
<th>Child-Headed Households</th>
<th>% of Child-Headed Households</th>
<th>Population</th>
<th>% of Pop</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedibeng</td>
<td>46</td>
<td>6</td>
<td>17,960</td>
<td>8</td>
<td>0.26%</td>
</tr>
<tr>
<td>City of Tshwane</td>
<td>108</td>
<td>15</td>
<td>37,770</td>
<td>17</td>
<td>0.29%</td>
</tr>
<tr>
<td>Metsweding</td>
<td>14</td>
<td>2</td>
<td>2,634</td>
<td>1</td>
<td>0.53%</td>
</tr>
<tr>
<td>West Rand</td>
<td>67</td>
<td>9</td>
<td>18,893</td>
<td>9</td>
<td>0.35%</td>
</tr>
<tr>
<td>Ekurhuleni</td>
<td>194</td>
<td>27</td>
<td>61,801</td>
<td>28</td>
<td>0.31%</td>
</tr>
<tr>
<td>City of Johannesburg</td>
<td>298</td>
<td>41</td>
<td>82,897</td>
<td>37</td>
<td>0.36%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>727</strong></td>
<td><strong>100</strong></td>
<td><strong>221,955</strong></td>
<td><strong>100</strong></td>
<td><strong>0.34%</strong></td>
</tr>
</tbody>
</table>

However, there have been significant changes to the population of Gauteng since 2001. The 2007 Community Survey\(^5\) indicates that the number of children in Gauteng increased from 2,160,800 (in the 2001 Census) to 2,969,988 (in the 2007 Community Survey). Using the finding reported above, that 0.336% of children in Gauteng in 2001 were household heads, we can estimate that the number of child-headed households in Gauteng is currently 9,979.

Following these estimations, Statistics South Africa, the Gauteng Department of Social Development and Chiastolite Professional Services agreed to work on a population estimate of 10,000 child-headed households in Gauteng.

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5 Data supplied by email to Dr A.D. Van Breda by Mr Thabo Mogapi (Manager: National Statistics System) on 22 February 2008.
Stage 1: Community Mobilisation

The purpose of the community mobilisation was to produce an extensive list of possible child-headed households. A multi-layered and diverse approach was followed to ensure broad community mobilisation, comprising three main activities:

1. The first activity was a broad media campaign, engaging community, provincial and national newspapers, radio and television by means of advertisements and interviews. This was supported by the activation of a call centre with a toll free number.

2. The regional coordinators were responsible for the second main activity to obtain contact details for child-headed households by identifying and contacting service providers in the regions and liaising with local government structures, specifically ward counsellors and community development workers. This entailed extensive communication by means of letters and electronic mail to government departments, specifically the Departments of Health and Education, schools, clinics, welfare agencies and religious groups.

3. One hundred and four fieldworkers were mobilised for the third activity, which was an extensive community walk. The Gauteng map was divided into just over 400 smaller maps and allocated to fieldworkers. Fieldworkers were provided with posters and pamphlets and conducted community walks in the areas allocated to them. During these community walks they distributed posters and pamphlets. They identified service providers in the communities and through them contact details for possible child-headed households.

Contacts Database

A database was designed in Microsoft Access (the Contacts Database) to capture all contacts that were generated through the community mobilisation processes. The Contacts Database included the name, address and phone number of the household, as well as the name of the referring agent (e.g., a welfare organisation, school, call centre, telephone survey, self-referral, etc).

The community mobilisation process aimed to generate numerous contacts of child-headed households. Indeed, we expected that individual households would be reported more than once, for example, by the school and the community development worker. The database was therefore keyed on address, so that only one household per address could be captured. This restriction was implemented to avoid capturing the same households more than once.

When the data capturer found that a new contact matched with a contact already in the database, she checked to verify if this was the same family (based on the household head’s name). If it was the same household, she added the name of the new referral agent, but did not capture the household again. If it was found that a different household was living on the same property, she overrode the Contacts Database restriction on capturing duplicate households.

On a weekly basis, all new contacts were printed for follow up by the fieldworkers. To ease the management of the data, fieldworkers were allocated to specific suburbs and the contacts were grouped for each fieldworker.

Comments on the Implementation of Stage 1

Various methods were used to generate contacts during Stage 1. This provided an opportunity to compare the success and cost effectiveness of these various methods in terms of the output, namely
access to contact data for potential child-headed households. It is, however, impossible to conclusively link the specific methods to access to data because the various methods were implemented concurrently. It is likely that the varied methods worked synergistically – one method may have created an awareness of the topic of child-headed households, which could have influenced the willingness of referral sources to provide the data in response to another method. Notwithstanding this caveat, the community walks primarily and secondly the written contacts (especially with schools) generated the largest numbers of contacts in this stage.

The following challenges were experienced during this stage:

1. The media campaign’s focus initially was too broad and perceived more as a marketing campaign for the Department of Social Development. This resulted in some enquiries by people for access to services. In addition, a limited number of community members phoned in to volunteer to become involved in the project. The media campaign did not however lead to direct access to contact data.

2. Access to schools and clinics had to be negotiated on a local and individual basis rather than through formal communication channels with the Departments of Education and Health. The formal channels to both Departments proved to be time consuming and ineffective in terms of obtaining a broad mandate to obtain data from these critical service providers in the communities.

3. It was generally assumed that formal institutions such as schools, clinics and welfare agencies would have reliable databases. This assumption, however, turned out to be false. Indeed, very few of these institutions had any database at all, let alone an electronic database. Those that did provide contact data either had to specially collect it or provided contact data that were not specific or appropriate in terms of the definition of a child-headed household. For example, many cases of vulnerable children, orphans and youth-headed households were provided under the heading of ‘child-headed households’.

4. Liaison with local government had its own unique challenges. Although most municipal, district and metropolitan offices were accommodating and expressed a willingness to collaborate, very little real data was forthcoming. In some regions, Ward Counsellors were experienced as territorial and even threatening, making it challenging for regional coordinators to negotiate their way into communities. In other regions, however, Ward Counsellors were supportive of the study, but again very little real data was forthcoming.

5. A positive relationship was established with the community development structures of the Gauteng province. The support of community development workers in the different regions, however, was varied, ranging from very supportive to no commitment. It was disappointing that although the community development workers with the Ward Counsellors are in the best position to know the communities and their needs, most of their contributions of data were outdated and did not meet the definition of a child-headed household.

Stage 2: Population Census

Objectives

The objectives of this stage were to:

- Generate an inclusive list of all child-headed households in Gauteng.
Provide basic demographic information concerning these child-headed households, such as names, addresses, ages, ID documents, grants, etc.

Identify the agencies providing services to these child-headed households and the categories of services received.

Enumerate the population of child-headed households to allow sampling for Stage 3.

**Design**

Stage 2 adopted a descriptive, quantitative design. The purpose of Stage 2 is to describe the population of child-headed households, thus descriptive. It was not exploratory, since a highly structured data collection instrument was utilised, based on the management information needs of the Gauteng Department of Social Development. Because of the size of the population, the study adopted a quantitative approach, which kept the interview brief and focused.

Stage 2 was modelled on a census study, in which every household that was identified in Stage 1 was contacted. An initial screening was done concerning the age of the oldest member of the household. Provided this member was under the age of 18, the interview was conducted. A structured questionnaire was administered through an interview. This stage of the study was not anonymous, since the output of Stage 2 was a database of households.

**Sampling**

Since the purpose of this stage was to enumerate the entire population of child-headed households, no sampling was conducted.

**Data Collection Instrument**

A four-page questionnaire was developed as a structured interview schedule (see Appendix 1). The front page provided an introduction to the study and addressed questions of confidentiality, the lack of anonymity and voluntary participation. Space was provided for the interviewee and interviewer to sign that informed consent was provided by the child-headed household.

Section A of the instrument collected information about the household, viz the household's address and the name of the household head. Section B allowed the collection of information about formal service providers that the household drew on, including the type of organisation and the types of services they receive. Section C tabulated information about the individual members of the household, including name, age, citizenship, ID number, verification of birth certificate (or other form of identification) and access to social security.

Section D obtained permission from households to contact them for a Stage 3 in-depth interview. Section E invited them to refer us to other child-headed households – snowball sampling. Section F captured information about the possible need for immediate referral of the household to a welfare agency. Section G invited the fieldworker to record their own observations and comments about the household.

The data collection instrument was developed by the research team at Chiastolite Professional Services, based on the service request from the Gauteng Department of Social Development. It was subjected to extensive internal reviews. It was pilot tested by four UNISA social work students. Based on the pilot testing, several smaller adjustments were made to the instrument.

The Gauteng Department of Social Development signed off on the instrument on 25 February 2008.
Data Collection Procedures

A team of 66 fieldworkers collected data for Stage 2. The fieldworkers were recruited by the six Regional Coordinators and trained in one of nine decentralised training sessions by Ms Tasleem Daffurn. The use of a single trainer for all fieldworkers assisted in ensuring a standard quality and content of training to all fieldworkers.

Fieldworkers were required to wear a golf shirt with the Chiastolite logo and an identification tag (including their photograph) that identified them as fieldworkers in this project. Fieldworkers were provided with lists of contacts for their allocated geographical areas. These lists were produced by the database of contacts that was compiled in Stage 1. Field workers were remunerated for completed questionnaires and for following up contacts that did not meet the operational definition of a child-headed household.

The Regional Coordinators screened all completed data collection instruments for completeness and legibility, and signed them off, before submitting them to the Chiastolite office for capturing. If Regional Coordinators identified any problems with the completion of the instrument (eg missing data, incorrect or inexplicable codes), they followed this up with the fieldworker and provided additional training if indicated. These actions ensured data quality at the level of data collection.

The pilot study highlighted complications with recruiting child-headed households into this stage. There was anxiety among some child-headed households about the Department of Social Development or other welfare agencies removing families, placing them in institutional or other care, and particularly splitting families up. There appeared to be valid grounds for these concerns as some agencies in Pretoria aim to place identified child-headed households in alternative care within three days, often splitting boys and girls into separate facilities. As a result, some child-headed households refused to have their identifying details captured into a Department of Social Development database.

A range of strategies was thus implemented to alleviate this anxiety, including:

- The media campaign (Stage 1) in which child-headed households were reassured about the Department’s commitment to retaining the integrity of families.
- A letter from the Department of Social Development was written in three languages to child-headed households for use during recruitment of individual child-headed households.
- Welfare organisations were informed of the project at various Welfare Forums.
- Field workers were trained in interviewing skills to explore and alleviate the anxiety of child-headed households.

After all of this, if a child-headed households still refused to consent to registration in the database, Chiastolite captured the following information in the database:

- The address of the family.
- The field worker’s observations about the family.
- The family’s willingness to participate in an anonymous survey (Stage 3).
- Any other data that the family was willing to provide, eg about service providers and whether they can verify identity documents or not.

Data collection took place from March to July 2008. It was expected that child-headed households that were already receiving services would be recruited more easily in the first months of data collection, while those child-headed households who were marginalized and under-serviced would
be harder to reach and thus potentially only accessed later in the process. We therefore endeavoured to allow as much time as possible for Stage 2.

**Data Analysis**

Once the Regional Coordinator had signed off on the data collection instrument, the data were captured in a Microsoft Access database (the child-headed households Database). The child-headed households Database is a relational database, allowing for one-to-many relationships that are not possible in a spreadsheet. For example, ONE child-headed household has MANY child members and MANY service providers. MS Access is a highly flexible and intuitive programme, shipped with Microsoft Office Professional. MS Access is able to produce a variety of printed reports.

Data quality at this level was facilitated through three main processes:

- The child-headed households Database places limitations on the kind of data that can be captured. For example, telephone numbers must contain a total of ten digits, suburbs must come from an approved list of Gauteng suburbs, and services provided by social service agencies must come from an approved list of services. All of these limitations reduce the likelihood of invalid data being captured onto the database.
- Only two data capturers were utilised. Dr Adrian Van Breda, who designed the databases, trained both data capturers.
- Dr Adrian Van Breda checked ten percent of the captured data against the original questionnaires to ensure accuracy of data capturing. A verification log was kept and is displayed in Appendix 3.

Descriptive statistics (frequencies and means) were used to draw up a profile of child-headed households in Gauteng. A number of cross-tabulations were performed to investigate the relationship between two variables.

The MS Access child-headed households database is included on a CD with this report. In addition, printed registers of child-headed households and children in child-headed households are included in separate documents.

**Stage 3: Sample Survey**

**Objectives**

The objectives of this stage were to:

- Obtain a representative sample of the population of child-headed households.
- Construct a detailed psychosocial profile of child-headed households in Gauteng.
- Detail the factors that lead to children becoming child-headed households.
- Evaluate the range and quality of services received from service providers.
- Identify gaps and barriers in service provision.
- Explore challenges experienced by and coping mechanisms used by child-headed households.

**Design**

Stage 3 adopted a descriptive-exploratory design, with a combined quantitative-qualitative approach. The purpose of Stage 3 is to describe the population of child-headed households, thus descriptive. It was also exploratory, because there were a number of areas that were explored in an open-ended way (such as how the children became a child-headed household). Both quantitative and qualitative approaches were used to obtain both descriptive and narrative data (respectively).
A sample survey design was used, in which a representative sample of the population was drawn. The interview schedule contained both structured and semi-structured items and took approximately one hour to administer. The study was anonymous, and Stage 3 data were kept separate from Stage 2. Data were recorded directly on the data collection instrument. Interviews were not tape-recorded.

**Sampling**

The population of child-headed households in Gauteng was estimated as being 10,000 households.

A minimum target sample of 500 was set for this survey. This would provide a sufficiently large sample to conduct statistical analyses of quantitative data and content analysis of qualitative data. The 95% confidence interval around a result of 50% would be 4.3\(^\text{6}\), which was considered acceptable for this study. This would mean that if a certain percentage of sample indicated a particular attitude, we would be 95% confident that the actual percentage in the population would fall with 4.3% on either side of our sample finding.

Probability sampling was required to ensure representivity of the sample data, and therefore generalisation to the population of child-headed households in Gauteng. **Systematic sampling** was regarded as the most appropriate sampling technique, since it would allow sampling for Stage 3 to begin almost immediately, rather than having to wait until Stage 2 was complete. This was a concern for the project because only three months were available for all three stages of the study. Systematic sampling entails dividing the population into smaller units of k participants, randomly selecting the first participant from among the first unit, and then selecting every kth participant thereafter. Based on an estimated population of 10,000 and a target sample of 500, a sampling interval of k = 20 was indicated.

As it turned out, however, the population of child-headed households was extremely small – only 63 households. We thus approached all members of the population to participate in the sample survey – all but two households were taken up into this survey. Consequently, no sampling was performed.

**Data Collection Instrument**

Based on the service request from the Gauteng Department of Social Development and the literature (which is presented in the next chapter) an eight-page, in-depth interview schedule was developed (see Appendix 2). The front page provided an introduction to the study and addressed questions of confidentiality, anonymity and voluntary participation. Space was provided for the interviewee and interviewer to sign that informed consent was provided by the child-headed household. The participant was assured that the cover page would be separated from the rest of the questionnaire to ensure anonymity of the data.

Section A of the instrument collected information about the household, eg the type of dwelling, the availability of water and lighting, the number of houses they have lived in since becoming a child-headed household, etc. Section B tabulated information about the individual members of the household, including age, citizenship, verification of birth certificate (or other form of identification), access to social security, education, gender and the status of the parents. Section C collected information about informal care systems (eg neighbours, teachers, etc) with attention to the nature and frequency of care, and the household’s satisfaction with the care received. Section D allowed the collection of comparable information about formal service providers that the household

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6 With N = 10,000 and n = 500. This is the ‘worst case’ confidence interval.
Section E focused on issues of health and nutrition, Section F focused on education, Section G on social security, Section H on the household’s finances, Section I on the household tasks carried by the household head and Section J on the household’s life experiences and challenges.

Section K addressed three narratives, concerning the households’ story of how they became a child-headed household, their current experience of being a child-headed household and their coping mechanisms. Section L captured information about the possible need for immediate referral of the household to a welfare agency. Section M invited the fieldworker to record their own observations and comments about the household.

The data collection instrument was developed by the research team at Chiastolite Professional Services, based on the service request from the Gauteng Department of Social Development. It was subjected to extensive internal reviews. It was pilot tested by four UNISA social work students. Based on the pilot testing, several smaller adjustments were made to the instrument. The Gauteng Department of Social Development signed off on the instrument on 2 June 2008.

Data Collection Procedures

The project coordinator or the regional coordinator individually trained a team of 7 fieldworkers for the Stage 3 data collection. This team comprised selected fieldworkers who had proved their interviewing and recording skills in the previous phase.

Printouts of households that were sampled for participation in the sample survey were made from the child-headed households Database. Data that were duplicated between Stages 2 and 3 were written into the Stage 3 data collection instrument (e.g., the age and citizenship of the children, and the names of formal service systems that the family drew on) to avoid having to collect the same information twice. The printouts were allocated to the Regional Coordinators for data collection.

The fieldworkers scheduled an appointment with the household, after confirming that they were still willing to participate. If a family declined to participate at this stage, a replacement household was sampled using the sampling procedures previously described. Record was kept of such incidents.

Data collection for Stage 3 began in April 2008 and continued to the end of July.

Regional Coordinators screened all completed instruments, to ensure that they were comprehensively and legibly completed.

Data Analysis

Once the Regional Coordinator had signed off on the data collection instrument, the data were captured in a Microsoft Access database (the Survey Database). Data quality at this level was assured through the same three processes used in Stage 2.

A team of researchers analysed and reported on different elements of the data. One of the researchers took primary responsibility for integrating all the reports into this final comprehensive report.

Quantitative data were analysed primarily with descriptive statistics (frequencies and means) to draw up a profile of child-headed households in Gauteng. A number of cross-tabulations were
performed to investigate the relationship between two variables. Most of the data analysis was done in MS Access, but some was conducted using SPSS 15 (SPSS, 2006). Geographical data were analysed using MapInfo.

Qualitative data were analysed using content analysis (Lewins & Silver, 2007). This was done in the Microsoft Access database using a four-step procedure:

1. A list of all responses to a particular item was printed.
2. These were content analysed to determine main themes or categories. These categories were peer reviewed by another researcher to ensure coherence and trustworthiness. The categories were then captured into the database.
3. Each statement was allocated to one or more of the categories in the database. In some instances, particularly with the longer items (items 3 to 5), the original statement was broken into smaller sections.
4. A new list of responses was printed, this time grouped according to category. To ensure the audit trail, all text segments, even when broken up, were still linked to the participant who provided the original text and text segments were still located in their original textual context.

Appendix 4 contains the detailed instructions that were followed by the research team when analysing qualitative data. All team members used the same procedure to ensure uniformity of the data analytic method.

**Ethical Considerations**

This study focuses on a vulnerable group of people. Not only are they children, but they are children without parental care. Research with minors usually requires informed consent from the parents. Who, then, do we get consent from to interview children in child-headed households?

- Some researchers argue that consent should be obtained from another adult, such as a relative, teacher or neighbour. These researchers suggest that this adult be present during data collection.
- Other researchers, however, argue that since the household head carries the responsibilities usually carried by an adult (e.g., supervising homework, managing finances, caring for the health of younger family members and maintaining discipline), this individual can also provide informed consent to participate in a research project.
- The Gauteng Department of Social Development agreed with the latter approach.

The following steps were taken to ensure the ethical protection of the participants in this study:

- The study was designed and coordinated by a team of researchers drawn from academia, to ensure the scientific quality of the study and to monitor the processes of data collection.
- All fieldworkers were screened and thoroughly trained by one experienced trainer, to ensure consistency of standards, procedures and expectations.
- Participation was entirely voluntary, despite the Department’s desire to obtain a complete dataset, and households were assured that they could refuse to answer any questions and could withdraw from the study at any point.
- The child-headed households Database, which contains the names and addresses of participants, was provided only to the Gauteng Department of Social Development.
- The sample survey was conducted anonymously.
- This report contains no names or identifying details of any participants.
Mechanisms were put in place in all interviews for immediate referral of households in need to an appropriate social service agency. Record of such referrals was kept and reported to the Department.

All fieldworkers were required to wear identification badges to ensure that impostors did not harass households.

The data collection instruments were pilot tested to ensure that the questions were not intrusive or insensitive.

The study was conducted in close partnership with and under the authority of the Department.

Challenges in Implementation

The study was completed in eight months, although it was originally mandated to take place from 1 January to 30 June 2008. The challenges that were experienced during the execution of the study were grouped into four themes – challenges related to the Department of Social Development and challenges related to each of the three phases.

Challenges in relation to the Department of Social Development

The first set of challenges related to the management of the study by the Department of Social Development.

- There were a number of delays in approval of key documents, such as the estimation of the population and sample sizes and the data collection tools, which slowed down the implementation of data collection.
- The planning, changes and manner in which the communication campaign in the media was implemented were taken out of the processes and time frames of the study and was completely managed by the Department. The messages promoted by the communication campaign were not consistent with that of the purpose of the study.

These challenges had a direct impact on the time frames for implementation and completion of the study. The changes in the proposed numbers of the population had an impact on the planning and the methodology of the study. The manner in which the communication campaign in the media was conducted necessitated adjustments in the time frames of the community mobilization.

Challenges during Phase 1

The second set of challenges was experienced during the first phase of the study – community mobilisation.

- Liaison with local government was time consuming and, although positively received, provided little data to work with as most of them found the time frames too short for them to react in an effective manner.

During May when I went to conduct a community walk in Walkerville (Sedibeng), I went to a primary school to access a CHH database and upon arrival I approached the school principal for permission to raise awareness about the study. The principal did not allow me to put posters and pamphlets within the vicinity of the school for reasons not known to me. Even though I had clear identification card, DSD official letter and a T-shirt that clearly showed the legitimacy of the study. The principal claimed that the staff or educators were busy with work and would not allow anyone to disrupt the teaching work taking place at the time. Furthermore, the principal declared to me that getting access to CHH data would waste their precious time and such efforts in the past have proven to have not helped children. Finally, I bowed out of the school with great disappointment that children were disadvantaged by one individual who had absolute power to abuse.

Field Worker, Sedibeng
Local schools and clinics required mandates from their provincial and national offices to collaborate in the study. The bureaucratic red tape, however, delayed responses for months and entry had to be negotiated on local and regional level on a one to one basis.

Community service providers, such as welfare agencies, were believed to have existing databases on child-headed households. This expectation proved to be wrong and although large numbers of vulnerable families were reported, the databases were outdated and obviously did not meet the criteria of child-headed households. These data were filed in paper format without capturing them as potential contacts.

Ward Councillors in some regions became a hindrance in terms of access to communities. They tried to prevent Chiastolite from utilising our selected and trained field workers, because they wanted only certain members of the community to be utilised. In some instances they became quite threatening and our Regional Coordinators had to go to great lengths to negotiate their collaboration, especially in Diepsloot and Munsieville.

Although the commitment for collaboration from Community Development Workers was received at provincial level, little valid and updated data were received from the Community Development Workers. They posed a unique challenge in some regions such as Mamelodi, Thokoza (where they wanted to sell a database for R5,000), Sebokeng (where they wanted to sell the database for a sheep) and Zenzele. In other communities, like Shoshonguwe and Lenasia, they were an asset and contributed to the success of the project.

Information about this project was not sufficiently disseminated to Department of Social Development offices and Welfare Forums at community level. Field workers were very badly received at some offices, eg Eersterust, Houtkop, New Modder and Benoni.

Some agencies feel they have the monopoly on child-headed households and a sense of ‘ownership’ of databases – some out of concern for confidentiality and for the protection of children, but many because of the expectation that they could gain from it.

These challenges impacted on the tempo and quality of the data that were submitted to Chiastolite. After initial screening of the data, the need for an intensified process of community mobilization was identified and community walks were executed throughout Gauteng. This was an emergency intervention due to the lack and poor quality of data received and impacted on the time frames for completion of this phase.
**Challenges during Phase 2**
The third set of challenges was experienced during phase 2 – population census.
- The visits were time consuming and because of the divergent definitions of ‘child-headed household’ resulted in a large numbers of non child-headed households. All child-headed households that were identified had to be verified by the Regional Coordinators or the Chiastolite office in order to ensure the integrity of the data.
- Some children were reluctant to participate, because of their experiences of participation in previous studies that did not benefit them at all.
- The use of nicknames in the databases made contact and verification of households difficult.
- The inconsistent manner in which data were recorded by different service providers resulted in duplicate entries in our database.
- Many families had relocated by the time the visits took place.

**Challenges during Phase 3**
The final challenge was experienced in phase 3 – the sample survey.
- The entry of the fieldworkers during the verification visits could have sparked a heightened mobility as many households that were initially identified as child-headed were suddenly removed to family members or family members moved in with them. As a result, many of the households captured in the database during phase 2 had to be deleted as they were no longer child-headed.

Despite the abovementioned challenges, the study period was extended by only two months due to the commitment of the fieldworkers, regional coordinators and the analysis and report writing team.
An extensive review of literature was conducted. Twelve information databases were searched using “child-headed household” and “orphan” as key words. The databases included: Proquest’s Academic Research Library, Ebscohost’s Academic Search Premier, Gale Group’s Infotrac, Blackwell’s Synergy, JSTOR’s Scholarly Journal Archive, SAePublications, Science@Direct’s ScienceDirect, SpringerLink, Swetswise, Biblioline’s Africa-Wide NiPAD, UNISA’s Oasis and CSA’s Social Services Abstracts and PsychINFO. In addition a Google search was conducted on the World Wide Web, with emphasis on sourcing research and workshop reports.

Several hundred abstracts (journals, books, theses) and research reports were reviewed, out of which 80 full text documents were identified as relevant to the study. Particular emphasis was given to African texts and South African texts in particular. Thirty of the texts addressed research findings from African countries other than South Africa, while 14 texts addressed South African studies, of which seven were specific to Gauteng. Furthermore, emphasis was given to current literature – 75 of the 80 texts were published this century, while the remaining five were published between 1994 and 1997. A scan of the sources of the texts (eg journal names) will demonstrate that a very wide and diverse range of scientific literature has been assembled here.

Based on a review of the abstracts, an initial thematic grouping was conducted, producing a list of 21 main themes. Thereafter, a detailed review of all papers was conducted so as to create a synthesis of the main available and recent texts concerning the subject of child-headed households. This resulted in a reduction and refinement of the original topics.

A database of literature (full text) has been assembled, which is available in electronic format. In addition, a separate annotated bibliography is available.

HIV & Orphans in South Africa

Before focusing on the main topic of this literature review – child-headed households – we must address the main contextual issues that influence the phenomenon of child-headed households, viz AIDS, poverty, and HIV. HIV is different from many other infectious diseases in that it does not target primarily those who are weak, very young or old. Rather, it targets those who are in their most productive years, with infections occurring in their late teens and early twenties, and illness and death occurring in their thirties and forties (Pharoah, 2004b, p. 1). “In South Africa, for example, it is estimated that the average age of those dying as a result of AIDS is 37 years” (ibid.).

It is during these years of life (20-40) that most people are raising children. Their death consequently results in orphans. Furthermore, given that it is people in this age group who are most economically active, it means that these orphans must be cared for by someone else, typically either by the elderly or by themselves. It is this latter group that is the primary subject of this review.

Before AIDS, “about 2 percent of all children in countries of southern Africa were orphans. However, by 1997, the proportion of children with one or both parents dead had skyrocketed to 7 percent in many African countries and in some cases reached an astounding 11 percent” (Ghosh &
Kalipeni, 2004, p. 304). In South Africa in 1999, 420,000 children (or 8%) were orphans (Ghosh & Kalipeni, 2004, pp. 305-307). It is estimated that by 2014 the number of orphans in South Africa will peak at 5.7 million children (Frohlich, 2008, p. 353) – this is more than double the total number of children currently living in Gauteng.

Statistics South Africa estimates that the percentage of children (aged 0-14) who are orphaned (mother and/or father is deceased) has increased from about 14% in 1995 to about 16% in 2005, as can be seen in Figure 2 below (Anderson & Phillips, 2006, p. 11). Statistics of maternal orphans are often reported since these are commonly regarded as a more meaningful indication of the actual impact of orphanhood (since in Africa mothers continue to carry the primary responsibility for child care). It is estimated that around 2.5% of children aged 0-14 years were orphaned up until 1998, but that this figure has risen to just over 5% between 2001 and 2005 (Anderson & Phillips, 2006, Executive Summary).

![Figure 2. Estimates of percentage of all South Africans 0-14 with one or both parents dead](chart.png)

It is likely, as the HIV pandemic continues to spread and mature, that we will see an increasing number of orphans and thus also child-headed households (Rosa & Lehnert, 2003, p. 1). Currently, however, we do not have reliable national data on the number of such households (Rosa, 2004, p. 2). Research does, however, indicate that “there are more child-headed households in urbanised countries such as Zimbabwe and Zambia [thus also South Africa] than in predominantly rural societies like Tanzania, where safety nets are better preserved” (Foster, 2004, p. 71). In a comparison of South Africa with Tanzania and Malawi, the authors found that “in South Africa - where the HIV epidemic started later, has been very severe, and has not yet stabilized - the incidence of orphanhood among children is double that of the other populations” (Hosegood et al., 2007).

AIDS is a main cause of orphanhood in South Africa (Anderson & Phillips, 2006, p. 1). In other countries, this is not so. For example, in northern Uganda war is the main cause (De Klerk, 2006, p. 8) and similarly in Rwanda the 1994 genocide created over one hundred thousand orphans (Bregg, 2004).

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\[7\] These estimates are significantly greater than the figures quoted in the previous paragraph.
There are a number of criticisms in the literature of the South African response, or lack thereof, to the challenge of orphans (Centre for Policy Studies, 2001, p. 10). Meek and Rew (cited in De Klerk, 2006, p. 8) criticise the “catastrophe” of orphans in South Africa, saying that “the South African government has no policy, no plan, no institutions, and no budget for orphans, which are projected to constitute 20% of all children by 2010.”

The challenge is, who should look after these orphans? Recent literature is almost unanimous that institutional care is undesirable (UNICEF, USAID, & FHI, 2002, p. 6). Tolfree (2003, p. 5) advances ten reasons why this is so:

“These include the segregation, discrimination and isolation that institutionalised children often experience; the fact that admission is often based on the needs of parents, not the interests of children; the lack of personal care and stimulation; the lack of opportunities to learn about the roles of adults; the high risk of institutional abuse; the lack of attention to specific psychological needs; and finally, reflecting all of these features, the fact that institutionalised children often experience problems in adjusting to life outside of the institution.”

Generally, the literature argues for the placement of orphans with the extended family, a pattern of informal fostering that is very prevalent in Africa, even among non-orphans. However, we shall mobilise a weight of evidence that shows that the resources and capacity of the extended family to provide such care is rapidly and dramatically waning. Thus, what happens to orphans who can be taken up neither into institutional care nor into foster care? The answer is that most of these become ‘child-headed households’ and evidence suggests that these households are on the increase (UNICEF et al., 2002, p. 1).

HIV and AIDS, Poverty & Orphans

AIDS has been having a profound impact on social development in Africa, “reversing many of the socio-economic gains made by Southern African countries in past decades” (Patel, 2005, p. 53). In South Africa, the “average life expectancy is estimated at 47 years instead of 66 years” as a consequence of the AIDS pandemic (Lugalla, 2003, p. 35). Economic growth and income suffer, and poverty is thus exacerbated (ibid.). Teacher deaths are a particular concern as this impacts on the availability and quality of education for children (ibid.).

We know that there is a reciprocal relationship between HIV and poverty – on the one hand, HIV has significant negative economic implications, while on the other hand, economic factors drive the expansion of the pandemic (Whiteside, 2008, p. 405). At societal level, there is consensus that AIDS has macroeconomic implications, such as a reduction in economic growth. It is at the level of households, however, the impact of AIDS is seen most starkly – “There is a close relationship between a household being affected by HIV/AIDS and its subsequent impoverishment, with children being particularly vulnerable” (ibid., p. 415). “Chronic poverty in the form of multiple deprivations over a sustained period … was evident in some families and it affected both orphans and other children” (Jones, 2005, p. 169).

A study conducted in 2002 of households in four South African provinces, including Gauteng, in which at least one person was sick with AIDS, reported the following key results (cited in Whiteside, 2008, pp. 416-417):
“Two thirds of the households in the survey reported loss of income as a consequence of HIV/AIDS.

Almost half reported not having enough food and that their children were going hungry.

Almost a quarter of all children under age 15 in the sample had already lost at least one parent.

In 12% of households, children were sent away to live elsewhere; in 8%, children under 18 were the primary caregivers; and in 25% of households, caregivers were over 60.

More than two-thirds of the AIDS-sick individuals in the survey were women and girls, with an average age of 33.

Fewer than 16% of households in the survey were receiving government grants of any kind, even though all qualified for some form of assistance.”

One of the particular ways that AIDS impacts society is the rise in the number of orphans. “AIDS is increasing the number of vulnerable, malnourished, poorly socialized, and uneducated young people, which in turn heightens the prospect of social instability” (Lugalla, 2003, p. 31). Most orphans are cared for by women, who are already an economically and socially vulnerable group, thus compounding their vulnerability (ibid., p. 32).

HIV and AIDS have far reaching effects “beyond individual infection, illness, and death; the pandemic is evidently undermining social structures that sustain rural livelihoods” (Murphy, Harvey, & Silvestre, 2005, p. 265). These authors’ review of empirical research however demonstrates that while HIV has in general taken a great toll on rural livelihoods, these negative impacts are not inevitable and universal (Murphy et al., 2005, p. 272). Rather, it seems that some households are hit harder than others and that some communities are learning from other communities how to overcome the impacts of HIV and AIDS.

What is a ‘Child-Headed Household’?

We need to address the questions of what is an orphan and what is a household, before a direct discussion on what is a child-headed household. There is a great deal of debate in many forums (academic literature, government, social welfare organisations and communities) on what is an ‘orphan’. Traditionally an orphan is understood as a child whose parents have died. In much HIV literature and programme funding, an orphan is operationalised as a child whose mother has died, which technically is termed a ‘maternal orphan’. This is because patriarchal society typically allocates the primary responsibility for childcare to mothers, rather than fathers, and because the death of the father does not usually result in a change of caregiver while the death of the mother does (Freeman & Nkomo, 2006, p. 505).

However, one must also take into consideration the notion of ‘social orphans’, which refers to children who have been abandoned by their parents for some or other reason. “In Swaziland, the number of social orphans now exceeds that of natural orphans” (Cornia cited in Jones, 2005, p. 163). One Swazi interviewee stated, “There are different types of orphan. There are orphans where the parents are dead, orphans where the parents have abandoned them, and orphans where the parents can't afford to care for them” (Jones, 2005, p. 165). Henderson (2006, p. 307) also points to children who have been displaced through, for example, war and concludes that “to be orphaned in this sense is to be without moorings, social support and place”.

The major international agencies working in the field of HIV and AIDS (UNAIDS, WHO and UNICEF) have a much more conservative definition of an ‘orphan’ as “children who are under the
age of 15 years and have lost [to death] a parent or both parents” (Ghosh & Kalipeni, 2004, p. 306). Some definitions even require that the child be HIV negative (Yamba, 2006, p. 209).

A more comprehensive definition of an ‘orphan’ is “a person under 18 years of age, who has lost one or both parents to death, desertion or other means” (Freeman & Nkomo, 2006, p. 504). This definition is sensitive to the variety of ways in which children lose parental care, and recognises that childhood continues into the late teens. However, the South African Children’s Act of 2005 defines an orphan more strictly as “a child who has no surviving parent caring for him or her” (South African Government, 2005a, Section 1), which effectively means a double orphan where both parents are dead. A ‘child’ is defined in the Children’s Act of 2005 as a person under the age of 18 years (South African Government, 2005a, Section 1).

The question of what is a ‘household’ is also an important consideration. “The household is usually the primary unit of analysis [in studies of the impact of HIV and AIDS]. It is convenient, consistent with prior studies, and meaningful, since the household is a recognizable economic unit and standard definitions exist (whether ‘members eat from the same pot’ or ‘sleep under the same roof’)” (Murphy et al., 2005, p. 269). The problem with the construct of 'household' is that it is highly fluid – family members may not live in the household, other non-family members may live in the household, household membership may change rapidly over time (ibid.). Some researchers attempt to accommodate this by addressing not only the household itself but also the extended family who are connected with the household (ibid.).

In light of our understanding of orphans and households, we come to what is a ‘child-headed household’. Unfortunately, the Children’s Act of 2005 (South African Government, 2005a) does not define the term ‘child-headed household’ although the term is used three times. The draft Children’s Amendment Bill (South African Government, 2005a, Section 137.1), however, states that “a provincial head of social development may recognise a household as a child-headed household if—

(a) the parent, guardian or care-giver of the household is terminally ill, has died or has abandoned the children in the household;
(b) no adult family member is available to provide care for the children in the household;
(c) a child over the age of 16 years has assumed the role of care-giver in respect of the children in the household; and
(d) it is in the best interest of the children in the household.”

This definition adopts a broad understanding of the causes of a family being ‘child-headed’ – beyond only orphans to also include children who have been abandoned and even children whose parents are too ill to care for them. The definition states that care cannot be provided for the children in the household, which implies that there could be an adult in the house, but unable to care, for example if the adult is very ill. The main challenge with this definition is that it requires the household head to be over the age of 16 years. Given that a ‘child’ is defined as someone under the age of 18, this effectively restricts child-headed households to those in which the household head is 16 or 17 years of age, no younger and no older, a period of just 24 months.

In their call for tenders for this project, the Gauteng Department of Social Development defined a child-headed household as “orphaned, abandoned, or neglected children … who live in a household in which the older member is under the age of 18 and where there is no adult supervision and support. Children who live alone but have access to adult supervision and support are excluded in this definition.” There are two main problems with the second part of this definition. Firstly, the
Children’s Amendment Bill requires that child-headed households be placed “under the general supervision of an adult” (South African Government, 2005a, Section 137.2), thus, it is the State’s expectation that all child-headed households should, in fact, have access to adult supervision and support. Thus the definition is not aligned with the legislative definition of a child-headed household. Secondly, it is unclear what is meant by “access to adult supervision and support”. For example, if a child-headed household has ready access to a teacher at school or a minister at church, does this disqualify them from being a child-headed household? Or does the definition imply that the adult is resident with the family? And if so, what happens if the adult is not in a position to provide supervision and support?

Child-headed households are, in fact, seldom entirely without adult or family support. Indeed, child-headed households may be “a mechanism used by the extended family to deal with the situation” (Bower, 2005, p. 2). It seems that the child-headed household is sometimes a temporary measure while the extended family organises itself (Foster, Makufa, Drew, & Kralovec, 1997, p. 166). In other cases, there are extended family members living nearby, who provide “material support, supervision and regular visits” (ibid.).

Another instance is those families in which the parent is too ill (with AIDS or TB or malaria) to care for the children; rather the children are caring for the parents (Chikwendu, 2004, p. 251; Sloth-Nielsen, 2003, p. 2). “They ran errands for their parents, and seemed to do household chores like sweeping and carrying pails of water from morning till evening” (Yamba, 2006, p. 206, reporting on Zambia). These are often termed “accompanied child-headed households” to indicate the presence of an adult (International HIV/AIDS Alliance, n.d.-a).

A study in Zimbabwe, for example, found that among the child-headed households that were interviewed, some incorporated “grandparents who were too ill or debilitated … or blind or old … to supervise the households; … a mentally retarded mother; … aunts [who were] living in the same household but … not responsible for the daily supervision of orphaned children” (Foster et al., 1997, p. 159). Although adults were present in these households, the researchers still regarded them as child-headed because the adults did not take on the role of household head. Thus this conception of a child-headed household is functional rather than demographically defined.

![FIGURE 3. CONSTELLATIONS OF CHILDREN WITHOUT ADULT CAREGIVERS](image-url)
Figure 3 above (Rosa & Lehnert, 2003, p. 6) illustrates the wide variety of constellations of children without adult caregivers.

Germann (2005a, p. 96) provides a nuanced tabulation of child-headed households, although he uses age 16 as the definition, where as we are using age 18 (Figure 4 below).

<table>
<thead>
<tr>
<th>Household and household head</th>
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<tr>
<td>- A household is one or more persons who share cooking and eating arrangements together</td>
<td></td>
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<tr>
<td>- The household head is the person primarily responsible for the day to day management of the household, including child care, breeding and household supervision</td>
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<tr>
<th>Adolescent-headed household</th>
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<tr>
<td>- Is a household headed by a 16-20 year old who is not the biological parent of children in the household. In the event of the adolescent leaving the household (labour migration, marriage etc.) the household becomes a child-headed household</td>
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<tr>
<th>Child-headed Household</th>
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<tr>
<td>- Is a household headed by a person younger than 16 years old. Once such a head turns over 16 the household becomes an adolescent headed household. (Zimbabwe Children’s Protection and Adoption Act, Chapter 5:06 defines as child as below 16 years</td>
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<tr>
<th>Accompanied household</th>
<th>Unaccompanied household</th>
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<tbody>
<tr>
<td>A child or adolescent headed household which includes an adult in need of care such as:</td>
<td>A child or adolescent-headed household where there is no adult residing in the household</td>
</tr>
<tr>
<td>- An aged grandparent or guardian in need of care and unable to provide child care, income or household supervision</td>
<td></td>
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<tr>
<td>- An adult who is mentally unstable and in need of care</td>
<td></td>
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<tr>
<td>- Any other adult in need of care and unable to provide childcare, income or supervision</td>
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<th>unsupported</th>
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<tr>
<td>- Extended family regularly visits the household</td>
<td></td>
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<tr>
<td>- Neighbours support and supervise the household</td>
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<tr>
<td>- A community care programme for orphans provides monitoring and support visits to the household</td>
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<tr>
<td>- Household receives ongoing support from local church or philanthropic groups or from NGOs</td>
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<tr>
<td>- Household has no links with extended family</td>
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<tr>
<td>- Household at most receives sporadic support from neighbours, local support groups or NGOs</td>
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**FIGURE 4. MATRIX TO DEFINE CHILD AND ADOLESCENT-HEADED HOUSEHOLDS**

**Extent of Child-Headed Households in South Africa**

Calculating the number of child-headed households in South Africa is a complex task, exacerbated by the lack of accurate data. Ziehl (2002, p. 441) notes that according to 1996 census data, there are approximately 183 thousand child-headed households in South Africa. However, this includes 32 thousand households in which the household head is under the age of five, which she argues is impossible and indicative of recording or transcription errors. Furthermore, she argues that most of the adolescents who are recorded as household heads were probably merely the person with whom the interview was conducted and incorrectly recorded as the ‘household head’.

While we agree with some of her concerns about the accuracy and interpretation of census data, we cannot support her assertion that “only 0.36% of all households in South Africa” are child-headed (Ziehl, 2002, p. 441, emphasis added). In our view, 0.36% is a significant proportion of the population, given the potential vulnerability of these families. This is particularly so given that some household heads are very young – as young as eight in Ethiopia (Segu & Wolde-Yohannes, 2000, p. 14).

There is a range of concerns about the estimates of the number of child heads of households, given the diversity of understanding of what being a household head means. Richter (2004, p. 18) explains: “There is ongoing debate about the meaning of both women-headed households and the criteria by which individuals are designated the head of the household. It is uncertain whether such designations are made on the grounds of moral authority, earnings, decision making or presence in
the home and responsibility for day-to-day household functions. It is also not clear what level of responsibility is accorded, or expected of, people designated as household heads. Given this debate, notions of what constitutes a child-headed household are even less clear. Teenagers have for many years looked after households in rural areas while mothers migrate on a weekly, monthly or longer-term basis to work as domestic workers in nearby cities and towns. Such figures also fail to reveal how many households consist only of children, or of the level and frequency of support available to them.”

Although the prevalence of single or double orphans in South Africa was previously estimated at approximately 16% of all children under the age of 15 (Anderson & Phillips, 2006, p. 11), a small percentage of these actually live in child-headed households. Less than 1% of the households surveyed by UNICEF were headed by children under the age of 18 years (UNICEF, 2006, p. 16). Figure 5 presents comparative data of single or double orphans (ibid., p. 17).

![Figure 5. Percentage of Double Orphans and Single Orphans (Not Living with Surviving Parent), Ages 0–14, by Relation to Head of Household](image)

**International Studies**

Although the phenomenon of child-headed households is relatively recent, it is now clear that they are found throughout the continent and elsewhere in the world. This is illustrated by the spread of literature reporting research or programme results at country level:

- **Botswana** (Arnab & Serumaga-Zake, 2006; Kidman, Petrow, & Heymann, 2007)
- **Congo** (Roger, Fabrice, & Aminata, 2006)
- **Eritrea** (Habte, 2004)
- **Ethiopia** (Segu & Wolde-Yohannes, 2000; UNICEF et al., 2002)
- **India** (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006)
- **Kenya** (Ayieko, 1997)
- **Lesotho** (Ansell & Young, 2004)
- **Malawi** (Ansell & Young, 2004; Kelso, 1994; UNICEF et al., 2002)
- **Namibia** (Hayden & Otaala, 2005; Ruiz-Casares, 2006; UNICEF et al., 2002)
There is a growing body of literature available for use in South Africa. Some of the literature reports on research projects in specific regions, as detailed below:

- **Free State** (Freeman & Nkomo, 2006; Leatham, 2006; Shilubana & Kok, 2005)
- **Gauteng** (Foster, 2004; Freeman & Nkomo, 2006; Guest, 2004; Hlongwane, 2003; Maqoko & Dreyer, 2007; Masondo, 2006; Nkomo, 2006)
- **Western Cape** (Kidman et al., 2007)

## Household Dynamics

### Extended Family’s Capacity to Care

There is an increasing body of literature addressing the capacity of the extended family to provide care for orphans in Africa. Perhaps this is because traditionally the extended family or kinship networks have taken care of orphans and vulnerable children (Foster, 2000). Traditionally in Africa, children have been regarded as belonging not only to the biological parents, but also to the lineage or kinship group (Oleke et al., 2005, p. 2631). “The customary willingness to help relatives when calamity strikes has been culturally deep-seated and implies that families readily welcomed orphans of their relatives” (ibid.). Furthermore, there is a pattern of fostering children even when both parents are still alive; in rural Tanzania it was found that “over a third of children whose parents were still alive did not live with both their parents” (Urassa cited in Pisani, 1997, p. 106).

There is extensive evidence that shows that the majority of orphans are indeed taken into the care of their extended families (Arnab & Serumaga-Zake, 2006; Foster, 2000, p. 61; Foster, 2004, p. 67; Freeman & Nkomo, 2006, p. 504). We have understood that in traditional African contexts, children whose parents died were always cared for by the community system:

- “No one ever went hungry … There were no orphans because all the father’s brothers were fathers to a child” (Roscoe cited in Foster, 2000, p. 55).
- “I take an orphan to be a child who has no relatives. In Swazi culture any child who has a relative is not an orphan. This is why we don’t have orphans in Swaziland” (Jones, 2005, p. 161).

Now with the rampant spread of HIV researchers are asking “whether the extended family or other unrelated carers is a robust enough network to act as the focus of initiatives aimed at community-based support for children orphaned by AIDS” (Jones, 2005, p. 162). Evidence is now emerging that the capacity of the extended family to provide such care is “experiencing significant strain” and...
there is concern that “the extended family [cannot] continue to absorb the full social, economic and psychological impacts of the epidemic” (Freeman & Nkomo, 2006, p. 212). It seems that the family system, once a strong feature of African society, is coming under increasing threat (Centre for Policy Studies, 2001, p. 14; Evans, 2002, p. 52; Foster, 2004, p. 69; Ghosh & Kalipeni, 2004; Kelso, 1994; Van Dijk, n.d.), “especially in high-prevalence, low-resource areas” (Boris et al., 2006, p. 586). Foster et al. (1997, p. 165) refer to this as the “saturation of traditional extended-family orphan coping mechanisms”.

While it may not be possible for all orphans to be placed within their extended family, there is general agreement that “family care is more appropriate and cost-effective than institutionalised care” (Jones, 2005, p. 163). As a result, policies and programme efforts should, in principle, be targeted towards strengthening existing and community-based networks (Jones, 2005, p. 163). The challenge of HIV, however, is that the resources of families gradually decrease, while at the same time the number of orphans and vulnerable children continues to increase – “the extended family is not a social sponge with an infinite capacity to soak up orphans” (Foster, 2000, p. 55).

In a study in Swaziland extended family systems continue to function, but poverty hinders the ability to provide material and financial support to more vulnerable sections of the family. This is particularly true for rural families, who are more impoverished than urban families (Jones, 2005, p. 166). The same study also found a shift from the traditional patrilineal ties towards matrilineal, as women find themselves increasingly carrying sole responsibility for child care (ibid., p. 167).

However, in Swaziland, these kinship networks are wearing thin as women, often grandmothers, carry more and more responsibility for providing care to an increasing circle of dependents. The patriarchal nature of that society means that men are little involved. Jones (2005, p. 168) concludes that “it is often assumed that women will take on these duties in addition to their household commitments, yet this is unlikely to be sustainable in the long term.”

In contrast, a study in Zimbabwe found that child-headed households are “invisible” and are “not connected to any effective network of relations outside their own household” (Roalkvam, 2005, p. 212). Yet community members avow that there are no child-headed households in their community and that all children are cared for (see also Yamba, 2006, p. 205).

In Zimbabwe, various reasons are considered to explain the isolation that child-headed households experience (Roalkvam, 2005, p. 212). One explanation concerns the stigma and shame associated with HIV and AIDS, which result in social exclusion. Another explanation is that the communities that are most vulnerable to HIV are those that are most fragmented, malnourished, poor, beset with inequalities and so on, and thus also most likely to fail in caring for orphans and vulnerable children. A third explanation is the breakdown in social relationships, characteristic of anomie (as conceived by Emile Durkheim), which manifests in, among other forms of social fragmentation, child-headed households.

Using an in-depth case study, Roalkvam (2005) concludes that kinship networks are not merely brought into existence by birth or marriage, as one might expect in Western communities. Rather, she refers to “kinship in the making”, meaning that there are elaborate and often time-consuming activities that lead to the establishment of kinship, such as lobola. If these transactions are not completed before children become orphaned, these children may not have an established kinship network capable of providing the necessary protection and care.
A study in Uganda (Kakooza & Kimuna, 2005) has highlighted the increasing stress on older people who are more and more frequently carrying responsibility for the care of their grandchildren following the death of their own children. Kelso indicates that as a result HIV is often known as ‘the Grandmother’s Disease’ in parts of Southern Africa (Kelso, 1994). Traditionally, children and grandchildren had constituted a kind of pension scheme for older people. The escalating death rate of adults has greatly weakened this traditional scheme. Now there are few economically active adults to support elderly people who can no longer work, and moreover older people have to take in a second generation of children who have been orphaned. The Ugandan study found that these older people cannot afford to send all of their foster children to school and typically withdraw girl children first (Kakooza & Kimuna, 2005, p. 78), exacerbating the gendered nature of poverty. “The loss of their adult children has orphaned older people in reverse” (Kakooza & Kimuna, 2005, p. 78). While this study did not directly address the question of child-headed households, it seems likely that this network of older people is fraying and becoming less capable of absorbing the increasing numbers of orphaned children in need of care.

A small qualitative study in the Free State found that child heads of households were rejected by their extended families – they were treated unkindly and told not to ask for practical assistance (Leatham, 2006, p. 90).

The literature advances many reasons for the breakdown of traditional kinship and community support systems:

- **Migrant labour and urbanisation** have changed patterns of relating in family systems, often resulting in less frequent contact between members of the system (Foster, 2000, p. 56) and an overall breakdown of family systems (Van Dijk, n.d.).
- **Economic empowerment and private ownership** have led to greater independence and individualism and a breakdown in communal values and life style (Foster, 2000, p. 56).
- **With improved living conditions and health care**, life expectancy has increased and infant mortality has decreased. This has led to a marked increase in family size, making cohabitation across generations virtually impossible (Foster, 2000, p. 56).
- **Land** has become scarce, thus subsistence living increasingly difficult, making large families living on a single plot often impossible (Foster, 2000, p. 56).
- The influence of traditional family systems on the values and mores of young people has been replaced by the influence of peers and a broader society (eg through television, media, etc) (Foster, 2000, p. 57).
- The tradition of a man inheriting his brother’s wife and children if his brother dies has all but died out, leaving widows more vulnerable than in the past (Foster, 2000, p. 58; Kaseke & Gumbo, 2001, p. 54; Oleke et al., 2005, p. 2635).
- The spiralling cost of lobola has led to many people getting married informally. When one or both parents die, the absence of customary sanction on the relationship means that the traditional support networks have not been adequately established (Foster, 2000, p. 57; Roalkvam, 2005).
- The economic resources of the extended family have been depleted to such a degree that they are unable to care for additional children (Kaseke & Gumbo, 2001, p. 55; Thurman et al., 2008, p. 5; Walker, 2002, p. 9).
- Due to the strength of traditional kinship systems, adoption of children by nonrelated persons has been rare in African societies (Kaseke & Gumbo, 2001, p. 55).
- Some families are already caring for additional children and cannot take in more (Walker, 2002, p. 9).
The AIDS-related death toll has decimated the adult population to such an extent that close relatives are often almost nonexistent (Amber, 2005, p. 202).

The presence of conflict in the family prior to the death of the parent is a key determinant of the children becoming child-headed (Germann, 2005a, p. 4).

Whereas in the traditional times, fostering took place within the paternal kinship network (e.g., the father’s brother), there is now an increasing trend for fostering to take place with women and grandparents, who are already among the most vulnerable in Africa (Oleke et al., 2005, p. 2633).

Together, these multiple reasons all point to a single main fact, which is that the social structure and functioning of families in Africa is changing (Oleke et al., 2005, p. 2635). These changes are prompted by a host of precipitants, including health trends (especially HIV), war (e.g., genocide), colonialism and post-colonialism, western influences and poverty. It is impossible to conclude simply that the extended family is not caring for its own because of a lack of funds – this is so simplistic as to be untrue. The fact is that things are changing, and as a result other social institutions, including orphans and vulnerable children, must adjust. The literature is clear that child-headed households are a new phenomenon that is here to stay and likely to increase.

Role Adjustments

Following the death of one’s parents, children must make the adjustment from being a child to being the head of a household, an adjustment that carries many challenges. Nkomo’s (2006, p. 70) study in Gauteng and Kwazulu-Natal identified several key components of this adjustment, including the feeling of having lost one’s childhood and sense of self with the attendant feelings of deprivation; of responsibility towards one’s family (younger siblings) and the obligation to take the place of the deceased parents; of being abandoned by extended family members who they feel should be taking responsibility for them; of concern for surviving in the face of economic hardship; of grappling with multiple and competing responsibilities; and of helplessness and uncertainty about personal safety, family disintegration and discipline.

Mkhize’s (2006, p. 207) study in Kwazulu-Natal also highlighted the multiplicity of adult roles that the heads of child-headed households undertake, notably decision making, leadership, economic provision, care giving, conflict management and housekeeping. Children in her study reported that it was stressful to carry these roles (ibid., p. 214). A study of child-headed households in India similarly reported that the adjustment of children into the household head role was very challenging (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006, p. 24).

A study in Bronkhorstspruit, Gauteng, found that role changes and role overload were significant concerns for child household heads (Masondo, 2006, p. 42). Major roles included being breadwinner, caring for younger siblings on a daily basis, providing emotional support to their bereaved siblings, enforcing discipline and structure in the household and making decisions about the family. All of these roles would previously have been carried by their parents and must now be taken up by the child head of the household.

Migration of Children Following Orphanhood

As a result of a history of migrant labour, homelands and group areas, South African families are often widely spread across the country and even into neighbouring countries (Henderson, 2006, p. 305). As a result, when children become orphaned, they often have to migrate considerable distances to reach the care of family members (Richter, 2004, p. 10; Yamba, 2006, p. 207). Research
in Malawi and Lesotho found that most children experienced the migration as traumatic in the short term (Ansell & Young, 2004, p. 5). Difficulties experienced included learning to fit into a new family where they are often treated differently from the other children, having to work to earn their keep, and adapting to a change of environment and lifestyle (often from urban to rural).

Over time, however, most of the children did adjust to the change and were accepted by their new families and communities (Ansell & Young, 2004, p. 7). Nevertheless, not all children had an easy time. Some migrated multiple times – as many as five migrations following the death of their parents (ibid.). Multiple migrations tended to be related either to the children's decision to leave a home because they were unhappy about how they were treated, or (more commonly) to changes in the family circumstances which required them to move, such as the ill health, unemployment or death of their guardian.

Yamba (2006) reports on a child in Zambia called Loveness, aged 9. Her father immigrated to South Africa and then her mother died. Loveness and her two brothers moved 50km to live with her grandparents, who died about two months later. Loveness moved to live with her uncle and aunt, who died three months later of AIDS. Loveness moved back to her original home and became a child-headed household. “Within the span of just nine months they had gone through three phases of bereavement that involved not only the loss of their dearest caregivers, who gave them emotional support and love, but the loss of physical homes and environments that they had come to love and feel secure in” (Yamba, 2006, p. 207).

What the literature does not address, however, are the migration patterns of child-headed households. Do these families move following the death of their parents? And if so, when and how far and why? How often do these families move once they become a child-headed household? Or are they relatively stable in their living arrangements?

A small study in Pietermaritzburg found that children from child-headed households were much more mobile than children from adult-headed households (Donald & Clacherty, 2005, p. 26). It was not clear, however, how many of these moves took place after the household had become child-headed, as the reasons given for the moves suggest that they took place in relation to the death of an adult caregiver.

**Emotional & Social Distress**

Orphanhood is associated with a great deal of psychological and emotional trauma, as well as social distress. “In a scenario where a large number of children affected by HIV/AIDS in Africa and other parts of the world are exposed to on-going traumatic stress, failure to support children to overcome such trauma will not only jeopardize personal development but, given the scale of the problem, could also undermine years of investment in national development as such children grow to adulthood and are required to take on productive, leadership and parenting roles” (Germann, 2004, p. 95).

A study in Uganda found that, when other variables were controlled, orphaned children evidenced higher levels of psychological distress than matched nonorphaned children (Atwine et al., 2005, p. 560). “Orphans had higher levels of anxiety and depression symptoms and more frequently endorsed those BYI [Beck Youth Inventories of Emotional and Social Impairment] items that are considered to be especially sensitive for the detection of depressive disorder in children” (ibid.). These sensitive items addressed vegetative symptoms, hopelessness and suicidal ideation (ibid., p. 557). The
researchers conclude that more than just material support is needed – counselling and psychological/emotional support are also required (ibid., p. 563).

Another study in Pietermarizburg explored the life narratives of children in child-headed households compared with adult-headed households (Donald & Clacherty, 2005, p. 25). They found that while most (92%) of the events mentioned by children from child-headed households were negative, only 55% of events mentioned by children from adult-headed households were negative (ibid., p. 26). Furthermore, all child-headed households reported experiencing the death of at least three close relatives, compared with only a couple of the children from adult-headed households (ibid.). Many of these children seemed not to have dealt with their grief and loss (ibid.).

Grief is, naturally, a common feature, given that these children have lost one or both parents, and in the case of child-headed households have often been spurned by other family as well. There is some evidence that children in Africa participate more fully in death and funeral rites than children in the West, a practice which facilitates grieving and thus grief resolution (Yamba, 2006, p. 207). Nevertheless, Nkomo’s (2006, p. 66) qualitative study in Gauteng and Kwazulu-Natal highlighted the central experience of grief among children who are child heads of households. This grief is related to the multiple deaths that many of these children have endured and complicated by having to care for younger siblings with little or no external support.

Depression, at clinical levels, was common among youth (aged 13-24) who headed households in Rwanda (Boris et al., 2006, p. 597). Of interest, “heads of household who reported higher levels of depressive symptoms, social isolation, and/or lack of adult support were also more likely to report that children under 5 in the home were showing more signs of socioemotional disruption” (Boris et al., 2006, p. 598). A study in Uganda, which found depression to be higher among orphans than matched nonorphans, also found that depression among orphans is associated with smaller household sizes, which suggests the potentially buffering function of a larger support system (Atwine et al., 2005, p. 561). A study in Namibia found concerning levels of suicidal ideation among child-headed households (Ruiz-Casares, 2006).

Social workers in the USA report that orphans and vulnerable children (OVCs) often present with behavioural problems at home and at school, as a response to grief and role overload (Paige & Johnson, 1997, p. 686).

Anger is a common feeling experienced by OVCs in the USA, related to feelings of abandonment by their parents and compounded by often having to care for a dying parent (Paige & Johnson, 1997, p. 686). A study in Uganda found that orphans experienced significantly higher levels of anger than matched nonorphans (Atwine et al., 2005, p. 560). Henderson (2006, p. 312) relates the narrative of a South African orphan, saying “her evident stoicism was underpinned by anger,” though does not explain to what the anger was related. Nevertheless, within the context of her paper, this anger can be viewed as a strength – an appropriate response to a number of violations (poverty, death, abandonment) that girds this 13 year old child to cope with life’s demands.

Children in the USA often report anxiety about having to maintain secrecy regarding HIV and AIDS in a context that stigmatises and discriminates against people with HIV and AIDS (Paige & Johnson, 1997, p. 686). A study in Uganda found that orphans experienced significantly higher levels of anxiety than matched nonorphans (Atwine et al., 2005, p. 560).
Stigma is a common experience among many child-headed households, because their parents died of or are assumed to have died of AIDS (Segu & Wolde-Yohannes, 2000, p. 14; Thurman et al., 2008, p. 8). This is associated with the experience of social exclusion – in a Rwandan study, 86% of orphans indicated that they felt “rejected by the community” (Thurman et al., 2008, p. 2).

A study in Zimbabwe found that children in child-headed households experience a significant amount of fear about the future (Walker, 2002, p. 16). Half of the children were fearful about losing their house, a quarter feared living in poverty for the rest of their lives and a fifth were afraid that life would become increasingly difficult. Some children were afraid of becoming ill or dying of AIDS. Children feared being separated from each other.

A study of child-headed households in the Northern Free State found that some children experience a feeling of vulnerability, the absence of a feeling of security (Leatham, 2006, p. 105). They fear for their safety, worrying about being physically attacked or mobbed. The children compensate by being careful to be home before dark, avoiding drug and alcohol use and having fewer friends. Another study in Bronkhorstspruit, Gauteng, yielded similar findings (Masondo, 2006, p. 40). There are reports that child-headed households are in fact vulnerable, as robbers perceive them as having large amounts of cash from their parents’ policies (Khupiso, 2007).

**Economic Survival**

Studies suggest that child-headed households are much more economically vulnerable than adult-headed households. “In several countries, income in orphan households has been found to be 20–30% lower than in non-orphaned households” (Richter, 2004, p. 9).

A small qualitative study in Pietermaritzburg found that children in child-headed households survived on about a third of the resources (money and in-kind gifts of food, etc) compared with similar adult-headed households (Donald & Clacherty, 2005, p. 24). The research found that in adult-headed households, adults carried sole responsibility for income generation – no children carried this responsibility (ibid.). Children in child-headed households earned money through activities such as “conducting taxis and washing clothes (on non-school days), braiding hair and selling single cigarettes. A number of children also worked for payment in kind – doing household work, fetching water or making mud bricks. In two child-headed households, rent from a room in the house constituted a more regular income. Most child heads of households also mentioned irregular gifts of money or food from relatives, and help with food from neighbours if they asked” (ibid.).

In a qualitative study in the Free State, coping economically was one of the main themes to emerge (Leatham, 2006, p. 84). The child heads of household reported stress about the responsibility for caring financially for the family – where to get food, where to live, etc. The limited resources leads to conflict between family members regarding the spending of funds. The lack of funds makes it hard to fit in with other children, for instance not having money for school uniform or to go out for socials with peers. Many of the children reported doing odd jobs to supplement the money they get from grants.

Children are also vulnerable to economic exploitation. There are reports of children being chased out of their homes by relatives who claim to have inherited the house from the children’s deceased parents (Rosa & Lehnert, 2003, p. 4). There are also reports of child-headed households being robbed by opportunists who believe they have received large life insurance and funeral scheme payouts (Khupiso, 2007).
Social Security

Sloth-Nielsen (2002, p. 25) argues that the Constitutional Court, in the *Grootboom* case, has stipulated that the State has a parental responsibility towards children who have no parents. “When children are orphaned or abandoned and thus find themselves without families, the responsibility for fulfilling their socio-economic rights rests squarely on the State. The State consequently has two distinct constitutional duties: (1) It has a duty to ensure that children in child-headed households are linked with some form of parental, familial or institutional care. (2) It has a duty to provide the resources necessary for the survival and development of the children” (ibid.). One of the implications of this is that the State has a responsibility to provide financial assistance to Child-Headed Households.

The Child Support Grant (CSG) was established in South Africa in 1997 in response to the Report of the Lund Committee on Child and Family Support. “Its primary purpose is to provide a regular source of income to care-givers of children living in poverty to assist them to meet the basic needs of children in their care” (Goldblatt & Liebenberg, 2004, p. 152). The CSG is not restricted to the legal or family guardians of a child, but rather to the *de facto* primary caregiver, regardless of relationship (ibid.).

The CSG is valued at R180 per month per child (Maqoko & Dreyer, 2007), up to the age of 14 years (Goldblatt & Liebenberg, 2004, p. 151). Eligible children must be resident in and citizens of South Africa (Rosa, 2004, p. 10). Primary caregivers, similarly, must be resident in and citizens of South Africa (Rosa, 2004, p. 10). While the Social Assistance Act does not set an explicit age limit for the primary caregiver, the Regulations to the Act require that the caregiver have an identity book. Since this book is only issued from age 16 and up, a child who is the primary caregiver of a younger child cannot claim the CSG (Goldblatt & Liebenberg, 2004, p. 151). “In practice, the various offices of the Department of Social Development … are treating applicants differently and some are even turning away those who are under the age of 21” (ibid., p. 151).

The amended Social Assistance Act that was accepted in 2004 is now explicit that the primary caregiver must be older than 16 years (South African Government, 2004a, Section 1), thereby overtly excluding child household heads who are aged 15 or younger from collecting the CSG of their younger siblings (Rosa, 2004, p. 12; Sloth-Nielsen, 2003, p. 20).

The South African Law Reform Commission has argued that children who care for other children should be eligible for the CSG, and when these child caregivers are too young to manage the grant that a ‘household mentor’ be appointed to manage the CSG on the child’s behalf (Goldblatt & Liebenberg, 2004, p. 154). Others support this call (Mhekoma & Jamieson, 2007), arguing that the reality is that many household heads are under the age of 17. They call for the bill to focus on the role or function of household head, rather than on the age of the child.

Some are calling for the CSG to be paid to a household head regardless of age (Rosa & Lehnert, 2003, p. 8). They point out that the draft Children’s Bill allows 12 year old children to obtain an

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8 This means that there is a group of vulnerable children who have migrated into South Africa who are not eligible for this grant.

HIV test without parental consent, which is a much more substantial responsibility that receiving a grant. Requiring a household mentor, it is argued, imposes an unnecessary stumbling block to children and should be regarded as one option rather than mandatory (ibid.).

A study conducted in South Africa (Freeman & Nkomo, 2006, p. 506) found that a grant of around R170 (approximately the current value of the CSG) would not significantly influence people’s decisions about taking in a child in need of care. However, as the grant amount increased, particularly to the amount of R1000, the willingness to take in a child also increased. In addition, the offer of other incentives, such as having education paid for, also significantly influenced people’s decisions. In addition, those from lower socio-economic status groups were most likely to be influenced by the possibility of social security to assist in caring for a child taken in.

This study concluded that “assistance, when perceived as making a substantial difference to the family’s ability to function effectively, makes a significant difference to most people’s views on whether they would take in a child or not” (Freeman & Nkomo, 2006, p. 507, emphasis in original). It is possible that social security may be abused and that people may take children in primarily in order to obtain money. This study, however, suggests that a key element of a social programme that aims to locate orphans and vulnerable children in community-based care would need to provide financial and in-kind assistance to these families in order to make such care possible. Nevertheless, the current Child Support Grant is found by this study to have little influence on decision making about taking such children in.

Some literature suggests that family members use the financial resources of OVCs for their own personal gain (Kaseke & Gumbo, 2001, p. 54; Rosa & Lehnert, 2003, p. 72). Published evidence of this is, however, limited. The only example we could find was reported by Maqoko and Dreyer (2007, p. 725) – an aunt in Gauteng used the CSG to pay off her cash loans, until the social worker investigated and appointed another household mentor.

A small study in Pietermaritzburg found that child-headed households are often not aware that they are entitled to social security or how to access social security (Donald & Clacherty, 2005, p. 22). Furthermore, fewer than half the child-headed households had the documents necessary to obtain a CSG (birth certificates of eligible children), compared with about three quarters of children in adult-headed households (ibid.). Those without birth certificates reported either that they were born in rural areas and had never been registered, or that they had lost the certificates (ibid.). A similar finding is reported in a Zimbabwean study, where the births of two thirds of the rural children in child-headed households were never registered (Walker, 2002, p. 10). “Common reasons for not being able to get a certificate were that they did not have travel money, or had problems with surnames” (Donald & Clacherty, 2005, p. 22).

In addition to the Child Support Grant, the Foster Care Grant (R540 per month) is paid to anyone who, through a court order, takes responsibility to foster a child who is not their biological child (Rosa, 2004, pp. 12-13). Given that only an adult (ie a person over the age of 18) can become a foster parent, this effectively excludes children in child-headed households from obtaining foster care grants since, by definition, they are under 18 years.

Despite the promise of the CSG, many children who are eligible for the grant are not registered to receive it. A recent report suggests that “between 28% and 39% of poor children under the age of

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10 This provision is not in the most recent draft of the Children’s Amendment Bill Ivbid., however children are entitled to confidentiality when they obtain “condoms, contraceptives and contraceptive advice”.
nine do not access the CSG” (cited in Foster, 2004, p. 80). In Gauteng, this figure is estimated to be 26.4% (ibid., p. 81). The main reasons for children not receiving the grant are lack of awareness of the grant, lack of correct documents (birth certificates) and insufficient time and resources to undertake the application process (ibid.).

Regarding birth certificates, the Births, Marriages and Deaths Registration Act 51 of 1992 requires that children who have no parents must present a close relative who is at least ten years older than they are to provide an affidavit (Sloth-Nielsen, 2003, p. 26). This may be impossible for some children in child-headed households, who have little or no contact with other relatives. This complicates their ability to access social security. In this way, the most vulnerable children become even more vulnerable.

Sexual Exploitation & Prostitution

Sexual abuse of children takes place in all demographic groups, not only among OVCs. Nevertheless, South African research indicates that it is more frequent among “children living without one or both of their biological parents, children whose primary care giver is absent or unavailable, … [and] children placed in the care of more distant or unrelated persons…” (Mullen & Fleming cited in Mabala, 2006, p. 416). Furthermore, “in South Africa, it is estimated that for those under the age of 15, sexual abuse is taking over from mother-to-child transmission as the major reason for HIV prevalence” (Mabala, 2006, p. 417).

Kelso (1994) reports that in parts of Africa, OVCs are turning to commercial sex work to generate an income to help their family survive. Ironically, this exposes them to the risk of HIV and AIDS, the very disease that frequently led to their vulnerability in the first place.

Children in child-headed households are vulnerable to sexual exploitation in the form of sex in exchange for favours, such as food. Yamba (2006, p. 208) reports of a 13-year old orphan girl, Loveness, who became pregnant by a local politician. “The man regularly brought the family supplies of cooking oil and maize and … this helped them a lot” making refusal of sex or laying charges against the man very difficult. Loveness was found to be HIV positive. Some years later, Yamba (2006, p. 209) found that the baby had died and the Loveness herself was dying of AIDS.

Girls, in particular, are vulnerable to sexual exploitation. UNAIDS statistics show that while African girls (aged 15-24) are no more (and probably less) sexually active than boys, they are about two and a half times more likely to have acquired HIV (Mabala, 2006, p. 408). In South Africa, specifically, 21-31% of girls in this age range had HIV in 2002, compared with just 9-13% of boys (ibid.). “Hundreds and millions of girls and young women living in the path of HIV have had no or limited benefit from schooling, feel unsafe in their communities, face a significant risk of sexual coercion and – having few or no assets or livelihood prospects – have been compelled to exchange sex (inside and outside of marriage) for money, gifts, food and shelter” (Bruce & Joyce cited in Mabala, 2006, p. 409).

In a small study of child-headed households in Zimbabwe, 40% of the children interviewed reported some form of abuse since becoming a child-headed household (Walker, 2002, p. 15). The forms of abuse included being beaten, being shouted at or called derogatory names by adults, being sexually abused and being made to work for little or no money (ibid.). In a study in Bronkhorstspruit, Gauteng, one of the children reported sexual abuse by her uncle (Masondo, 2006, p. 51).
**Food & Nutritional Needs**

Food security is defined by the World Bank as “access by all people at all times to enough food for an active, healthy life” (Schroeder & Nichola, 2006, p. 173). Poverty is, naturally, the main determinant of food insecurity (ibid.). A study in South Africa found that families that take in orphans experience lower levels of food security compared with those without orphan children (ibid., p. 186), which could explain some of the reluctance of extended families to take in orphaned relatives. Although this study did not address child-headed households, a study in Congo affirms that child-headed households do have lower levels of food security than the general population (Roger et al., 2006).

Nevertheless, despite these expectations and despite measurable differences in family income between child-headed and adult-headed households, a small comparative study in Pietermaritzburg found no significant differences in Body Mass Index between children in these two types of households (Donald & Clacherty, 2005, p. 25). In another report on apparently the same study, it was found that while children in child-headed households had a good understanding of the range of foods that they needed, the food groups that they actually had in the house were limited, and excluded “meat/protein foods, fruit, bread and soap/toiletries” (Idasa, n.d., p. 21).

A small study in Zimbabwe concluded that all of the child-headed households interviewed were food insecure (Walker, 2002, p. 13). Although the households were in a rural area, only a quarter of them were attempting to grow their own food. The researchers believe “this was generally because the children were having difficulty coping with all of the responsibilities of their lives and did not have the ‘energy’ to do more” (ibid.). None of the families ate regular balanced meals, and some reported regularly having no food at all in a day or being anxious about getting food (ibid.).

**Education/Schooling**

Education is one of the facets of the life of a child that is threatened by HIV and AIDS, and by child-headed households in particular (Goldstein, Anderson, Usdin, & Japhet, 2001, p. 169). Children often drop out before they are orphaned, when their parent (often their mother) is too ill to work and take care of the family (Yamba, 2006, p. 206). When a parent is dying or has died of AIDS, social stigma acts as an additional stumbling block to the continued education of the children (Ayieko, 1997; Masondo, 2006, p. 50; Robson & Kanyanta, 2007, p. 419), some of whom report being bullied and harassed (Robson & Kanyanta, 2007, p. 423). Household heads are particularly vulnerable to dropping out of school in order to care for their younger siblings who continue with their education (Masondo, 2006, p. 36).

OVCs often cannot afford to continue schooling and have to spend their days eking out survival (Ayieko, 1997; Kakooza & Kimuna, 2005, p. 67; Richter, 2004, p. 11). The cost of schooling is not restricted to school fees (which are sometimes waived), but also to learning materials (books, stationary, etc) and school uniforms (Robson & Kanyanta, 2007, p. 423; Yamba, 2006, p. 206). “Child-headed households are often extremely vulnerable and impoverished, driving children into work and preventing them from attending school” (Robson & Kanyanta, 2007, p. 419). Other reasons for dropping out include “economic stresses on households, changes in family structure, new responsibilities to care for the sick, the elderly or siblings and loss of parental guidance” (Robson & Kanyanta, 2007, p. 423). A study in Zimbabwe found that 40% of school age children in child-headed households were not attending school (Walker, 2002, p. 11). A study in Kwazulu-Natal also found that many children in child-headed households had had to abandon school either temporarily or permanently in order to care for ill relatives or to manage the running of the household (Hartell
Similar findings are reported in India, where two thirds of child household heads have dropped out of school (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006, p. 25).

Research indicates that orphans have a much higher school dropout rate than non-orphaned children, which contributes to the cycle of poverty (Kakooza & Kimuna, 2005, p. 67). Education is regarded as a key factor in working for a future that is free of HIV and AIDS and that has reduced levels of poverty. Orphanhood thus is a great challenge to the goals of social development (Yamba, 2006, p. 206).

A small study in Pietermaritzburg found that child-headed households, in comparison with similar adult-headed households, were less able to pay school fees, buy uniforms and organise transfer documents when moving between schools (Donald & Clacherty, 2005, p. 23). Although some children reported having their school fees waived, they still struggled with the cost of books and uniform (ibid.). Furthermore, a number of children reported various forms of humiliation for their financial difficulties, such as being made to stand outside of classrooms or refused permission to progress to the next grade (ibid.). The children from child-headed households were more likely to report having had to temporarily drop out of school due to financial or other problems (ibid., p. 26). Another study in Kwazulu-Natal yielded similar results (Mkhize, 2006, p. 195).

A study of child-headed households in the Northern Free State found that most children relied on teachers for support, and only a few had had negative experiences in which teachers were insensitive to the demands of being both a learner and a household head (Leatham, 2006, p. 95). The children reported feeling supported by their teachers, regarding their teachers as surrogate parents or role models and obtaining advice and practical assistance from teachers.

Although balancing the demands of managing a household with schoolwork is daunting, some children manage well and achieve academic success. In a study in the Free State (Shilubana & Kok, 2005, p. 105), factors associated with academic success were, in the opinion of the children: studying hard; in the opinion of the school principle: strong values and moral character, regular church attendance and a network of adults who check up on the children's school work; and in the opinion of the teachers: commitment and hard work, internal locus of control and accepting their situation and striving to achieve.

Health Care

Given the social and economic vulnerability of child-headed households, as well as their youthful lack of knowledge and experience, there is concern about the health status of these children. A Ugandan study (Amuge et al., 2004), for example, compared child-headed households with matched adult-headed households in respect of malaria-related knowledge and health-seeking behaviour. The study found that child-headed households were less knowledgeable about the signs and symptoms of both simple and severe malaria, less likely to seek care at a health setting and more likely to seek traditional (herbalist) assistance. The implication of these findings is that child-headed households who are experiencing malaria may be less likely to identify the symptoms and seek appropriate medical attention. In this way, these children's health is significantly more vulnerable than children living in an adult-headed household.

In a small study in Zimbabwe, a third of the children in child-headed households reported illness during the previous year (Walker, 2002, p. 14). In addition to minor ailments, the children reported malaria, scabies and chicken pox. In some families, children had died subsequent to the death of
their parents. The children reported that clinics were far from their homes and that they were anxious about paying for medical care and medication (ibid.). Nevertheless, most of the children had good immunisation records (ibid.).

Obi et al. (2006) link the availability of fresh water and the health of people who are living with HIV. They note that water may carry diseases to which people whose immune system is already compromised are particularly vulnerable, that safe water is required for infant formula, and that running water is required when suffering from diarrhoea. For children living in a child-headed household therefore, where finances may be extremely scarce, the regular supply of safe water is at risk, which may complicate the health status of the children, particularly if they are HIV positive. Similar conclusions are reached based on a study in Daveyton, Gauteng (Hlongwane, 2003, p. 94).

**Childhood Resilience**

The phenomenon of child-headed households is one that starkly raises fundamental questions about the definition and nature of ‘childhood’. From a traditional perspective, children are vulnerable and innocent, they need protection, and they belong under the care of adults – preferably their biological parents. Henderson (2006, p. 304) refers to this as “a patronizing form of vulnerability … to do with ‘appropriate childhoods’”. This discourse, Henderson argues, robs children of knowledge, abilities and power that they genuinely have, as we have seen, for example, in the liberation movement in South Africa in the 1970s and 1980s.

Much of the literature on the subject of child-headed households is written from this traditionalist perspective, which defines children in the care of parents as the norm. This is clearly seen in the following quotation: “Child-headed households are a deviation from the norm and a disaster. Social work as a profession can therefore not support or countenance this” (Mkhize, 2006, p. 9). Throughout her paper, Mkhize uses phrases such as child-headed households are a deviation, child-headed households are a disaster, child-headed households will precipitate a breakdown of society, child-headed households are a crisis, child-headed households are a gross violation of a child’s right to care and child-headed households are a multiple risk household. With such a pathogenic paradigm, viewing child-headed households as fundamentally dysfunctional and undesirable, how is it possible to view the possibilities that children in child-headed households may develop strengths, grow, thrive and develop? While we believe that children in child-headed households are vulnerable and at-risk, we also believe that children in child-headed households have strengths and assets.

Such negativistic views, which assume that orphanhood inevitably and directly leads to a breakdown of the fabric of society, are based on a number of assumptions, namely that “AIDS mortality rates will produce high numbers of orphans; these orphans will not live in social environments that will adequately equip them for adult citizenship; the experience of such children will be qualitatively different from that of other children; poor socialisation will result in them not living within societies’ moral codes (becoming street children or delinquents) … that large numbers of ‘asocial’ children will precipitate some kind of societal breakdown … [and] that children raised in difficult circumstances will almost inevitably suffer negative psychological, social and behavioural outcomes” (Pharoah, 2004b, pp. 5-6). Increasingly, however, researchers, practitioners and theorists are challenging the validity of these assumptions (Pharoah, 2004a, p. 121).

A result of these traditional and pathogenic views of ‘childhood’ is that we can miss the positive strengths and hopes that are mixed in with the challenges. “Textures of lightness, beauty, love, strength and conviviality – often equally present in social contexts of scarcity and pain – are excluded from analysis… I argue, therefore, that while not underestimating the devastating effects
of HIV/AIDS on children’s lives in South Africa, there is improvisation and dexterity despite fractures within social worlds in which AIDS and consequently death is prevalent” (Henderson, 2006, p. 306).

The resilience perspective is an important one in any field (Van Breda, 2001), and no less so in the field of child-headed households. Studies show that “50% to 66% of children growing up in circumstances of multiple risk appear to overcome the statistical odds to live lives that manifest coping and resilience” (Killian, 2004, p. 42). The pathogenic perspective described previously, exemplified in Mkhize’s paper, is blind to these studies and conscious only of those families who do not cope. However, Killian (ibid., emphasis added) continues, “these children provide researchers with clues about how to assist others, as they seem to either have a natural ability to cope in the face of difficulties, or receive help that facilitates a positive outcome.” In our view, most of these resilience factors are not ‘natural’ but learned. If they are natural then we cannot transfer them from one family to another, while if they are learned they can be transferred.

“Children can thrive within a wide range of family forms. No one kind of family can be considered ‘best’ for their needs, and it is a mistake to view single parent, or child-headed households as deviant family forms” (Germann, 2005a, p. 380). This view accords with that of many legal writers in South Africa who were previously quoted as calling for the legal recognition of child-headed households as an alternative family form (Rosa, 2004; Rosa & Lehnert, 2003).

Thus, adopting a resilience perspective on child-headed households is a helpful and affirming approach. Resilience can be defined as a process of adapting successfully in the context of a threatening situation (Germann, 2005b, p. 42). Germann (2005a, p. 250) proposes the following model of resilience for child-headed households (Figure 6):

![Figure 6: Key Factors Contributing to Resilience in Children](image)

Germann (2005b, p. 50) reports that many of the children he studied “have managed to make their child-headed households ‘good-enough’ places of care by creating – through effective social
networking among siblings, neighbours and peers – an atmosphere of support, affection, acceptance and solidarity.”

Henderson (2006, p. 322) highlights the ways in which children are able to draw “on networks of kin to reconfigure a sense of place for themselves. … Even where networks begin to be seriously compromised, the young draw on local repertoires of relatedness to create new bonds”. In this way, these children are not helpless; rather, they are astute and resilient, able to navigate through social networks to obtain the kinds of support they need.

Guest (2004) relates the story of one child-headed household in Sebokeng, Gauteng, highlighting the remarkable resilience of the 17 year old girl who heads the family in the face of the illness and death of both parents and the HIV positive status of her youngest sibling. This family, supported by Gail Johnson of Nkosi’s Haven, discovered an ability to care for themselves, to cope, to survive, even to thrive in the face of adversity. Such a family challenges our assumption that children cannot cope without adult supervision.

Amber (2005) relates the story of Richard, a child household head in Rakai, Uganda. Richard relates that every Sunday he convenes a family conference in which he tells his four younger siblings how to behave: “I tell them how to be humble and to work hard. I teach Miriam to kneel when she greets an adult, and I show the boys how to stand straight, the way my mother taught me. Mostly, I teach them what my parents taught me before they died” (ibid., p. 202). This youngster discovered resilience in the values and culture of his parents, which he faithfully passes on to the next generation.

A study of child-headed households in Pietermaritzburg found that children were savvy in mobilising a fairly extensive network of support from both peers and adults (Donald & Clacherty, 2005, p. 25). Children tended to secure support from same-sex adults and built up a variety of individuals who could help with different tasks rather than relying on only one person for everything (ibid.). The children mentioned adults from church and school as providing support and advice, while girls in particular mentioned female neighbours who provided both material and emotional support (ibid.). By contrast, children from adult-headed households relied only on adult family members (ibid.). “In general it is clear that one of the most important strengths the child-headed households children have developed is in social networking – seeking out and nurturing both peer and adult support, and strategically deciding who can help best with homework, food, advice or emotional support” (ibid.). This finding has also been reported in other studies (Shilubana & Kok, 2005, p. 104).

The Pietermaritzburg study also explored the future possibilities of these two groups of children (Donald & Clacherty, 2005, p. 26). They found that children from child-headed households tended to be slower to respond to a question about what they thought they would be doing in five years time than children from adult-headed households, as if they had not thought about their futures (ibid.). When they did respond, they were more likely to give unattainable goals (eg being in parliament) while children from adult-headed households gave more attainable goals (eg being a teacher) (ibid.). The researchers then explored the obstacles that would get in the way of achieving their goals. The children from child-headed households had great difficulty identifying obstacles and eventually talked about financial obstacles. By contrast, the children from adult-headed households were “clear and almost unanimous … in agreeing that it would be their own behaviour and choices that could stand in their way” (ibid., p. 27). This points to a difference in locus of control – external
for children from child-headed households and internal for children from adult-headed households (ibid.).

A small study in Zimbabwe also explored children’s hopes and fear for the future (Walker, 2002, p. 16). The children expressed hope about completing their education and getting a good job (ibid.). However, on the whole the children conveyed a feeling of “depression and lack of hope … a sense of powerlessness to influence the future in any positive way” (ibid.). One of the children was open about her/his lack of hope. When asked what they thought their future would actually be like, a third said they didn’t know and half said they thought their lives would get worse. A third said they wouldn’t finish their schooling and a fifth thought they would always be poor. Only a quarter of the children thought their lives would actually get better.

In contrast to these two studies, a small study in the Northern Free State found that children in child-headed households had clear dreams for their future (Leatham, 2006, p. 111). Education was a central focus and regarded as being necessary to obtaining a better future. The children related locating a sense of strength internally, since they felt they could not rely on anyone else to realise their dreams. Another study of HIV positive orphans in Namibia also found that the children provided answers about their dreams for the future that were age appropriate and not characterised by “despair or a sense of impending death” (Hayden & Otaala, 2005, p. 17). A third study in Bronkhorstspruit, Gauteng, also found that most children had positive and hopeful views of their future (Masondo, 2006, p. 41).

Nkomo’s (2006, p. 89) study in Gauteng and Kwazulu-Natal explored the ways in which heads of child-headed households cope in the midst of adversity. Several themes emerged from her qualitative study. Children conveyed a sense of fatalism – they accepted that this situation was fated and that they must just get on with the business of dealing with it. A number of children drew on religiosity as a coping mechanism, drawing strength from God, through prayer or reading the Bible. Some children appeared to have developed a form of hardiness in which they believed in themselves and were determined to survive the odds, in some instances constructing rather grandiose visions of their future. Children related that they were using their hard life experiences to grow stronger, thereby extracting meaning and value from hardship. Children expressed that the experience of receiving help and support from organisations had given them hope and restored their sense of purpose and meaning in life. Finally, some children reported that they had located sources of respite, notably school (which serves as a retreat from the demands of being the head of a household) and having a paid-off home in which to live.

While probably all would agree that child-headed households are vulnerable, this substantial body of evidence indicates that we should avoid the assumption that child-headed households need to be placed in alternative care, such as institutional or foster care. Rather, we should recognise “the viability of child-headed households” and provide “a range of support mechanisms” to maintain the integrity and functioning of the household (Bower, 2005, p. 5). A workshop held in Cape Town concluded, “As long as the best interests of the child are respected and protected, children living without adult caregivers should be accepted as a household form” (Rosa & Lehnert, 2003, p. 6).

Community Responses

Based on an extensive literature review, Kidman, Petrow and Heymann (2007, p. 327) identified six main classes of services provided to OVCs: “physical health; mental health; nutrition; educational support; material support; [and] day and after school care programmes”. Kidman et al identified two
key models of community-based care: centralised and decentralised, and provide a case example of each:

- An agency in Botswana provides a centralised service to hundreds of OVCs, by providing day care facilities and after-school care to OVCs, thereby relieving the childcare burden of household heads. In addition, the programme provides nutritious meals, life skills training and counselling. Presumably, although not stated in the article, some of the child heads of households are among the children who receive care at this centre.

- An agency in Cape Town, South Africa, provides a decentralised service. In some instances, the agency strengthens the care ability of crèches. In other instances, support is provided to the child’s home, in the form of “material support, nutritional assistance, visits by a social worker, and family assistance in accessing government childcare grants” (Kidman et al., 2007, p. 327).

It is noteworthy that both agencies provide a community-based, rather than residential service. Children continue to live at home, with a child head, a family member (eg aunt or grandparent) or foster parent. The goal in both instances is to strengthen and alleviate existing care systems, rather than to replace them.

Based on her qualitative study in Swaziland, Jones (2005, p. 169) concludes that holistic community-based services are required to strengthen existing family networks. In this way, these networks will be able to provide care to the majority of orphans.

In Zimbabwe, for example, the National Orphan Care Policy stipulates that villages should elect a committee that is responsible for maintaining a register of OVCs in the community and ensuring that the needs of these children and their caregivers are met (Kaseke & Gumbo, 2001, p. 56). Furthermore, the community, under the leadership of the village chief, cultivates communal land, referred to as Zunde ra Mambo, to care for vulnerable and needy individuals and families, including OVCs. However, poverty remains a tremendous challenge and income-generating projects have often been less than successful (Kaseke & Gumbo, 2001, p. 57).

Given that kinship systems are the most prevalent forms of care to orphaned children and that the State cannot afford to provide institutional care to the masses of children in need, strengthening community and family systems seems to be the most sensible action that can be taken in dealing with the needs of OVCs (Kelso, 1994). For example, Children in Distress (CINDI) in Zambia strengthens existing family systems by mobilising “neighbors, friends, and teachers of orphans to serve as foster parents along with the children’s relatives” (Kelso, 1994).

**Conclusion**

A substantial body of literature exists addressing a wide range of themes concerning child-headed households. Most of this literature is focused on Africa, and quite a number of papers are specific to South Africa. The literature is clear that child-headed households are a particularly vulnerable group of children. However, there is an equally clear body of literature that is showing that child-headed households have strengths and coping resources that may make them no more vulnerable than orphans in other forms of care.
Distribution of Population

Using a Geographical Information System, we mapped both the households registered in the Contacts Database and the database of child-headed households. The former database, comprising 6,039 households, includes a wide range of vulnerable households, including youth-headed households, households living in poverty, orphans, etc. The latter database comprises only 63 households – a much smaller population than we had expected. This section of the report purposes to analyse and describe both databases in terms of the characteristics and distribution of the population. In addition, some attempt is made to interpret the small population size.

Analysis of the Contacts Database

The total population of child-headed households was finally calculated to be 63 households, comprising a total of 107 children.

This is significantly less than the approximately 10,000 households estimated from the 2001 Census data. Perhaps Ziehl's (2002) questioning of the accuracy of the Census data needs to be heard. Her concern is around the accuracy of the ages of household heads captured in the Census database, particularly when heads are reported to be under the age of five.

Our population is also substantially less than the total number of contacts that were captured in our initial database. We captured a total of 6,039 households in the Contacts Database, based on name lists provided by a range of agencies, including schools, welfare organisations and churches, as well as lists compiled by our field workers.

The spatial distribution of all the households in the Contacts Database is shown in the map over the page (Figure 7). Each dot on the map represents one household and the 6,039 households are located in five of the regions in the Gauteng Province. Although the households are not evenly distributed in the province, each region reported between 1,000 and 1,500 households. The highest incidence was in Tshwane with 24.9% of households (see Table 2).

<table>
<thead>
<tr>
<th>TABLE 2. DISTRIBUTION OF CONTACTS ACROSS REGION</th>
</tr>
</thead>
<tbody>
<tr>
<td>EKURHULENI</td>
</tr>
<tr>
<td>JOHANNESBURG</td>
</tr>
<tr>
<td>SEDIBENG</td>
</tr>
<tr>
<td>TSHWANE</td>
</tr>
<tr>
<td>WEST RAND</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

This is a much more even distribution than the 63 households in the population where 75% of the child-headed households are located in one region (Ekurhuleni). Furthermore, in the population only three child-headed households (4.8%) live in Tshwane compared with 24.9% of original contacts.
FIGURE 7. DISTRIBUTION OF HOUSEHOLDS IN THE CONTACTS DATABASE
We therefore conducted a provisional analysis of the reasons for a contact not being found to be a child-headed household. We had not required our field workers to keep record of the reasons for a contact not being a child-headed household, thus the data are somewhat incomplete; nevertheless, feedback was provided for 3,395 of the households. The main reasons are indicated in Table 3:

**TABLE 3. REASONS FOR NON-CHILD-HEADED HOUSEHOLDS**

<table>
<thead>
<tr>
<th>Reasons for Non-child-headed households</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted</td>
<td>5</td>
<td>0.1</td>
</tr>
<tr>
<td>Fostered</td>
<td>43</td>
<td>1.3</td>
</tr>
<tr>
<td>Living with aunt</td>
<td>373</td>
<td>11.0</td>
</tr>
<tr>
<td>Living with boyfriend</td>
<td>7</td>
<td>0.2</td>
</tr>
<tr>
<td>Living with father</td>
<td>68</td>
<td>2.0</td>
</tr>
<tr>
<td>Living with grandfather</td>
<td>44</td>
<td>1.3</td>
</tr>
<tr>
<td>Living with grandparents</td>
<td>151</td>
<td>4.4</td>
</tr>
<tr>
<td>Living with granny</td>
<td>666</td>
<td>19.6</td>
</tr>
<tr>
<td>Living with mother</td>
<td>189</td>
<td>5.6</td>
</tr>
<tr>
<td>Living with non-relatives</td>
<td>19</td>
<td>0.6</td>
</tr>
<tr>
<td>Living with other relatives</td>
<td>152</td>
<td>4.5</td>
</tr>
<tr>
<td>Living with parents</td>
<td>77</td>
<td>2.3</td>
</tr>
<tr>
<td>Living with pastor</td>
<td>10</td>
<td>0.3</td>
</tr>
<tr>
<td>Living with sibling</td>
<td>441</td>
<td>13.0</td>
</tr>
<tr>
<td>Living with uncle</td>
<td>150</td>
<td>4.4</td>
</tr>
<tr>
<td>Living with unspecified adult</td>
<td>256</td>
<td>7.5</td>
</tr>
<tr>
<td>Moved from the address</td>
<td>185</td>
<td>5.4</td>
</tr>
<tr>
<td>Not found at the address</td>
<td>76</td>
<td>2.2</td>
</tr>
<tr>
<td>Not known by people at the address</td>
<td>124</td>
<td>3.7</td>
</tr>
<tr>
<td>Over 17 years</td>
<td>219</td>
<td>6.5</td>
</tr>
<tr>
<td>Passed away</td>
<td>10</td>
<td>0.3</td>
</tr>
<tr>
<td>Wrong address</td>
<td>130</td>
<td>3.8</td>
</tr>
</tbody>
</table>

From Table 3, it is evident that the majority of households that were reported by agencies as being child-headed are in fact adult-headed (accounting for 76.7% of these households). The person most likely to be caring for these children is the grandmother (19.6%), in keeping with findings in the national and international literature. Indeed, when the gender of the adult was indicated, we find that women are much more likely than men to be caring for these vulnerable children (47.2% cared for by women, compared with 10.3% cared for by men, while 42.5% live with an unspecified adult).

A significant number of households (15.1%) could not be located at the provided address, perhaps because they had moved or the address was incorrect.

A smaller number of households (6.5%) were headed by a young person who was aged 18 or older, thus not meeting the operational definition of a child-headed household. It does, however, seem that most of these household heads were still attending school or college and thus not yet in a formal adult role (employed and financially independent). It should also be noted that we did not capture contacts where the age of the household head was indicated as being 18 or older, thus it would seem that there is a significant number of households headed by younger youths who are not financially and socially independent. This may be supported by the number of households (13%)
who are living with a 'sibling'. While some of these siblings may well be employed and self-sufficient, it is likely that others are not.

These widely discrepant population estimates point towards a number of key conclusions:

- There is not yet widespread acceptance of the legal definition of a child-headed household, viz a household headed by a person under the age of 18. Different organisations and communities have adopted their own definitions of what constitutes a child-headed household. For example, many organisations recognise a household as child-headed if the head is still school going (or even at university), regardless of their age.

- The target population is a highly unstable population. For example, most households are headed by a late adolescent (48% of our households were headed by a child who was 17 years old). This household head may soon turn 18 and no longer meet the definition of a child-headed household. Thus, households that are currently registered in our population may, within a couple of months, no longer meet the definition. As another example, many welfare agencies indicated that as soon as a household is identified as child-headed, they are placed in a place of safety or in foster care. Thus, many of the families in our population may, within a couple of months, have been placed in care and thus also not meet the definition.

- Strategy and programme planning is compromised by a lack of consistent and verifiable management information. There is, for example, considerable difference between planning for 35,000 child-headed households (as originally estimated by the Gauteng Department of Social Development) and the 63 that we have been able to locate and verify.

### Analysis of Child-Headed Households

The 63 households that constitute the population are unevenly distributed in Gauteng. Not all six regions of Gauteng have child-headed households, while the largest number of households is located in Ekurhuleni (as shown in Table 4).

**TABLE 4. DISTRIBUTION OF HOUSEHOLDS ACROSS REGION**

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tshwane</td>
<td>3</td>
</tr>
<tr>
<td>Metsweding</td>
<td>0</td>
</tr>
<tr>
<td>Johannesburg</td>
<td>0</td>
</tr>
<tr>
<td>West Rand</td>
<td>11</td>
</tr>
<tr>
<td>Ekurhuleni</td>
<td>47</td>
</tr>
<tr>
<td>Sedibeng</td>
<td>2</td>
</tr>
</tbody>
</table>

The distribution of child-headed households in Gauteng was mapped, using a Geographical Information Systems (GIS). In Figure 8 each child-headed household in Gauteng is indicated with a red dot. The prevalence of these households in Ekurhuleni and West Rand is evident from the map over the page.

In Kagiso 1 it was fine but the main problem was that we searched for the home address for a long time. When we asked some people ignored us and some helped us with directions. Being a fieldworker, you should be a good listener regarding the directions and know how to promote your standard.

In Soul City and Sinqobile, there places are scattered. There are a lot of shacks in Soul City and there are dangerous animals (dogs) that went after us but in return we tried to beat them. In Sinqobile there is a big river we crossed in order to find other houses.

Field Worker, West Rand
FIGURE 8. SPATIAL DISTRIBUTION OF CHILD-HEADED HOUSEHOLDS
This uneven distribution of child-headed households is even more pronounced when the suburbs within each region in which they are located are analysed (Table 5). In Ekurhuleni the 47 households are located in only 6 suburbs, with the largest number located in Daveyton (12), then Zonkizizwe (11) and Duduza (10).

**TABLE 5. DISTRIBUTION OF HOUSEHOLDS ACROSS SUBURB**

<table>
<thead>
<tr>
<th>Number of Households</th>
<th>Suburb</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Tembisa</td>
<td>EKURHULENI</td>
</tr>
<tr>
<td>4</td>
<td>Blue Gum View</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Daveyton</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Vosloorus</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Duduza</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Zonkizizwe</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td><strong>Subtotal</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Nelmapius</td>
<td>TSHWANE</td>
</tr>
<tr>
<td>1</td>
<td>Mamelodi East</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Soshanguve PP</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>Subtotal</strong></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Simunye</td>
<td>WEST RAND</td>
</tr>
<tr>
<td>4</td>
<td>Tambo Section</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Rietvallei Ext 2</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Finbury</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Mandela Section</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Waterworks/Protea Glen</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Krugersdorp Central</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Subtotal</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Ratanda</td>
<td>SEDIBENG</td>
</tr>
<tr>
<td>1</td>
<td>Devon</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>Subtotal</strong></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td><strong>Total</strong></td>
<td>GAUTENG</td>
</tr>
</tbody>
</table>

This is further illustrated in Figure 9 over the page.
FIGURE 9: SUBURBAN DISTRIBUTION OF CHILD-HEADED HOUSEHOLDS

Distribution of suburbs where Child-headed Households are located.
Sample Survey

One of the main deliverables for this study was a profile of child-headed households addressing the factors that lead to the establishment of such households, the psychosocial support needed and received by these households and the current circumstances of these households. This section of the report purposes to answer these questions through the analysis of both quantitative and qualitative data concerning the child-headed households identified in Gauteng.

Most of the data provided in this section is drawn from the Sample Survey and not the Population Census. Although, because of the very small size of the population (N=63) we endeavoured to sample the entire population, two households did not participate in the sample survey (n=61). Only some of the data related to the provision of formal social services is drawn from the population census, because that information is unique to that data collection instrument.

Willingness to Participate in Sample Survey

Of the 63 households that participated in the population census, 59 (94%) indicated that they were willing to participate in the follow-up in-depth survey (while a further 5% were unsure about their willingness to participate). In fact, no participants in the population census declined to participate in the sample survey. This is a very high level of willingness to engage in this research project. This willingness could have several interpretations, including the following:

- Child-headed households may have been eager to seize the opportunity to share their life story and be heard by a sympathetic and genuinely interested adult. This in turn may suggest a degree of isolation and trauma experienced by these children. Perhaps for some, the experience of being child-headed requires debriefing and this study provided the opportunity for such debriefing.
- Child-headed households may have expected that their participation would benefit them in some way. Perhaps they believed that participating would increase their chances of securing social services and financial benefits, even though field workers were clear that no incentives were offered for participation in the study.
- Child-headed households may have recognised the value of the study to other children and decided to provide their own experiences in an altruistic manner.

Section A: Narratives

Section A, which opened the in-depth interview, invited research participants to share some of their experiences of being a child-headed household. The interview focussed on the story of how they became a child-headed household, how they are currently experiencing being part of a child-headed household and what helps them cope with being in a child-headed household. These narratives provide an insider’s view of the life lived by the children in this population.

Becoming a Child-Headed Household

Item 3 asked, “Please share with me the story of how you came to be a child-headed household”. Based on a content analysis of the statements, eight themes emerged that describe the main dimensions of their stories. These themes are presented in Table 6, in the order in which the stories were told. Most the stories were told in the same pattern. They started by telling
- How their parents/caregiver died or left them,
- How they lived before the death or abandonment,
- How they are living now after the death of the parent/caregiver or abandonment, and
- What responsibilities they now have to carry.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss due to abandonment</td>
<td>36</td>
<td>- I started living here in the back room a year and a half ago when my parent send me to Tembisa from Mamelodi.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My father left for Johannesburg to look for work. We have never heard from him since 2005.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Me and my brother (lucky) have always stayed alone. My parents were always away, even at night, on weekends. Our parents drank a lot and left us without food and trust me they did not care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Our parents have got two houses which they own. This one has been allocated to us since last year (2007) after my father bought another one in Kathlehong ext 24.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- One day in 2007 we had an argument about who had to cook that evening and she chased me away.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My mother chased me away in 2004 when I was pregnant. I was 12 years old.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My mother is still alive but she is ill and in hospital.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My mother lives in Kimberley where she works and hardly (2-3 times a year) visits and I’ve learnt to stay by myself ever since.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- After my parents died, I used to stay with my sister, who last year got married and moved out.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My mother passed away when I was in grade 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My father passed away in 1993 when I was one year old. When I was 12 years old my mother also passed away</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I was staying with my mother in this shack, until she passed away in 2006. She became very ill about 5 years ago and had to stop working</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- He was ill and later died</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My mother passed away long time ago. First it was my grandmother who passed away, then my father the following year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My mother passed away after giving birth to my little brother</td>
</tr>
<tr>
<td>Loss due to unnatural causes</td>
<td>10</td>
<td>- One Sunday morning in 2007, my mother was washing clothes when suddenly my father pitched up carrying a gun in his hand. My mother ran quickly back to the house where my father followed her. He banged the door behind him and soon there after I heard three gun shots being fired. My father had killed my mother and then himself.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I started staying alone after my parents were shot and killed in a drive by shooting in Kathlehong</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My parents were killed in a car accident</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My father had been stabbed by someone in a tavern. We were told he had an argument and was later stabbed to death.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mle, as we called our father, passed away while committing a crime somewhere in the Free State. He was gunned down while trying to hijack a car</td>
</tr>
<tr>
<td>Loss of parent due to HIV/AIDS</td>
<td>2</td>
<td>- They were diagnosed with an Aids related illness. My mother and father dies last year (2007) in March and Sept respectively.</td>
</tr>
<tr>
<td>Experiences of living conditions before child-headed households</td>
<td>22</td>
<td>- I used to have a happy life staying with both my parents.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Was staying with my mother and grandmother until my mother passed away in 2004.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- When my father was still alive, he taught me how to fix cars. My mother was a domestic worker and she took care of our family and other around my area.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My family used to stay together in the one room house.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My mother and I always stayed at my grandparent’s house.</td>
</tr>
<tr>
<td>Theme</td>
<td>Frequency</td>
<td>Sample Statements</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Living conditions after becoming child-headed households</td>
<td>44</td>
<td>❖ My aunt came to stay at the main house after the funeral. I was placed at the back room until today. &lt;br&gt;❖ I have been living alone since January with the help of the neighbours. &lt;br&gt;❖ After my mother’s death, I decided to come back and take care of my little brother. &lt;br&gt;❖ I now live alone with my daughter. &lt;br&gt;❖ He left me here (child-headed households) because I am still in school and I have my own car was business next to my house, where I employed two other friends and my girlfriend. &lt;br&gt;❖ My aunt and uncle took me to their house where I stayed only for two months before I decided to go back to my parents house &lt;br&gt;❖ We did not want to stay with our relatives because we feel that they causes some chaos within the family and keep on telling us things that hurts us. &lt;br&gt;❖ I stayed with my uncle and his children and my parents house was rented out to strangers. Last year (2007) in Dec I decided to go back to my parents house permanently. I have lived alone for six months now and trust me it feels better. &lt;br&gt;❖ I used to stay with my uncle sometimes but like staying alone.</td>
</tr>
<tr>
<td>Responsibilities since being a child-headed household</td>
<td>9</td>
<td>❖ I had to look after my siblings &lt;br&gt;❖ I can’t leave my brother and sister unattended. We will help each other to make this house a warm home, with or without our mother’s help &lt;br&gt;❖ I pay my own rent at the room I am lending and support myself financially &lt;br&gt;❖ I have taking care of my siblings emotionally &lt;br&gt;❖ We need to find ways to make money, that is why I skip classes regularly</td>
</tr>
<tr>
<td>Sharing Experiences</td>
<td>4</td>
<td>❖ I can’t talk about my parent’s death &lt;br&gt;❖ I don’t feel good talking about them. You will have to forgive me &lt;br&gt;❖ I was very young and did not understand how my father could leave me at such an early age &lt;br&gt;❖ My mother has three other children that she has to take care of and is unemployed. I could not stand watching her struggling.</td>
</tr>
</tbody>
</table>

It was interesting that the stories of the children were shared in more or less the same pattern as the open question.

**Loss due to abandonment.** This theme comprises 36 statements from child-headed households who experienced becoming a child-headed household due to abandonment. Children shared stories of being chased away or neglected. Some were left alone while their parent/caregiver looked for better job opportunities. Such actions may have been taken in order to better provide for the children. Migrant workers are familiar in South Africa. It is possible that more children live in child-headed households, due to parents being migrant workers (‘social orphans’) rather than dead. Richter (2004, p. 5) confirmed this, “Teenagers have for many years looked after households in rural areas while mothers migrate on a weekly, monthly or longer term basis to work as domestic workers”. This may well be the case in Gauteng. Stories of children being sent to live in another house, also owned by the parents or family, are surprising. These could perhaps be seen as an indication of poverty – parents need to secure the scarce resources they have.

**Loss of parent/caregiver, cause of death unknown.** This theme comprises 32 statements from child-headed households where the death of their parent(s) is shared without giving an indication of the reason for their death. It is not clear whether they died of other illnesses or HIV/AIDS.

It important to take note of the number of multiple losses the children experienced, where more than one parent /caregiver died. In some of the statements the children mentioned when their parents died. If you compare this with the age of the child, it is clear that some experienced multiple losses at a very young age. One child (age 17) shared that her father died in 1998 when she was seven years old, her mother died four years later when she was 11, and then her aunt died in 2005 when she was 14. Another child, now 16, had a similar experience, with her father dying when she was
seven years old and her mother passing away when she was 12. The latter child has been part of a child-headed household for the last five years. This finding of multiple losses is confirmed by a study conducted in Pietermaritzburg (KZN) where it was found that all child-headed households reported experiencing the death of at least three close relatives and many of the children seemed not to have dealt with their grief and loss (Donald & Clacherty, 2005, p. 25).

**Loss due to unnatural causes.** This theme comprises 10 statements from child-headed households where the death of their parents/caregivers was as a result of unnatural events. Causes included car accidents, murder and death due to involvement in crime. These might be considered traumatic life events.

**Loss of parent due to HIV or AIDS.** Only two child-headed households disclosed that their parents had died from HIV or AIDS related illnesses.

**Experiences of living conditions before becoming child-headed.** This theme comprises 22 statements where children described how they lived before they became a child-headed household. Most stories seem to reflect having had positive family experiences.

**Living conditions after becoming child-headed.** In contrast to the previous theme, the 44 statements in Theme 6, on how their living conditions had changed after they became child-headed households, reflected a somewhat different picture. Children were living alone, living with their siblings, had been moved to backyard rooms, or were left alone in the house. It appears from the statements that a number of children continued to stay in their original houses. Some children verbalised that they preferred staying on their own, rather than with other people.

Donald and Clacherty (2005, p. 26) indicate that child-headed households tend to be more mobile than adult-headed households. According to the statements in our study, however, there was not a high degree of mobility of the children after they became child-headed households. Many appear to have continued living in their parent's houses as they did before they became child-headed. Nevertheless, some were moved or had to move elsewhere.

**Responsibilities since becoming a child-headed household.** Nine statements were made indicating the responsibilities the children have had to take over since becoming a child-headed household. These include taking care of their siblings and having to earn money in order to survive.

**Sharing Experiences.** Four statements were made with regard to the participants' sharing of their experiences. The children mostly shared their stories in a factual manner. Two of the statements, however, suggested that it was difficult or painful for the children to talk about the loss of their parents. This again suggests a degree of trauma experienced by some of the children in this study.

**Experience of Being a Child-Headed Household**

Item 4 asked, “How are you experiencing being part of the child-headed household?” Based on a content analysis of the participants’ statements, 12 themes emerged that describe the main dimensions of their stories. These themes are presented in Table 7 in descending order of frequency.
### TABLE 7. EXPERIENCE OF BEING A CHILD-HEADED HOUSEHOLD

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| **Responsibility**            | 40        | ❖ I work after school and on weekends to help with the money generating activities.  
❖ It is very difficult to act as a mother, a student and a counsellor all at once.  
❖ When there are no food I am the one stressed  
❖ We help one another with house chores and other financial needs.  
❖ Especially when it comes to the provision of food and other basic stuff.  
❖ The only problem I normally have is that I have to look after & protect my little brother.  
❖ When you have to make serious decisions which might cost you your life.  
❖ I have to take care of my little siblings by myself, especially Caroline, who's always sick and needs health attention.  
❖ I have to clean, wash the clothes and cook for her. |
| **Continuum of experience – between negative and positive** | 34        | ❖ It is difficult at times.  
❖ I think staying away from our parents is even better.  
❖ It is not easy to take care of a household as if you are old enough.  
❖ It is not okay for me especially being an orphan.  
❖ It is not right staying alone.  
❖ Living alone is no "pap 'n vleis" (easy).  
❖ I'm managing to live alone.  
❖ It's a bit difficult to maintain the household on my own.  
❖ Taking care of the household chores is a bit difficult.  
❖ It's better than staying with my aunt who is always drunk. |
| **Needs**                     | 25        | ❖ Coping well except for the fact that my grant money has been stopped.  
❖ I drive local taxis on weekends to get money for food and other necessities we usually need.  
❖ No one cares for us and tells us if we are doing right or wrong.  
❖ No one cares for us & we feel lonely  
❖ Other people take advantage of us and abuse us, because we stay alone.  
❖ To tell you the truth, no one is going to force us to leave this house no matter what they do to try.  
❖ I wish he never commit another crime when he comes back from prison.  
❖ We are poverty driven and we hustle to survive every day.  
❖ We can't send her to a crèche when we go to school.  
❖ No one helps me.  
❖ We need food, clothes and school uniform.  
❖ After I finish school, I'll fetch my parents from the rural area and work for them.  
❖ My dream has always been to buy a house for my parents. I think I'm getting near to achieving my dream.  
❖ This house (CHH) leaks during rainy days and is very cold during winter.  
❖ It's very lonely around here.  
❖ I have to study by candlelight and that's a difficult experience.  
❖ Needs health attention.  
❖ It is difficult to pay for water and electricity as you can see I have no lights at the moment. |
| **Enabling factors**          | 18        | ❖ My younger brother is more of a head than me.  
❖ With the help of neighbours things are not so bad.  
❖ My little siblings respect me and I think we will have a great experience living together.  
❖ But with the help of a friend I'm able to survive hard times.  
❖ Our mother comes to check on us occasionally.  
❖ My younger sister is co-operative and we share responsibilities.  
❖ I constantly go to church. |
<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Continuum of experience –    | 17        | - It’s bad.  
- I'm not fine. I'm not having a good experience.  
- I struggle a bit now since I have to beg for food.  
- It's difficult to maintain the house on my own.  
- It is difficult to take care of my needs, let alone my brother’s needs.  
- It takes more energy than it used to when we used to stay at mother’s main house.  
- I can't cope well while my mother is away (in hospital).  
- It's very horrible.                                                                                      |
| Livelihood                    | 13        | - Coping well except for the fact that my grant money has been stopped.  
- My work after school and on weekends to help with the money generating activities.  
- I usually struggle financially  
- When we are not in school we fix cars belonging to the neighbourhood.  
- Although we sometimes struggle financially.  
- My sister provides us with money.  
- He works at different jobs for us to survive.  
- We can't go to school sometimes because of hunger.  
- The job which I have helps me survive.  
- We also struggle to buy food of our own, not to mention new clothes.  
- It is difficult to pay for water and electricity as you can see I have no lights at the moment. |
| Reliance on others            | 12        | - After losing my parent my uncle asked my aunt to come look after us.  
- With the help of neighbours things are not so bad.  
- Without depending on other people.  
- People mind their own businesses  
- I have to depend on other people's donations in order to survive.  
- I have to depend on my other friends for assistance to run the household.  
- My sister visits every end of term but bring nothing for me.  
- My mother takes care of other matters when she comes and visit on the weekend.  
- I have to beg for food from other neighbours to survive.  
- I had to start doing things on my own with the help of my grandmother.                                   |
| Loss                          | 11        | - I sometimes feel lonely staying alone without my mother  
- My mother's voice is hearable in my dreams and that fills sorrow into my heart. I always think about her, even when I'm at school.  
- I usually wish my parents had not moved away but it was their choice and I could not decide for them.  
- I sometimes miss my parents.  
- Especially, if you know that you have a parent who is abandoned you.  
- But I've got used to accept the fact that my mother is never coming back and doesn't care.                                                              |
| Growth experience             | 9         | - Staying alone with my little brother has taught me to take care of responsibilities such as cleaning and cooking.  
- This life has taught me to be a better person than I was in Nelspruit.  
- We teach each other about life and most of the time we share our secrets as a family, making promises and keep them for ourselves.  
- Being a CHH taught me how life is and to be responsible.  
- This teaches me to have guts to stay on my own even when I grow up.  
- I've grown so much mentally and am now able to take care of myself and the household.  
- We are getting used to the situation and it has forced us to mature at an early age.  
- This situation has helped me grow up both emotionally/ mentally and spiritual. |
<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Continuum of experience – positive   | 8         | - My little siblings respect me and I think we will have a great experience living together.  
- I enjoy the freedom that I have since my father is away.  
- Coping well.  
- I can say we are fine.  
- I feel new and ready to take responsibility for my father’s children and house.  
- This is my new home and I’m enjoying it.  
- It is easy.  
- I’ve adopted that and find it easy to take care of my own house now. |
| Other                                | 5         | - I think my parents’ drinking problem will have bad influences on my younger brother.  
- I don’t think I made a mistake by leaving home.  
- I don’t have anything against my parents but I prefer staying alone.  
- These are some of the reasons I am constantly sick  
- It’s getting to a stage where I’ll give up and we will see where my little sister shall get these favours. |
| Not clear                            | 3         | - He used to tell what to do whenever he liked and I never liked that.  
- The more things change, the more they stay the same. |

The narratives of the heads of child-headed households were classified on a continuum of experiences ranging from outright positive experiences by eight children to outright negative experiences by 16 children. Of the 32 heads of households who described their experience as not entirely positive or negative, 13 tended towards a more positive description and 19 towards a more negative description. The overall tone of the responses to this question, therefore, tended towards negative experiences of being part of a child-headed household. Several of the themes will be discussed in some detail, concluded by a more general discussion of the findings.

**Responsibility.** The theme responsibility was defined as any experience by the heads of child-headed households in terms of certain life demands placed on them, excluding economical demands. This was identified in 35 of the narratives by the households and ranged from basic household chores to earning an income and even providing for a mother living elsewhere or caring for a sickly sibling. One head of a household described the experience of the demands as follows, “It is very difficult to act as a mother, a student and a counsellor all at once.” The issue of responsibilities will be taken up further in Section J.

**Needs.** The needs of the child-headed households as expressed in the narratives of 21 heads of households are mainly economical in order to address the need for proper shelter, food, clothes and even electricity. However the need for care and support for themselves and the need to be able to provide support to parents living elsewhere were also expressed.

**Enabling Factors.** Sixteen heads of households described statements that identified enabling factors, such as a person or aspect that are experienced as helping or easing their current situation. Most of these related to the relationships with and support and cooperation of other siblings living in the household. Three of the heads identified religious involvement as an enabling factor. These enabling factors are complemented by remarks of 12 heads of households on their sense of whether they could rely on others in the community such as neighbours, friends and family members. Two of the 11 heads in this category, however, indicated that they could not rely on others.

**Livelihood.** Thirteen of the heads of households remarked on their experiences in terms of economic survival or what was themed as livelihood. Their experiences reflected the struggle with everyday needs due to limited financial resources, the impact thereof in terms of their basic needs.
for food and clothes, as well as the secondary impact in terms of school attendance. This will be addressed further in Section I.

**Loss.** Nine of the eleven heads of households who expressed a clear sense of loss or longing, expressed this experience in relation to their parents, four of them specifying their mother. This sense of loss was expressed quite differently by two of the heads of households. The one whose mother passed away said, “My mother’s voice is hearable in my dreams and that fills sorrow into my heart. I always think about her, even when I’m in school.” Another participant, abandoned by her mother, said, “But I’ve got used to accept the fact that my mother is never coming back and doesn’t care”.

**Growth Experience.** Narratives that described experiences as contributing to growth in any dimension of human functioning were categorised as a growth experience and was identified by nine of the household heads. One of the participants described it as follows, “We teach each other about life and most of the time we share our secrets as a family, making promises and keep them for ourselves.”

**Discussion.** The 40 narratives by 35 of the heads of child-headed households on their experience of the burden of responsibility confirm the findings of Nkomo’s (2006, p. 70) study in Gauteng and Kwazulu-Natal which identified key components of this adjustment, including the feeling of having lost one’s childhood and sense of self with the attendant feelings of deprivation; of responsibility towards one’s family (younger siblings) and the obligation to take the place of the deceased parents; of being abandoned by extended family members who they feel should be taking responsibility for them; of concern for surviving in the face of economic hardship; of grappling with multiple and competing responsibilities. It also confirms Mkhize’s (2006, p. 214) finding in a study in Kwazulu-Natal that the children find it stressful to carry these roles.

One of the main reasons for a negative experience of being child-headed was the threat of poverty and the “struggle” to have the financial means to survive and to secure food and clothes as expressed by 13 heads of households in their statements about their needs and their efforts to ensure a livelihood. This theme is confirmed by a qualitative study in the Free State (Leatham, 2006, p. 84). The child heads of household reported stress about the responsibility of caring financially for the family – where to get food, where to live, etc.

While children in child-headed households may be regarded as vulnerable and at-risk, these data also show that these children have strengths and assets. Furthermore, their experience in adult-headed or parent-headed households may be so negative that their experience of being a child-headed household is positive, rather than entirely negative, and even a growth experience. This was clearly reflected in the narratives of eight heads of households who described their experiences as outright positive; 13 of the 32 heads of household who described their experiences as not completely negative or positive tended to the positive description; and nine heads of households described a positive growth experience because of their child-headed status.

Adopting a resilience perspective on child-headed households is therefore a helpful and affirming approach. Germann (2005b, p. 50) reports that many of the children he studied “have managed to make their child-headed households ‘good-enough’ places of care by creating – through effective social networking among siblings, neighbours and peers – an atmosphere of support, affection, acceptance and solidarity.” This is confirmed in this study by 16 heads of households who described enabling factors in their experience. These enabling factors were mainly identified as the sibling
relationships and support. The importance of social networking is expressed by the 10 heads of households who expressed their experience of reliance on neighbours, friends and family members outside the household.

One particular narrative describes how the sibling relationship is experienced as an enabling factor, “Since I came here, two weeks ago, I feel new and ready to take responsibility for my father’s children and house. My little siblings respect me and I think we will have a great experience living together. T (ex-head) says it was difficult living alone before B came back and joined the CHH. I respect my little brother and would not mind being headed by him. Thus you can continue interviewing him as a head.”

Coping as a Child-Headed Household

Item 5 asked, “What helps you cope with being part of the child-headed household?” Based on a content analysis of the participants’ statements, six themes emerged that describe the main dimensions of their stories. These themes are presented in Table 8 in descending order of frequency.

TABLE 8. COPING AS A CHILD-HEADED HOUSEHOLD

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical needs</td>
<td>20</td>
<td>- We get donations at school and church</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Give-aways from the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- We depend on our parents to get us clothes, food and other things we often need</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- We receive food from the neighbours and other organisations who deal with orphans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I receive food at lunch time at school (feeding scheme) and when I am not at school I receive from my family friend</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- With the help of relatives and friends, I am able to survive everyday. At least I get food from the above sources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My grandmother ensures that there are food and washing powder at home so that we can cope with the situation.</td>
</tr>
<tr>
<td>The ability to access work and income</td>
<td>18</td>
<td>- I have left school to work for my little brother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My neighbour is very supportive. He usually ask me to help him on his construction company and that helps me have a few Rands</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The money that is generated from our small business helps us cope</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- We work “piece jobs” weekends to cope with poverty that drives our township</td>
</tr>
<tr>
<td>Financial support from others</td>
<td>13</td>
<td>- I cope with the help of my aunt who supported us financially, although she does not stay with us</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- We get money from uncle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My mother deposits money into my account monthly, for us to buy survival things</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I go to my grandparent’s house whenever I need money</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My sister often come and offers money to us</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I have two boyfriends. One gives me money and buys me stuff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Thus in terms of financial support, my parents still take responsibility</td>
</tr>
<tr>
<td>Emotional support from others</td>
<td>11</td>
<td>- We are twins and have almost the same mind capacity. Thus we advice each other and listen to one another’s views and ideas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My neighbour has always told me to never give up on life, so my neighbour has been a pillar of strength.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My mother visits us from time to time. She supports us in all ways possible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My girl friend supports me with the house duties and is very supportive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Teachers at school also provide my household with services and are very supportive</td>
</tr>
</tbody>
</table>
### Theme Frequency Sample Statements

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Not coping| 13        | - My sister sometimes misses school because of work  
- It's a bit hard to concentrate at school because I also have to think of my work after school  
- It is hard to cope having a child and having to go to school at the same time  
- I don't want to lie to you. I am not coping very well. It's been along time since I had money of my own.  
- I have not found ways to generate funds to maintain our household. |
| Grants    | 4         | - Our grandmother uses grant money to help us cope  
- We at least survive on my child’s grant money  
- My mother is only released from hospital for a day or two, when she has to collect her grant (disability) money each month. She leaves half the money for me to take care of myself and in order to visit her, usually twice per month. |

**Physical needs.** Twenty statements reflected that households obtain support with their physical needs. Most of these statements focussed on food, clothing and housing. The children receive clothes and food from neighbours, parents, grandparents, the schools, churches and organisations. This is also confirmed in Section F (Question 40), where the children share that they often eat at their neighbours, at school (feeding schemes) and at friends. It may be that people find it easier to address the physical needs of a child-headed household than to provide emotional or financial support. Most child-headed households are found in impoverished communities.

**The ability to access work and income.** The 18 statements given indicate the importance of accessing some form of income in order for the child-headed households to survive. The children generate income through doing ‘piece jobs’ over weekends or in the afternoon. Some even run their own small businesses. One child left school in order to work. It is admirable to see the children taking on the added responsibility of earning an income while still attending school and taking care of themselves and/or their siblings. This theme will be addressed again in Section I.

**Financial support from others.** 13 of the children indicated that they receive financial support from aunts, uncles, parents and even boyfriends. It is not clear how much of the support from uncles and aunts comes from grants received on behalf of the children.

**Emotional support from others.** Only 11 statements were made regarding emotional support, much less than for the material needs described in the previous three themes. Lack of emotional support may, therefore, be an area of concern. Many children have been exposed to multiple losses through abandonment and even the (violent) unnatural deaths of their parents/caregivers. These children are likely to be in need of emotional or psychosocial support. Germann (2004, p. 95) indicated that children in child-headed households are exposed to ongoing traumatic stress. The failure to support such children in overcoming such trauma will jeopardise personal development. Physical support alone is inadequate, as the children’s emotional needs also need to be addressed (Atwine et al., 2005, p. 560). This theme will be addressed again in Sections D and E.

**Not coping.** Thirteen of the children indicated that they are not coping, either emotionally or financially.

**Grants.** Four children indicated that money from grants was helping them to cope. This, combined with the earlier statements from Theme 2, suggests that accessing finances is the most important factor in helping the children to cope. In Section H social security is discussed where it is indicated that only a third of the children receive grants.
It seems that the children may not realise that they are in need of emotional support to help them come to terms with their own multiple traumatic experiences, fears and insecurities (Germann, 2004, p. 95). Walker (2002, p. 16) also indicated that child-headed households experience a significant amount of fear concerning the future. This includes fear about losing their house, fear of living in poverty and fear of becoming ill. Leatham (2006, p. 105) said that children in child-headed households experience feelings of vulnerability and the absence of a feeling of security. These may be important aspects that require further investigation, since for the children, their physical survival comes first.

Section A: Conclusions

Based on the results of this section, the following conclusions can be drawn:

- It seems that in Gauteng children are more likely to become child-headed households as a result of abandonment rather than orphanhood. This may have legal implications, since some parents appear to have abandoned their responsibility to provide adequate care and support to their children (South African Government, 2005a, Section 7(1)(k)).
- The threat of poverty and the demands of survival are very real for many of these children. They continually struggle to secure the resources needed to live – food, clothes, shelter.
- Many of the children in this study reported multiple losses and traumatic events. This may leave residual trauma that appears to have received inadequate attention, as expressed by a number of children who reported persistent feelings of loss and disappointment. Children seem more likely to have access to physical and financial support than emotional support. The children themselves may be not fully aware of this trauma, as they seem more concerned for their basic survival needs, rather than the psychosocial concerns. Furthermore, a handful of children were unwilling to discuss their life story because of the distress it caused them.
- The narratives suggest that the children’s living conditions changed from a sense of being part of a family to one of ‘aloneness’. On the whole, children seem to have had reasonably happy experiences prior to becoming child-headed. Despite the feeling of ‘aloneness’, however, several children pointed to strong relations between the remaining family members, suggesting that child-headed households establish an alternative family form that may be characterised by mutual trust, respect and caring.
- The overall experience of children in child-headed households tends towards negative, although this is not uniformly so. Several of the children report only positive experiences associated with their life situation, while others provide both negative and positive experiences leaning towards positive.
- There is an indication that the children are able to put coping mechanisms into place, in spite of their difficult circumstances, and that they show a degree of resilience. Some have even transformed what many might consider an ‘abnormal’ situation (children having to care for themselves) into a growth opportunity.
- Overall, the experiences of the participants suggest that we need to shift from a pathogenic view of child-headed households towards the salutogenic or resilience perspective. Despite their vulnerability, many of these children have successfully mobilised a range of coping mechanisms and positive worldviews, turning a less-than-ideal situation into a growth opportunity. Recognising and affirming these strengths and assets could transform the approach to planning of service delivery to child-headed households.
Section B: Household Information

Section B provides information related to the living environments of participants in the study – housing, water, fuel, etc. In addition, we explore the stability of these living environments. Table 9 provides a summary of the information, which will thereafter be discussed in more detail. The columns contain percentages of the sample per region and for the total (combined) sample.

### TABLE 9. HOUSEHOLD INFORMATION SUMMARY

<table>
<thead>
<tr>
<th>Variable</th>
<th>TSHW</th>
<th>JHB</th>
<th>WEST</th>
<th>EKH</th>
<th>SED</th>
<th>TOT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Region</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freestanding house</td>
<td>0.0</td>
<td>0.0</td>
<td>30.0</td>
<td>43.2</td>
<td>0.0</td>
<td>38.6</td>
</tr>
<tr>
<td>Traditional dwelling/hut</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Flat</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Town/cluster/semidetached house</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>House/flat/room in backyard</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>15.9</td>
<td>0.0</td>
<td>12.3</td>
</tr>
<tr>
<td>Informal shack in backyard</td>
<td>100.0</td>
<td>0.0</td>
<td>10.0</td>
<td>4.5</td>
<td>0.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Informal shack not in backyard</td>
<td>0.0</td>
<td>100.0</td>
<td>60.0</td>
<td>36.4</td>
<td>100.0</td>
<td>42.1</td>
</tr>
<tr>
<td>Room/flatlet not in backyard</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Caravan/tent</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Average number of relocations</strong></td>
<td>0.0</td>
<td>1.0</td>
<td>1.1</td>
<td>0.8</td>
<td>2.0</td>
<td>0.88</td>
</tr>
<tr>
<td>Number of rooms (excl kitchen/bath)</td>
<td>2.5</td>
<td>2</td>
<td>2</td>
<td>2.6</td>
<td>4</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Main source of energy for lighting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td>100.0</td>
<td>100.0</td>
<td>50.0</td>
<td>80.9</td>
<td>0.0</td>
<td>75.4</td>
</tr>
<tr>
<td>Gas</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Paraffin</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>2.1</td>
<td>100.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Candles</td>
<td>0.0</td>
<td>0.0</td>
<td>50.0</td>
<td>17.0</td>
<td>0.0</td>
<td>21.3</td>
</tr>
<tr>
<td>Solar</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Main source of energy for cooking</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td>100.0</td>
<td>100.0</td>
<td>50.0</td>
<td>55.3</td>
<td>0.0</td>
<td>55.7</td>
</tr>
<tr>
<td>Gas</td>
<td>0.0</td>
<td>0.0</td>
<td>10.0</td>
<td>0.0</td>
<td>0.0</td>
<td>1.6</td>
</tr>
<tr>
<td>Paraffin</td>
<td>0.0</td>
<td>0.0</td>
<td>30.0</td>
<td>2.1</td>
<td>0.0</td>
<td>6.6</td>
</tr>
<tr>
<td>Wood</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>2.1</td>
<td>100.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Coal</td>
<td>0.0</td>
<td>0.0</td>
<td>10.0</td>
<td>40.4</td>
<td>0.0</td>
<td>32.8</td>
</tr>
<tr>
<td>Animal dung</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Solar</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Source of water</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In dwelling</td>
<td>0.0</td>
<td>0.0</td>
<td>30.0</td>
<td>2.2</td>
<td>0.0</td>
<td>6.7</td>
</tr>
<tr>
<td>In yard</td>
<td>100.0</td>
<td>100.0</td>
<td>20.0</td>
<td>93.5</td>
<td>100.0</td>
<td>81.7</td>
</tr>
<tr>
<td>Communal tap within 200m</td>
<td>0.0</td>
<td>0.0</td>
<td>20.0</td>
<td>4.3</td>
<td>0.0</td>
<td>6.7</td>
</tr>
<tr>
<td>Communal tap over 200m away</td>
<td>0.0</td>
<td>0.0</td>
<td>30.0</td>
<td>0.0</td>
<td>0.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Borehole</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Spring</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Rain tank</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Dam/pool/stagnant water</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>River/stream</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Water vendor</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
From the data obtained it is evident that a large number of the child-headed households live in formal dwellings, with 38.6% living in a freestanding house and 12.3% living in a house/flat/room in a backyard. An equally large number (42.1%), however, live in informal shacks that are not in a backyard, which would suggest that they are living in informal settlements or squatter areas.

The majority of households (54%) report that their current dwelling type is the same as their previous dwelling. Some of the child-headed households (22%) seem to be worse off after becoming child-headed since 49.2% lived in freestanding houses before they became child-headed in contrast to the 38.6% now living in freestanding houses. By contrast, some of the households (24%) are now better off – while 13.6% indicated that they previously lived in traditional dwellings, none were living in traditional dwellings at the time of the interview. The fact that 13.6% previously lived in traditional dwellings is probably due to the fact that 16.9% indicated that their previous dwelling was in a province other than Gauteng. It is likely that these households were located in rural areas and the children have since migrated into the urban areas of Gauteng.

On average, child-headed households lived in houses with 2.5 rooms.

The main source of energy for lighting is electricity (75.4%). For cooking the main source of energy is also electricity (55.7%), but coal (32.8%) is also used in many of these households. Most of the child-headed households obtain their water from a tap in the yard (81.7%) and in only 6.7% of households is there water on tap inside the house.

Participants were asked since when their household had been child-headed. The average time that these 61 households have been child-headed is 1.42 years. Some of the households have, however, been child-headed for up 5.47 years and for as short a time as 83 days at the time of the interviews in July 2008. This suggests a wide variation in length of time these children are caring for themselves.

An analysis was made as to the ownership of the dwellings in which the child-headed households live. In a large number of households the house still belonged to one of the parents (38.98%). Of the 61 households, 22% indicated that the dwelling in which they were living belongs to their mother, 6.8% to their father and 10% to their ‘parents’. In 20.3% of households, the dwelling actually belonged to “ourselves” or “myself”, thus to the household head himself or herself. Other prominent owners of the dwelling are the grandmother (17%) and aunt (6.8%) of the children. There is also ownership outside the family in 10% of the households. It is interesting that in a large percentage of households the dwelling belongs to a female member of the child-headed household: to the mother (22%), the grandmother (15.3%), the aunt (6.8%) and a sister (1.67%).

<table>
<thead>
<tr>
<th>Previous dwelling type</th>
<th>TSHW</th>
<th>JHB</th>
<th>WEST</th>
<th>EKH</th>
<th>SED</th>
<th>TOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freestanding house</td>
<td>50.0</td>
<td>100.0</td>
<td>40.0</td>
<td>51.1</td>
<td>0.0</td>
<td>49.2</td>
</tr>
<tr>
<td>Traditional dwelling/hut</td>
<td>0.0</td>
<td>0.0</td>
<td>10.0</td>
<td>15.6</td>
<td>0.0</td>
<td>13.6</td>
</tr>
<tr>
<td>Flat</td>
<td>0.0</td>
<td>0.0</td>
<td>10.0</td>
<td>0.0</td>
<td>0.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Town/cluster/semidetached house</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>House/flat/room in backyard</td>
<td>0.0</td>
<td>0.0</td>
<td>10.0</td>
<td>8.9</td>
<td>0.0</td>
<td>8.5</td>
</tr>
<tr>
<td>Informal shack in backyard</td>
<td>0.0</td>
<td>0.0</td>
<td>20.0</td>
<td>2.2</td>
<td>0.0</td>
<td>5.1</td>
</tr>
<tr>
<td>Informal shack not in backyard</td>
<td>50.0</td>
<td>0.0</td>
<td>10.0</td>
<td>17.8</td>
<td>100.0</td>
<td>18.6</td>
</tr>
<tr>
<td>Room/flatlet not in backyard</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>2.2</td>
<td>0.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Caravan/tent</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>2.2</td>
<td>0.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Other</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>2.2</td>
<td>0.0</td>
<td>1.7</td>
</tr>
</tbody>
</table>
In the questionnaire a question was asked on the previous region the household was living in. Only 28 of the 47 households (44%) that are currently living in Ekurhuleni reported that they lived in Ekurhuleni before they became child-headed. The remainder (56% of those currently living in Ekurhuleni) moved into Ekurhuleni since becoming child-headed. In only five instances did the head of the household indicate that “We were born here” or “We lived here since we were born”. On average, households reported having moved once since becoming child-headed. Although the indications are that this movement is largely within Gauteng there is also movement from various other areas and provinces in South Africa to Gauteng as indicated in Table 10. Most of the provinces of South Africa, except for the Western Cape and Limpopo, are areas of origin of these households. This movement or migration is most probably from rural to urban areas since in 13.6% the previous type of dwelling they lived in was a traditional dwelling/hut.

TABLE 10. LOCATION OF HOUSEHOLD BEFORE BECOMING CHILD-HEADED

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ekurhuleni</td>
<td>28</td>
</tr>
<tr>
<td>Johannesburg</td>
<td>5</td>
</tr>
<tr>
<td>Same place</td>
<td>5</td>
</tr>
<tr>
<td>Tshwane</td>
<td>3</td>
</tr>
<tr>
<td>West Rand</td>
<td>3</td>
</tr>
<tr>
<td>Unspecified area in Gauteng</td>
<td>3</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>3</td>
</tr>
<tr>
<td>Eastern Cape</td>
<td>2</td>
</tr>
<tr>
<td>KwaZulu-Natal</td>
<td>2</td>
</tr>
<tr>
<td>Sedibeng</td>
<td>1</td>
</tr>
<tr>
<td>Freestate</td>
<td>1</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>1</td>
</tr>
<tr>
<td>North West</td>
<td>1</td>
</tr>
<tr>
<td>Not clear</td>
<td>1</td>
</tr>
</tbody>
</table>

Section B: Conclusions

Based on the results of this section, the following conclusions can be drawn:

- Households have been child-headed for an average of 1.42 years, with a range of 83 days to 5.47 years.
- Child-headed households tend to live primarily in informal shacks or freestanding houses, with an average of 2.5 rooms (excluding the kitchen and bathroom). Over a third of the dwellings belonged to the children’s parents, while a fifth belonged to the children themselves.
- The number of children who are currently living in a better house than previously (eg living in a freestanding house now and a shack previously) is roughly equal to the number who are living in a worse house than previously. The majority of children report living in the same type of house currently as previously.
- The majority of households (56%) appear to have moved into their current region since becoming child-headed. They have moved on average only once since becoming child-headed. About 14% of households seem to have migrated from rural areas into the urban areas of Gauteng.
- Most households make use of electricity for cooking and lighting, although coal is also used by a third of households for cooking. Most households obtain water from an outside tap.
Section C: Household Composition

Section C provides a profile of the members of child-headed households, based on the detailed survey data (n=61).

Household Size

The sample of child-headed households in Gauteng comprises 61 households and 109 children. The average size of a child-headed household is 1.8 children, with a range from 1 to 4 children per household. Figure 10 alongside shows the number of children living in child-headed households, thus the size of households.

Most (43%) of the children only have to look after themselves. A further 39% look after another brother or sister, while only 18% care for more than 2 other people. An attempt was made to compare these results with those in the literature, however most studies did not report these data. Nkomo (2006) reported that only one of her 14 participants lived alone.

Relationship to Household Head

Figure 11 alongside summarises the relationship of children in child-headed households to the household head.

The majority (81%) of the children in the child-headed households are siblings of the household head. One household head mentioned that she and her child live on their own. It is interesting to see that children also take care of their cousins. Four percent of respondents indicated that ‘other’ children stayed with them, although the relationship was not specified. In some of the narratives children included their boyfriend/girlfriend as part of the household, implying that their boyfriend/girlfriend has also moved in.

Age of Household Heads

We found that the majority of household heads are older adolescents, as illustrated in Figure 12 below. The average age of a household head was 15.9 years. The fieldworkers indicated that most of the household heads (90%) looked like children, while 10% said they were unsure.
Although most of the heads of households are older than 12, it would be interesting to establish at what age they became part of a child-headed household. As previously indicated it appears that some of them have been in a child-headed household for a few years. Comparisons with other literature are complicated by divergent definitions of the construct ‘child-headed household’. For example, in Nkomo’s (2006) study in South Africa, nine of her 14 participants were aged 18 or older – only five met our definition of being under 18 years.

**Gender**

Figure 13 below provide the genders of members of child-headed households and of household heads.
As seen from the first pie chart in Figure 13, there is an equal ratio of male and female members of child-headed households (ie excluding household heads). By contrast, two thirds of the heads of child-headed households are males. The question arises as to whether communities perceive that males are better able to look after themselves than females. Perhaps households headed by girls are more likely to be taken in by family or community members, while boy heads are more likely to be left to fend for themselves. In contrast, Nkomo’s (2006) small study had eleven of the 14 households (79%) headed by girls, while in Germann’s (2005a) larger study 52 of the 83 households (63%) were headed by girls.

Further analysis of the data concerning household heads reveals that 46% of boy heads live alone, compared with only 33% of girl heads. This may confirm the above finding, that communities are less willing to allow girls to live alone than boys.

**Age Ranges**

The average age of children in child-headed households is 11.6 years, while the average age of household heads is 15.9 years. Figure 14 below provides the ages of members of child-headed households and of household heads.

![Figure 14: Age Groups of Household Members and Household Heads](image)

It can be seen that most household heads are late adolescents, with two thirds aged 16 or older. The age of household members is, by contrast, much more diverse, ranging from infants to late adolescents, with the majority falling in the 10 to 15 year range.
Education Level Attained

Figure 15 below provides the highest educational grade completed by members of child-headed households and by household heads.

![Figure 15. Educational Level Achieved](image)

The data in this figure are consistent with the findings related to the age of the children presented in Figure 14.

The age and highest grade achieved by the children in this study were found to correlate significantly ($r_p = .901, p < .001$), indicating that as children get older, they achieve a higher standard of education. This is illustrated in Figure 16 below, which shows that most children fall within a three-year age bracket per school grade. There are only a handful of outliers and extreme cases (illustrated by the dots and whiskers).

What is perhaps of some concern is that there appears to be a greater spread of ages among grades three to five, suggesting that younger children may be struggling to progress adequately through their formative school years. Since these children have experienced the crisis of becoming child-headed and are under the care of an older sibling, it is possible that their academic performance is being compromised by their environment. These children may be displaying an academic vulnerability that needs to be picked up by the Department of Education.
FIGURE 16. RELATIONSHIP BETWEEN AGE AND EDUCATION
School Attendance

Figure 17 below illustrate school attendance of members of child-headed households and of household heads.

There is a 2% difference between school attendance of household members and household heads. From the narratives some of the household heads indicated that they left school to work and earn money. It seems, however, that most household heads manage to continue with their schooling. Some indicated in the narratives that they do “piece jobs” after school or over weekends to earn money. This is in contrast with Masondo (2006, p. 36), who said that household heads are particularly vulnerable to dropping out of school in order to care for their younger siblings, while they continue with their education. Robson and Kanyanta (2007, p. 423) said that child-headed households are often extremely vulnerable and impoverished, driving children into work and preventing them from attending school. Members or heads of child-headed households may also not attend school because they are unable to afford the school fees or uniform, or because they have to care for a sick family member. In a study conducted by Walker (2002, p. 11), in Zimbabwe 40% of the children were not attending school. In this study of Gauteng, a surprisingly high percentage of members (94%) and heads of households (92%) are able to continue their schooling. This may be due to their own motivation, but may also be attributed to the support they get from the community with regard to food, clothing and some form of income. This will explored further in Section G.
Health

Figure 18 below illustrate health status of members of child-headed households and of household heads.

According to studies by Walker (2002, p. 14) and Amuge et al. (2004), concern was expressed about children not being able to identify illnesses early enough. They also did not have adequate resources or access to resources, resulting in their health being compromised. From the above results is does not seem that the households in this study experience major health problems. This may be due in part to the fact that the child-headed households are in Gauteng and mostly in urban areas where they have easier access to clinics. Concerned family members, neighbours, etc. may also assist when a household member becomes sick. This will be explored further in Section F.

Citizenship

All of the children contacted in this study reported that they are South African citizens. None of the child-headed households identified were foreigners. Xenophobic attacks had commenced around the same time that this research was conducted, but it is doubtful that there were any foreign child-headed households.
Identification Documents

Figure 19 below illustrate how many members of child-headed households and household heads are in possession of identification documents.

![Household Members and Heads Producers of ID](image)

The lack of identification documents may play a role in the children experiencing problems in accessing grants. Donald and Clachtery (2005, p. 22) found that fewer than half the child-headed households in their study had the necessary documents to obtain grants. In Gauteng more than half of the children do have documents, but those without are unable to access grants. The Department of Social Development and Home Affairs could play a more supportive role in this regard. This will be explored further in Section H.
Social Security

Figure 20 below illustrate how many members of child-headed households and household heads are receiving social security.

![Figure 20. Household Members and Household Heads Accessing Social Security](image)

Figure 21 below illustrates the types of social security received by members of child-headed households and by household heads, viz the Child Support Grant (CSG) and Foster Care Grant (FSG).

![Figure 21. Types of Social Security Accessed](image)

The graph above illustrates that only a small percentage of the children eligible for grants actually receive them. This will be discussed in more detail in Section H.
Sloth-Nielsen (2002, p. 25) argues that in the Grootboom case the Constitutional Court has stipulated that the State has a parental responsibility towards children who have no parents. “When children are orphaned or abandoned and thus find themselves without families, the responsibility for fulfilling their socio-economic rights rests squarely on the State. The State has two distinct constitutional duties.

1. It has a duty to ensure that children in child-headed households are linked with some form of parental, familial or institutional care.
2. It has a duty to provide the resources necessary for the survival and development of children”.

The reasons why so few of the children receive grants can only be speculated about. As seen in the previous discussion, the lack of identification documents is probably a key reason. Some other reasons for not receiving grants were formulated by other researchers:

- According to Goldblatt and Liebenberg (2004, p. 151) the Department of Social Development is not treating applicants consistently.
- The study by Donald and Clacherty (2005) indicated that the children are not always aware that they can access social security. Similarly, Foster (2004, p. 80) found that in Gauteng up to 26% of children do not access the CSG due to lack of awareness of the grant, lack of correct documents and insufficient time and resources to undertake the application process.
- Sloth-Nielsen (2003, p. 26) explains that children who have no parents must present a close relative, who is at least ten years older than they are, to provide an affidavit. This may be impossible for some of the children if they have little contact with relatives.

Status of Mother and Father

Table 11 documents the status of the mothers and fathers of children in child-headed households. The data in this table refer to the parents of each child, because some households comprise children from different parents.

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deceased</td>
<td>61</td>
<td>52</td>
</tr>
<tr>
<td>Abandoned</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Too ill to give care</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>In prison</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Living elsewhere (involved)</td>
<td>33</td>
<td>18</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 11 links closely with the stories the children told the fieldworkers regarding how they became a child-headed household. They shared how their parents had died or how they were abandoned. Here it can be seen that the majority of children reported that their mother (56%) and father (48%) had died.

It is disturbing to see how many child-headed households are the result of children being abandoned/neglected and not necessarily due to death of the parents. If ‘living elsewhere’, ‘other’ and ‘unknown’ are regarded as abandonment, 45 mothers (41%) and 53 fathers (49%) can be said to have abandoned their children. This in turn may be linked to fathers and mothers who are
migrant workers, resulting in children being left without adult care. These children can be referred to as “social orphans” (Cornia, cited in Jones, 2005, p. 163). Cornia also indicated that in Swaziland social orphans exceeded natural orphans.

**Section C: Conclusions**

Based on the results of this section, the following conclusions can be drawn:

- Most child-headed households are small, with a little under half (43%) comprising only a single child, and a further 39% comprising only two children.
- The majority of household heads are aged 17, and the youngest head is just 12 years old.
- Households comprise primarily family members, especially siblings, although also a significant number of cousins and the children of children.
- Although the overall ratio of boys to girls is equal, two thirds of household heads are boys, suggesting that families and communities may perceive boys as more able to look after themselves than girls.
- Most children are still attending school and appear to be making adequate academic progress. Children in grades three to five, however, appear academically vulnerable, perhaps related to a combination of psychosocial concerns and inadequate supervision by their older siblings.
- Access to identification documents (particularly for household members) and social security remain a concern, with only a small percentage of children accessing grants.
- Roughly half the children in this study reported that their parents had died and about half reported that their parents were alive but living elsewhere. The former are orphans, while the latter have been abandoned, suggesting a failure of parental care.

**Section D: Informal Care System**

Section D addresses the range of informal resources drawn on by child-headed households for the provision of support. It was our expectation that children would be more inclined to draw on informal care than formal social services.

**Sources of Informal Care**

On average, households cited 83 people providing informal care to the household, an average of 1.4 people per household. Figure 22 alongside illustrates that the most common category of person providing care is neighbours, followed by parents and aunts/uncles.

**FIGURE 22. SOURCES OF INFORMAL CARE**

Neighbours (21%) seem to play a significantly supportive role in the child-headed households. They live next to the children and may see their difficulties and struggles on a daily basis. It is interesting to see that 17% of the child-headed households indicated that parents still play a supportive role. Just over half
(54%) of those who provide informal care can be classified as family members (aunts/uncles, siblings, grandparents and parents).

Bower (2005, p. 2) and Foster et al. (1997, p. 206) are of the opinion that child-headed households are in fact seldom entirely without adult or family support. There are usually extended family members living nearby, who provide material support, supervision and regular visits.

There is an increasing body of literature addressing the capacity of the extended family to provide care for the orphans in Africa. Traditionally the extended family or kinship network takes care of the orphans and vulnerable children (Foster, 2000). There is also extensive evidence that shows that the majority of orphans are indeed taken into the care of their extended families (Arnab & Serumaga-Zake, 2006; Foster, 2000, p. 61; 2004, p. 67). This confirms our finding that 54% of informal care is indeed given by family members. Family members do extend a supportive hand, even though they do not necessarily take the children into their own homes. The degree to which that support is given does need further investigation.

Nature of Informal Care

Figure 23 alongside illustrates that the most frequent type of care provided to households by the informal care system is food, followed by finances and then clothes. Figure 23 provides a summary of the types of care child-headed households obtain from each source of care.

**FIGURE 23. NATURE OF INFORMAL CARE**

Three ‘other’ responses were specified, two of which referred to formal care systems (a health clinic and Department of Social Development) and in the third the respondent referred to him or herself as their biggest support. Practical support in the form of clothes, food, housing and finances comprise 71% of the types of care received. The lack of psychosocial support remains a concern as only 2% of responses indicated receiving psychosocial support.

Table 12 crosstabulates the nature of care provided with the source of that care.

**TABLE 12. NATURE OF INFORMAL CARE**

<table>
<thead>
<tr>
<th>Source</th>
<th>Grant</th>
<th>Financ</th>
<th>Food</th>
<th>Clothe</th>
<th>Transp</th>
<th>House</th>
<th>Health</th>
<th>Educ</th>
<th>Psyco</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>2</td>
<td>11</td>
<td>8</td>
<td>12</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grandparent</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sibling</td>
<td>0</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aunt/uncle</td>
<td>4</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neighbour</td>
<td>0</td>
<td>7</td>
<td>14</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Teacher</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Religious cleric</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Friend</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>46</td>
<td>53</td>
<td>44</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>29</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 12 highlights those sources who are most often cited as providing each type of informal care. It is noteworthy that the parents of these children are highlighted as carrying the most common responsibility for finances, clothes, transport, housing, health and education. It seems that although close to half the children in this study have been ‘abandoned’ by their parents, the parents do continue to play a significant role in providing informal care. Aunts and uncles featured as assisting with obtaining social security, neighbours were the group most commonly reported as providing
assistance with food, while religious clerics (pastors, etc) and teachers were most likely to provide psychosocial support.

Section A documented the children’s description of what assists them in coping as child-headed households. In their narratives they also referred to the assistance they get in the form of financial and physical support (clothing and food). The support from the neighbours is again highlighted here. Figure 23 and Table 12 confirm the previous results.

Looking from the perspective of the child, Henderson (2006, p. 322) highlights the ways in which children are able to draw on networks of kin to reconfigure a sense of place for themselves. Children can also be seen as not helpless but rather resilient and able to navigate through social networks to obtain the kinds of support they need.

**Frequency of Informal Care**

Figure 24 alongside illustrates the frequency of care provided to households by the informal care system. A third of the informal caregivers provide care on a monthly basis only. Table 13 provides a summary of the percentages of frequency of care child-headed households obtain from each source of care.

![FIGURE 24. FREQUENCY OF INFORMAL CARE](image)

**TABLE 13. FREQUENCY OF INFORMAL CARE**

<table>
<thead>
<tr>
<th>Source</th>
<th>Never</th>
<th>Once pa</th>
<th>2-4 x pa</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>0.0</td>
<td>15.4</td>
<td>7.7</td>
<td>46.2</td>
<td>23.1</td>
<td>7.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Grandparent</td>
<td>0.0</td>
<td>14.3</td>
<td>14.3</td>
<td>28.6</td>
<td>28.6</td>
<td>14.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Sibling</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>50.0</td>
<td>50.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Aunt/uncle</td>
<td>0.0</td>
<td>8.3</td>
<td>16.7</td>
<td>66.7</td>
<td>0.0</td>
<td>8.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Neighbour</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>50.0</td>
<td>53.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Teacher</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Religious cleric</td>
<td>0.0</td>
<td>0.0</td>
<td>33.3</td>
<td>33.3</td>
<td>33.3</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Friend</td>
<td>0.0</td>
<td>0.0</td>
<td>20.0</td>
<td>20.0</td>
<td>20.0</td>
<td>40.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>14.3</td>
<td>0.0</td>
<td>14.3</td>
<td>14.3</td>
<td>42.9</td>
<td>14.3</td>
<td>14.3</td>
</tr>
</tbody>
</table>

Half (49%) of the child-headed households receive informal support on a daily or weekly basis. The other half (51%) receive infrequent support (monthly or even less). Daily care comes mainly from neighbours (53.3%), siblings (50%) and teachers (100%). Weekly care mainly comes from siblings (50%). Care from parents, aunts and uncles is experienced most often on a monthly basis. Parents that are migrant workers tend to send/bring money home monthly. The narratives of the children in section A also confirmed this.
Satisfaction with Informal Care

Figure 25 alongside illustrates how satisfied the households are with the care provided to them by the informal care system. Half (53%) of households indicated that they are satisfied with the care they receive. Table 14 provides a summary of the level of satisfaction child-headed households experience from each source of care.

**FIGURE 25. SATISFACTION WITH INFORMAL CARE**

**TABLE 14. SATISFACTION WITH INFORMAL CARE**

<table>
<thead>
<tr>
<th>Source</th>
<th>Not satisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>30.8</td>
<td>30.8</td>
<td>38.5</td>
</tr>
<tr>
<td>Grandparent</td>
<td>28.6</td>
<td>42.9</td>
<td>28.6</td>
</tr>
<tr>
<td>Sibling</td>
<td>0.0</td>
<td>83.3</td>
<td>16.7</td>
</tr>
<tr>
<td>Aunt/uncle</td>
<td>30.8</td>
<td>46.2</td>
<td>23.1</td>
</tr>
<tr>
<td>Neighbour</td>
<td>18.8</td>
<td>75.0</td>
<td>6.3</td>
</tr>
<tr>
<td>Teacher</td>
<td>0.0</td>
<td>66.7</td>
<td>33.3</td>
</tr>
<tr>
<td>Religious cleric</td>
<td>0.0</td>
<td>33.3</td>
<td>66.7</td>
</tr>
<tr>
<td>Friend</td>
<td>0.0</td>
<td>40.0</td>
<td>60.0</td>
</tr>
<tr>
<td>Other</td>
<td>50.0</td>
<td>50.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

From this table it can be seen that religious clerics and friends were reported as providing the most satisfactory care, followed at considerable distance by parents and teachers. The highest levels of dissatisfaction were associated with family members: parents and aunts/uncles, followed closely by grandparents.

It is clear that child-headed households do experience care and support, and are generally satisfied with it. According to Nkomo (2006, p. 89), the experience of receiving help and support gives children hope and restores their sense of purpose and meaning in life. These resources should therefore be strengthened to support the child-headed households even more.

Participants were asked to give their reasons for their satisfaction or dissatisfaction with the care they receive from the informal care system. The data were analysed separately for those who were satisfied and those who were dissatisfied.

**Reasons for Dissatisfaction.** Based on a content analysis of the participants’ statements, three themes emerged that describe the main dimensions of dissatisfaction with informal care received. These themes are presented in Table 15 in descending order of frequency.

**TABLE 15. REASONS FOR DISSATISFACTION**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Insufficient financial and physical support | 8         | ❖ My father sends some money to us monthly to buy food and clothes but that is not enough for the three of us  
❖ When my uncle does not come we sleep with empty stomachs. Our clothes are now getting old. |
| Visitation                      | 1         | ❖ My mother stays away in Nelspruit and Witbank for too long before she comes     |
| Non payment                     | 1         | ❖ I do gardening for my neighbour using my lawnmower. Sometimes they do not pay me. They tell me they do not have money |
Most of the dissatisfaction links with insufficient finances, food and clothes for survival. In one statement the child stated that she/he sees the mother too seldom. This might be an indication that she/he misses her emotionally but also that she/he is not cared for adequately, either physically or financially. The one child who expressed his/her dissatisfaction about the issue of non payment may indicate that the people may exploit vulnerable children.

**Reasons for Satisfaction.** Based on a content analysis of the participants’ statements, three themes emerged that describe the main dimensions of satisfaction with informal care received. These themes are presented in Table 16 in descending order of frequency.

**TABLE 16. REASONS FOR SATISFACTION**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Financial and physical support | 44        | - My aunt provides everything for us  
- She brings us nice clothes and money  
- Our grandmother left us with the house and that on its own has provided shelter for us  
- My maths teacher helps me with everything I am in need of  
- I usually gets food and clothes from the neighbours who are more privileged than me. That makes thing a little bit better  
- My parents support me with everything from a distance  
- My cousin brings me food from her house. It makes me survive |
| Emotional support       | 6         | - We get counselling from our pastor every term where he expects us to tell him about how we are progressing in life  
- Mrs M counsels me every Friday |
| Support with school work| 2         | - Sister Nomvula from next door helps me with school work and gives me pocket money  
- The teacher motivates me to go to school by giving me food |

The themes in this table again confirm the importance for physical and financial support for the children. Most of them express satisfaction, as in Figure 25, with the support they receive. Emotional support and support with schoolwork is also appreciated. The few that receive emotional support and support with their schoolwork were satisfied. The rest could not express such satisfaction. They either do not receive emotional support or if they do receive it, may not recognise it as such.

**Section D: Conclusions**

Based on the results of this section, the following conclusions can be drawn:
- Child-headed households draw upon average on 1.4 informal support systems per household.
- Child-headed households are satisfied with about half of the informal support systems they draw upon, dissatisfied with a quarter and very satisfied with a quarter. Children are most satisfied with the care provided by religious clerics and friends, and least satisfied with care provided by parents and aunts/uncles.
- Most of the children receive financial and physical support but very few receive emotional or psychological support, and support regarding their schoolwork.
- Parents play a significant role in the provision of a range of informal support, mostly practical.
- Children tend to receive informal support rather infrequently – weekly or monthly – particularly from family members. Siblings, neighbours, teachers and friends are most likely to provide frequent (daily or weekly) care.
Section E: Formal Service System

Section E assesses the degree to which child-headed households access a range of six key services that are provided by the Department of Social Development and its partners. For those households that do access these services, we are interested in knowing what was useful about the service and how they think the service could be improved. For those households that do not access these services, we are interested to understand the reasons for their not accessing the services. It is expected that these answers will help the Department to render services in a more accessible and helpful manner.

Drop-In Centre

The Gauteng Department of Social Development has defined a drop-in centre as “a place where needy, orphaned and vulnerable children may go during the day for a variety of services such as meals, after-school care, assistance with homework, assistance with washing clothes, food gardening, skills development programmes, etc.”

19 (31%) children indicated that there was a drop-in centre near their home. This is not an objective indicator of the actual presence of drop-in centres, but rather a measure of the children’s awareness of presence of drop-in centres. In this way, it is an aspect of accessibility. It is noteworthy that the majority of children (61%) said that they were unsure about the presence of a drop-in centre, confirming the lack of awareness. In fact, only five children (8%) said that there was not a drop-in centre in their area.

The majority of children who reported that there was a drop-in centre in their area (89%), reported that it was within walking distance of their home. Figure 26 alongside illustrates this finding.

FIGURE 26. ACCESSIBILITY OF DROP-IN CENTRES

Figure 27 to the right illustrates that 53% of the children who reported that there was a drop-in centre in their area did access the drop-in centre in the previous six months.

FIGURE 27. ACCESSING OF DROP-IN CENTRES

The majority of children indicated that they were either unsure or didn’t know about the presence of a drop-in centre in their area. The lack of information or awareness about these centres may have a negative impact on the daily lives of vulnerable children since they might have a need or may develop a need for the services provided by drop-in centres. A lack of information or awareness implies that they would be unable to access the help or support regarding, for example, meals, after-school care, assistance with homework and washing clothes, food gardening and skills development.
Most children who are aware of drop-in centres in their area have access to these centres since they reported the centres as within walking distance from their homes. More than half (53%) of these children experienced a need to access such a service in the previous six months.

The fact that children who are aware of drop-in centres access the centres is indicative of the need for such a service and also implies the need to raise the awareness of drop-in centres amongst all vulnerable children.

**Those Who Did Access the Service**

**Usefulness.** Those who did access the service were asked, “What was useful about the centre?” Based on a content analysis of the participants’ 10 statements, two themes emerged that describe the main dimensions of the usefulness of the service. The two identified themes, namely support and skills development, are presented in Table 17 in descending order of frequency.

**TABLE 17. USEFULNESS OF DROP-IN CENTRES**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>7</td>
<td>❖ They decrease the stress of me being a mother figure to my siblings&lt;br&gt;❖ The centre that is three streets away helps children who are suffering such as myself with free and warm clothes&lt;br&gt;❖ They give us food and the time our sister had passed on they bought food for us</td>
</tr>
<tr>
<td>Skills development</td>
<td>3</td>
<td>❖ They teach us how to earn a living for ourselves by giving us skills&lt;br&gt;❖ The centre helps teenagers develop skills to open up their own business in future</td>
</tr>
</tbody>
</table>

Seven children indicated that they are supported physically and emotionally at the drop-in centre. They are provided with food and warm clothes and are also psychologically supported.

Three statements were made referring to the development of some or other skill through the training that the children receive at a drop-in centre. The development of such a skill could enable the children to provide for themselves in future.

**Improvements.** Those who accessed the service were also asked, “How could the centre be improved?” Based on a content analysis of the participants’ 10 statements, three themes emerged that describe the main dimensions of how the service could be improved. Improvements focussed on resources and the provision of food. These themes are presented in Table 18 in descending order of frequency.

**TABLE 18. IMPROVEMENTS TO DROP-IN CENTRES**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of resources for the provision of physical, mental and developmental needs</td>
<td>5</td>
<td>❖ The centre sometimes struggle to give staff to all of us who come there&lt;br&gt;❖ People should donate more clothes to these centres for them to help us in return&lt;br&gt;❖ I think the centre needs more resources to develop children’s mental capacities&lt;br&gt;❖ If more skills such as computer literacy can be offered to us. We need to be able to use computers like the white kids</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>3</td>
<td>❖ I don’t think any improvements are needed</td>
</tr>
<tr>
<td>Provision of food</td>
<td>2</td>
<td>❖ We wish the centre can give us food until Sunday and not only during the week&lt;br&gt;❖ By increasing the quantity of food</td>
</tr>
</tbody>
</table>
Three children that have accessed a drop-in centre were satisfied with the service provided and felt that no changes were needed.

Five children identified a lack in human and other resources. It seems that additional personnel are needed to assist the children with their individual developmental needs such as computer literacy.

Two children made suggestions pertaining to the provision of food. It seems that the quantity of food is not enough. The expressed need for food provision over weekends may indicate that children go hungry and have no food to eat for two days every week. The expectation that children should ration food during the week so as to have food available over the weekend is a contradiction to what could be expected of children who are daily faced with the ongoing stress of survival.

**Those Who Did Not Access the Service**

Those who indicated that there was a drop-in centre in their area, but did not access the service, were asked, “Why have you not made use of the centre?” Based on a content analysis of the participants’ 45 statements, four themes emerged that describe the main reasons for not accessing the service. These themes are presented in Table 19 in descending order of frequency.

**TABLE 19. REASONS FOR NOT ACCESSING DROP-IN CENTRES**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Lack of information or awareness | 34        | ❖ I don’t know who to contact for such services  
❖ We are not familiar with such a centre, otherwise, we could have long gone there  
❖ I’ve never see the centre maybe we do have  
❖ Grandmother never told me about this centre  
❖ I don’t know where to go for such a centre |
| Time restrictions    | 5         | ❖ We come back late from school and we need to clean the house and prepare supper – thus time is always not on our side  
❖ I have to attend afternoon classes. Thus I do not have the time to go to the centre |
| Perceptions of ‘no need’ | 4         | ❖ I don’t care about those things  
❖ My sister provides for me  
❖ I don’t know. Maybe I have not given myself to use the centre |
| Inaccessibility      | 2         | ❖ My area is an informal settlement and most services are not easily accessible |

The lack of information or awareness, time restrictions, the perception of ‘no need’ and inaccessibility were identified as the main reasons for not accessing drop-in centres. Thirty-four (76%) of the children cited a lack of information as the reason why they do not access drop-in centres. It seems that they either don’t know ‘how’ and/or ‘where’ to access a drop-in centre.

A quarter (24%) of children reported time restrictions, the absence of a need or the inaccessibility of services as reasons for not accessing drop-in centres. Children are challenged by daily demands, for example extra schooling, house chores and preparing meals. These demands erode their time and limit their opportunities to access help and support.

**Home Based Care**

The Gauteng Department of Social Development has defined home based care as “a programme in which volunteers visit the homes of needy, orphaned and vulnerable children on a regular basis to assist with the care of the sick and suffering.”
Eighteen (29.5%) children indicated that home based care was available near their home. As with the drop-in centre, this is not an objective indicator of the actual presence of home based care, but rather a measure of the children’s awareness of the presence of home based care. In this way, it is an aspect of accessibility. As with the drop-in centre, the majority of children (60.7%) indicated that they did not know if home based care was available in their area. It is noteworthy that 17 of the 18 children who reported knowing about home based care came from Ekhurhuleni.

The majority of children who reported that home based care was available in their area, reported that it was within walking distance of their home. Figure 28 alongside illustrates this finding.

**FIGURE 28. ACCESSIBILITY OF HOME BASED CARE**

Figure 29 below illustrates that only 11% of the children who reported that home based care was available in their area did access home based care in the previous six months.

**FIGURE 29. ACCESSING OF HOME BASED CARE**

The majority of children (60.7%) demonstrated a lack of information or awareness pertaining to the availability of home based care in their area. The exception to this is children from Ekhurhuleni.

Even though the majority of children reported that home based care was available in their area and that it was within walking distance of their home, very few (11%) actually accessed the service.

**Those Who Did Access the Service**

**Usefulness.** Those who did access the service were asked, “What was useful about community home based care?” Based on a content analysis of the participants’ three statements, one theme emerged that describe the main dimension of the usefulness of the service. This theme is presented in Table 20.

**TABLE 20. USEFULNESS OF HOME BASED CARE**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Support services | 3         | ❖ My neighbour work for a support group that help people with AIDS. They bath & often give them food and blankets
|               |           | ❖ Khulisamani is a support group that helps our household survive by providing different types of support such as food
|               |           | ❖ I used to work as a volunteer for a support group and we used to help others who suffer more than our CCH, especially sick people |

The three participants who responded to the usefulness of home based care seem to have a positive attitude towards the service rendered by the home based programme. They have seen or experienced the different type of support services provided through this programme, for example care for the sick and the provision of food.
**Improvements.** Those who accessed the service were also asked, “How could community home based care be improved?” Based on a content analysis of the participants’ three statements, two themes emerged that describe the main dimensions of how the service could be improved. One of the three statements was not interpretable and discarded. These themes and the supporting statements are presented in Table 21.

### TABLE 21. IMPROVEMENTS TO HOME BASED CARE

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of human resources</td>
<td>1</td>
<td>- If my neighbour could influence others to help other members of the community</td>
</tr>
<tr>
<td>Issues of confidentiality</td>
<td>1</td>
<td>- Keep information confidential</td>
</tr>
</tbody>
</table>

This very limited response to what improvements are needed in the provision of home based care links to the previously mentioned fact that that only 11% of the children who reported that home based care was available accessed the service. The two respondents were of the opinion that more human resources are needed and that the needs or problems of others should be kept confidential. These two aspects may, however, not be the only improvements needed due to the limited response.

**Those Who Did Not Access the Service**

Those who reported that home based care was available in their area, but did not access the service, were asked, “Why have you not used community home based care?” Based on a content analysis of the participants’ 50 statements, three themes emerged that describe the main reasons for not accessing the service. The lack of information or awareness, perceptions of ‘no need’ and negative allegations were identified as the main reasons for not accessing the service. These themes, supported by statements, are presented in Table 22 in descending order of frequency.

### TABLE 22. REASONS FOR NOT ACCESSING HOME BASED CARE

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of information or awareness</td>
<td>32</td>
<td>- I don’t know where to find them</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I don’t know of such volunteers in my area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I never heard of home based care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- They only help old people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I’m not sure where these people are based</td>
</tr>
<tr>
<td>Perceptions of ‘no need’</td>
<td>12</td>
<td>- They service people who are sick and we are not</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- No one is sick</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I don’t need the support group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I’ve seen people visiting my neighbour and giving condom, but I don’t take that seriously</td>
</tr>
<tr>
<td>‘Other’</td>
<td>6</td>
<td>- They are corrupt. They misuse the governments funds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Don’t know</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- We don’t like them</td>
</tr>
</tbody>
</table>

Thirty-two (64%) of the children gave a lack of information as the reason for why they do not access home based care. It seems that they don’t know ‘how’ and/or ‘where’ to access such a service.

Twelve children indicated that they have no need for home based care since they are not sick, do not need support or don’t take the service seriously. The perception of ‘no need’ may also link with the lack of information regarding the scope of services available through home based care programmes.
Six children demonstrated their mistrust or negative attitude towards the home based care service providers by stating allegations of corruption and dislike.

**Free School Uniform Programme**

The Gauteng Department of Social Development has defined the free school uniform programme as “a programme in which orphaned and vulnerable children are provided with free school uniforms. (To qualify a child must be in receipt of a child support grant and must be attending Grade 1 for the first time in his/her life.)”

None of the households in this study had a child in the home who was eligible to participate in the free school uniform programme. Notwithstanding this, one household did report making use of this programme during the previous six months. This household, however, did not answer the other questions in this section in a way that was interpretable.

**Those Who Did Not Access the Service**

Although only those who were eligible for the free school uniform programme, but did not access the programme, were to have been asked, “Why have you not used this programme?” this question was answered by numerous participants. Although these participants are not eligible for the free school uniform programme, their responses were analysed. The data must, however, be interpreted with caution. Based on a content analysis of the participants’ 49 statements, three themes emerged that describe the main reasons for not accessing the service. These themes with supporting statements are presented in Table 23 in descending order of frequency.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Perceptions of ‘no need’           | 19        | ❖ We have been using the same uniform the past 3 years and it is still wearable.  
❖ No one has offered us new uniform  
❖ I'm still using the uniform my parents bought for me five years ago  
❖ I'm still using the same uniform my father bought for me since high school  
❖ The uniform we have is still in good condition  
❖ We receive uniform at the beginning of the year. We have jerseys for winter and that is wonderful stuff  
❖ No child in grade 1 |
| Other sources provide uniform      | 15        | ❖ Aunt buys school clothes for us  
❖ My boss at the paint shop provides me with money to buy uniform  
❖ My sister buys uniform for me every year  
❖ My mother and grandmother buy uniforms for us  
❖ The teachers have once gave me school uniform when someone else donated it to the school  
❖ We buy clothes using my sisters’ money and money we get from our weekend job |
| Lack of information or awareness   | 15        | ❖ I don’t know what you’re talking about  
❖ I’m not familiar with such a service  
❖ At school they never told me about free school uniform  
❖ I’ve never seen anyone receiving school uniform for free anywhere in my life  
❖ I’ve never heard of free school uniform |

The reasons for not accessing the free school uniform programme were clustered in three themes. A third (38%) of the participants that did not access the service stated that the current uniform was still in ‘good’ condition even though they have been wearing the uniform for a number of years or that there was no child of school going age present in the household.
A further third (31%) listed other means of being provided uniforms, for example family members such as mothers, grandmothers, aunts or sisters buy the uniforms. Some children also generate their own money to buy the uniform they need. Another third (31%) gave responses that clearly demonstrated their lack of information or awareness about this service.

**Counselling Services**

The Gauteng Department of Social Development has defined counselling services as services that "are provided by social services officials (social workers, auxiliary social workers, child care workers and psychologists) to assist vulnerable and needy children to cope with their problems." Figure 30 to the right illustrates that only 11.9% of the children in this study accessed counselling services in the previous six months.

**FIGURE 30. ACCESSING OF COUNSELLING SERVICES**

The fact that only 11.9% of children accessed counselling services is of concern. Previous sections of this report have demonstrated that these children experience a range of psychosocial concerns – feelings of abandonment and loss, multiple experiences of trauma, death, violence and loss, concerns over survival, etc. The lack of information or awareness regarding the availability of counselling services should receive attention. The lack of information or awareness is demonstrated in this report where participants were asked why they have not used this service.

**Those Who Did Access the Service**

**Usefulness.** Those who did access the service were asked, “What was useful about these services?” Based on a content analysis of the participants’ 10 statements, three themes emerged that describe the main dimensions of the usefulness of the service. These themes are presented in Table 24 in descending order of frequency.

**TABLE 24. USEFULNESS OF COUNSELLING SERVICES**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Coping skills | 6         | ❖ It helps me cope with my parents death  
❑ The pastor helps us deal with problems that we face at school and at home  
❖ They help me to have a purpose in life |
| Motivation   | 3         | ❖ The pastor really motivates us when we attend these sessions  
❖ The social worker assists us with family problems and encourage young children about the importance of school |
| Not helpful  | 1         | ❖ Nothing, because the social worker wants us to come to her office yet we do not have the finances |

Nine of the children clearly perceived the service as helpful in motivating them and teaching them coping skills that can help them in difficult times. One child stated a need to access these services but had no means of transport. The fact that the child was expected to visit the social worker in her office was seen as an obstacle and the service therefore not helpful.

**Problems.** The seven children who did access the service were also asked what kinds of problems they experienced in accessing the service. A range of six options was given, including an option for ‘other’. One child responded that having no money to pay for the services was a problem, while
another child reported that the services were too far to get to and that the staff at the counselling
centre were unhelpful. The other five children did not report any problems with using the services.

**Improvements.** Those who accessed the service were finally asked, “How could these services be
improved?” Based on a content analysis of the participants’ six statements, three themes emerged
that describe the main dimensions of how the service could be improved. These themes are
presented in Table 25 in descending order of frequency.

**TABLE 25. IMPROVEMENTS TO COUNSELLING SERVICES**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>4</td>
<td>- I think the social workers are doing a great job</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- At our church this service does not need improvement</td>
</tr>
<tr>
<td>Financial constraints</td>
<td>1</td>
<td>- I wish I could be able to afford formal session as my teacher suggests</td>
</tr>
<tr>
<td>Lack of human resources</td>
<td>1</td>
<td>- If more social workers can come to our township to see how children suffer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>emotionally and need help</td>
</tr>
</tbody>
</table>

Those who accessed counselling services were mostly satisfied with the service and felt that social
workers do a great job. One participant stated that she receives informal counselling sessions from
her teacher and wishes that she had the financial means to access formal counselling services.
Another participant was of the opinion that the services could be improved if more social workers
are made available to render a service to children who suffer emotionally.

**Those Who Did Not Access the Service**

Those who did not access the service were asked, “Why have you not used these services?” Based on
a content analysis of the participants’ 49 statements, five themes emerged that describe the main
reasons for not accessing the service. These themes are presented in Table 26 in descending order of
frequency.

**TABLE 26. REASONS FOR NOT ACCESSING COUNSELLING SERVICES**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of information or awareness</td>
<td>17</td>
<td>- There are no social workers in my area. Maybe I don’t know where they are</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Not aware that we could go to them</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- We are not familiar with such services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- When my father was still around (alive) he never made us familiar with such</td>
</tr>
<tr>
<td></td>
<td></td>
<td>services. So we never went even in difficult times</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- We do not earn enough money to afford psychologists</td>
</tr>
<tr>
<td>Perceptions of ‘no need’</td>
<td>13</td>
<td>- Does not see the need to attend counselling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I haven’t thought of going for counselling yet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I don’t think I have a mental problem. The thing is I need my freedom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I’m not crazy why should I go to them</td>
</tr>
<tr>
<td>Not being referred or advised</td>
<td>13</td>
<td>- No one has ever suggested that we go for counselling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- No one has send us to social workers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My mother has not suggested counselling for us</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- My sister has not send me</td>
</tr>
<tr>
<td>Usefulness</td>
<td>4</td>
<td>- I went last year and the counselling helped me very much</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- She claims (mother) that social workers will not bring our father back to life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I respect her decision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- They were not much help to us</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>- They said they would come here</td>
</tr>
</tbody>
</table>

The lack of information or awareness, perceptions of ‘no need’, not being referred or advised to
access counselling services and the perceived usefulness of these services were listed as the main
reasons for not accessing counselling services. A total of 17 participants mentioned that they are not
familiar with such a service, did not know where to access the service, and didn’t know that they could go for help. A quarter (26%) of participants don’t perceive themselves as in need of counselling services, since they don’t have ‘mental’ problems or have not thought of going for counselling. Another quarter (26%) reported that they have never been advised, sent or referred to such services and therefore did not access the service. Three children questioned the usefulness of counselling services.

Food Parcels

The Gauteng Department of Social Development has defined the service of food parcels as “food groceries that are given to needy, orphaned and vulnerable children.” Figure 31 to the right illustrates that 27.9% of the children in this study did access food parcels in the previous six months.

FIGURE 31. ACCESSING OF FOOD PARCELS

The fact that 28% of the children accessed the service of food parcels is an indication that there is a need for such a service but also poses the question of why 72% of participants did not access the service. The reasons for not doing so are addressed in the section where participants were asked why they did not make use of the food parcel service.

Those Who Did Access the Service

Usefulness. Those who did access the service were asked, “What was useful about the food parcels?” Based on a content analysis of the participants’ 15 statements, two themes emerged that describe the main dimensions of the usefulness of the service. These themes are presented in Table 27 in descending order of frequency.

TABLE 27. USEFULNESS OF FOOD PARCELS

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleviate poverty and hunger</td>
<td>13</td>
<td> The food we get from the church helps our household to survive every day</td>
</tr>
<tr>
<td></td>
<td></td>
<td> They added food to the house</td>
</tr>
<tr>
<td></td>
<td></td>
<td> We were able to have food without having to ask from neighbours</td>
</tr>
<tr>
<td></td>
<td></td>
<td> The church helped us decrease the hunger</td>
</tr>
<tr>
<td></td>
<td></td>
<td> The food is sufficient and lasts a long time</td>
</tr>
<tr>
<td>Financial relief</td>
<td>2</td>
<td> They were very helpful to us, as it made us do other things with our grant money</td>
</tr>
<tr>
<td></td>
<td></td>
<td>instead of buying food</td>
</tr>
<tr>
<td></td>
<td></td>
<td> We get food once in three months. That helps us reduce our money spending</td>
</tr>
</tbody>
</table>

A total of 87% of participants perceive the food parcel to be useful to the extent that they depend on this parcel for their survival. Without the food parcel service these people would have no food available and would go hungry. Two participants also reported that the food parcel service enables them to buy other necessities with their grant money and reduce the amount spent on food.

Improvements. Those who accessed the service were also asked, “How could the food parcel service be improved?” Based on a content analysis of the participants’ 16 statements, three themes emerged that describe the main dimensions of how the service could be improved. These themes are presented in Table 28 in descending order of frequency.
The majority (88%) of participants made suggestions pertaining to the improvement of the food parcel service. Issues regarding the intervals of provision of the food parcels, the quantity of food as well as a need for a more comprehensive service were raised. The provision of food at quarterly intervals was seen as unsatisfactory. It was suggested that food be provided more often, not only on special occasions, but weekly and/or monthly. The suggestion was also made that money and clothes be included in the food parcel service. Two respondents felt that the service was satisfactory.

**Those Who Did Not Access the Service**

Those who did not access the service were asked, “Why have you not gotten food parcels?” Based on a content analysis of the participants’ 41 statements, four themes emerged that describe the main reasons for not accessing the service. These themes are presented in Table 29 in descending order of frequency.

**TABLE 28. IMPROVEMENTS TO FOOD PARCELS**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Intervals of provision and quantity of food| 10        | ❖ They should be given to us monthly instead of quarterly as it is usually done. We stay long before we receive other food  
❖ The church should try and give the parcels more often  
❖ If they could give us food weekly  
❖ They should provide the service monthly, not only on special events  
❖ They should stop giving small food and try and give the food that will satisfy us  
❖ By increasing the quantity so as to last long and by giving us tinned food for Seshebo purposes |
| Additional needs                           | 4         | ❖ If they could give us a little bit more than food. Maybe money  
❖ The service should include free clothes |
| Satisfactory                               | 2         | ❖ The service is perfect. There is no need for alterations to the service  
❖ I think its fine |

Half (51%) of those who did not access the service reported that they did not know about the food parcel service or did not know where to access this service. The idea of being provided with free food even sounded ‘unreal’ for one participant. Thirteen participants stated that their food is provided by other sources, such as family members (aunt, uncle, mother, sister, grandmother),
neighbours and friends. Two children are able to buy their own food with money that they earn through their part time jobs.

Four participants reported what could be perceived as an unequal distribution of food parcels. They have seen other people receive food parcels, have applied for the service or received food in 2007 but not in 2008. Three children stated that their parents provide them with food and that food is provided monthly to only the very poor in their community.

What Children Need

Item 25 asked, “What do you believe can help improve the lives of child-headed households?” Based on a content analysis of the participants’ 81 statements, 12 themes emerged that describe the main dimensions of their needs. These themes are presented in Table 30 in descending order of frequency.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>General donation and services</td>
<td>18</td>
<td>❖ If we get donations more frequently, our lives would be better</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❖ Food, clothes and school uniform</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❖ If we could get more free services, we might live better lives</td>
</tr>
<tr>
<td>Don’t know or unsure</td>
<td>11</td>
<td>❖ I don’t know</td>
</tr>
<tr>
<td>Support or services: Government</td>
<td>9</td>
<td>❖ If we can receive more free services from government</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❖ More free services like education and clothes from government</td>
</tr>
<tr>
<td>Support or care: Relatives</td>
<td>7</td>
<td>❖ If other relatives can try to locate and take care of us</td>
</tr>
<tr>
<td>Support: Community</td>
<td>6</td>
<td>❖ People in the community must help us to meet our needs</td>
</tr>
<tr>
<td>Money or grants</td>
<td>6</td>
<td>❖ We need more money (increase grant money)</td>
</tr>
<tr>
<td>Responsibility of children</td>
<td>5</td>
<td>❖ Us, children should stand up for ourselves</td>
</tr>
<tr>
<td>Housing</td>
<td>5</td>
<td>❖ A proper house</td>
</tr>
<tr>
<td>Psychosocial support</td>
<td>5</td>
<td>❖ If other people could take us seriously</td>
</tr>
<tr>
<td>Responsibility of parents</td>
<td>4</td>
<td>❖ There shouldn’t be CHH’s at all. Parents should take more responsibilities in our lives</td>
</tr>
<tr>
<td>Not codeable or irrelevant</td>
<td>4</td>
<td>❖ We are always at the risk of being abused</td>
</tr>
<tr>
<td>Support: School</td>
<td>1</td>
<td>❖ School should be aware and help these poor children</td>
</tr>
</tbody>
</table>

The most commonly reported need (22% of statements) was for general donations and services that would improve the lives of child-headed households. Tangible donations of food/food parcels, clothes, toiletries and textbooks were mentioned. Unspecified services that would improve the lives of child-headed households were simply stated as “activities”, “services” and “help”. One respondent mentioned “free electricity” while another mentioned that “programmes” would improve their lives. It is thus clear that the basic needs such as food, clothing, free services and other donations are seen as the most important way to improve their lives and are very central to their existence. This reflects the daily battle for survival that is central to these families’ existence. It also confirms previous findings that these children emphasise their practical and survival needs more than their psychosocial needs.

Another large group of respondents (14%) mentioned that they did not know or were unsure what they needed. This could indicate that they either did not understand the question or that it was not possible for them to think of anything that would improve their lives. This response is quite comprehensible in young children who might find it difficult to think in such abstract terms. It may also indicate an inability to expect and plan for future needs.
Where the government was specified as a service provider it was interpreted as a separate theme. The children’s understanding of the responsibility of government in taking care of child-headed households was generally unspecified and seemed to indicate an overall responsibility to take care of child-headed families. Some of the specifics that were mentioned include “food and clothes”, “education” and “ID documents”.

Money or grants were mentioned in 7% of the questionnaires. This is related to the need for donations and services. Proper housing was specified in 6% of the cases. This might be an indication of the extent of housing needs among child-headed households – most children are left with housing but without adult supervision. Psychosocial support, including the need to be respected and taken seriously, reflect the experience of some child-headed households that they are not treated as other (‘normal’) households.

Support and care from relatives was mentioned slightly more often than support from the community (9% versus 7%). Support of schools was mentioned in only 1% of the responses. This might be a result of the evident support that these families already receive from schools.

It seems that some children see themselves as carrying the main responsibility of taking control of their lives. For example, 6% of children indicating that they were responsible to care for the other children in the household, while only 5% mentioned that the parents were responsible. This is possibly due to the fact that there were some cases of parental abandonment.

In conclusion, it is evident that the heads of child-headed households are mainly concerned about meeting their basic day-to-day needs such as food and clothing. These children are in a situation where they are confronted with a daily struggle to survive and to provide enough for their siblings.

**What Children Think of DSD**

Item 26 asked, “What do you think about the Department of Social Development?” Based on a content analysis of the participants’ 82 statements, seven major themes emerged, including: Don’t know or unsure; Grants; Social Welfare; Specific needs; Not satisfied with services; Satisfied with services and Not codeable or irrelevant. These themes were further broken down into 15 more detailed themes, which are presented in Table 31 in descending order of frequency.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know or unsure</td>
<td>18</td>
<td>I’m not sure what the Department deals with</td>
</tr>
<tr>
<td>Grants: General</td>
<td>10</td>
<td>The Department deals with grants</td>
</tr>
<tr>
<td>Social welfare</td>
<td>9</td>
<td>They look after the welfare of the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>It has to do with social welfare of people</td>
</tr>
<tr>
<td>Satisfied with services</td>
<td>9</td>
<td>I think they are helpful.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The department tries its best to make the lives of poor communities better</td>
</tr>
<tr>
<td>Not satisfied: Unfulfilled responsibility</td>
<td>8</td>
<td>I think they don’t do enough to satisfy our needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The government does not take care of needy families like us</td>
</tr>
<tr>
<td>Not satisfied: Not enough services</td>
<td>5</td>
<td>I don’t think they are a good department. They give us grants but do not provide other services we need. I can’t name them at the moment.</td>
</tr>
<tr>
<td>Not satisfied: Grants</td>
<td>4</td>
<td>The department has not made my life any easier by stopping my grant</td>
</tr>
<tr>
<td>Grants and assistance: Elderly</td>
<td>3</td>
<td>They give out grants to old people</td>
</tr>
<tr>
<td>Grants and assistance: Children</td>
<td>3</td>
<td>They give out grants to suffering children such as myself</td>
</tr>
<tr>
<td>Grants and assistance: Disabled people</td>
<td>3</td>
<td>Disabled people get help from them</td>
</tr>
<tr>
<td>Theme</td>
<td>Frequency</td>
<td>Sample Statements</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Uncodeable or irrelevant.</td>
<td>3</td>
<td>❖ I don’t think much</td>
</tr>
<tr>
<td>Specific needs</td>
<td>2</td>
<td>❖ They help us with birth certificates and id documents</td>
</tr>
<tr>
<td>Not satisfied: Slow service</td>
<td>2</td>
<td>❖ They are very slow in providing services to the community</td>
</tr>
<tr>
<td>Not satisfied: Other reasons</td>
<td>2</td>
<td>❖ They don’t normally help us. They tell us our case is too hard, difficult for them</td>
</tr>
<tr>
<td>Not satisfied: Corruption</td>
<td>1</td>
<td>❖ I usually think all state departments are corrupt. Every one who works there is a criminal</td>
</tr>
</tbody>
</table>

A large percentage of the statements (22%) reflect a lack of knowledge of the Department’s services. It is thus clear that the Department’s current endeavours to inform the public about its services have not reached the majority of child-headed households involved in this study.

The Department of Social Development’s involvement with grants was mentioned in 23% of the statements. This suggests that, in the eyes of the children, the Department is associated mainly with the social security system. These statements were further analysed to reflect the different perceptions of the types of grants involved. The specific grants that were mentioned included grants for elderly persons, children and disabled people.

Many respondents gave an indication of their degree of satisfaction or dissatisfaction with the Department in their answers (11% and 27% respectively), with two and a half times more dissatisfied than satisfied responses. The reasons and their frequency are specified in Table 31 (above). The main reason (11% of the total responses) concerns the perception that the Department of Social Development does not care or fulfil its responsibility towards them. Insufficient services and grants are mentioned as reasons for dissatisfaction in 6% and 4% of the responses respectively. Slow services and other reasons are given as reason in 2% of the cases. It seems that corruption does not seem to be a major concern for child-headed family heads. Only one answer mentioned that government departments (in general) were perceived as corrupt.

On the other hand, satisfaction with the services of the Department was mentioned in only 11% of the total responses. Reasons given range from basic statements (“It is good”) to very positive statements (“They are great and they contribute a lot in our lives and really mean a lot to us”). Such responses imply that some of the respondents were informed about some of the services of the Department and were probably making use of them. It also suggests the positive perception of the Department as a whole.

A number of respondents (11%) correctly believe that the Department of Social Development is concerned with social welfare. Two of the specific needs that were ascribed to the Department, however, were identity documents and birth certificates. These responses are not easy to interpret since although these are not the responsibility of the Department, participants in this study may have been assisted in such matters. The respondents may be confusing the services of the Department of Home Affairs with the Department of Social Development.

The nondirective formulation of this item allowed respondents to either evaluate the services of the Department (38% chose to do so) or to give an indication (36%) of their knowledge of the services that the Department offers. A further 22% of responses showed a lack of knowledge (“don’t know”) while 4% of the answers were irrelevant or not codeable. In conclusion, it is evident that it should be a priority to inform needy communities of the services of the Department. The reasons for dissatisfaction with the Department should also be addressed. The large proportion of responses giving some indication of knowledge of the services of the Department is positive and can serve as a foundation from which to expand community knowledge.
Access to Formal Services

A total of 32 different organisations were reported by child-headed households as providing services to them. A complete listing of the individual organisations (including the services that each provides and the number of children each serves) is provided in the CHH Database. Table 32 presents the types of organisations that provide services in each region.

<table>
<thead>
<tr>
<th>TYPES OF ORGANISATIONS ACCESSED</th>
<th>TSHW</th>
<th>MET</th>
<th>JHB</th>
<th>WEST</th>
<th>EKH</th>
<th>SED</th>
<th>TOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSD</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>30</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>NGO</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>FBO</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>14</td>
<td>0</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>9</td>
<td>2</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>SAPS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Local Govt</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>14</td>
<td>1</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Other Govt</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>0</td>
<td>21</td>
<td>78</td>
<td>4</td>
<td>106</td>
<td></td>
</tr>
</tbody>
</table>

The responses to the ‘Other’ option were very specific individuals or small organisations, such as the name of the next door neighbour, a local tuck shop or café, etc.

On average, households reported utilising the services of 1.7 formal service systems, with a range from none to four. This is illustrated in Figure 32 alongside.

A comparison of the access to formal services per region is provided in Table 33.

<table>
<thead>
<tr>
<th>NUMBER OF FORMAL SERVICES ACCESSED</th>
<th>TSHW</th>
<th>WEST</th>
<th>EKH</th>
<th>SED</th>
<th>TOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>14</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>5</td>
<td>21</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>4+</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Note that the region here refers to the region in which the child-headed household lives, not the region in which the agency is located.
Services from the Formal Sector

Table 34 presents the range of services accessed per region.

TABLE 34. TYPES OF FORMAL SERVICES ACCESSED

<table>
<thead>
<tr>
<th></th>
<th>TSHW</th>
<th>WEST</th>
<th>EKH</th>
<th>SED</th>
<th>TOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>1</td>
<td>3</td>
<td>28</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td>Other Fin</td>
<td>0</td>
<td>2</td>
<td>10</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Food</td>
<td>0</td>
<td>6</td>
<td>24</td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td>Clothes</td>
<td>0</td>
<td>4</td>
<td>12</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Transport</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Housing</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Health</td>
<td>2</td>
<td>6</td>
<td>15</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Education</td>
<td>1</td>
<td>8</td>
<td>8</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 35 presents the range of services offered by the different types of organisations.

TABLE 35. TYPES OF FORMAL SERVICES ACCESSED BY TYPE

<table>
<thead>
<tr>
<th></th>
<th>DSD</th>
<th>NGO</th>
<th>FBO</th>
<th>School</th>
<th>SAPS</th>
<th>L Gov</th>
<th>DOH</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>32</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Fin</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Food</td>
<td>2</td>
<td>6</td>
<td>15</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Clothes</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Transport</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Housing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>21</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>15</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Various types of organizations ranging from governmental to non-governmental, formal to informal provide services to vulnerable children in the six regions included in this survey. The Departments of Social Development, Health and Education are the three main service providers for these children.

The number of formal services accessed in the four regions of Tshwane, Ekurhuleni, Sedibeng and the West Rand was also assessed. From the data listed in Table 35 it seems that respondents living in the Ekurhuleni region mostly access formal services. A total of 21 households accessed two formal services in this region. In all four regions 27 households accessed two formal service providers whilst four households accessed four or more formal services.

A wide range of formal services was accessed, especially grants. Grants were accessed by 32 households, 28 of whom reside in Ekurhuleni.

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12 Note that the region here refers to the region in which the child-headed household lives, not the region in which the agency is located.
Thirty-one households made use of the food parcel service, while 24 and 19 households respectively accessed health and education services. Only seven households accessed psychosocial services – a finding that has been previously reported in this study.

The types of formal services accessed were also compared by type. It is clear that the Department of Social Development is perceived to be the main provider of services whilst local government plays a very limited role.

**Distribution of Formal Services**

The map on the following page (Figure 33) shows the distribution of formal services across the province. It can be seen that these services are widely distributed and that there are few communities that do not have ready access to services.

**Section E: Conclusions**

Based on the results of this section, the following conclusions can be drawn:

- **Child-headed households reported a total of 32 different organisations as providing services to them. The Departments of Social Development, Health and Education are the three main service providers. The majority (71%) of child-headed households access one or two types of services. The Department of Social Development is perceived to be the main service provider, whilst local government plays a very limited role.**

- **All six of the key services that are provided by the Department of Social Development and its partners are accessed by at least some of the households in this study. A lack of information or awareness of services are indicated as the main reasons for not accessing these key services.**

- **Drop-in centres.** Two thirds (69%) of children evidenced a lack of information or awareness about the presence of a drop-in centre in their area. Those who knew about the centres, reported that they were easily accessible and provide for their physical and emotional needs and the development of skills. Services at drop-in centres could be improved by increasing human resources and other resources such as food.

- **Home based care services.** Two thirds (61%) of children demonstrated a lack of information or awareness about the presence of a home based care service. Children residing in Ekhurhuleni were found to be better informed and reported accessibility. Home based care services provide care for the sick and food for the needy. These services could be improved by the provision of more human resources and the assurance of confidentiality.

- **Free school uniform programme.** Accessing this service seems to be very limited, because few children meet the eligibility criteria. Children are provided with uniforms from other sources and some even buy their own.

- **Counselling services.** Only 11.9% of children accessed counselling services in the previous six months. Those who utilised the service perceived it to be helpful, but list financial constraints, accessibility and the attitude of personnel at the counselling services as limitations they experienced. Main reasons for not accessing counselling services include the lack of information or awareness, perceptions of not needing counselling, not being referred or advised to access counselling services and the perceived lack of usefulness of these services.

- **Food parcels.** Children report a need for the food parcel service, since it alleviates hunger and ensures survival. The parcels, however, need to be provided more frequently and in larger quantities. Some children report that while they have applied for the food parcel service, they have not received any food.
Location of Service offered by Department of Social Development in relation to Child Headed Households in Gauteng

Types of offices:
- Service Offices
- Service Points
- Satellite Offices

63 CH Household:
- 1 Dot = 1 Household

Regions in Gauteng:
- EKURULeni
- JOHANNESBURG
- METSWEING
- SIEDBERG
- TSHIWA"NE
- WEST RAND

FIGURE 33. LOCATION OF DSD OFFICES AND CHILD-HEADED HOUSEHOLDS
Children report that tangible donations of food, clothes, toiletries, textbooks and free services would improve the lives of child-headed households. They believe that the government is responsible for taking care of child-headed families.

Children don’t know what services the Department of Social Development provides and equate the Department with the grant or social security system. The majority of respondents were dissatisfied with the Department because they feel that the Department does not care about or fulfil its responsibility towards child-headed households. Only 11% of responses suggested satisfaction with the Department’s services.

Section F: Health & Nutrition

Section F focuses on the healthy and nutritional needs of child-headed households. It is typically the responsibility of adults to meet children’s needs for health care and adequate nutrition. In child-headed households, however, this responsibility falls to the children themselves. Thus, we were interested to know how these households experience meeting their health and nutritional needs.

This is a large topic and not primarily the domain of Social Development – rather it is the domain of the Department of Health. For this reason, we address only three main themes, viz the accessibility of health services, problems encountered in utilising health services and frequency of meals.

Accessibility of Health Services

Participants were asked, “If someone in the household gets ill, where would you get help?” Items 27-32 offered a range of six options, including an option for ‘other’. Figure 34 below shows that the overwhelming majority of children access the services of a clinic when they are ill.

![Figure 34: Types of Health Services Households Access](image)

Under the ‘other’ option, one respondent indicated that they visit a private practitioner if they get ill or need health services.
Given the social and economic vulnerability of child-headed household as well as their lack of knowledge and experience, there is concern about the health status of children. Amuge et al (2004), Obi et al. (2006) and Walker (2002) all expressed concerns regarding the fact that children are young and therefore might not recognise illnesses. They might also have difficulty in accessing health facilities and affording health services. Notwithstanding these concerns, however, it was earlier (Section B) reported that only about one fifth of children in our study reported being ill more than once during the previous 12 months.

In this study it seems as if health facilities like clinics and hospitals are accessible to most of the children. As in other situations they also make use of their neighbours and family members when ill. A small number of children visit traditional healers for medical assistance.

Item 33 asked, “How far is the closest health facility from where you live?” Figure 35 alongside shows that the majority of children reported that health facilities are within walking distance of their home.

**FIGURE 35. ACCESSIBILITY OF HEALTH FACILITIES**

Most (85%) of the children walk to the health facility. This means that facilities are accessible for most of the children and within walking distance. It could also mean that they cannot afford buses or taxis to take them to the health facility, and therefore have to walk.

**Problems in Utilising Health Services**

Participants were asked, “What problems do you experience in receiving health care?” Items 34-38 offered a range of five options, including an option for ‘other’. Figure 36 below shows that the unhelpfulness of clinic staff was experienced as a problem by the largest number of households. There was only one explanation for the ‘Other’ option – when an ambulance was called for an emergency, it arrived late.

As mentioned under the discussion of the accessibility of health facilities, figure 35 confirms that not all health facilities are easily accessible and in some instances lack of finances play a small role in accessing health facilities—hence the high percentage of children walking to the facilities. Although the health facilities are accessible for the children, the unhelpfulness of staff is of great concern. This is an issue that needs to be taken up with the Department of Health.
Frequency of Meals

Item 39 asked, “How many meals do you eat per day?” Figure 37 alongside shows that the majority of children reported that they eat three or more times per day.

According to the answers given by the children, most of them have access to two or more meals per day. Only 2% have only one meal per day. This is a significant and positive finding, particularly given previously raised concerns about access to food parcels, limited financial resources, etc. This suggests that children may be creative and savvy in their ability to source regular supplies of food, as can be seen in Table 36.

Item 40 asked participants to explain their answers to Item 39. Based on a content analysis of the participants’ statements, five themes emerged that describe the main dimensions of their frequency of meals. These themes are presented in Table 36 in descending order of frequency.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1: Three meals per day</td>
<td>26</td>
<td>- Breakfast, lunch and supper</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Breakfast (tea and bread) Lunch (feeding scheme) and supper which I cook my self</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Breakfast from neighbour, lunch which we buy ourselves, supper from neighbour</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Breakfast from money I beg from people, lunch and supper</td>
</tr>
<tr>
<td>Theme 2: Two meals per day</td>
<td>21</td>
<td>- Breakfast and supper</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Usually twice a day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Lunch at school and supper at my friends</td>
</tr>
<tr>
<td>Theme 3: Eating infrequently</td>
<td>8</td>
<td>- Not enough food</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I sometimes do not eat for the whole day</td>
</tr>
</tbody>
</table>
Most of the statements (Theme 1 = 26 and Theme 4 = 7) confirm that children have access to three or more meals per day. This was surprising as we expected that the children may have difficulties in accessing food. This does not however mean that the child-headed households experience food security. Food security is defined by the World Bank as “access by all people at all times to enough food for an active, healthy life” (Schroeder & Nichola, 2006, p. 173). As seen in some of their statements, many of the children, despite having three or more meals, rely on feeding schemes at school, neighbours and begging. The statements confirm again the importance of the support from the community for the survival of the children. The results from this research concur with the results from a study conducted by Donald & Clacherty (2005, p. 25), as well as a study in Zimbabwe by Walker (2002, p. 13), which indicated that the children in child-headed households were food insecure. That means that they cannot necessarily provide enough for themselves and have to rely on others. Walker (2002) and Donald and Clacherty (2005) also refer to the insufficient food groups child-headed households have access to. Food groups were not covered in this research, as this was beyond the scope of the Department of Social Development. This is a theme that should be further explored by the Department of Health.

Section F: Conclusions

Based on the results of this section, the following conclusions can be drawn:

- The child-headed households have access to health facilities although there is concern about the treatment by staff members.
- With the help of the informal support systems in the community most of the children have access to at least two meals per day but they are not food secure.

Section G: Education

The literature indicated that many children in child-headed households, particularly the household head, drop out of school because of the demands of managing a household. In addition, these children often experience problems in paying school fees, buying uniforms, etc. This section, therefore, aimed to explore key aspects of this sample’s experience of schooling.

Previously, we established that the vast majority of children in this study are still attending school and that most are within one grade of what can be expected based on their age. We also saw that primary school children, particularly those in grades 3 to 5, are the most academically vulnerable. Furthermore, we have elsewhere found that teachers play a small but important role as providers of informal support to child-headed households.

As with Section F, this is not the domain of Social Development, but rather of the Department of Education. Therefore only four main themes were addressed – the school’s support of the family, assistance with homework, paying school fees and reasons for dropping out of school.
School Support to Child-Headed Households

Item 41 asked, “Does the school know that your family is a child-headed household?” Figure 38 alongside shows that 83.3% of children reported that the school does know that they are a child-headed household.

The answer to this question confirms what we experienced during the research process. In our attempt to access child-headed households, the schools were the institutions that were able to provide most of the information that went into the contacts database in Stage 1 of the study.

Item 42 asked, “Does the school support you in the challenges of being part of a child-headed household?” This item was only analysed if the children answered ‘Yes’ to Item 41, since it would be unreasonable to expect a school to be supportive of a child-headed household if the school does not know that they are a child-headed household (n=50). Figure 39 alongside shows that the majority of these children (74%) reported that the school is indeed supportive of them.

Assistance with Homework

The participants were asked, “Who assists the school going children with their homework?” Items 43-51 provided a range of possible answers, including an option for ‘Other’. Figure 40 below shows that most children reported that they assist the other children with homework, followed by another sibling or friend. ‘Other’ responses (from five households) included help from their cousin (2), a mentor at the library (1) and the social worker at the church (1). One indicated that he/she does the homework her/himself.

This graph makes it clear that household heads take primary responsibility for their own homework and for assisting their siblings with theirs. This might be another indication of their resilience and the strength with which they take on the task of supporting with homework. However, this may also explain the academic vulnerability that was earlier reported among some primary school children – household heads may have insufficient time, knowledge and ‘parenting’ skills to supervise the homework of their younger siblings. This could be an area where schools can play a bigger role in supporting the child-headed household.
Paying School Fees

Item 52 asked, “How are the school fees paid?” Participants were given a range of four possible answers, including an option for ‘Other’. Figure 41 alongside shows that the majority of children reported that they are exempt from paying fees.

A larger percentage of the child-headed households than expected (24%) pay their own school fees. In Question 5, where the children shared how they cope with being a child-headed household, they often referred to people such as parents and grandparents assisting them with school fees, also utilising grants. This response is thus surprising, unless they mean that they physically pay school fees with money provided to them by family members.

It is noteworthy that half of the children report that they are exempt from paying school fees. This latitude should, however, be extended to all children living in child-headed households.

Dropping out of School

Item 53 asked, “Why are (children’s names) not attending school?” This question was asked only of households in which one or more children had not completed and were not attending school. Only two children met these criteria, both of whom were 17 year old girls. One had completed Grade 9 and the other Grade 4. A third child, a boy aged 16, reported that while he is attending school, he is absent most of the time.

Based on a content analysis of the participants’ statements, three themes emerged that describe the main dimensions of their dropping out of school. These themes are presented in Table 37 in descending order of frequency.
TABLE 37. DROPPING OUT OF SCHOOL

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Financial reason       | 2         | ❖ I won’t say I am not attending school. I am more absent more often because I have to work to get money.  
❖ She does not have money to go to school |
| Teenage pregnancy      | 2         | ❖ She cannot go to school because she has a child and there is no one to leave the child with  
❖ Right now she is pregnant          |
| School uniform         | 1         | ❖ School uniform would be a problem                                               |

As seen previously, only three children dropped out from school. Two indicated a lack of money, forcing them to work instead of attending school. The fact that 92% of the heads of the households and 94% of the siblings continue their schooling, as shown in Section C, could suggest the possible resilience of the children to be able to adapt in the context of a threatening situation (Germann, 2005, p. 42).

Section G: Conclusions

Based on the results of this section, the following conclusions can be drawn:
❖ The majority of the children continue their schooling despite difficult circumstances and a lack of resources.
❖ Most children experience the schools as being supportive.
❖ Half of the child-headed households are exempted from school fees, making it possible for them to continue their schooling.
❖ The responsibility of support within the home rests on the shoulders of the heads of the household. Schools can play a more supportive role in this regard.

Section H: Social Security

This section had one main focus, viz to ensure that child-headed households that were grant recipients were benefiting from the grants. There is much anecdotal evidence to suggest misuse of grant funds, although the literature review found little empirical or published support for this. It was thus agreed that this study should endeavour to address this concern.

Utilisation of Social Security

Of the 109 children living in child-headed households, 108 reported that they were South African citizens (one respondent’s answer was not recorded). Of these, 73 (67.6%) were able to produce some form of identification – 50.9% a birth certificate, 2.8% an identity book and the remaining 13.9% some other form of identification that may or may not have legal status.

Of the 73 children who were South African citizens with some form of identification, only 26 (35.6%) were receiving social security – 15.1% a Child Support Grant and 20.5% a Foster Care Grant. Two thirds of eligible children (64.4%) were not accessing any form of social security.

There is a girl who is 17 years from Lesotho. She came with her mother to South Africa and they both did not have IDs. The mother passed away in 2006, leaving the child homeless and vulnerable. She is illiterate and cannot even write her name. She was involved with someone for survival and fell pregnant. The boyfriend has left her with the child. She cannot access the Child Care Grant because she’s got no ID and the child cannot be provided with one, though the child was born here in RSA. The child is sickly.

Field Worker, West Rand
It is, however, curious to note that five of the 35 children who were unable to present any form of identification documents (14.3%) reported that they were receiving social security – 8.6% a Child Support Grant and 5.7% a Foster Care Grant.

Overall, only 31 of the 109 children in this study (28%) reported receiving social security. These ratios are represented in Figure 42 below. It is important to determine where the problems lie that limit children’s access to social security, as we have speculated about previously.

**FIGURE 42. UTILISATION OF SOCIAL SECURITY**

**Social Security Collected By**

Item 54 asked, “Who collects the grant money (social security) for your household?” This was an important question, because the household heads (who are under the age of 18 and thus children) are not permitted to collect social security in person – the grant must be collected by an adult. Participants were given a range of nine possible answers, including an option for ‘Other’. Figure 43 alongside shows that the majority of the 12 children who answered this question reported that their aunt or uncle collected their social security.

**FIGURE 43. COLLECTION OF HOUSEHOLD’S SOCIAL SECURITY**

Teachers, neighbours, older siblings and grandparents also received the grant money on
their behalf. In one case the child collected the grant him/herself. There were only two responses to
the ‘Other’ option. The one indicated that their ‘mother’ collects the grant money while the other
referred to a ‘family friend’.

**Social Security in Benefit of the Household**

Item 55 asked, “Is the money used for the benefit of the household?” Figure 44 alongside shows that 11 of the 12 children
reported that the social security is used for their benefit.

**FIGURE 44. SOCIAL SECURITY IN BENEFIT OF THE HOUSEHOLD**

Item 56 asked participants to explain their previous answer. This
question was analysed separately for households that answered ‘No’
or ‘Yes’ to Item 55.

The one respondent, who indicated that the money is not used for the benefit of the household,
mentioned that the person who collects the grant “drinks out the money”.

Based on statements given by the other 11 children, the following five themes emerged which
describe the main dimensions of how social security benefits them (Table 38).

**TABLE 38. SOCIAL SECURITY BENEFITING CHILD-HEADED HOUSEHOLDS**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1: Food</td>
<td>8</td>
<td>He gives us all the money to buy groceries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The money, though little, helps me to buy food for my daughter.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The teacher buys me food....</td>
</tr>
<tr>
<td>Theme 2: School fees and</td>
<td>5</td>
<td>School stationary</td>
</tr>
<tr>
<td>stationery</td>
<td></td>
<td>My aunt pays my school fees</td>
</tr>
<tr>
<td>Theme 3: Clothes</td>
<td>3</td>
<td>to buy clothes.</td>
</tr>
<tr>
<td>Theme 4: Money spent on</td>
<td>3</td>
<td>To do my hair</td>
</tr>
<tr>
<td>self</td>
<td></td>
<td>Money for spending</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Daily school allowance</td>
</tr>
<tr>
<td>Theme 5: Other undefined</td>
<td>2</td>
<td>Other things for the household</td>
</tr>
<tr>
<td>household items</td>
<td></td>
<td>And the things we need</td>
</tr>
</tbody>
</table>

According to the children, the grant money is mainly used to buy food, clothes and pay school fees. Only three statements indicated that some money is spent on themselves. It is not clear from the statements of the children whether the money is abused. This needs further investigation.

**Section H: Conclusions**

Based on the results of this section, the following conclusions can be drawn:

- Less than a third of the eligible child-headed households are supported by social security/grants. The reasons for not accessing grants are not clear, since two thirds of the children did have identification documents.
- Most children who do receive grants indicated that the grants are used for their benefit and go towards food, school expenses and clothes.
- Although only one of the recipients mentioned the misuse of grants, the process of collecting data suggests that many adults pocket much of the grant yet do not provide direct care to the children.
Section I: Household Finances

Section I endeavours to understand how child-headed households manage financially. In adult-headed households, adults are usually primarily responsible for generating an income for the household. In child-headed households, however, the children themselves carry the full responsibility to secure sufficient financial resources to survive and hopefully flourish.

Household Income

It is important to stress at the outset that the information obtained in any survey of income and/or expenditure must be treated with caution. This is explained by the very nature and characteristics of the research method employed in order to obtain the information.

Some of the characteristics in question are the following: Income and expenditure surveys are complex because of the detailed household information required. They are personal and act as an intrusion into the private lives of the respondents. As a result respondents may fail to report the true values of the variables in questions as they may regard them as sensitive (Statistics SA, 2008a, p. 7).

The interview process places a burden on the respondents that can lead to fatigue, which impacts negatively on the quality of the information provided during the course of the interview. Respondents may also have a poor recollection or inadequate records of their income (Statistics SA, 2008a, p. 8). This point is extremely relevant in this case, given the young age and lack of schooling among the respondents in child-headed households. It may happen that the respondents do not have a clear understanding of the income related questions, which may detract from the quality of the income information obtained in the interviews.

Another factor, which is often overlooked, is the fact that the respondents in income and expenditure surveys might be inclined to underreport their income for fear that they might lose benefits, eg if they are getting money from a family member they may fear losing their grant. This under reporting of income was clearly picked up in the pilot study. According to Ligthelm, Martins, and van Wyk (2000, p. 52) the income reported by the 1996 population census can generally be regarded as an under reporting of real income. The census questionnaire of the time requested the marking of a broad income category by respondents.

Experience has shown that the inclusion of questions distinguishing between the various income sources (salary, bonus, cash allowances, income in-kind such as free meals, rent, dividends and income from own business) in a questionnaire generally provides far more comprehensive and reliable results (Lighthelm et al., 2000, p. 53). This was taken cognisance of in the development of the questionnaire used in the fieldwork for this project.

In an attempt to optimally cancel out the misinterpretation and misunderstanding of survey questions, the fieldworkers did their best to explain the questions as well as possible to the respondents as part of the structured interviews used in the research (Bless & Higson-Smith, 1995, p. 111).

Items 57-63 asked households to disclose their income from a range of sources. Figure 45 below displays a standard scatter diagram featuring the total monthly income of the child-headed households in Gauteng.
Figure 45 illustrates that the income received by child-headed households fluctuates between no income in some cases to a monthly income of R3,000 per month. Based on these data, the average monthly income of a child-headed household in Gauteng is R1,121 and the median is R1,000 per month. The average household income from the various sources is presented in Table 39.

### Table 39. Household Income

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>-1SD</th>
<th>+1SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>R233</td>
<td>R-328</td>
<td>R 794</td>
</tr>
<tr>
<td>Pension of parents</td>
<td>R23</td>
<td>R-114</td>
<td>R 160</td>
</tr>
<tr>
<td>Contribution from family members</td>
<td>R384</td>
<td>R-203</td>
<td>R 971</td>
</tr>
<tr>
<td>Income generated by household members</td>
<td>R428</td>
<td>R-263</td>
<td>R 1119</td>
</tr>
<tr>
<td>Donations</td>
<td>R35</td>
<td>R-70</td>
<td>R 140</td>
</tr>
<tr>
<td>Other income</td>
<td>R100</td>
<td>R-216</td>
<td>R 416</td>
</tr>
<tr>
<td>Total Monthly Income</td>
<td>R1121</td>
<td>R 236</td>
<td>R 2 006</td>
</tr>
</tbody>
</table>

Table 40 compares the contribution of the various sources of income for child-headed households (as a percentage of the total gross income per month) with the annual gross income for South Africa as a whole in 2005/2006.

13 Plus and minus 1 Standard Deviation – indicate the range within which the majority of households fall. The variance of the data was very great, and so the standard deviations are very large, sometimes pushing the SD-1 into negative figures.
TABLE 40. CONTRIBUTION TO HOUSEHOLD INCOME FROM VARIOUS SOURCES: CHH’S, 2008 AND SOUTH AFRICA, 2005/06

<table>
<thead>
<tr>
<th>Income source</th>
<th>% of gross monthly income- Child-headed household 2008</th>
<th>% of gross annual income-South Africa 2005/2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>19.4</td>
<td>6.1</td>
</tr>
<tr>
<td>Pension of parents</td>
<td>1.9</td>
<td>n/a</td>
</tr>
<tr>
<td>Contribution from family members</td>
<td>31.9</td>
<td>n/a</td>
</tr>
<tr>
<td>Income generated by household members</td>
<td>35.6</td>
<td>74.3</td>
</tr>
<tr>
<td>Donations</td>
<td>2.9</td>
<td>n/a</td>
</tr>
<tr>
<td>Other income</td>
<td>8.3</td>
<td>6.3</td>
</tr>
<tr>
<td>Private pensions and annuities</td>
<td>n/a</td>
<td>2.6</td>
</tr>
<tr>
<td>Income from capital</td>
<td>n/a</td>
<td>1.2</td>
</tr>
<tr>
<td>Imputed rent</td>
<td>n/a</td>
<td>9.5</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Sources: Survey data & Statistics South Africa (2008a, p. 11)

In terms of the whole of South Africa, 10% of the population received more than half of their income from their own work as well as social grants in 2005/2006 (Statistics SA, 2008a, p. 5). The child-headed households of this survey fall in this category as well. The combined figure in 2008 for grants and income generated by the household members is just over 51 per cent.

Further investigation of the above table reveals that the individual contributions of grants and own work differs significantly. In the case of the child-headed households, grants and pensions from parents generate just over 20% of the gross monthly income of these households. For the average South African, grants represented only 6.1% of the gross annual household income in 2005/2006. Within this category, state old age and war pensions and family and other allowances and grants were the most important, together accounting for 4.9% of the total gross income (Statistics SA, 2008a, p. 16). This is not surprising and confirms the view that social security plays an important role in reducing inequality as it forms a major source of income for the poor (Statistics SA, 2008a, p. 9).

It follows that the picture of income generated by the households themselves will contrast with the South African population. Households in South Africa generated on average almost three quarters (74.3%) of their annual income from work activities in 2005/2006 (Statistics SA, 2008a, p. 10). Self-generated income was responsible for only 35.6% of the monthly income of child-headed households in 2008. Of course, the data on the South African population is focused on adults, while this study is about children. This indicates that around a third of household income must be generated by the children’s own labour. This places additional burdens on them, in addition to the demands of studying, looking after the house, supervising their younger siblings, etc.

At one household that I visited in Zonk’izizwe (Ekurhuleni), I was shattered to find that the head of the household who was fifteen (15) years old was wearing oily and dirty clothes. I then enquired why was he wearing such clothes and he told me that in the morning he had to go to school and in the afternoon work to get some income so as to feed his siblings. The work he was doing was to fix cars in the backyard of some neighbour who has employed him to do the work. During the night he was expected to cook for his siblings. Upon close observation, I noticed that this child looked tired and frustrated. He requested me to provide some help and intervention because he could not cope with the stress anymore and no one was there to take care of his emotional needs.

Field Worker, Ekurhuleni
Further analysis of the income earned by child-headed households in 2008 requires a comparison with acceptable measures of the minimum income necessary in order to survive materially.

Investigating the income earned by child-headed households is imperative because it will point out how many children may not be able to meet their basic needs. Poverty is often closely related to poor health, reduced access to education and physical environments that compromise personal safety. Child poverty in South Africa is extremely high. In 2005, two-thirds (11.9 million) of children in South Africa lived in households that had an income of R1,200 per month or less (Meintjes, Leatt, & Berry, 2006, p. 1).

The rates of child poverty differ across South Africa. The Limpopo province had the highest rate of child poverty in 2005 at 83%. The Eastern Cape Province followed closely at 80%. KwaZulu-Natal, Mpumalanga and the North West provinces had higher rates of child poverty than the national average (Statistics SA, 2008b, p. 69). Child-headed households in provinces other than Gauteng are possibly worse off or at least not better off than Gauteng, as indicated by the results of this section.

Again it is important to note that there is no such concept as a general or universal living standard to satisfy certain basic needs. The mere concepts of basic needs can, for example, be defined in a number of ways, depending on the quality or standard of the clothing, food or whatever is required for subsistence (Barker, 2007, p. 112).

Internationally, comparisons of poverty levels usually use a rudimentary income poverty standard, constructed by the World Bank. It uses national poverty lines for 33 countries, with an international line derived as the median of the 10 lowest poverty lines in question. The poverty line in question is equal to $1.08 a day per person, measured in terms of 1993 purchasing power parity (PPP). It was named the “US$1 a day” standard. An upper poverty line is also used extensively. It is set at double this level and called “$2 a day”. As such, it broadly coincides with the poverty lines used in lower-middle income countries. The above indicators are useful as indicators of global progress in the reduction of poverty and for cross-country comparisons. They are however not the appropriate measures for use within a specific country as envisaged in this section (Statistics SA, 2007, p. 5).

The usual way to calculate national poverty lines as a statistical measure is to estimate the cost of a minimum basket of goods that would satisfy the minimum daily energy requirement per person over a period of a month. The South African Medical Research Council (MRC) has recommended the daily energy requirement as 2,261 kilocalories per person (Statistics SA, 2007, p. 7). Statistics South Africa has estimated that when consuming the type of food typically available to low-income South Africans, it costs R211 per person to satisfy the above monthly energy requirement. This was calculated in 2000 prices using the 2000 Income and Expenditure survey data (ibid.).

Statistics South Africa (2007, p. 10) has attempted to approximate the non-food component of a national poverty line. They assumed that those non-food items normally purchased by a household that spend about R211 per capita per month on food can be regarded as vital, as such households give up expenditure on food to acquire these non-food items. The price tag of such indispensable non-food items amounts to R111 per capita per month.

Totalling these figures (R211 and R111) provides an estimation of the minimum cost of both essential food and non-food consumption per capita per month. The resultant poverty line is therefore R322 per capita per month in 2000-prices. This yields a poverty line of R431 per person in

An analysis of the raw data reveals that no less than 16 of the respondents live in a child headed household in which the average total monthly income is less than the R517.92 per month per capita envisaged by Statistics South Africa as the minimum amount necessary to survive materially. This effectively implies that 26.2% of the respondents cannot support even one person. Table 41 completes the analysis by stating the percentage of the respondents (or households) that are able to support various possible household sizes, using the benchmark of Statistics South Africa as a poverty line.

**TABLE 41. PERCENTAGE OF THE RESPONDENTS ABLE TO SUPPORT VARIOUS HOUSEHOLD SIZES, USING STATISTICS ON SOUTH AFRICA’S POVERTY LINE**

<table>
<thead>
<tr>
<th>Household size (number of persons)</th>
<th>Percentage of respondents who are able to support various possible household sizes with their total monthly income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>73.8</td>
</tr>
<tr>
<td>2</td>
<td>39.3</td>
</tr>
<tr>
<td>3</td>
<td>31.2</td>
</tr>
<tr>
<td>4</td>
<td>11.5</td>
</tr>
<tr>
<td>5</td>
<td>6.6</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

Less than 40 per cent of the respondents/households will be able to support a household of two members. This is an important figure as the median household size of the respondents is two and the average size of the household is 1.8. The percentage falls significantly to a mere 11.5% if the household size is four people and no respondent’s household will be able to support a household size of six members.

Martins (2004, p. 4) calculated the various amounts necessary in order to survive materially for different family sizes in various urban centres in South Africa. Table 42 provides their yardstick adjusted by the CPI for different family sizes in Pretoria, Gauteng. This can act as another measurement of the obstacles faced by child-headed households in the province.

**TABLE 42. MONTHLY MINIMUM LIVING STANDARD IN PRETORIA BY SIZE OF HOUSEHOLD: 2004 AND 2008, ADJUSTED BY THE CPI**

<table>
<thead>
<tr>
<th>Household size (number of persons)</th>
<th>Minimum living standard (rand per month), 2004</th>
<th>Minimum living standard (rand per month), 2008</th>
<th>Ratio of Average wage of CHH: Minimum living standard</th>
<th>Percentage of respondents who are able to support various possible household sizes with their total monthly income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>R 1 060.29</td>
<td>R 1 406.05</td>
<td>0.8</td>
<td>32.8</td>
</tr>
<tr>
<td>3</td>
<td>R 1 398.57</td>
<td>R 1 854.62</td>
<td>0.6</td>
<td>29.5</td>
</tr>
<tr>
<td>4</td>
<td>R 1 728.10</td>
<td>R 2 291.60</td>
<td>0.49</td>
<td>11.5</td>
</tr>
<tr>
<td>5</td>
<td>R 2 052.73</td>
<td>R 2 722.08</td>
<td>0.41</td>
<td>4.9</td>
</tr>
<tr>
<td>6</td>
<td>R 2 401.02</td>
<td>R 3 183.94</td>
<td>0.35</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Martins (2004, p. 4) and author’s CPI adjustments and calculations

On average a typical child-headed household will be able to support only two members if the R517.92 per month per capita figure of Statistics South Africa is considered. If the CPI adjusted
estimate of Martins (2004) is used as a benchmark, the situation worsens to such an extent that the average child-headed household is unable to support two people. In fact the average income of R1,121 per month is only 80% of what would be needed to support a household size of two people. Table 39 displays the corresponding ratios of bigger households. For a household size of six people the ratio drops to 35%.

In Table 42 the exercise of Table 41 is repeated using the alternative measures of Martins (2004) as a benchmark. The last column of Table 42 provides these results. The results are somewhat lower for each category of household size than those of Table 41, which was done for the poverty line of Statistics South Africa. The trend however is exactly the same. Once a household consists of three or more people, the percentage of respondents able to support this household size decreases rapidly. If the average household size is considered, at least 50% of the respondents’ households are living below both poverty line measures employed in this analysis.

By matching the individual household sizes of each respondent with its reported total monthly income, it is possible to calculate the existing poverty gap of child-headed households in Gauteng. The results show that no less than 44.3% of the child-headed households in the survey are living in absolute poverty. The sharp rise in CPI due to higher food prices in 2008, explains the significant increase in both measurements of a poverty line. It is therefore clear that the vast majority of the child-headed households in this survey are indeed extremely vulnerable due to the higher cost of living that always impacts more on the poor than the richer sections of the community.

There are a number of child-headed households who have little or no income at all to live on. It is thus valid to ask how these children survive. This is the topic of discussion in the next section.

### Households with Little or No Income

Item 64 asked, “How do you buy the things you need to live, like food, transport, clothes, and so on?” This question was asked only of those households that declared little or no income. This question was included specifically because, in the pilot study, several families reported that they had no income at all.

There were 47 respondents who completed this question. Based on a content analysis of the qualitative statements of these respondents, three important themes emerged. These themes describe the main dimensions of how households managed with little or no income.

These themes are presented in Table 43 in descending order of frequency.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents make do with the income available to them and regard it as barely enough but they are able to survive on it.</td>
<td>24</td>
<td>51.1</td>
<td>❖ I buy very cheap stuff in order to save money to last me the whole month.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❖ The money is sufficient as we don't pay for electricity. We struggle to buy proper clothes for the two of us.</td>
</tr>
<tr>
<td>Material needs are provided to CHH in cash or kind by family members, churches, neighbours and employers</td>
<td>17</td>
<td>36.2</td>
<td>❖ We get free food and clothes from church.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❖ The money give to us by our aunt helps us buy most things we need.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❖ My uncle doesn't give me money, directly, but buys me the things I need.</td>
</tr>
<tr>
<td>Theme</td>
<td>Frequency</td>
<td>Percentage</td>
<td>Sample Statements</td>
</tr>
<tr>
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</tbody>
</table>
| Material needs are provided by one of the parents who are seemingly not part of the CHH | 5         | 10.6       | ❖ My mother buys everything for us. Thus, we don’t need to buy clothes for ourselves.  
❖ Our father expects us to use whatever he gives us at month end, to buy food & clothes. We don’t pay for electricity. |
| Statement(s) difficult to interpret                                   | 1         | 2.1        | ❖ We no longer buy luxury goods because my younger granny's grant money is not enough for both of our needs. |
| TOTAL                                                                | 47        | 100        |

It is not surprising that the majority (51.1%) of the 47 respondents who maintain that they have very little if any income that they have to make do with what they have. They have no other option open to them. They survive with almost nothing. This, however, puts them in an extremely vulnerable position. This vulnerability is recognised in the available literature on the subject.

Maqoko and Dreyer (2007, p. 724) stated that orphans in child-headed households face particular challenges and exclusion. One such obstacle is a serious threat to education because of the absolute and relative poverty in which they find themselves. This is of particular concern as the structure of the labour market has changed during the last two decades. Unemployment among the low and unschooled portion of the labour force has increased steadily during this time, as the demand for low skilled labour in South Africa continues to decline (Loots, 1998, p. 332). Without a proper education, these children have very little chance of escaping the cycle of poverty that they experience.

It is difficult for these children to find food and shelter. Because of the difficult position they find themselves in, they are at high risk of being sexually abused by relatives and neighbours and being drawn into the dark world of child labour or child prostitution.

Neighbours and relatives do play a positive role in the lives of the children. Seventeen (36.2%) members of child-headed households said that many of their material needs are provided for in the form of cash and/or kind by family members, churches, neighbours and employers. This speaks of communities where individuals are trying, within the constraints of their own limited resources, to help these children.

A surprising theme is the number of children stating that their material needs are provided for by one of their parents. There were five respondents in this category, representing 10.6% of the sub sample. It is surprising that these parents help to support their children, but do not form part of the same household. The reason(s) for this phenomenon, which has been noted several times in this report, must be investigated further in order to improve our understanding of the dynamics of child-headed households in South Africa.

One of the 47 responses in question was virtually impossible to interpret accurately. The statement in question is presented in table 40 for the sake of completeness and accuracy, but does not warrant further attention.

**Aspects For Further Research**

A subject that warrants investigation, as it could not be addressed in this study, is the expenditure or spending patterns of child-headed households. Because spending patterns differ according to race and province for example, it is important to know what these child-headed households spend their money on. Racial differences are explained mainly by the persisting income differences among them.
Black African households, in comparison with White households, expended a noticeably higher share of their money on food, non-alcoholic beverages, clothing and footwear. On the other hand, African households expended a considerably lower proportion on transport, recreation and culture, and miscellaneous goods and services than White households in 2005/2006 (Statistics SA, 2008a, p. 10).

Inter-provincial differences in income appear to play an important role in explaining differences in expenditure on a provincial level. Expenditure on food and non-alcoholic beverages (as a proportion of consumption expenditure) was the highest in the low-income provinces of Limpopo and the Eastern Cape. It was conversely the lowest in the high-income provinces of Gauteng and the Western Cape. A similar pattern is evident in the case of clothing and footwear (Statistics SA, 2008a, p. 10). It would be beneficial if a similar type of analysis of the expenditure of child-headed households can be done.

Even though the expenditure patterns of child-headed households in Gauteng may well differ quite significantly, the spending pattern for the average consumer in South Africa can provide the departure point for a possible future discussion of the consumption behaviour of child-headed households. This is provided in Figure 46.

![FIGURE 46. CONSUMPTION PATTERN OF HOUSEHOLDS IN SOUTH AFRICA, 2005/2006](image)

Source: Statistics South Africa (2008b, p. 5)

Not surprisingly, housing, transport and food formed the major portion of the consumption expenditure of the average South African in 2005/2006. The poorer the community, the higher
percentage these categories will be. The same may well be true for child-headed households. This of course is subject to empirical verification.

Section I: Conclusions

Based on the results of this section, the following conclusions can be drawn:

- Information obtained in any survey of income and/or expenditure must be treated with caution. These surveys are complex in nature, can act as an intrusion on the private lives of respondents and the interview process in itself may lead to fatigue, which may impact negatively on the quality of the information obtained.
- The income available to child-headed households varies between no income whatsoever and a total income up to R3,000 per month.
- Based on these data, the average monthly income of a child-headed household in Gauteng is estimated at R1,121 and the median is R1,000 per month.
- The individual contribution of grants and own work differs significantly for child-headed households compared to the whole of South Africa in 2005/2006. Grants and pensions from parents generate just over 20% of the gross monthly income of these households. In the case of the South Africa as a whole, grants represented only 6.1% of the gross annual household income in 2005/2006.
- Households in South Africa generated on average almost three quarters (74.3%) of their annual income from work activities in 2005/2006. By contrast, self-generated income was responsible for only 35.6% of the monthly income of child-headed households in 2008.
- Child poverty in South Africa is extremely high and varies across South Africa’s communities. The situation for child-headed households in provinces other than Gauteng is worse (or at least not better than) the results indicated by this report.
- An analysis of the data reveals that 26.2% of the households cannot support even one person with their total monthly income. Less than 40% of the households will be able to support a household with two to three members, 11.5% if the household size is 4 people and no household will be able to support a household size of six members. This conclusion holds for both poverty line measures used in the analysis.
- By matching the individual household sizes of each respondent with its reported total monthly income it was calculated that almost half (44.3%) of the child-headed households in the survey are living in absolute poverty.
- The child-headed households in this survey are extremely vulnerable, since the increasing cost of living impacts more on the poor sections of the community.
- The majority (51.1%) of the respondents who maintain that they have very little if any income state that they have to make do with what they have, as they have no other option. This puts them in an extremely vulnerable position.
- Children in child-headed households face particular challenges and exclusion, e.g. the threat to education. This is of particular concern as the structure of the labour market has changed during the last two decades. Without a proper education, these children have very little chance of escaping the cycle of poverty that they experience.
- Neighbours and relatives do play a positive role in the lives of the children. A significant number of child-headed households say that family members, churches, neighbours and employers provide for many of their material needs in the form of cash and/or kind.
- A surprising theme is the number of children who state that their material needs are provided for by one of the parents. These parents help to support their children, but seemingly do not form part of the same household. The reason(s) for this phenomenon should be investigated further.
Another aspect that warrants further investigation is the expenditure side of child-headed households. Their spending pattern is important to analyse as it can help to formulate programmes of assistance for this vulnerable group.

Section J: Household Tasks & Community Relations

This section explored two main unrelated themes. Firstly, we were interested to understand the roles and tasks of a child head of household. The literature has shown that child-headed households, and particularly the child heads of these households, carry substantial responsibilities for running the household. We could not explore this theme in depth in this study, and so aimed primarily to determine which of these tasks children found most burdensome.

Secondly, we were interested to understand how these households experienced the community in which they live. There is some evidence in the literature that these children are the victims of stigma and discrimination, often because communities assume their parents died of AIDS.

Household Tasks

Participants were given a printed list of 15 tasks that need to be performed in managing a household. This list was, in part, informed by the existing research on the subject as summarised in the literature review. Items 65-67 asked which of these tasks (1) took the most time, (2) they hated the most, and (3) they enjoyed the most. Table 44 presents the percentage of participants who endorsed each task. In each case, the top three tasks are coloured.

<table>
<thead>
<tr>
<th>Table 44. Household Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task</td>
</tr>
<tr>
<td>Keeping the house clean</td>
</tr>
<tr>
<td>Cooking food</td>
</tr>
<tr>
<td>Washing and ironing clothes</td>
</tr>
<tr>
<td>Disciplining other children</td>
</tr>
<tr>
<td>Taking care of young children (washing, brushing teeth, feeding, dressing, etc)</td>
</tr>
<tr>
<td>Looking after the emotional needs of the family members</td>
</tr>
<tr>
<td>Protecting the household from dangers</td>
</tr>
<tr>
<td>Maintaining our family’s culture and traditions</td>
</tr>
<tr>
<td>Liaising with the school</td>
</tr>
<tr>
<td>Liaising with support services (e.g. social work)</td>
</tr>
<tr>
<td>Making decisions about the health care of family members</td>
</tr>
<tr>
<td>Making decisions about whether family members can go out (e.g. to visit friends)</td>
</tr>
<tr>
<td>Generating finances to run the household</td>
</tr>
<tr>
<td>Managing the spending of the household finances</td>
</tr>
<tr>
<td>Maintaining the dwelling (e.g. fixing broken windows, leaking roof, etc)</td>
</tr>
</tbody>
</table>

Keeping the house clean was found to be the most time consuming task experienced by household heads. They hated this the most as well, followed closely by maintaining the dwelling and the washing and ironing of clothes. They enjoyed the task of cooking food the most. It is surprising to see that they considered generating and management of funds as something they enjoy doing, rather than a burden.
Community Relations

Item 68 asked, “Do people in your community treat you differently because you are part of a child-headed household?” Figure 47 alongside shows that around a third (35%) of participants reported that they are treated differently, while most of them feel they are part of the community.

**FIGURE 47. HOUSEHOLD TREATED DIFFERENTLY BY THE COMMUNITY**

Item 69 asked participants to explain their answer to Item 68. Based on a content analysis of the statements, themes emerged that describe the main dimensions of the community relations. These themes are presented in Table 45. The ‘no different treatment’ is divided between ‘no different treatment’ and ‘appreciated’.

**TABLE 45. EXPLANATION OF COMMUNITY RELATIONS**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Theme 1: No different treatment                 | 38        | ✤ The community treats me an my peers almost the same  
|                                                 |           | ✤ They help me when I need help  
|                                                 |           | ✤ They do not treat me badly because they have accepted that I am child headed  
|                                                 |           | ✤ People in my area have got their own issues to worry about. There is no time to mind other people’s business.  
|                                                 |           | ✤ They treat me like any other child  
|                                                 |           | ✤ They do not say bad things to us  
|                                                 |           | ✤ Every one supports me in my situation  |
| Theme 2: Appreciated for coping as a child headed household and supportive | 2         | ✤ People in our community know how we survive and respect our household very much  
|                                                 |           | ✤ People in my area respect us and bring their cars to the car wash  |
| Theme 3: Different treatment                    | 16        | ✤ People in the streets look at you as if you are a different species  
|                                                 |           | ✤ They look down upon us because we do not wear their type of clothes  
|                                                 |           | ✤ They always feel sorry for me. They give stuff which they don’t to other children  
|                                                 |           | ✤ My peers are judgmental and that makes me sick  
|                                                 |           | ✤ Other people don’t even greet us when they pass by our house  |
| Theme 4: Take advantage of the children         | 5         | ✤ They take advantage of us. They shout and insult us and send us to different places even at night  
|                                                 |           | ✤ People promise to give us money if we sleep with them and I feel that is taking advantage of vulnerable children.  |
| Theme 5: Unsure                                 | 3         | ✤ I don’t socialise with them  
|                                                 |           | ✤ I do not talk to most of them  
|                                                 |           | ✤ Most of them don’t know me  |

As indicated in Figure 47, just over half of the children experienced no differential treatment. Two of the children, as reflected in Table 45, felt that people respect them and admire them for their ability to cope as a child-headed household. Children also shared that they feel accepted by the community, being treated the same as any other member of the community. They felt that the community is supportive of them.

A third (35%) of children reported feeling that they were treated differently (negatively) by their community. Most of these reported feeling looked down on, judged and marginalized by their community, a finding that appears in the literature (Robson & Kanyanta, 2007, p. 423; Thurman et al., 2008, p. 2).

In addition, five statements were made which indicated that people may take advantage of vulnerable children. This was not specifically explored. Exploitation and abuse of children takes
places in all demographic groups, not only among orphans and vulnerable children, although some of the literature shows that orphaned children are more vulnerable to exploitation (Mabala, 2006, p. 409; Walker, 2002, p. 15; Yamba, 2006, p. 209).

The three children who were unsure as to whether people treat them differently or not, indicated that they do not really interact with the community and therefore do not know.

**Section J: Conclusions**

Based on the results of this section, the following conclusions can be drawn:

- Day-to-day tasks, such as cleaning, washing, ironing and household maintenance, are the most burdensome tasks the children have to perform. Cooking and the generation and management of finances are enjoyed the most.
- Most children are treated as part of the community, and are even appreciated and respected for their courage. A third experience that they are treated differently because they are child-headed.
- Those who experience acceptance in the community may be good networkers, showing resilience and coping. They are able to establish supportive and affirming relationships among the community members in their neighbourhood.

**Section K: Safety & Protection**

There is concern that children in child-headed households are vulnerable to crime. The recent article by Khupiso (2007) indicates that these households are sometimes targets of opportunists. This section, therefore, aimed to determine the extent to which children are vulnerable to crime and what resources they draw on when they are victimised.

**Prevalence of Crime**

Item 70 asked, “During this year, have you or a member of your household been a victim of crime?” Figure 48 to the right illustrates that 5% of the children in this study were victims of crime in the previous 6 months.

**FIGURE 48. VICTIMS OF CRIME**

**Experience of Crime**

Those who answered ‘Yes’ to Item 70 (n=3) were asked Item 71, “Please tell me more about this experience.” Three responses were obtained to this question. The responses were:

- I was robbed of my cell phone and school bag in January when I came back from school.
- One evening I was robbed and stabbed when I was coming back home from a friend’s party in February (Valentine's Day).
- The criminals stole my home theatre system, but one of them was spotted and arrested by the police.

All three statements are indicative of the participants having been victims of violence and theft of property.
Sources of Help with Crime

Item 72 asked participants to identify who they would go to for help if they were victims of crime. Those who, in Item 70, reported being a recent victim of crime, were asked, “Who did you ask for help?” If they reported that they didn’t ask anyone for help, they were asked, “Who would you ask for help?” Those who said they were not a victim of crime in Item 70 were asked, “If you became a victim of crime, who would you ask for help?” Based on a content analysis of the participants’ 65 statements, three main sources of help with crime emerged. These sources are presented in Table 46 in descending order of frequency. We have separated sources that were actually used from those that participants said they would (hypothetically) use.

<table>
<thead>
<tr>
<th>Source</th>
<th>Actually Accessed</th>
<th>Would Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family, friends or neighbours</td>
<td>1</td>
<td>37</td>
</tr>
<tr>
<td>Police and Community Policing Forum</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Community resources</td>
<td>-</td>
<td>6</td>
</tr>
</tbody>
</table>

Two participants indicated that no help was available to them or would be available to them in the case of them being victims of crime.

Should they be victimised, the majority of participants would make use of family, friends or neighbours as a source of help with crime, followed by the Police and Community Policing Forum. It is interesting that the children chose to turn primarily to informal support systems, rather than formal security services. Physical proximity as well as trust may be important factors in the choice of possible sources of help. This may be an issue that the SA Police Services should follow up, particularly given the vulnerability of these children.

Experience of Help with Crime

Item 73 asked participants how they experienced the help they received with crime. Those who did actually access help (as reported in Item 72) were asked, “Tell me about the help that you got from these people.” Three responses were obtained to this question. The responses were:

- [The respondent’s friend] would know the next step as he has more experience in everything than me
- They investigated the matter and one person was arrested and sentenced to two years imprisonment
- I’m not sure

Those who did not actually access help were asked, “How do you think these people would respond if you asked them for help?” Based on a content analysis of the participants’ 54 statements, three main perceptions of help with crime emerged. These themes are presented in Table 47 in descending order of frequency. We have separated help that was actually experienced from help that participants expect to experience.
TABLE 47. EXPERIENCE OF HELP WITH CRIME

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Help will be provided      | 42        | - They will help me, whatever it takes  
- My friend's father is a taxi owner and no one messes with him. He will deal with the situation accordingly  
- They work as a team and they will try to get their hands on the suspect  
- If our case is valid, the suspect would be arrested  
- Positive as we also are the member of the community |
| Not sure or unknown        | 11        | - I don’t know because other people are not satisfied with the police service  
- I’m not sure |
| Help will not be provided  | 1         | - Nothing as usual |

The results indicate that the majority of participants (76%) are confident that those they approach for help will provide it. It further suggests that child-headed households do perceive the community as generally responsive to them in instances where they may need help related to crime. The perception of responsiveness may in itself indicate that, overall, the respondents do experience a sense of “belonging” or “being cared for” in the communities where they are living. This perception exists in spite of multiple hardships the participants may otherwise be exposed to. This was confirmed in the earlier analysis of item 68 in Section J.

Perceptions of Abuse of Child-Headed Households

Item 74 asked the general question, “What do you believe is the most common abuse experienced by children in child-headed households?” Based on a content analysis of the participants’ 84 statements, five themes emerged that describe the main dimensions of their perceptions of abuse. These themes are presented in Table 48 in descending order of frequency.

TABLE 48. PERCEPTIONS OF ABUSE OF CHILD-HEADED HOUSEHOLDS

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Physical abuse and neglect | 40        | - Child abuse and physical abuse  
- Assault  
- I’m not sure. Maybe child abuse  
- The sending of children at night to collect water for them with 25 litres which are heavy  
- Physical abuse, which my aunt used to do to me when I was staying at the main house |
| Rape and other sexual abuse| 28        | - Rape  
- Rape. For example, my other neighbour was raped by her uncle last December  
- Sexual Abuse |
| Emotional abuse            | 7         | - Emotional abuse  
- They might be kidnapped |
| Crime                      | 7         | - There is no order. Other people might take advantage of the family (CHH) |

Participants believe that physical abuse and neglect are the most prevalent forms of abuse that child-headed households are likely to be exposed to. This is followed by rape and other sexual abuse, emotional abuse and crime.

Experiences of Abuse

Item 75 asked specifically whether these households had experienced abuse during the previous six months. Figure 49 below illustrates that 17% of households reported that they did recently experience abuse while living alone.
It is noteworthy that while most of the children reported a high expectancy of abuse (in the previous question), most here deny having personally experienced crime or abuse. This may reflect a feeling or perception of vulnerability that influences their behaviour, but that is relatively independent of their own actual experiences. Childhood is, for most children, a time of vulnerability, in which the role of adults, particularly parents, is to create at least the illusion if not the fact of safety and security. Children living in child-headed households must fulfil this role themselves and, consequently, may become aware of their vulnerability. This awareness may evoke a degree of fear or anxiety, irrespective of their experiences of abuse.

Item 76 followed this up with, “Please tell me more about this experience.” Based on a content analysis of the participants’ 10 statements, three themes emerged that describe the main dimensions of their experiences of abuse. These themes are presented in Table 49 in descending order of frequency.

**TABLE 49. EXPERIENCES OF ABUSE**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
</table>
| Physical Abuse and Neglect | 6         | ✐ Both my boyfriends came by at the same time. The protecting one was angry and beat me up. I sustained minor injuries but am now fine.  
 ✐ My neighbour hit me because I left my 9 year old sister alone one Saturday morning. He claimed I was irresponsible and deserved a ‘clap in the face’. |
| Sexual Abuse           | 2         | ✐ Sexual harassment                                                                |
| Emotional Abuse        | 2         | ✐ The uncle abuses us emotionally when he is drunk                                  |

Notwithstanding the lower rates of abuse experienced compared to what is expected, there is face-value agreement between what child headed households perceive themselves to be vulnerable to and actual experiences of abuse reported by child headed households. This agreement suggests that the households are indeed most vulnerable to physical abuse and neglect, sexual abuse and emotional abuse.

**Section K: Conclusions**

Based on the results of this section, the following conclusions can be drawn:

- Child-headed households are most vulnerable to physical abuse and neglect, followed by sexual abuse and then emotional abuse. These children seem to have a heightened feeling of vulnerability, independent of their own experience of actual abuse or crime.
- Participants are overwhelmingly positive that they will be helped if they were to be the victims of crime. This help is perceived as being forthcoming from the community itself and from the SA Police Service.
Section L: Children’s Rights

The rights of children are an important issue for the Gauteng Department of Social Development. These rights are enshrined in the South African Constitution.

There is, however, a significant difference between the existence of rights and the ability to exercise those rights. For the rights-on-paper to become reality in the lives of children a number of important requirements must be met. It is crucial that the children be informed about their rights and that administrative and legal processes and structures be available to ensure that those rights can be accessed and enforced where required.

Knowledge of Children’s Rights

It was important to first establish the children’s knowledge of their rights. The children were asked three closed questions, the results of which (as percentages) are presented in Table 50.

| Table 50. PERCEIVED KNOWLEDGE OF CHILDREN’S RIGHTS |
|---------------------------------|--------|--------|--------|
|                                 | Yes    | No     | Unsure |
| Do you know your rights as a child? | 86     | 2      | 12     |
| As a child do you understand your rights? | 76     | 3      | 20     |
| Have you ever been told your rights as a child? | 88     | 7      | 5      |

Item 80 asked children to describe what they understood to be their rights as a child. Based on a content analysis of the participants’ 149 statements, 12 themes emerged that describe the main dimensions of their perceptions of their rights. These themes are presented in Table 51 in descending order of frequency.

| Table 51. PERCEIVED CHILDREN’S RIGHTS |
|---------------------------------|--------|--------|--------|
| Theme                           | Frequency | Sample Statements |
| Education                       | 50      | ❖ Right to education  
❖ Right to go to school and make mistakes and learn from them |
| Basic services and rights       | 31      | ❖ Right to have a home  
❖ To eat  
❖ Right to welfare |
| Safety and security             | 19      | ❖ Right to be protected against crime  
❖ Right to safety and security |
| Life                            | 10      | ❖ I have the right to live |
| Unknown or unsure               | 7       | ❖ I’m not sure |
| Freedom and freedom of expression | 6      | ❖ Right to express ourselves  
❖ Freedom of speech |
| Other rights                    | 6       | ❖ Sport and recreation  
❖ Right to say no |
| Human rights and children’s rights | 6      | ❖ Human Rights  
❖ Many other children’s rights |
| Social grants and financial support | 5      | ❖ Right to grants  
❖ Right to maintenance |
| Family and community            | 4       | ❖ Loving family  
❖ I have a right to belong, especially to the community I live in |
| Dignity and respect             | 3       | ❖ Right to dignity |
| Legal representation            | 2       | ❖ A lawyer (legal representation) |
At face value participants do have nominal awareness of their rights as children, inasmuch as they are able to identify some of the main themes in children’s rights. What is less clear is the depth of their understanding, which would require a much more nuanced and detailed study. Participants’ awareness of their rights is overwhelmingly focussed on education, basic services and rights, and safety and security.

With the exception of the right to vote, children are entitled to all rights in the Bill of Rights and the Constitution (South African Government, 1996). In recognition of children’s vulnerability, section 28 of the Constitution provides for certain specific rights for children that provide them with extra protection (Davel & Skelton, 2007, p. 1-7). These include, among others, family care or parental care or appropriate alternative care when removed from the family environment, basic nutrition, shelter, basic health care services and social services.

The Children’s Act (South African Government, 2005a) provides children with rights supplemental to those in the Bill of Rights. Section 8(2) of the Children’s Act confers a positive duty on all state organs, officials and employees to respect, promote and protect children’s rights (Davel & Skelton, 2007, p. 2-8).

Section 28(2) of the Bill of Rights in the Constitution affords yet another layer of protection to children. This section introduces the concept of “the best interests of the child”. It is the golden thread that runs through all legislation related to children, not only in South Africa, but internationally as well. In its present form, this standard is the benchmark against which courts decide all matters pertaining to children.

When section 8(1) of the Children’s Act is read in the context of section 28(2) of the Constitution, it illuminates the fact that all state organs and employees have a positive duty to ensure that the best interests of children are served at all times. To what extent this constitutional duty that rests upon them is known to all state employees, ranging from clerical assistants to health care personnel and teachers, is not known.

What is clear is that all state employees have a responsibility towards ensuring that the best interests of children are served at all times, even in instances where policy has not yet caught up with Constitutional imperatives.

In order to gain some contextual understanding of the view the participants in our study have of their rights, their perceptions must be compared to the reality as contained in the Bill of Rights (South African Government, 1996). This will be accomplished by linking the themes as reflected in Table 51 above to relevant sections of the Constitution in Table 52 below.

This tabulation illustrates clearly that participants do have valid face value knowledge of many of their rights.
TABLE 52. PERCEIVED CHILDREN’S RIGHTS THEMES AND THE CONSTITUTION

<table>
<thead>
<tr>
<th>Theme</th>
<th>Section in Constitution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Section 29</td>
</tr>
<tr>
<td>Basic Services and Rights</td>
<td>Sections 26 &amp; 27</td>
</tr>
<tr>
<td>Safety and Security</td>
<td>Sections 12, 28(1)(d)</td>
</tr>
<tr>
<td>Life</td>
<td>Section 11</td>
</tr>
<tr>
<td>Unknown or Unsure</td>
<td></td>
</tr>
<tr>
<td>Freedom and Freedom of Expression</td>
<td>Sections 16, 17, 18</td>
</tr>
<tr>
<td>Other Rights</td>
<td></td>
</tr>
<tr>
<td>Human Rights and Children’s Rights</td>
<td>Entire Bill of Rights</td>
</tr>
<tr>
<td>Social Grants and Financial Support</td>
<td>Section 28(1)(c)</td>
</tr>
<tr>
<td>Family and Community</td>
<td>Section 28(1)(b)</td>
</tr>
<tr>
<td>Dignity and Respect</td>
<td>Section 10</td>
</tr>
<tr>
<td>Legal Representation</td>
<td>Section 28(1)(h)</td>
</tr>
</tbody>
</table>

The primary challenge in the sphere of children’s rights is not to educate children regarding their rights. It is rather to ensure that those that have obligations to ensure that the rights of children are respected and enforced, indeed do so as they are directed by the Constitution.

Exercising of Children’s Rights

Item 81 asked, “Are you able to use your rights?” Figure 50 alongside illustrates that 7% of children indicate that they are not able to exercise their rights.

FIGURE 50. HOUSEHOLDS ABLE TO EXERCISE THEIR RIGHTS

Those children were asked to explain this answer, “Why are you not able to exercise your rights?” The four responses obtained were:

- Because I do not have an id and my child also.
- The government has not done its duties by stopping my grant.
- No older person to protect us.
- No one listens to our rights in our township.

It can be seen that two of the responses concern social security, one concerns safety and the third the recognition of the voice of the child.

Respect for Children’s Rights

Item 83 asked, “Do you feel that as a child, your rights are being respected as you would like them to be?” Figure 51 alongside illustrates that 19% of children indicate that their rights are not being respected.

FIGURE 51. RESPECT FOR CHILDREN’S RIGHTS

Those children who indicated that their rights were not respected were asked, “In what way are your rights not being respected?” Based on a content analysis of the participants’ 14 statements, two
themes emerged that describe the main ways in which their rights are not being respected. These themes are presented in Table 53 in descending order of frequency.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rights not respected</td>
<td>8</td>
<td>- Some people take our rights light</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- People don’t take us seriously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- People always abuse other people’s rights</td>
</tr>
<tr>
<td>Abuse and neglect</td>
<td>6</td>
<td>- My other family rejected me. Don’t I have the right to family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- People hit us and are not prosecuted for their crimes</td>
</tr>
</tbody>
</table>

The positive result of item 81, where more than half (59%) of the respondents indicate that they are able to use their rights, is surprising to say the least. The exercising and enforcement of human rights is a complex matter that requires the intervention of multiple systems in society to take it from paper to practice. The mere existence of the Constitution and the Bill of Rights does not guarantee access to and the enforcement of rights. Indeed, a child’s access to any of the rights is conditional, at the very least, upon the existence of a parent, a guardian, a legal representative or another person in an official capacity such as a social worker or police officer. This notion is clearly supported in the responses provided to the question, “Why are you not able to exercise your rights?” which included “No older person to protect us”. In practice, no child who is denied his or her rights is able to insist upon its enforcement without the intervention of some adult person who has an interest or legal standing in the matter.

The positive response to item 81 should therefore be viewed and interpreted with great caution as it may be based on an overly simplistic understanding of the enforcement of rights, as viewed by young people, who may have a limited understanding of their rights and who may not have yet faced the complexities involved when denied their rights.

Help from Social Services in Exercising Rights

Item 85 asked, “In what way do you think social services can help you to exercise your rights?” Based on a content analysis of the participants’ 63 statements, eight themes emerged that describe the main dimensions of their perceptions of their rights. These themes are presented in Table 54 in descending order of frequency.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not know or unsure</td>
<td>23</td>
<td>- I really don’t know</td>
</tr>
<tr>
<td>Basic care and services</td>
<td>16</td>
<td>- We need to have free water and electricity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- By supporting us</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- By helping me get the right documents</td>
</tr>
<tr>
<td>Grants and financial assistance</td>
<td>7</td>
<td>- They can help us receive grants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- By giving grants to suffering children like us</td>
</tr>
<tr>
<td>Education</td>
<td>6</td>
<td>- We need to have free education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To continue at school</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>- They can help improve our business</td>
</tr>
<tr>
<td>Education about rights</td>
<td>3</td>
<td>- Social Workers can help me understand my rights more</td>
</tr>
<tr>
<td>No help needed or enough help</td>
<td>3</td>
<td>- My rights are being respected. DSD can’t help me in any way</td>
</tr>
<tr>
<td>provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety and security</td>
<td>2</td>
<td>- Bring more security to the township</td>
</tr>
</tbody>
</table>

123
While participants do have an awareness of their rights, it is clear that there is some uncertainty as to how the Department of Social Development can help them to exercise their rights. On viewing the rights that they indicate the Department can potentially help them with, it becomes clear that most of these are not within the direct administrative ambit of the Department. Included in this are the right to education, information about rights, safety and security, and free basic services.

In defining its own role in ensuring that the rights of children are both respected and enforced, the Department of Social Development should be keenly aware of the fact that it is but one role player in this complex, challenging field. The greatest challenge to Social Services may be to address those rights it does not currently administer, such as the right to safety and security, not those rights it is directly responsible for executing or administering, such as social security.

Section L: Conclusions

Based on the results of this section, the following conclusions can be drawn:

- Participants evidence superficial knowledge of their rights. Their knowledge of their rights, however, does not lead to automatic access to and enforcement of those rights. Their rights appear not to be universally respected.
- Probably the greatest challenge facing the Department of Social Development in the field of children’s rights is the creation of mechanisms and processes to ensure inter-departmental commitment and cooperation in the field of children’s rights.

Referral for Social Services

Of the 63 households that participated in the population census, 48 (76%) were referred for immediate attention by the field workers. Furthermore, in the sample survey, 34 of the 61 households interviewed (56%) still required referral. Based on a content analysis of the field workers’ 107 statements, six themes that warranted referral emerged. It should, however, be noted that most of the field workers were not social workers and thus perhaps not in a position to accurately determine whether or not a household needed professional attention. Indeed, many of the reasons given for referral could be considered spurious. Nevertheless, these themes are presented in Table 55 in descending order of frequency.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Sample Field Worker Referral Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for food, transport or clothing</td>
<td>45</td>
<td>Clothes, food, transport support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School uniform</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some food parcel and clothes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[Respondent] needs food and school uniform</td>
</tr>
<tr>
<td>Need for counselling and support</td>
<td>23</td>
<td>Psychosocial support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Counselling</td>
</tr>
<tr>
<td>Need for grants or other financial aid</td>
<td>19</td>
<td>Money for school fees and transport</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Needs support to cover school needs and household needs</td>
</tr>
<tr>
<td>Need for foster care or other care</td>
<td>8</td>
<td>They need someone to take care of them</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A foster family needs to jump into this household</td>
</tr>
<tr>
<td>Need for accommodation and basic services</td>
<td>7</td>
<td>Housing is not enough for the child. The house is too small.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The CHH is very poor and need basic services such as housing</td>
</tr>
<tr>
<td>Need for health care services</td>
<td>5</td>
<td>Medical attention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medicine</td>
</tr>
</tbody>
</table>
In light of the study findings and the experience of data collection, the following 15 sets of recommendations are proposed. All responses by the Department of Social Development must be aligned with the developmental social welfare approach, which since 1997 has been accepted as the paradigm for the provision of social welfare in South Africa. Patel (2005, p. 98) identified five main pillars of the developmental social welfare paradigm, as underpinned by the Constitution: a rights-based approach, the harmonisation of economic and social development, the promotion of democracy and participation, social development partnerships and the bridging of the micro/macro divide. When appropriate we will link our recommendations to these pillars.

**Vulnerable Children**

We argue that the extent of vulnerable children we identified in Gauteng warrants a shift in focus from strict definitions of categories of households to the broader concept of ‘vulnerability’. Vulnerability or risk factors can be defined as “any influences that increase the chances for harm, or more specifically, influences that increase the probability of onset, digression to a more serious state, or maintenance of a problem condition” (Fraser, Kirby, & Smokowski, 2004, p. 14). The vulnerability of families is determined by two main factors (McCubbin & McCubbin, 1993, p. 28): (1) The accumulation, or pileup, of demands on or within the family unit, such as financial debts, poor health status of relatives, and changes in a parent’s work role or work environment, and (2) the normative trials and tribulations associated with the family’s particular life-cycle stage with all of its demands and changes.

The very large number of households reported to us as being allegedly ‘child-headed’ – we estimate that at least 12,000 households were reported to Chiastolite – suggests that there are many vulnerable households and children living in Gauteng. Vulnerability is not so much about the age of a person or some other demographic variable, but rather about that person’s risk of suffering some form of harm. While we could only verify 63 bona fide child-headed households, this does not mean that there is no problem with vulnerable children in the province. Indeed, when we look at the two main factors mentioned above that result in vulnerability, we must agree that there much risk of vulnerability in our province.

For example, our field workers made contact with many vulnerable children who were in the care of someone aged 18 or older. These include orphaned children, children who are being raised by elderly grandmothers who themselves are vulnerable and children who are being raised by a young sibling or other relative who is still school-going or studying or attempting to establish themselves in the workplace. It is our contention that these children may be just as vulnerable as children in a child-headed household.

In fact, some of these children may be even more vulnerable. For example, children who are living in a youth-headed household (with, say, a 20-year old sibling who is still completing their secondary schooling) are more vulnerable than children living with a 16-year old sibling. This youth-headed household does not meet the state's criteria for ‘child-headed’ and thus does not have access to certain benefits, such as social security for the household head. The community may regard this household as old enough to look after themselves and thus provide less support and perhaps even make demands on the household to pay their way.
Similarly, a granny-headed household may be vulnerable because of the grandmother’s own age-related vulnerability. She may have had inadequate schooling herself and be unable to supervise homework adequately. She may be ill and in need of care. She may die while looking after the children, confronting them with yet another traumatic loss experience.

We therefore recommend that the dynamic of vulnerability be foregrounded and the means-test factors of age and other demographics be of secondary importance. Such an approach would meet the developmental social welfare criterion of ‘rights-based’ (Patel, 2005, p. 98). It would recognise that vulnerable households have the right to a range of social welfare services regardless of the demographic profile. The fact of their vulnerability ‘fast-tracks’ them into the social service system.

**Definition of Child-Headed**

When looking at the vulnerable subgroup we call ‘child-headed households’ we argue that a more contextually-responsive definition needs to be adopted. For the reasons stated above, the current strict definition results in an increase in the vulnerability of some households. This is particularly so for those that are headed by some who has passed above the legal definition of a child (ie aged 18 and up) but who continues in the role of a ‘child’.

We made contact with many households that looked like child-headed households, except that the household head was over age 17. Yet this head was still going to school, just like a 17 year old. We believe that this is one of the reasons for the large number of contacts referred to us in Phase 1 of the study but who did not meet the operational definition of a child-headed household. Most NGOs have adopted a more fluid definition of a ‘child’ that includes youths who have not yet established themselves as adults. This is a kind of in-between phase between childhood and adulthood; a no-man’s land in which the individual forfeits the benefits and protection of childhood without the benefits and advantages of adulthood.

The literature that was presented earlier in this report takes cognisance of this factor. For example, in Nkomo’s (2006) study in South Africa, nine of her 14 participants were aged 18 or older – only five met our definition of being under 18 years.

An example of a more flexible definition of a child has been applied in the case of the Foster Care Grant. This grant can be continued beyond a child’s 18th birthday up to the age of 21 if, with the child’s consent, the child is still busy with secondary schooling (Cape Gateway, 2007). Such an arrangement is sensitive to the transition between childhood and adulthood, and would serve to extend the support and protection provided to household heads who have reached majority but are not yet in a psychosocial or economic position to act as household head.

There is even further concern around the definition when we consider the draft Children’s Amendment Bill (South African Government, 2005a, Section 137.1). This Bill defines a child-headed household as, among other things, one in which the head is over the age of 16. Not only does this restrict such households to those in which the head is either 16 or 17 years of age, given the age of adulthood being set at 18, it excludes households that are headed by a child under the age of 16. This makes these children even more vulnerable than they already are.
We therefore recommend that consensus be sought among governmental and non-governmental role players regarding a contextually-responsive definition of what constitutes a child-headed household. This would serve to reduce the vulnerability of households in which the head has reached majority and harmonise the provision of services to such households across various sectors of society.

Family Preservation

This study is striking in its finding that 41% of mothers and 49% of fathers are still alive but living elsewhere. We argue that family preservation services, with an emphasis on early intervention, are essential for preventing the exploitative establishment of child-headed households. These services need to be offered within the context of a promulgated national family policy.

On the face of it, it could be concluded that these parents have abandoned their children, in which case the Department should consider prosecuting these parents for child abandonment. However, it seems things are somewhat more complex.

- Some field workers report that mothers are vulnerable and their choices constrained by the patriarchal nature of society. Some widowed mothers find that when they remarry their new husbands refuse to allow her children from the previous man to live with them. Some of these mothers leave their children to look after themselves, visiting them whenever she can, bringing food, clothes and money and maintaining a part-time parental role. While this is far from ideal, were she to not marry this man or leave him, she may find herself in an even worse financial situation and be even less able to care for her children.

- A number of children reported that their parents are using them to secure property. For example, some households are on a waiting list for RDP housing. The parents live elsewhere, but need the children to stay in the shack in an informal settlement so as to keep their place on the waiting list. These parents continue to provide for their children’s basic need for food, shelter, clothing, etc.

A number of children, in response to item 25, indicated that their parents should take responsibility for their children. They are quite correct. It is the responsibility of parents to care for their children. The Children’s Act (South African Government, 2005a, Section 7(1)(f)(i)) declares it to be in the best interests of children to remain in the care of their parents. The Act (Section 18(2)(a)) furthermore states that parents have both the responsibility and the right to care for their children.

Children are themselves unable to assert or secure their right to being cared for by their parents. This is the responsibility of the State, specifically the master of the High Court, or else the Family Court or the Department of Social Development. Children in such families need a great deal more protection and help to secure their right to adequate care.
Family preservation is the fifth objective of the Department of Social Development’s (Department of Social Development, 2005a) Plan of Action for Families, viz: “Develop policies and legislation for the strengthening and preservation of the family as an institution and improve the quality of family relations.” It seems, however, that progress towards a National Family Policy has somewhat foundered, and family preservation services need a great deal of attention. Although this study was focused on vulnerable children, we have identified a great number of vulnerable families, many of whom are vulnerable and living in extreme poverty. A national policy on families is essential to secure this basic building block of society.

Children who find themselves being inadequately cared for by parents, for whatever reason, and even more so children who are being used by their parents need early intervention to reunify and preserve these families.

We therefore recommend that family preservation services be expanded, within the guiding framework of a promulgated National Family Policy. These services should, in particular, focus on early intervention, to assist families in staying together. The State should take a more active role in requiring and assisting parents to fulfil their legal and social obligations as parents. The Family Court, which could be a central legislative body to assist children in securing adequate parenting, should be implemented.

Exploitation

We argue that vulnerable children are in particular vulnerable to exploitation by other people, including family members. Although these children do have at least a basic understanding of their human rights, they are not in a position to enforce these rights and have little recourse to assistance in securing their rights. The State, therefore, has a responsibility to assist children in accessing legal assistance when they are being exploited.

A few examples serve to outline the kinds of exploitation this study uncovered:

- As previously mentioned, a number of children reported that their parents are using them to secure property. For example, some households are on a waiting list for RDP housing. The parents live elsewhere, but need the children to stay in the shack in an informal settlement so as to keep their place on the waiting list. These children are clearly being exploited – their needs are being subordinated to the parents’ need (whether a genuine need or not) for a second house.

- Some girls left home because they were pregnant. Some of these moved in with boyfriends to escape the vulnerability of being a child-headed household – a child caring alone for her own child. These girls are, however, exceptionally vulnerable in this situation. Their security is based on continuing to find favour in the eyes of their boyfriend. We had a case of a girl who had two boyfriends, which she felt she needed to survive. When the boyfriends found out about each other, they assaulted her.

- Some children reported being taken in by extended families or other carers. However, they are used as little more than domestic workers.

- In some instances, children are cared for by an unmarried youth from their extended family. While these were not part of our study cohort, we are concerned about the motivation of these youths. Why would a young unmarried man take in a handful of children?

- Some children live with a ‘Sugar Daddy’ who not only cares for the child but sometimes also for her family. These children thus become the family’s primary source of income.
We recommend, therefore, that the Department of Social Development should ensure that children are informed about their rights and about what actions can be taken if they are being exploited. Moreover, the Department should take the lead in providing all children with greater and easier access to legal assistance when the children feel that their rights are not being upheld. Such assistance needs to be free and accessible. Cases of child exploitation should be dealt with rather harshly to ensure that children perceive that their rights are upheld.

Exploitation: Social Security

We argue that many children are being exploited because of the access to cash that these children afford others through the social security system. While it is true that all but one of the 63 households in our study reported that the social security they get is used for their benefit, we obtained other evidence of exploitation.

We frequently found that households that were interviewed in Phase 2 and found to be child-headed had changed by Phase 3. In many instances, an adult suddenly appeared and informed us that they were living in the house and caring for the children. We even received phone calls from anxious family members to ensure that we knew that they were actually living there. In most of these instances, we believe that these adults were lying.

We picked this up early in Phase 2. At the beginning of June we had captured 263 child-headed households in the CHH Database. However, we found that 142 of these (54%) were receiving Foster Care Grants. Now we know that this grant is only provided when a child has been placed, via the Children’s Court, in the care of an adult. We therefore questioned the integrity of these data and verified them. In all cases, we found that an adult was now living with these children. While there were concerns about the integrity of a number of the field workers, most of these cases were, at the time of the first interview, child-headed households.

Together, these experiences indicate that there are many children who are being placed in foster care but not being directly cared for by adults. It seems that these children may be a lucrative source of income for adults, who pocket part of the Foster Care Grant and pay a smaller stipend to the children who are left to fend for themselves.

Paradoxically, the social security system, which intends to reduce the vulnerability of children, may actually increase their vulnerability, by rendering them an alternative source of income for unscrupulous adults. Children who are placed in foster care should be visited on a quarterly basis by social workers, however it does not seem that this is happening. Or it is happening in such a way that foster parents are able to create the illusion that the children are actually living with them.
We are cautiously optimistic that this research project has genuinely decreased the number of child-headed households in the community. Word appeared to spread in some communities that ‘the welfare’ was checking up on vulnerable children. Extended families, parents and foster parents appear to have moved in for fear of the consequences of failing to provide the care they are expected to. Whether this will be sustained and whether these children will receive good-enough care from these adults is, however, questionable. However, it seems that periodic and highly visible community visits by ‘the welfare’ may serve to keep children in the care of adults.

We recommend therefore that foster placements be more closely monitored to ensure that children are receiving appropriate and adequate care. We suggest that the Department of Social Development consider following up on those cases of child-headed households that we contacted but that subsequently were dropped from the database. We recommend that, wherever possible, children be given direct access to social security rather than having to depend on an adult intermediary, thereby reducing their vulnerability to exploitation.

**Economic Vulnerability**

We argue that children living in child-headed households are economically vulnerable and that the Department needs to play a central role in facilitating the economic security of these households.

Our study shows that the average monthly income of a child-headed household is approximately R1,000. Furthermore, close to half of the households are living in absolute poverty. This has enormous implications for the development of these children emotionally, physically and academically. In addition, it increases their risk of remaining trapped in a poverty spiral.

This study was unable to explore the economic survival of these households in much detail. For example, the entire issue of expenditure was omitted because the data collection instrument was already so lengthy. We have heard, however, of a household that has a reasonable income from grants and other sources, but where the household head purchased DSTV rather than meeting more fundamental needs such as beds and cooking equipment. This is clearly an area for an in-depth study.
We therefore recommend that a follow-up study be conducted to more precisely explore the economic vulnerability of child-headed households.

**Holistic Care**

We argue that the bulk of services to child-headed households currently addresses the material needs of vulnerable children and pays inadequate attention to their psychoemotional needs. A more holistic approach to care is required, in which the comprehensive needs of children are addressed.

The foundation of care is ensuring that the basic survival needs of vulnerable children are secured – the needs for food, clothing and shelter. While children have managed to ensure a couple of meals per day, they do seem to lack food security – ‘meals’ such as they are inadequate, children have to beg for food from neighbours or local shops, children often have no food over weekends, and food parcels are often too small to provide adequately for the family. Perhaps a system of home based care could be used here to ensure that children have sufficient good-quality food.

Another survival concern is the quality of housing. About two thirds of the children in this study live in shacks, either in someone else’s backyard or in an informal settlement. It is impossible to secure such dwellings, leaving children vulnerable to theft and assault. Children also complain about having to invest a significant amount of time and money in maintaining their dwellings.

A number of children indicated that they wanted to be ‘taken care of’ not merely to have their physical needs provided for. While these children need to have their basic needs met, they also have a need for adequate education and health services. And they have a need for emotional care, particularly in the wake of the multiple losses that many have experienced.

One possible solution is a type of home-based care system, centred on surrogate mothers who regularly (several times a week) visit the children in their home. Such a system of ‘drop-in’ mothers has apparently been implemented in Qwa Qwa. Heartbeat (www.heartbeat.org.za) provides a similar range of services to vulnerable children in their Children’s Empowerment Programme, part of which entails the provision of parenting services. Child Welfare (www.childwelfaresa.org.za) has the *Isolabantwana* (Eye on the Children) Child Protection Programme which functions in a similar way.

Vulnerable children need easier access to therapeutic services, perhaps in the form of group counselling. Neighbours who provide care to vulnerable children could be trained to provide at least basic emotional support and care. Teachers and school social workers could be a centralised and easily accessible source of support for vulnerable children.

Some agencies asked our Regional Coordinators for advice on the kinds of services that should be provided for vulnerable children. Many of these agencies have access to significant amounts of donor funding. The Department could consider advising these agencies to recruit qualified social workers who can rotate between a number of schools, providing care and counselling to vulnerable children.
children during school hours. We believe that the system of school social workers could add a great deal of value to the holistic provision of social services to vulnerable children.

Finally, we are concerned by the large numbers of children in this study who were not fully aware of the range of services available to them and who evidenced inadequate understanding of their rights (and the ability to secure their rights). We believe that the Department has a central role to play in informing children of services and rights, in a way that empowers children to actually access services and stand up for their rights.

We therefore recommend that the Department of Social Development facilitate a comprehensive package of services to vulnerable children that includes both practical/material and psychoemotional care. We suggest that existing models, such as that of Heartbeat, be explored as possible best practices. We recommend that agencies use donor funding to provide professional, school-based social services to vulnerable children. We recommend that the Department actively educates children about the services and rights that they are entitled to.

Role of Department of Education

We argue that the Department of Education could play a central role in the provision of services to vulnerable children. Vulnerable children are located throughout Gauteng and may be difficult to locate and provide services to. However, our study found that the majority of children continue to attend school. The school thus becomes a place where children already spend a significant amount of time each week. The school could thus host a wider range of services to vulnerable children.

Drop-in Centres could, perhaps, be expanded and located within schools. These Centres could provide counselling when needed, group work activities focused on life skills and the handling of loss and trauma, primary health care, and assistance with accessing social security and identity documents.

A particular concern in this study was the apparent academic vulnerability of younger children, probably because of inadequate supervision of homework by their older siblings. We were also concerned about the overloading of responsibilities on older children (household heads) who have to assist their younger siblings with their homework, while simultaneously struggling with their own. School-based after-school care could assist with this. Such assistance – supervision of homework within the school context – could assist vulnerable children complete their secondary education and obtain better jobs that help them escape poverty.

When my mother became ill (was declared HIV positive), my father left us for another woman. He abandoned us and left us suffering. I take care of my ill mother alone. When I have to go to school, a neighbour, who is a member of a NGO comes by to look after my mother for me. I have not seen my other relatives from Cape, neither do I have their contact number. I know that sooner or later my mother is going to die. I wish by then, I would have met my relatives. My father is the only person who knows where they are. When I get the change to talk to him, he refuses to tell me where I could go to find my relatives. It’s difficult enough to be in school and at the same time thinking about one’s mother’s health. Not to mention keeping the household clean, cooking and generating money for the household.

16 year old

The integration of social and health services into the school premises could have another important benefit, viz assisting vulnerable children in escaping the cycle of vulnerability. The investment in vulnerable children cannot be a ‘once-off’ or ‘hit and run’ activity; it needs to be sustained until
these children are independent adults and active participants in the economy of the country. If we stop short of this, we have failed in the second key pillar of developmental social welfare, viz the harmonisation of economic and social development (Patel, 2005, p. 102). Patel states, “human capital investments in, inter alia, education, housing, health care and nutrition are widely recognised to yield positive returns for the beneficiaries and also for society” (ibid., p. 104). Human capital investment in children is a long-term investment.

All of this requires a central coordinator and partnerships across Departments. One of the pillars of developmental social welfare is social development partnerships (Patel, 2005, p. 107). This is termed ‘welfare pluralism’, which Patel defines as “the way in which social welfare provision is structured, organised and delivered including the roles of the four sectors in service delivery” (ibid.). These four sectors are government, voluntary organisations (eg NGOs), informal role players (eg the extended family) and the commercial sector (ibid.). In our view, the Department of Social Development is the Department in the best position to facilitate such intersectoral cooperation. Within government, this has particular relevance for the Departments of Education and Health.

School social work, which is a well-developed field of social work practice in other countries, could make a major contribution to the reduction of the vulnerability of children in South Africa. School social workers are based in schools where most children spend about half their waking hours during the week. Social workers would be able to offer a wide range of integrated services across the continuum of care – prevention, early intervention, statutory intervention or alternative care, and reconstruction and aftercare (Department of Social Development, 2005b, p. 30). For vulnerable children, we can think of no better location for such services than in schools.

It is thus of concern that there are apparently no Department-funded school social workers. Those schools that do have social workers on staff employ them through the school’s governing body. Naturally, most of these are located in former Model C schools. We have heard that Rembrandt Park Primary School (near Alexandra) has employed a social worker who has developed a comprehensive programme to reduce childhood vulnerability.

We recommend therefore that the Department of Social Development play a central coordinating and mobilising role with the Departments of Education and Health. We recommend that schools take on the responsibility to host after-school services to vulnerable children, incorporating psychoemotional care, life skills development, assistance with social security, health services and supervision of homework. We recommend that a long-term view be taken on vulnerable children, and that the State’s investment in human capital be measured in terms of these children’s later participation in the economic and social dimensions of the country. We recommend that the Department employ school social workers and locate the implementation of the service delivery model for children at schools.

Social Security

Social security is a central component of South Africa’s developmental social welfare approach. The Child Support Grant has had four main benefits, according to Patel (2005, p. 132):

Firstly, the CSG ensures greater access for poor children to an integrated and sustainable social security system in the country. Secondly, it provides a grant on an equitable basis to those children in need regardless of their family structure, form, tradition or race. Thirdly, it prevents children from unnecessarily entering statutory substitute care; and lastly, it keeps children off the streets and out of juvenile detention centres. The grant, although small,
supplements household income and provides the poorest children with resources to meet basic survival needs.

We have previously pointed out that the current social security system paradoxically increases the vulnerability of some children to exploitation and will not discuss this aspect further. What is of concern, however, is the small number of eligible children who are accessing social security – less than a third. There is no question that children in child-headed households are vulnerable and in need of social security. Moreover, these children have a right to social security. And so it is outrageous that they are not benefiting from social security.

Close to one half of household members did not have identification documents (eg birth certificates), making it hard to access social security. Recently, regulations have been adjusted so that children without documents can present an affidavit declaring that they never had (or lost) their documents. Nevertheless, the role of the Department of Home Affairs in facilitating vulnerable children in acquiring documentation needs to be addressed.

The South African Social Security Agency (SASSA) is mandated to “serve as an agency for the prospective administration and payment of social security” in South Africa (South African Government, 2004b, Section 3(b)). SASSA has made a significant effort to enhance the provision of social security to those who are eligible. Examples of this include the purchasing of mobile offices that can access those living in remote rural areas and the streamlining of the grant application process so that it can be completed within the day (Skweyiya, 2007, 2008).

The Minister of Social Development, Zola Skweyiya, in his last two budget speeches, has strongly highlighted the Department’s commitment to address the vulnerability of children. A key aspect of this is the provision of social security, with measures such as increasing the amount of the grants, increasing the age of the Child Support Grant to 18, and linking the CSG to other services such as health and education (Skweyiya, 2007, 2008). We strongly support all of these initiatives, but observe that our data suggests that these ideals have not adequately translated into actual service delivery to vulnerable children in Gauteng. It is our contention that particular attention needs to be given to expanding social security to children, who are a particularly vulnerable group.

We recommend, therefore, that the Department of Social Development advocate on behalf of vulnerable children to both the Department of Home Affairs and the SA Social Security Agency to give priority attention to the provision of social security, including identification documents, to children.

**Vulnerability and Resilience**

This study has highlighted both the vulnerability and resilience of children in child-headed households. We argue that we often regard vulnerability and resilience as mutually exclusive – a household is either resilient or vulnerable. What we see in this study, however, is that most households have a combination of both vulnerabilities and resiliences.
We have already emphasised the various vulnerabilities of these households – difficulties in securing their rights, inadequate access to social security, academic vulnerability particularly among younger children, food insecurity, exposure to multiple losses and trauma, the experience of exploitation, and so on.

These households have, however, also demonstrated resilience – they have mobilised networks of caring neighbours who provide food and other forms of support, they have managed to function as a family for on average one and a half years, they have formed close and supportive bonds among each other, they have continued to attend school, they have evidenced an optimism about their situation, they have regarded their difficulties as opportunities for growth.

Service provision needs to take into account this duality – that these households are at the same time vulnerable and resilient. An overemphasis on vulnerability conveys the message that they are not competent and can lead to a breakdown in functioning and the dissolution of the family system. An overemphasis on resilience can lead to a neglect of the critical gaps and needs of these households.

We therefore recommend that service delivery actively explore both the vulnerability and resilience of child-headed households during intake assessments. We recommend that social workers utilise a balanced assessment approach that brings to light both the strengths or assets of child-headed households and their needs. Similarly, we recommend that service provision simultaneously supports household strengths while providing services to address gaps.

**Participation**

Extending from this cherishing of household strengths, we argue that child-headed households should participate actively in the formulation of services to child-headed households specifically and vulnerable children in general. Democracy and participation is one of the pillars of the developmental social welfare paradigm. Patel (2005, p. 105) argues that “welfare and development constituencies [such as these children] must be consulted in decisions that affect them and that citizen participation in development is critical to ensure accountability by government and civil society for their actions.” She continues, “Participation also rests on the notion of active or ‘deep’ citizenship that incorporates rights and obligations, emphasises the interests of the disadvantaged and is critical in that it attempts to uncover the causes of social, economic and political injustice” (ibid., p. 106).

We have demonstrated that the children in this study have demonstrated remarkable resilience in the face of their vulnerability. The children have the right to participate in decisions that affect them. They have shown a capacity to make good decisions and to shape the course of their own lives.

In light of this we recommend that the Department of Social Development convene a conference to which the 63 households identified in this study are invited. We recommend that they be presented with the results of the study – as research participants the results belong to them. And we recommend that they be engaged in a structured problem solving process aimed at formulating a comprehensive service programme for vulnerable children.
Community Service Systems

We argue that existing community service systems, notably the systems of Ward Councillors and Community Development Workers, are in many instances not effective. While this is by no means true of all areas, we have found in many areas that Ward Councillors are highly politicised and evidence a sense of ‘ownership’ over communities that is counterproductive. Councillors are in a position to open or close the doors to communities – and in some instances, they closed the doors quite forcefully. In one instance, a field worker was threatened at gunpoint and chased out of the community by a Councillor.

During April I attended a regional CDW consultative meeting in Duduza to lobby and raise awareness about the child-headed household survey to be rolled-out in the whole of Gauteng. In the process, I was expected as a Regional Coordinator to encourage all CDWs in the Ekurhuleni region to assist with comprehensive data of child-headed households in their possession. This in particular was a platform to ask all CDWs to work hand in hand with me in accessing the available data on child-headed households.

The Regional Manager of the CDWs in Ekurhuleni and Sedibeng afforded me an opportunity to address the regional sitting of this consultative meeting of the CDWs. The CDWs had ill-feelings that the DSD had awarded this tender to Chiastolite and thus no political support should be given to Chiastolite to conduct the survey in the townships. This meant that the CDWs could not cooperate with me as a Regional Coordinator to access the database in various townships. One CDW said “No project would be allowed to be rolled-out in townships if it does not have the blessing of the comrades”.

The CDWs that could not cooperate with the study were mostly around Thokoza and Katlehong in Ekurhuleni and much of the databases available was accessed through schools, churches and clinics, and not from the CDWs themselves. In short, this scenario was demoralizing and extremely negative for the study to be smoothly conducted in these above cited communities.

Regional Coordinator, Ekurhuleni

My personal experience in respect of the Sedibeng CDW supervisor who had total control over the selected and trained fieldworkers made for a very unfortunate situation that needs to be seriously taken to task by the DSD. It is on record that this CDW supervisor is feared and not challenged by anyone in this region. In fact, he has total unfettered power over what projects and programmes should be accessed to this community. In this regard, during the month of April I went to deliver CHH material to a select few of trained fieldworkers because the work had to begin to conduct CHH visits in various townships within Sedibeng. It is important to note that at this stage CHH data base was coming in dribs and drabs and that meant that I could not use the thirty (30) trained fieldworkers to begin with CHH visits, hence only a few of them were selected.

This sparked serious tension between the fieldworkers, the supervisor and myself in that the CDW supervisor demanded that I use and distribute CHH material to all the thirty trained fieldworkers even though there was no work for all of them. This resulted in the CDW supervisor instructing all fieldworkers not to cooperate and shun the survey. It should be placed on record that this state of affairs disadvantaged a lot of needy children and fieldworkers who could have been used and earn an income since most of them are unemployed.

Regional Coordinator, Sedibeng
Similarly, Community Development Workers (CDW) are, in many instances, highly ineffective and corrupt. CDW in Mamelodi, for example, refused to help on any level with the project – according to them Chiastolite is a private company and they would therefore not assist. CDW in Thokoza bargained with field workers to sell their database on child-headed households for R5000, while CDW in Sebokeng bargained to exchange their database for a sheep.

By contrast, our field workers had positive experiences of Councillors and CDW in Shoshanguve and Lenasia. CDW in Shoshanguve, for example, arranged for a venue for field workers for training and meetings.

There are over 400 CDW in Gauteng. They are located at community level and tasked to attend to the needs of the community. These workers are in an ideal position to support vulnerable children, linking them with other resources and advocating on their behalf. It seems, however, that many are excessively allied with the Councillors, who are political incumbents and not representatives of local government. This alliance results in the meeting of the needs of vulnerable people becoming a tool for political lobbying, rather than the meeting of the needs of vulnerable people.

We recommend that the Department of Social Development facilitate a process of reviewing the role and functions of Ward Councillors and Community Development Workers, so that these systems become community assets rather than liabilities. Councillors and Community Development Workers should be exposed to training opportunities in community development and management, such as those provided by the Department of Social Work at the University of Johannesburg’s Soweto campus. We recommend that the Department ensure that Community Development Workers are held accountable to Government and that they be evaluated in terms of the degree to which they are meeting the needs of community members.

Management Information

We argue that most of the databases available on vulnerable children in Gauteng are woefully inaccurate and out of date. Many agencies and key role players were unable to provide us with any databases. In a few instances, service providers refused to allow us access to their data because of their concern for confidentiality – a feeling we fully understand and strongly support.

However, many agencies simply did not have databases at all. And those that did turned out to be extremely out of date. As we have previously indicated, we did not capture data of households that were clearly not child-headed (when the age of the household head was over 18, for example, or when the documents stated that the children were living with a grandmother). But 15% of the contacts that we traced were no longer living there, and a further 77% were living with adults.

Many ‘databases’ were merely roughly written lists of households. There was no rigour or standardisation to the kind of data that are collected and maintained. While we recognise that maintaining current records of a population as mobile and transient as child-headed households is challenging, we do believe that agencies should be keeping more systematic and useful records.

We are further concerned that agencies are securing funding from government and donors for services allegedly provided to child-headed households. We question the validity of the many of the databases that we have seen, which brings into question the validity of their funding applications and their utilisation of donor funds. Since these agencies are registered as Non Profit Organisations,
their receipt of funding should be monitored and controlled as part of proper governance. The Department could play a much stronger role in ensuring this.

We recommend that the Department of Social Development facilitate a workshop with agencies to explore the issue of databases – the challenges, the kinds of data elements that would be helpful for agencies and the Department, and the processes and systems that can assist agencies in maintaining current and usable data. We further recommend that the Department audit agencies who receive government or donor funding for programmes for child-headed households, to ensure proper governance of funds.

Quality and Availability of Services

We argue that while there is a wide range of services available to vulnerable children spread throughout the entire province, the quality and utility of these services is questionable. Children report that service providers are often unhelpful and rude. This was true for both counselling and health services. It seems that government’s commitment to the Batho Pele principles (South African Government, 1997) is not being enforced, and children often do not come first!

In addition, we continued to pick up concern from children that they would be split up by the welfare. Indeed, we suspect that some child-headed households may have deliberately avoided being included in this study because of this concern. Different service agencies have different policies about how child-headed households should be managed. Some regard them as a viable alternative family form that needs to be supported and protected but otherwise left in their household. Others regard them as a deviation from the norm of children-in-care-of-adults and pride themselves on removing and placing such children within 48 hours. In many instances, these children are split up (often girls and boys are placed in separate facilities) which is a violent recapitulation of their previous experiences of loss and abandonment.

We agree with Germann (2005a) and Rosa (2004) that child-headed households should be legally recognised as a valid alternative family form, with the provision that they are vulnerable and require additional support and supervision. Rather than making the default action that these children be removed and placed in ‘alternative’ care (meaning something other than the child-headed household), we argue that the norm should be first to give the household a chance to stabilise and mature, with the benefit of additional services. Only if there is actual evidence of vulnerability, such as abuse or malnutrition, should the children be placed in care.

Despite the availability of services, such as drop-in centres and youth development programmes, these do not seem to adequately reach children and youth who are vulnerable. An active programme of early identification of vulnerable children at community level could assist service delivery programmes in reaching those who are most in need of such programmes.

14 Subsequent to our closing the database, we have continued to find new child-headed households. We think that as households have heard that their participation in this study did not result in their being broken up they have gained confidence in coming forward. We do not have a sense of how widespread this is, however.
In light of this, we recommend that the Department of Social Development convene a working group of service agencies who, in consultation with child-headed households themselves, can work towards an agreed upon package of services for child-headed households. In addition, Batho Pele should be adopted by these agencies as the gold standard for the quality of service delivery. The Department should contract out client satisfaction surveys based on the Batho Pele principles. Finally, the Department should develop community screening processes aimed at continuous early identification of vulnerable children and families, initially based on the databases compiled in this study.

Social Service Human Resource Networks

We argue that all of these recommendations have significant human resource implications, and that the Department of Social Development needs to explore creative ways of establishing networks of human resources within the field of social services. The human resources are needed, among other tasks, to run prevention programmes aimed at family preservation, to identify vulnerable families and children for early intervention programmes, to monitor the quality of alternative care arrangements such as foster care, to provide continuity of care to child-headed households through home-based care systems, to provide a range of therapeutic services at individual and group levels, to facilitate the development of life skills and resilience among vulnerable children, to ensure the protection of children from exploitation and abuse, to educate children about their rights and the services available to them, to facilitate children’s access to social security and to manage drop-in centres. This is no small task!

Human resources are, of course, scarce and expensive. The creation, funding and staffing of additional social work posts, particularly in schools, we have previously argued is a central component of our recommendation. We believe that these social workers could play a lead role in the provision of a comprehensive, developmental service to children in line with the Department’s (2005b) Service Delivery Model.

In addition to these school-based social workers, the Department will need to think creatively about the mobilisation of networks of other human resources who can play a range of roles in the reduction of children’s vulnerability. This should include the existing system of Community Development Workers, though managed in a much more effective and accountable way, as we have previously indicated. This should also include community workers in the Department of Health who move through communities. Teachers and other educational staff should be mobilised to participate in reducing academic vulnerability. The full spectrum of NGOs (including CBOs and FBOs) should be more coherently invited to participate in these endeavours. Informal community systems, notably neighbours and other volunteers, should be supported, equipped and affirmed in their informal care of vulnerable children.

A network of such human resources, centred on school-based social workers, coordinated and driven by the Department of Social Development, and guided by the principles of developmental...
social welfare, could make a significant contribution to the reduction of the vulnerability of all children. In the medium term, this could lead to the development of resilience in young adults and the development of the economy in harmony with the development of society.

We recommend, therefore, that the Department of Social Development take the lead in mobilising a diverse network of human resources focused on the reduction of childhood vulnerability. We recommend that this network be centred on social workers based at schools.


APPENDIX 1: POPULATION CENSUS INSTRUMENT

The data collection instrument used to conduct the census of the population in Stage 2 is included on the following pages.
INTRODUCTION TO THE SURVEY

The Department of Social Development is responsible to provide programmes and services to vulnerable children. To help in this responsibility, the Gauteng Department of Social Development has decided to focus on child-headed households. They want to find out where these households live and to understand what the children in these households need. In this way, the Department will be able to provide programmes to them that are helpful and easy to access.

The main aim of the survey is to establish a database (or list) of child-headed households. The database will be used to plan the development and implementation of appropriate programmes for child-headed households in Gauteng. Your participation in this survey will help many child-headed households get the services that they need. Your family also may benefit from better social services.

Chiastolite Professional Services was contracted by the Gauteng Department of Social Development to conduct this survey. I am employed by Chiastolite to do this survey, on behalf of the Gauteng Department of Social Development.

The information that you give us is not anonymous. I will need to record your name and contact details. It will go into a database of child-headed households that is held by the Gauteng Department of Social Development. The purpose of database is to ensure that you receive the kinds of support and help that you are entitled to. The database will not be given to anyone else. Your name will not be published in any reports or other documents.

You can refuse to answer any of the questions. You can decide to stop participating at any time if you want. And your participation is entirely voluntary.

Do you have any questions about your participation in this survey? ............................................................ ....
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INFORMED CONSENT

I, (full name) ___________________________________________________________________________ , hereby consent to be registered as a child-headed household.

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<th>Interviewer</th>
<th>Date</th>
<th>Interviewee</th>
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DATA QUALITY LOG

<table>
<thead>
<tr>
<th>Regional Coordinator</th>
<th>Data Capturer</th>
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### SECTION A: HOUSEHOLD INFORMATION

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<tbody>
<tr>
<td>1.</td>
<td><strong>Contact Number</strong> (from contact referral sheet)</td>
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<td>2.</td>
<td><strong>Date of interview (DD/MM)</strong></td>
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<td>3.</td>
<td><strong>Interviewer Code</strong></td>
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<td>4.</td>
<td>Region: 1=Tshwane, 2=Metsweding, 3=Jo'burg, 4=West Rand, 5=Ekhurhuleni, 6=Sedibeng</td>
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<td>8.</td>
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<td>9.</td>
<td><strong>Address Notes</strong></td>
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<td>10.</td>
<td>Household Head's Surname</td>
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<td>11.</td>
<td>Household Head's First Name</td>
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<td>12.</td>
<td>Household Head's Phone Number</td>
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<td>13.</td>
<td><strong>Does the Household Head look like a child? 1=yes; 2=no; 3=unsure</strong></td>
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### SECTION B: FORMAL SERVICE SYSTEM

What organisations provide your household with support services?

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<tr>
<th>Organisation Name</th>
<th>Org Type</th>
<th>Services</th>
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<td>1 2 3 4 5</td>
<td>6 7 8 9 10</td>
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<td>1 2 3 4 5</td>
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1. **Organisation Type**: 1=Dept of Social Dev; 2=NGO/CBO; 3=FBO/Church; 4=School; 5=SAPS; 6=Local Gov't; 7=Dept of Health; 8=other Gov't; 9=other (specify)

2. **Services**: Circle all the applicable: 1=grants; 2=other finances; 3=food; 4=clothes; 5=transport; 6=housing; 7=health; 8=education; 9=psychosocial support; 10=other (specify)
# SECTION C: HOUSEHOLD COMPOSITION

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<tr>
<th>Surname</th>
<th>First Name</th>
<th>Rel.</th>
<th>Age</th>
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<th>ID Number</th>
<th>Verify</th>
<th>Grant</th>
<th>Pension</th>
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3 Relationship to Household Head: 1=household head; 2=sibling; 3=cousin; 4=son/daughter; 5=other (specify)

4 South African Citizenship: 1=RSA; 2=other country (specify)

5 Verify ID Document: What ID document did you see? 1=birth certificate; 2=ID book; 3=other (specify); 4=no document verified

6 Type of Grant being Received: 1=Child Support Grant; 2=Foster Care Grant; 3=Care Dependency Grant; 4=none; 5=other (specify)

Note: Mark Grants against the name of the child who is registered for the grant, not the child who collects the money.

7 Pension: Does the child receive a pension (eg from a parent who has died)? 1=yes; 2=no
SECTION D: IN-DEPTH SURVEY

14. We might need to come back in a few weeks time to ask you some more questions. The interview would take about an hour. Would you be willing to participate in such an interview?  
   1=yes; 2=no; 3=unsure

SECTION E: NEW CONTACTS

Do you know any other Child-Headed Households that we could interview for this survey?

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<thead>
<tr>
<th>Household Head’s First Name</th>
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<th>Address 1</th>
<th>Address 2</th>
<th>Suburb (from approved list)</th>
<th>Region: 1=Tshwane, 2=Metsweding, 3=Jo’burg, 4=West Rand, 5=Ekurhuleni, 6=Sedibeng</th>
<th>Household Head’s Phone Number</th>
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SECTION F: REFERRAL

15. Does this household need immediate attention? 1=yes; 2=no

16. What form of attention?

I hereby request to be referred to an appropriate social service agency for assistance. Signature of Household Head

17. CHH referred to:  
   Signature of Referer  GDSD Informed

SECTION G: OBSERVATIONS & COMMENTS

18. Write down any other observations or comments about this household.
APPENDIX 2:
SAMPLE SURVEY INSTRUMENT

The data collection instrument used to conduct the in-depth survey of the sample of the population in Stage 3 is included on the following pages.
INTRODUCTION TO THE SURVEY

The Department of Social Development is responsible to provide programmes and services to vulnerable children. To help in this responsibility, the Gauteng Department of Social Development has decided to focus on child-headed households. They want to find out where these households live and to understand what the children in these households need. In this way, the Department will be able to provide programmes to you that are helpful and easy to access.

Chiastolite Professional Services was contracted by the Gauteng Department of Social Development to conduct this survey. I am employed by Chiastolite to do this survey, on behalf of the Gauteng Department of Social Development.

You were already interviewed to get you registered on the Department’s database of child-headed households, and agreed then that we could come back to do this follow-up interview. The purpose of the follow-up survey is to get a much more detailed understanding of what life is like for you and the other children in your household. We would very much like to hear about what is hard for you and to learn how you cope with anything that is hard for you. Your experience is important to us and will help the Gauteng Department of Social Development provide a better service to child-headed households.

This follow-up survey is anonymous. That means that we will not record your name, address, phone number or any other identifying details anywhere on this questionnaire. You do need to sign this cover page, to give us permission to conduct the interview. But the cover page will be separated from your questionnaire, so that your name is not linked to the answers you give.

You can refuse to answer any of the questions. You can decide to stop participating at any time if you want. And your participation is entirely voluntary.

Do you have any questions about your participation in this survey? ............................................................................................................................... ..........................................
............................................................................................................................... ..........................................
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............................................................................................................................... ..........................................

INFORMED CONSENT

I, ............................................................................................................................ ........................................., hereby consent to participate in the in-depth survey of child-headed households in Gauteng

Interviewer | Date | Interviewee

DATA QUALITY LOG

Regional Coordinator | Data Capturer
1. Date of interview (DD/MM)

2. Interviewer Code

### SECTION A: NARRATIVES

3. Please share with me the story of how you came to be a child-headed household.

4. How are you experiencing being part of this child-headed household?

5. What helps you cope with being part of this child-headed household?
### SECTION B: HOUSEHOLD INFORMATION

6. Region: 1=Tshwane, 2=Metsweding, 3=Jo’burg, 4=West Rand, 5=Ekhurhuleni, 6=Sedibeng

7. Suburb (from approved list)

8. Dwelling type: 1=freestanding house; 2=traditional dwelling/hut; 3=flat; 4=town/cluster/semi house; 5=house/flat/room in backyard; 6=informal shack in backyard; 7=informal shack not in backyard; 8=room/flatlet not in backyard; 9=caravan/tent; 10=other (specify)

9. Since when have you been a child-headed household? (YYYY/MM)

10. In how many different dwellings have you lived since then?

11. When did you move into this dwelling? (YYYY/MM)

12. Who does this dwelling belong to? Relationship to interviewee

13. How many rooms are in this house (excluding the kitchen and bathroom)?

14. What is your main source of energy for lighting? 1=electricity; 2=gas; 3=paraffin; 4=candles; 5=solar; 6=other (specify)

15. What is your main source of energy for cooking? 1=electricity; 2=gas; 3=paraffin; 4=wood; 5=coal; 6=animal dung; 7=solar; 8=other (specify)

16. Where do you get your water? 1=in dwelling; 2=in yard; 3=communal tap within 200m; 4=communal tap over 200m; 5=borehole; 6=spring; 7=rain tank; 8=dam/pool/stagnant water; 9=river/stream; 10=water vendor; 11=other

17. Where did you live before this dwelling?

18. What kind of dwelling was that place? 1=freestanding house; 2=traditional dwelling/hut; 3=flat; 4=town/cluster/semi house; 5=house/flat/room in backyard; 6=informal shack in backyard; 7=informal shack not in backyard; 8=room/flatlet not in backyard; 9=caravan/tent; 10=other (specify)

### SECTION C: HOUSEHOLD COMPOSITION

<table>
<thead>
<tr>
<th>Rel</th>
<th>Age</th>
<th>Gender</th>
<th>Grade</th>
<th>School</th>
<th>Health</th>
<th>SAn</th>
<th>Verify</th>
<th>Grant</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>M / F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td>M / F</td>
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<td></td>
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<td></td>
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<tr>
<td>3</td>
<td></td>
<td>M / F</td>
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<td>4</td>
<td></td>
<td>M / F</td>
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<tr>
<td>5</td>
<td></td>
<td>M / F</td>
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<td>6</td>
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<td>M / F</td>
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<tr>
<td>8</td>
<td></td>
<td>M / F</td>
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<tr>
<td>9</td>
<td></td>
<td>M / F</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

1 Do not record the person’s name, just their relationship to the interviewee.
2 Grade: Highest grade completed. If completed a post-matric qualification, code ‘13’.
3 School: Is this person currently attending school? 1=yes; 2=no; 3=unsure
4 Health: How often has this person been sick in the past 12 months? 1=never; 2=once; 3=more than once
5 Status of Mother and Father: 1=deceased; 2=abandoned; 3=too ill to give care; 4=in prison; 5=living elsewhere (involved); 6=unknown; 7=other (specify)
### SECTION D: INFORMAL CARE SYSTEM

<table>
<thead>
<tr>
<th>Rel</th>
<th>Nature of Care</th>
<th>Freq</th>
<th>Satis</th>
<th>Reasons for Dissatisfaction (answer 1) or Satisfaction (answers 2 or 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 2 3 4 5</td>
<td>6 7 8 9 10</td>
<td></td>
<td>.</td>
</tr>
<tr>
<td>2</td>
<td>1 2 3 4 5</td>
<td>6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1 2 3 4 5</td>
<td>6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1 2 3 4 5</td>
<td>6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1 2 3 4 5</td>
<td>6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1 2 3 4 5</td>
<td>6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>1 2 3 4 5</td>
<td>6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>1 2 3 4 5</td>
<td>6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>1 2 3 4 5</td>
<td>6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **Relationship to Household**: 1=parent; 2=grandparent; 3=sibling; 4=aunt/uncle; 5=neighbour; 6=teacher; 7=religious cleric; 8=friend; 9=other (specify)
7. **Types of Care**: Circle all the applicable:
   1=grants; 2=other finances; 3=food; 4=clothes; 5=transport; 6=housing; 7=health; 8=education; 9=psychosocial support; 10=other (specify)
8. **Frequency of Care**: How often is care provided? 1=never; 2=once a year; 3=2-4 times a year; 4=monthly; 5=weekly; 6=daily; 7=other (specify)
9. **Satisfaction with Care**: 1=not satisfied; 2=satisfied; 3=very satisfied
### SECTION E: FORMAL SERVICE SYSTEM

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
</table>
| 19.      | **A drop-in centre** is a place where needy, orphaned and vulnerable children may go during the day for a variety of services such as meals, after-school care, assistance with homework, assistance with washing clothes, food gardening, skills development programmes, etc.  
- Is there a drop-in centre in your area?  
  - 1=yes; 2=no; 3=unsure  
- How far is it from your home?  
  - 1=walking distance; 2=within reach by public/other transport; 3=not accessible; 4=not applicable  
- Have you made use of the centre this year?  
  - 1=yes; 2=no; 3=unsure  
  (If utilised) What was useful about the centre?  
  (If not) Why have you not made use of the centre?  
  (If utilised) How could the centre be improved? |
| 20.      | **Community home based care (CHBC)** is a programme in which volunteers visit the homes of needy, orphaned and vulnerable children on a regular basis to assist with the care of the sick and suffering.  
- Is CHBC available in your area?  
  - 1=yes; 2=no; 3=unsure  
- How far is it from your home?  
  - 1=walking distance; 2=within reach by public/other transport; 3=not accessible; 4=not applicable  
- Have you made use of CHBC this year?  
  - 1=yes; 2=no; 3=unsure  
  (If utilised) What was useful about CHBC?  
  (If not) Why have you not used CHBC?  
  (If utilised) How could CHBC be improved? |
| 21.      | **The free school uniform programme** is a programme in which orphaned and vulnerable children are provided with free school uniforms. (To qualify a child must be in receipt of a child support grant and must be attending Grade 1 for the first time in his/her life.)  
- Is there a child in this house in Grade 1 this year?  
  - 1=yes; 2=no; 3=unsure  
- Have you used the free school uniform programme for that child?  
  - 1=yes; 2=no; 3=unsure  
  (If utilised) What was useful about this programme?  
  (If not) Why have you not used this programme?  
  (If utilised) How could this programme be improved? |
| 22.      | **Counselling services** are provided by social services officials (such as social workers, auxiliary social workers, child care workers and psychologists) to assist vulnerable and needy children to cope with their problems.  
- Have you made use of counselling services this year?  
  - 1=yes; 2=no; 3=unsure  
  (If utilised) What was useful about these services?  
  (If not) Why have you not used these services?  
  (If utilised) What problems did you experience with these services? (mark with ‘x’ all the applicable answers)  
  - No money to pay for the services  
  - Too far to get to the services  
  - The services were not available in my area  
  - Unhelpful staff at the counselling services  
  - Other (specify):  
  (If utilised) How could these services be improved? |
| 23.      | **Food parcels** are food groceries that are given to needy, orphaned and vulnerable children.  
- Have you gotten food parcels this year?  
  - 1=yes; 2=no; 3=unsure  
  (If utilised) What was useful about the food parcels?  
  (If not) Why have you not gotten food parcels?  
  (If utilised) How could the food parcel service be improved? |
25. What do you believe can help improve the lives of child-headed households?

26. What do you think about the Department of Social Development?

**SECTION F: HEALTH & NUTRITION**

If someone in the household gets ill, where would you get help? *(mark with ‘x’ all the applicable answers)*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Clinic</td>
<td>30. Traditional healer</td>
</tr>
<tr>
<td>28. Hospital</td>
<td>31. Neighbour</td>
</tr>
<tr>
<td>29. Family member</td>
<td>32. Other (specify):</td>
</tr>
</tbody>
</table>

33. How far is the closest health facility from where you live?
   1=walking distance; 2=within reach by public/other transport; 3=not accessible

What problems do you experience in receiving health care? *(mark with ‘x’ all the applicable answers)*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>34. No money to pay for health care</td>
<td></td>
</tr>
<tr>
<td>35. Too far to get to health care</td>
<td></td>
</tr>
<tr>
<td>36. Unhelpful staff at health care facility</td>
<td></td>
</tr>
<tr>
<td>37. Do not know where to go for health care</td>
<td></td>
</tr>
<tr>
<td>38. Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

39. How many meals do you eat per day?
   1=less than once a day; 2=once a day; 3=twice a day; 4=three or more times per day

40. Please explain your answer

**SECTION G: EDUCATION**

*(Ask these questions if at least one member of the household is going to school, else skip to Q54)*

41. Does the school know that your family is a child-headed household?
   1=yes they know; 2=no, they don’t know; 3=don’t know if they know

42. Does your school support you in the challenges of being part of a child-headed household?
   1=very unsupportive; 2=unsupportive; 3=supportive; 4=very supportive

Who assists the school going children with their homework? *(mark with ‘x’ all the applicable answers)*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>43. Interviewee</td>
<td>48. Teacher</td>
</tr>
<tr>
<td>44. Sibling</td>
<td>49. Religious cleric (eg pastor)</td>
</tr>
<tr>
<td>45. Grandparent</td>
<td>50. Friend</td>
</tr>
<tr>
<td>46. Aunt/uncle</td>
<td>51. Other (specify):</td>
</tr>
<tr>
<td>47. Neighbour</td>
<td></td>
</tr>
</tbody>
</table>

52. How are the school fees paid?
   1=household pays fees; 2=school exempts family from fees; 3=bursary; 4=other (specify)

*(Ask only if any of the children have not completed and are not attending school – see Section C)*

53. Why are (children’s names) ____________________________ not attending school?
### SECTION H: SOCIAL SECURITY
*(Skip if household does not receive any social security – see Section C)*

<table>
<thead>
<tr>
<th>Question</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>54. Who collects the grant money (social security) for your household? What is that person’s relationship to you? 1=interviewee; 2=grandparent; 3=sibling; 4=aunt/uncle; 5=neighbour; 6=teacher; 7=religious cleric; 8=friend; 9=other (specify)</td>
<td></td>
</tr>
<tr>
<td>55. Is the money used for the benefit of your household? 1=yes; 2=no; 3=unsure</td>
<td></td>
</tr>
<tr>
<td>56. Please explain your last answer</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION I: HOUSEHOLD FINANCES

<table>
<thead>
<tr>
<th>How much money does your household earn on a monthly basis?</th>
<th>Rands per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>57. Grants</td>
<td></td>
</tr>
<tr>
<td>58. Pension of parents</td>
<td></td>
</tr>
<tr>
<td>59. Contribution from family members</td>
<td></td>
</tr>
<tr>
<td>60. Income generated by household members</td>
<td></td>
</tr>
<tr>
<td>61. Donations</td>
<td></td>
</tr>
<tr>
<td>62. Other income</td>
<td></td>
</tr>
<tr>
<td>63. Total Monthly Income <em>(estimated by CHH, not added up)</em></td>
<td></td>
</tr>
</tbody>
</table>

| 64. *(If the family declares that little or no income is earned)* How do you buy the things you need to live, like food, transport, clothes, and so on? | |

### SECTION J: HOUSEHOLD TASKS & COMMUNITY RELATIONS
*(Hand the CHH the separate list of household tasks and read through the list)*

<table>
<thead>
<tr>
<th>(Hand the CHH the separate list of household tasks and read through the list)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>65. Which task takes the most time? <em>(write down the task number)</em></td>
<td></td>
</tr>
<tr>
<td>66. Which task do you hate the most?</td>
<td></td>
</tr>
<tr>
<td>67. Which task do you enjoy the most?</td>
<td></td>
</tr>
</tbody>
</table>

| 68. Do people in your community treat you differently because you are part of a child-headed household? 1=yes; 2=no; 3=unsure | |
| 69. Please explain your answer | |

### SECTION K: SAFETY & PROTECTION
*(circle the questions you are answering)*

<table>
<thead>
<tr>
<th><em>(circle the questions you are answering)</em></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>70. During this year, have you or a member of your household been a victim of crime? 1=yes; 2=no; 3=unsure</td>
<td></td>
</tr>
<tr>
<td>71. <em>(If ‘YES’ to Q70)</em> Please tell me more about this experience. <em>(Describe the nature of the crime)</em></td>
<td></td>
</tr>
<tr>
<td>72. <em>(If ‘YES’ to Q70)</em> <em>(If ‘NO’ to Q70)</em> Who did you ask for help? <em>(If no help accessed, circle ‘NO-ONE’ and continue with second part of Q72.)</em> If you became a victim of crime, who would you ask for help?</td>
<td></td>
</tr>
<tr>
<td>73. <em>(If help accessed)</em> <em>(If no help accessed)</em> Tell me about the help that you got from these people. <em>(type and quality)</em> How do you think these people would respond if you asked them for help?</td>
<td></td>
</tr>
</tbody>
</table>
74. What do you believe is the most common abuse experienced by children in child-headed households?

75. During this year, have you experienced any kind of abuse whilst living alone?  
1=yes; 2=no; 3=unsure

76. (If ‘YES’ to Q75) Please tell me more about this experience. (Describe the nature of the abuse)

SECTION L: CHILDREN’S RIGHTS
The Government enacted Children’s Rights in the Constitution to deal effectively with the protection and care of children in need of care.

77. Do you know your rights as a child?  
1=yes; 2=no; 3=unsure

78. As a child do you understand your rights?  
1=yes; 2=no; 3=unsure

79. Have you ever been told your rights as a child?  
1=yes; 2=no; 3=unsure

80. Please describe for me what you think your rights are as a child.

81. Are you able to use your rights?  
1=yes; 2=no; 3=unsure

82. (If ‘NO’ to Q81, else skip) Why are you not able to exercise your rights?

83. Do you feel that as a child, your rights are being respected as you would like them to be?  
1,2,3

84. (If ‘NO’ to Q83, else skip) In what way are your rights not being respected?

85. In what way do you think the social services can help you to exercise your rights?

SECTION M: CONCLUSION & REFERRAL

86. Does this household need immediate attention?  
1=yes; 2=no

87. What form of attention?

I hereby request to be referred to an appropriate social service agency for assistance.  
Signature of Household Head

88. CHH referred to:  
Signature of Referer  GDSD Informed

SECTION N: OBSERVATIONS & COMMENTS

89. Write down any other observations or comments about this household.

=================================================================================================
APPENDIX 3: VERIFICATION LOG

<table>
<thead>
<tr>
<th>Date of verification</th>
<th>31 July 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification conducted by</td>
<td>Dr Adrian D. Van Breda (<a href="mailto:adrian@vanbreda.org">adrian@vanbreda.org</a>)</td>
</tr>
<tr>
<td>Data verified</td>
<td>63 cases in the Population Census Database</td>
</tr>
<tr>
<td></td>
<td>61 cases in the Sample Survey Database</td>
</tr>
</tbody>
</table>

Data quality was assured through three main processes, the third of which was to check the accuracy of capturing of a 10% sample of the interviews in both the population census and the sample survey. The aim of this check was to determine the extent of capturing errors. If there were a large number of errors, particularly in crucial data, the entire dataset would need to be declared lacking in integrity. A small number of errors, which is inevitable and acceptable, would lead to the conclusion that the capturing of data has integrity.

The tables below provide listings of the interviews that were verified and the results of the verification, followed by a conclusion about data integrity.

### Population Census

There were 63 cases in this database, requiring a sample of 6. I sorted the cases in ascending order of CHH Number. Using the Research Randomizer ([www.randomizer.org](http://www.randomizer.org)) I randomly sampled the first case – case number 3. Thereafter, I systematically sampled every tenth case.

<table>
<thead>
<tr>
<th>CHH Number</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>❖ No errors</td>
</tr>
<tr>
<td>1327</td>
<td>❖ The name of the formal service system was captured as a note and not in the 'organisation name' field. Rather the organisation type was captured here.</td>
</tr>
<tr>
<td>1375</td>
<td>❖ Surname incorrectly spelled. I corrected it. ❖ Formal service systems incorrectly captured as for case 1327.</td>
</tr>
<tr>
<td>2712</td>
<td>❖ No errors</td>
</tr>
<tr>
<td>3267</td>
<td>❖ No errors</td>
</tr>
<tr>
<td>3651</td>
<td>❖ No errors</td>
</tr>
</tbody>
</table>

**Conclusion.** Based on the above evaluation of the integrity of data capturing, I conclude that the data has acceptable integrity. The errors that were detected were minor and did not impact significantly on the quality and utility of the data.

**Data Corrections.** In response, I checked the capturing of all the formal service organisations and corrected the handful of clinics and schools that should have be more specifically defined.
Sample Survey

There were 61 cases in this dataset. Using the same random numbers generator, I selected the 8th case as my first case and then systematically sampled every tenth case thereafter.

<table>
<thead>
<tr>
<th>CHH Number</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>808</td>
<td>✗ Section D was not captured. ✗ A response to a clarification in item 23 was not captured.</td>
</tr>
<tr>
<td>1352</td>
<td>✗ A response to a clarification in item 23 was not captured.</td>
</tr>
<tr>
<td>1860</td>
<td>✗ No errors</td>
</tr>
<tr>
<td>3027</td>
<td>✗ Item 10 not captured. ✗ A response to a clarification in item 23 was not captured.</td>
</tr>
<tr>
<td>3517</td>
<td>✗ Item 10 captured as ‘1’ instead of ‘0’. ✗ Item 15 captured as ‘4’ instead of ‘5’.</td>
</tr>
<tr>
<td>3725</td>
<td>✗ Part of Item 12 not captured. Captured ‘My parents’, but left out ‘(but now it’s mine)’.</td>
</tr>
</tbody>
</table>

**Conclusion.** There were more errors in data capturing in this data set than the previous, perhaps related the questionnaire being significantly longer and more complex. Notwithstanding this, however, the errors are in my judgements relatively few and do not compromise the overall integrity of the data.

**Data Corrections.** In response, the capturing of all of the qualitative data for Section E was checked by Ms Bettie Benadé against the original questionnaires.

Data were verified by Dr A.D. Van Breda on 31 July 2008.
CA1: Identify Themes

- The first step in the content analysis procedure that we will be following is to identify the themes from your collection of data for your item(s).
- Go to your tab and click on it. You will find a list of the questions that you have been contracted to analyse. Click on one of them. The following ITEM MENU will appear.
- Notice that there are four buttons, numbered CA (for Content Analysis) 1 to 4.
- Click the first button (CA1), which is a REPORT button. This will open a report containing all of the data that has been captured so far for your item. The texts are linked to the CHH number (participant number), but you do not need to worry about that for now.
- Print out the report (as you would in Word).
- You can do the rest of this step at home, so I suggest you make printouts of CA1 for all of the items that you are responsible for, and then do this work in the comfort of your own home.
- Read the question for the item and any relevant related literature. (You should work through the literature review before starting content analysis.)
- Read through the entire report a few times to get a feel for the scope of the texts.
- Read through the report again and begin, on scrap paper, to identify themes that summarise the main ideas expressed in the texts.
- Work systematically through the texts, mentally assigning each sentence (or phrase) to one of the themes you have identified. In the process, you are likely to find that:
  - You need to create new themes for statements that you overlooked.
  - You need to combine two themes into one theme because they overlap closely.
  - You need to reformulate or redefine a theme to make it more accurate.
- Continue this process until you are reasonably sure that your themes are both:
  - Comprehensive – cover all of the texts that you have got.
  - Mutually exclusive – do not overlap so that each statement fit mostly into one and only theme. (There is something to be said for statements fitting into multiple themes, but I would prefer you to keep this to a minimum.)
- When you think you are done, give each theme:
  - A title (a brief description – perhaps 6-10 words long – no more than 50 characters including spaces and punctuation).
  - A definition (a brief paragraph – perhaps 1-3 lines – no more than 255 characters).
  - A number – number your themes from 1 to whatever in a logical order as you see it.
  - Type this list up in Word, ready to be copied and pasted into the database.
- One last time, go back to your texts and allocate each sentence or phrase or section of text to a theme. Some people find it helpful to use colour kokis or highlighters for this.
You will notice that there is quite a wide margin on the right of the report. I left this space for you to make your coding notes.

If you are satisfied with everything, you have completed this first stage. If not, go back and repeat the steps.

CA2: Capture Themes

Up till now, you have been working with the few couple of dozen questionnaires that have been received. Usually, you will have reach ‘saturation’ by this stage, meaning that even though we are collecting hundreds of questionnaires, you are unlikely to find new themes as you go along. However, it is possible that new themes will emerge, thus you need to be ready to expand your themes in the future. This is particularly true if you have items that are not answered by everyone (especially the ‘specify’ items which I expect will be answered only occasionally).

Your next task is to allocate each piece of text to a theme – for all of the data that is being collected. We call this ‘coding’.

You will code the data as it is being collected, thus you are required to come into Chiastolite on a weekly basis over a four-week period (1-25 July) and code the data as it comes in.

Go to the ITEM MENU for your item (eg question 08) and click the second button (CA2), which is a FORM button. This will open a form, like the one alongside. This one already has some text in it, but your should be empty.

You must now capture the themes that you have created. The safest way is to cut and paste them from the Word document that you prepared in the previous stage.

Capture the number (1 to whatever), the title of the codes and the definition. If you adjust your codes later on, this is where you need to do it. You can only code text using the themes that you capture here.

The data are linked in such a way that if you adjust a code after you have already coded text, any changes you make here will cascade into the coded data. For example, if you change a code’s number from 1 to 8, any texts that were coded as ‘1’ will be changed automatically to ‘8’.

CA3: Code the Raw Data

The third step is to link individual texts with the codes that you have set up.

Go back to your ITEM MENU and click the third button (CA3), which is also a FORM button.

The following screen will usually appear. Note that if the item is a very simple item (those that I have rated as 1), the screen will look different – I’ve addressed this later.

You will see that the tab is divided into two sections. At the top you have CHH Number and the full text of that participant’s answer. Beneath this is a table (it will be blank when you start) with two columns – Text and Code.

The idea is that you copy (not cut!) and paste the raw texts from the top half of the screen into the table below and assign each piece of text (ie each row in the table) a code.
If the original text is very brief and simple, it is likely that the entire text will be assigned to one code. In this case, just select the entire piece of text from the top (as you would select text in MS Word), copy (Ctrl+C) it, then click in the first row of the table below, and paste (Ctrl+V) it. Then tab across to the second column of the table and type in the code number.

It will help to have your list of codes with you, but if you don’t tab into the code field and a little arrow will appear on the right hand side. Click it and a list of the codes that you have created will drop down.

If, however, the original text is longer or complex (eg the person gives two answers to a question, or a whole paragraph), you may need to break the original text up into smaller pieces – one piece for each code, or even two separate/independent pieces of text attached to the same code. In this case, copy the first piece of text (related to one theme) and copy it into the first row and code it. Then copy the next piece of text (related to another theme) and copy it into the second row and code it. Continue copying and pasting and coding until all of the original text has been broken up into themes in the table below. An example of this is provided alongside.

To move between participants, Click on the CHH Number at the very top of the screen and press Page Down.

Since you will be capturing as you go along, you need to keep track of what you have done and what still needs to be done. To help you with this, we have a field called Sort Order. This will number the questionnaires as they are captured by the data capturer. Thus, the smaller the number the earlier the questionnaires was captured. When you start this stage of the content analysis, sort your data in descending order (A-Z) according to this field. Then when you have finished capturing for the day, make a note of the last Sort Order number. Then next time you come to capture, sort the data again by Sort Order and pick up where you left off.

If the data that you must code is very simple, I have simplified this step by removing the need to copy and paste texts from the original table to a new table. Rather, you simply code into the original tables by allocating whole texts a code. In such instances, your coding form (CA3) will look like this. You just type in your codes in the right-hand column.

**CA4: Checking Coding**

Once you have coded all of the questionnaires, you have almost finished with the thematic analysis. One last check, though, is needed – you may wish to do this in the third week, rather than leaving it all to the end.

Go back to your ITEM MENU and click on the fourth button (CA4), which is a REPORT button. This will open a report in which your texts have been grouped according to themes, unlike CA1, which just listed all of the original data in CHH number order.

Print out this report.
- Read through the groups of texts and check that they really do cohere as a theme. Sometimes you will find you need to go back at this point and do some refining of your themes – hopefully not!
- But if you do, you may want to go back to CA2 to redefine or recreate your codes, or to CA3 to alter the allocation of texts to codes. In the latter case, it may be helpful to sort CA3 by CHH number, then page down to that CHH number and edit the coding.
- The CA4 report is live, so as soon as you make a change to your coding, the report will also change.
- When you are finished all of this, I suggest you make a printout of CA4, as this is the result of your content analysis, which you will now interpret.