
REASONS THAT DETER QUALIFYING PRIMARY CAREGIVERS FROM APPLYING FOR CHILD SUPPORT GRANTS

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ABSTRACT

The Child Support Grant (CSG) came about as a strategy to address child poverty in South Africa, granted to caregivers that care for children up to the age of eighteen years. In 2012, the number of children aged up to 18 years receiving the CSG stood at 11 306 024, an increase from 800 476 in 2001. Despite amending the Social Assistance Act, 2004 (Act 13 of 2004), and numerous marketing campaigns conducted by the South African Social Security Agency (SASSA) since 2009 in the Northern Cape Region, SASSA struggles to meet the annual projected targets for CSG intakes.

An empirical study to investigate the reasons that deter primary caregivers from applying for child support was conducted in the Northern Cape. In this study, it was hypothesised that amending the criteria for CSG will increase the number of qualifying primary caregivers applying for the CSG, and assist the Frances Baard District Municipality in achieving the annual projected targets.

Key words: South African Social Security Agency, Francis Baard District Municipality, Child Support Grant, social assistance

INTRODUCTION

The social security system in South Africa (SA) is hailed as one of the most comprehensive in the Southern African Development Community (SADC) region, in that it is tailored to address the needs of children, people living with disabilities and the aged in all racial groups (Frye, 2008). Social assistance is a non-contributory form of social security, which provides support in cash, or in kind, to individuals who lack the means to support themselves. The Child Support Grant (CSG) came about as a strategy to address child poverty in South Africa, and is a means tested, non-contributory cash transfer, granted to caregivers that care for children from the ages of zero (0) up to eighteen (18) years of age. The CSG replaced the State Maintenance Grant (SMG), which targeted women caring for a maximum of two children under the age of eighteen years. Initially the CSG aimed to reach a target of 3 million children, compared to 200 000 who received SMG. Since its inception in 1998, the eligibility criteria have changed repeatedly to comply with principles as set out in Act 108 of 1996 (Constitution of the Republic of South Africa). The eligibility criteria were amended in 2012 to target children up to the age of eighteen years at R280 per child, per month, as opposed to the 1998 target of children up to the age of seven, at R100 per child, per month. According to the South African Survey published by the South African Institute of Race Relations (SAIRR) in January 2012, the number of children receiving the CSG had increased 13 times since 2001. By 30 September 2012, the number of children receiving the CSG stood at 11 306 024, an increase from 800 476 since 2001 (South African Institute of Race Relations, 2012). Countrywide, children on CSG make up 70% of all individuals utilising social assistance.

Upon analysis of the budgets tabled before Parliament in SA (22 February 2012), the past decade has thus seen a steady increase in spending on social assistance, especially spending pertaining to children. Since 1998, the CSG had accounted for 36% of the total grants expenditure in 2012, nationwide (SASSA, 2012a). However, despite the stated intentions, not all impoverished children were managing to access the CSG. Monitoring of the daily CSG intakes indicated that there appears to be a large number of children excluded from the social security safety net (SASSA, 2012a). This is despite the introduction of the annual progressive extension of CSG and Regulation 11(1). Regulation 11(1) of the Social Assistance Act, 2004 (Act 13 of 2004) stipulates that, apart from the South African 13-digit green bar coded identity document and a computerised birth certificate, alternative proof for any of the supporting documents in an application for the CSG including, where applicable, a sworn statement or affidavit in a format

prescribed by the South African Social Security Agency (SASSA), will be accepted. Thus, regardless of the CSG supporting 11 306 024 children in SA as at 30 September 2012, there are a considerable number of children excluded from access (SASSA, 2012a).

This article will narrow the focus to the Frances Baard District Municipality (FBDM) in the Northern Cape Region. The District experiences high levels of unemployment due to the low education levels of those aged 20 years and above. Unemployment is estimated at 41%, whereas 81% of those employed, are in unskilled labour (FBDM, 2010). According to the FBDM Integrated Development Plan 2011/2012, in 2009, 56.9% of the population in the FBDM was found to be living below the poverty level, or earning less than R38 400 per annum and therefore depends on grants for their livelihood. As at 31 January 2012, 41% of the CSG beneficiaries in the Northern Cape were from FBDM (SASSA SocPen Records, 2012b). It is estimated that 16 000 children of the two million children under the age of two years, mentioned in the 2008 United Nations Children's Fund (UNICEF) report, could be found in FBDM.

Despite refining the Social Assistance Act, 2004 (Act 13 of 2004), and numerous marketing campaigns conducted by the SASSA in the Northern Cape Region, SASSA struggles to meet the projected targets for CSG intakes. It was, therefore, hypothesised that amending the qualifying criteria for CSG will increase the number of qualifying primary caregivers applying for the CSG, and assist the FBDM in achieving the annual projected targets. The aim of this empirical study was to investigate the reasons that deter primary caregivers from applying for the child support grant (CSG). This study was conducted in the Northern Cape.

This article will present the research methodology applied to gather the data and provide a concise background to the study. Based on the responses from the 43 qualifying primary caregivers and 13 SASSA officials, the findings will be presented. The focus of the findings will be on the knowledge of the respondents regarding qualifying requirements and the reasons that deter primary caregivers from applying for CSG in the FBDM. The article will ultimately propose recommendations to the SASSA Northern Cape Region Management in terms of (i) the dissemination of information, (ii) the application of the means test, (iii) trust relationship between primary caregivers and SASSA officials and (iv) extending the CSG beyond 18 years.

RESEARCH METHODOLOGY

The approach utilised in this study was qualitative as well as quantitative. The researcher conducted semi-structured telephone interviews amongst current and previous qualifying primary caregivers captured in the FBDM social pension system (N = 43). According to the Social Assistance Act, 2004 (Act 13 of 2004), a qualifying primary caregiver is an individual older than 16 years, who has the parental responsibility, or right to care for the child. Furthermore, the individual may or may not be related to a child, but exercises that responsibility, and the right to meet the daily requirements for care of that child (Lund, 2008). Face-to-face interviews, also using a semi-structured interview schedule, were further conducted amongst 13 SASSA officials, at salary level 5 in the FBDM, who dealt with screening. A level 5 SASSA official is an Administration Clerk employed by SASSA to offer all reasonable assistance to an individual in order to enable the said individual to exercise his or her rights in terms of the Social Assistance Act, 2004 (Act 13 of 2004).

A non-probability sample (purposive sample) was drawn on Social Pension (SocPen) records indicating how long the beneficiary had been in the system, the age of the children when they entered the system for the first time, and also the job performed by the SASSA officials (SASSA SocPen Records, 2012b). The sample size depended on, and was determined by, what was revealed by a document study (second method of data collection). Records from the SocPen system were scrutinised for those beneficiaries who applied for CSG when the child was already more than two years of age, and those whose children aged 15 and 16 years, never reapplied after being suspended in 2009 (SASSA SocPen Records, 2012b). The CSG was age based and suspended as soon as the child reached the threshold age of 14 years in 2009, before it was extended to 18 years. This meant that as soon as the child reached the cut off age, the CSG lapsed and the primary caregiver had to reapply after the Minister of Social Development has made a pronouncement on an extension to the next higher age. Examination of the documents revealed when the application was made, thereby enabling the researcher to deduce the child's age when the application was first made. Beneficiaries from the FBDM in the Northern Cape Region who entered the system from April 2009 to March 2011 were identified. Of the sixty-eight (68) originally contacted to participate in the study, forty-three (43) respondents participated, giving a response rate of sixty-three percent (63%).

A pilot study was performed amongst four qualifying primary caregivers. These respondents were not included in the final survey. Based on the feedback and observations from this pilot study, adjustments were made to the final semi-structured interview schedule. The responses to the semi-structured interview schedules (telephone and face-to-face interviews) were coded and analysed, and descriptive statistics were used to summarise the results in terms of frequencies and percentages. The data from the questionnaires were used to draw final conclusions and make recommendations.

BACKGROUND TO THE STUDY

In terms of section 27(1)(c) of the Constitution, “everyone has the right to access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance”. Access to social assistance is restricted to SA citizens and residents only (Liebenberg, 2001). To qualify for this assistance, the caregiver’s income is means-tested. Means testing implies that the institution responsible for the administration of the CSG evaluates the income and assets of the primary caregiver, in order to determine whether the means of the individual are below a stipulated amount (SASSA, 2012a). The current income threshold is R33 600 for single individuals or R67 200 for married individuals (SASSA, 2012a). A primary caregiver can be anyone over the age of sixteen (16) years, in possession of a green bar coded SA identity document, and responsible for the daily needs of a child up to the age of eighteen (18) years.

A report compiled in the first two months of the CSG’s inception (1998), indicated that accessibility was the second largest obstacle in disbursing the CSG (Community Agency for Social Enquiry, 2008). Even in 2012, accessibility was still considered a significant barrier. This was especially prevalent in, amongst others, the Northern Cape Province. The Northern Cape Region is the largest geographical province in SA, with a population of 1 145 861 (Statistics SA, 2012). The majority of individuals in the Region are neontic (under the age of 16) and gerontic (elderly), 52%. An estimated 35% of the Northern Cape population resides in the Frances Baard District (FBDM, 2010). It is clear that a considerable number of individuals in the Frances Baard District depend on grants for their livelihood. As at 31 January 2012, according to the SocPen records, 41% of the CSG beneficiaries in the Northern Cape were from FBDM (SASSA SocPen Records, 2012b), and an estimated 16 000 children under the age of two years, could be found in FBDM (UNICEF Report, 2008).

After the general elections in April 2009, the Northern Cape Region was tasked with enrolling 2 520 children between the ages of 14 and 15 years within the first 100 days of office of the new Minister. Nine hundred and thirty-three (933) of those children were to be enrolled from the FBDM. Some of the children in this age group were previously in SASSA's payment system, but their grants lapsed earlier in the year 2008 due to their turning 14 years of age.

The SASSA Northern Cape Region embarked on intense communication and marketing campaigns during 2008, which included putting up posters in public buildings, distributing leaflets at taxi ranks, and informing the public door-to-door about the extension of the CSG to children between the ages of 14 and 15. However despite the marketing campaigns and outreach programmes conducted to reach individuals in their own communities, the target of enrolling 933 children between the ages of 14 and 15 years in the system, in one hundred days, could not be reached by the FBDM. According to SASSA SocPen records, some qualifying primary caregivers never reapplied for the child support grant once it had been suspended due to age, while others made the first application for child support once the child was already more than one year old (SASSA SocPen Records, 2012b).

These incidents were an indication that some qualifying primary caregivers do not make adequate use of the SASSA services and that something hampered the application for CSG. It was, therefore, hypothesised that amending the qualifying criteria for CSG will increase the number of qualifying primary caregivers applying for the CSG. If more applications were received, the FBDM might achieve the annual projected targets. In the following section, the results about knowledge regarding qualifying requirements for CSG, as well as the reasons that deter primary caregivers from applying for child support, will be discussed.

PRESENTATION OF FINDINGS

Nineteen questions were posed to the 43 qualifying primary caregivers, concentrating on biographical information, the number and age of children, and knowledge regarding qualifying requirements for CSG. The reasons that deter primary caregivers from applying for child support as well as proposals to improve the current situation were also requested during the semi-structured telephone interviews.

Seven questions were posed to the 13 SASSA officials. Apart from biographical information, questions were posed to capture their experiences

as screening officials. These respondents were also asked to identify factors deterring qualifying primary caregivers from applying for CSG. In addition, they were asked to suggest what would encourage community members to apply for CSG when the child is 0 years of age. The focus of this article will be on the knowledge of the respondents regarding qualifying requirements and the reasons that deter primary caregivers from applying for CSG in the FBCM.

Qualifying requirements for CSG

Both response groups were asked if they knew the requirements for the CSG. The intention was to establish if a lack of knowledge regarding the requirements could be a reason that deters primary caregivers from applying for CSG. Although 41 (95%) qualifying primary caregivers admitted to being well-conversant with the original requirements (i.e. presentation of the primary caregiver's green bar-coded identity document and the child's computer-generated birth certificate) set out in 1998, it appeared as if they had a superficial understanding of the qualifying requirements for the CSG at present. Eight respondents (57%), for example, did not have valid documentation, whilst ten respondents (71%) thought that the child was still too young. The respondents' perception was that there is an acceptable age for a child, long after birth, at which a first application for the CSG can be made. Eight respondents (72%) with children aged 16-18 years, currently not in receipt of CSG, admitted to having previously had children suspended due to age, and they never returned to SASSA to extend the CSG. That was in 2010, before the extension of the CSG to 18-year-old individuals was done.

None of the respondents were aware of the current Ministerial Directive in 2012 stating that as of 2011, children born after 31 December 1993 already in receipt of CSG, would automatically be kept in payment until the age of eighteen (18) years. Upon additional probing, only 3 respondents (7%) admitted to having heard about Regulation 11.1 of the Social Assistance Act, 2004 (Act 13 of 2004). The responses from 13 SASSA officials indicated that although SASSA has made it easier for qualifying primary caregivers to access the CSG, the organisation failed to disseminate information to the intended recipients.

Reasons that deter qualifying primary caregivers from applying for CSG

Upon probing for reasons that deter qualifying primary caregivers from applying for CSG, the following responses were given. Qualifying primary caregivers:

- felt that SASSA suspected them of wrongdoing, and were consequently merely luring them to the offices to be submitted to the police;
- were not clearly informed of the reasons for suspension of CSG;
- mentioned that the process for application was tedious;
- indicated that since the CSG would lapse within a year, it was not worth the effort to apply; and
- still had to decide upon a suitable primary caregiver for the baby. It was noted that it is a common expectation among qualifying primary caregivers that SASSA should play a prominent role in the appointment of qualifying primary caregivers for those children whose parents, for some reason or other, are unable to care for them.

The SASSA officials identified the following reasons that deter qualifying primary caregivers from applying for CSG:

- a change in the circumstances of either the child or primary caregiver was the main reason for the delay in application for the CSG;
- inadequate information dissemination by SASSA officials;
- qualifying primary caregivers were unwilling to take responsibility; and
- qualifying primary caregivers were embarrassed to approach SASSA to apply for CSG.

In addition, eight respondents (61.5%) were of the view that a delay in application occurs more frequently when the primary caregiver is not the biological parent of a child.

It could be concluded that although knowledge of the requirements for the CSG could not be viewed as a guarantee that qualifying primary caregivers will apply for the CSG, it was a defining factor that needed to be addressed. Inadequate information dissemination by SASSA, regarding the CSG extension, appears to be a reason why qualifying primary caregivers did not return to extend their children's grants after suspension due to age. This could be due to the fact that even though screening officials are expected to disseminate information as part of their duties, they are regularly found to be "chasing queues and focusing on quantity rather than quality" (sic). The intense communication and marketing campaigns embarked upon during 2008 by SASSA, informing the public about the extension of the CSG to children between the ages of 14 and 15 in the FBDM, also appeared not to increase the applications in such a manner that it assisted the FBDM in achieving the projected targets.

GENERAL RECOMMENDATIONS TO THE SASSA NORTHERN CAPE MANAGEMENT

It was hypothesised that amending the criteria for CSG will increase the number of qualifying primary caregivers applying for the CSG, and assist the FBDM in achieving the annual projected targets. The following recommendations to the SASSA Northern Cape Region Management are, therefore, made in terms of (i) the dissemination of information, (ii) the application of the means test, (iii) trust relationship between primary caregivers and SASSA officials and (iv) extending the CSG beyond 18 years.

The dissemination of information regarding the application process as well as legislative amendments need to be tailor made communicated to the FBDM community at the beginning of every calendar year. This includes amongst other, information on the qualifying requirements for the CSG, the current Ministerial Directive in 2012 and Regulation 11.1 of the Social Assistance Act, 2004 (Act 13 of 2004). The manner in which information is printed, need also to be revisited. The current SASSA communication strategy appears centralised in nature (developed at Head Office, Pretoria), and tends not to include region specific demographics. The communication material is mainly written in English, and appears to downplay the fact that many SASSA customers are not highly literate.

The common expectation that SASSA should play a prominent role in the appointment of qualifying primary caregivers needs to be addressed. The latest ruling by the High Court in Johannesburg on the Foster Care Grant (Ellis, 2012), ruled that grandparents and siblings have a duty to support children in their care, and disqualifies them from being eligible for Foster Care Grants. This ruling will precipitate a boom in application for CSG by grandparents and siblings, as they will become qualifying primary caregivers rather than foster parents. However, whereas foster parents' means were not taken into account in the past, they will be subjected to means testing when applying for CSG. This might disqualify some qualifying primary caregivers (Lund, 2008; Mpedi, Kuppan and Olivier, 2003), and therefore, necessitates that the application of the means test be reviewed. Biological parents have a legal duty to support their children, and the shift in doctrine of giving the CSG to qualifying caregivers rather than parents was a progressive move, in that it took into account the diversity of South African families. This recommendation came about as a result of the Lund Committee's deliberations and was provided to the then known Department of Welfare. However, this move should be taken further in the application of the means

test. An amended means test should be applied to non-biological qualifying primary caregivers, who should rather be treated as foster parents. The principle of qualifying primary caregivers taking on relatives' or friends' children is similar to that of foster care, the difference being the formalisation of the latter through the legal courts.

The trust relationship between primary caregivers and SASSA officials need to be strengthened in the FBDM. It is proposed that the “Batho Pele Change Management Engagement Program” (sic) be used as a vehicle to improve interaction with the public. The content and outcomes of this Program however, should be mainstreamed into daily SASSA processes, and the performance of SASSA officials (more so screening officials) need to be appraised according to this. Ongoing training on all relevant amendments and changes regarding CSGs need to be conducted amongst all stakeholders.

Respondents were of the opinion that SASSA processes and procedures should acknowledge diversity among qualifying primary caregivers and management should customise procedures accordingly. The current application forms for the CSG need to be amended to ensure that comprehensive and relevant data is captured in a user-friendlier manner. For instance, the researcher struggled to attain a sizable number of respondents due to the fact that only 32.7% of the qualifying primary caregivers on the system had listed contact numbers. This negligence will also prove to be a challenge for SASSA should they need to urgently contact a qualifying primary caregiver for review purposes regarding their grants.

CSG should be extended beyond 18 years of age. Lund (2008) indicated that with the State Maintenance Grant, which preceded the CSG, the child grant portion could be extended beyond 18 years of age if the child pursued tertiary education. SASSA should explore the possibility of doing the same with the CSG. Although the amount provided by the CSG is meagre, it might provide the child with some basic necessities. With the current unemployment rate, more children are dependent on their caregivers beyond 18 years of age. Policies should be aligned to the reality of the current circumstances.

CONCLUSION

The CSG, a means tested, non-contributory cash transfer, granted to caregivers that care for children from the ages of zero (0) up to eighteen (18) years of age was introduced. Since its inception in 1998, the eligibility criteria have changed repeatedly. The eligibility criteria were amended in

2012 to target children up to the age of eighteen years. However, despite the stated intentions, not all impoverished children were managing to access the CSG.

This article narrowed the focus to the FBDM in the Northern Cape Region. The FBDM experienced high levels of unemployment due to the low education level. Despite numerous marketing campaigns conducted by the SASSA in the Northern Cape Region, SASSA struggled to achieve the projected targets for CSG intakes. It was therefore hypothesised that amending the qualifying criteria for CSG will increase the number of qualifying primary caregivers applying for the CSG, and assist the FBDM in achieving the annual projected targets.

The results of the empirical study indicated that inadequate knowledge of the requirements for the CSG and poor information dissemination by SASSA officials contributed to the lack of applications. Other responses included that qualifying primary caregivers felt SASSA suspected them of wrongdoing and that the process for application was tedious and therefore not always worth the effort. Responses from the SASSA officials (level 5) indicated that qualifying primary caregivers were unwilling to take responsibility to apply for CSGs and might even feel embarrassed to approach SASSA. In view of these responses, recommendations to the SASSA Northern Cape Region Management were made in terms of (i) the dissemination of information, (ii) the application of the means test, (iii) trust relationship between primary caregivers and SASSA officials and (iv) extending the CSG beyond 18 years.

In conclusion, policy makers should factor the relationship between a primary caregiver and child in their care when drafting regulation on CSG. There should be a distinction between CSG for a child by a biological parent and that of a child and a primary caregiver who is not the child's biological parent, especially when subjecting the applicant to a means test. The amount of R280 is so meagre that only those in need of assistance will apply, thereby minimising the risk of individuals flooding the system due to lax criteria (SASSA, 2012a), as seems to be the fear.

Finally, the communication of information on legislative changes to target communities need to improve. It is essential that SASSA and the community form a symbiotic partnership to ensure that needs at community level be addressed by SASSA as they emerge, while SASSA feeds the community information as and when amendments are made.

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