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SOCIAL SCIENCE RESEARCH

The Price of the Grant: The social cost of child support grants for female caregivers and their extended networks

Rosemary Blake

CSSR Working Paper No. 412

May 2018

Centre for Social Science Research
F·A·S·R·U

Published by the Centre for Social Science Research

University of Cape Town

2018

http://www.cssr.uct.ac.za/

This Working Paper can be downloaded from:

http://www.cssr.uct.ac.za/cssr/pub/wp/412

ISBN: 978-1-77011-399-2

About the author:
Rosemary Blake has a PhD in Social Anthropology from the University of Cape Town and a Master's in Medical Anthropology from the University of Edinburgh. She has worked in International Education for the past nine years, primarily with students from the United States who visit South Africa. Her research interests range from creative pedagogy, childhood, inter-generational relationships of care among women and chronic illness. She recently published a book section titled "Moral Mothers and disobedient daughters: A politics of care and moral personhood across generations" in *Young Families: gender, sexuality and care* (2017) edited by Nolwazi Mkhwanazi and Deevia Bhana with HSRC Press.

Acknowledgements:
The author acknowledges the support of the DST-NRF Centre of Excellence in Human Development.

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Abstract

Despite being a welcome, and necessary, form of poverty alleviation, there is a powerful moral discourse surrounding social grants in South Africa, which renders recipients vulnerable in particular ways. In both the public and private realm, discussion of social grants – particularly, the Child Support Grant (CSG) – usually include injunctions about who should receive grants and how grant money should be spent. This is interesting considering that one of the major motivations given in support of social welfare cash transfer schemes is that they are intended to "provide caregivers with choice in how best to meet their children's changing needs" (Delany et al 2016: 25) In this paper, I draw on 12 months of fieldwork conducted in a township located in the Cape Winelands to demonstrate some of the dangers of the moralising discourses that surround the Child Support Grant. I consider how these discourses affect those who access grants and how these are linked to at least two profound disjunctures between the ways in which Child Support Grants are conceptualised by policy planners and the everyday realities of those who rely on them.

Introduction

The ending of apartheid and the movement into a constitutional democracy required a significant reconceptualisation of the obligations of the South African state towards its citizenry. One of the most noteworthy outcomes of this shift has been the extension of social assistance through the provision of cash transfers (Jordaan et al 2009). While welfare in South Africa existed prior to 1994, its distribution was fragmented and highly inequitable – focusing primarily on white and, to a lesser extent, "coloured"' South Africans (Delany et al 2016). Access to social grants is explicitly tied to South Africa's democratic aspirations, as laid out in its constitution and has increased exponentially in South Africa since the abolition of apartheid.[1] South Africa's prioritisation of social grants follows

[1] Social grants are linked to the constitutional right to dignity, which promises South Africans' the right "to have access to…social security, including if they are unable to support themselves and their dependents, appropriate social assistance" (Constitution of the Republic of South Africa, Act 108 of 1996. Section 27 (1) c).

growing global movements towards a "social protection approach to preventing and reducing poverty, addressing inequalities and promoting inclusion" (Delany et al 2016:25). As of 2016, there were more than 120 cash transfer programmes in at least 40 different countries on the African continent, almost twice the number of countries that employed these programmes 10 years earlier (Delany et al 2016). The employment of cash transfers as a means of social protection has been so effective that the programme has found its way into the 2009 United Nation's Sustainable Development Goals.

South Africa, in common with other African countries, has made access to social grants largely "unconditional" and "noncontributory". What this means for beneficiaries is that it is not incumbent upon them to meet certain conditions (aside from those to do with income thresholds) or to have contributed previously to a fund in order to qualify for assistance (as is the case in more traditional social insurance programmes) (Delany et al 2016).

Grants that target children are the most common form of grants in Africa and, correspondingly, the Child Support Grant (CSG) is the most accessed South African grant. In 2016, more than 11 million of the over 16 million grants accessed were CSGs (Delany et al 2016). While all social grants in South Africa are currently unconditional, this approach has drawn the most attention and controversy in reference to the CSG.

Unlike some countries in Latin America, which require evidence of, for example, school attendance or immunisation in order for beneficiaries to qualify, in South Africa there are no – or only "soft"[2] – conditions attached to the CSG. This approach is aligned with the South African rights-based validation of grants and, furthermore, it has been argued, in no way hampers the grants efficacy in actualising the kinds of health and educational outcomes that conditions seek to promote.

The argument that conditions can be used as a vehicle to promote "longer-term and more wide-reaching benefits than immediate poverty alleviation" (Hall 2011: 1) is countered with the assertion that "South African grants have achieved substantial impact without conditions [and that] the positive effects include the areas of child health and education, which are seen as critical to longer-term poverty reduction" (Hall 2011: 11). Moreover, many of these positive effects are linked to the very fact of the grants' unconditionality, with proponents arguing that it increases accessibility and decreases the likelihood of discrimination and costs associated with the implementation of grants (Delany et al 2016).

[2] School attendance for those aged 7 – 18 was added as a condition for CSG access in 2009 but failure to meet this condition does not result in access to the CSG being removed or denied.

The general consensus among researchers is that "simply put, cash grants work" (Delany et al 2016:27). However, while the research in favour of the social grant system is convincing and extensive, there are studies that details the significant disruption that access to grants can cause to household dynamics. In a paper entitled "How social security becomes social insecurity: unsettled households, crisis talk and the value of grants in a KwaZulu-Natal village" Dubbeld (2013) outlined how grants can destabilise conventional gendered and generational relationships, as women, often younger in age, become the primary contributors to household income through their access to grants. While some might argue that such destabilisations could lead to women's empowerment, what Dubbeld depicts is a situation of pronounced precariousness as those of different genders and generations become increasingly embroiled in conflicts.

From June 2010 to July 2011, I observed how, for those living in this deeply impoverished area, accessing social grants was simultaneously highly desirable, as well as fraught with danger. Accessing grants – particularly a CSG – often came at a "social cost" that had the potential to jeopardise one's social standing and bring disharmony to close relationships. This was largely due to two aspects of grant recipientship. Firstly, there were strong moral imperatives associated with grant recipientship which dictated how this money should be spent and rendered those who spent it otherwise (or who were perceived to do so) vulnerable to serious castigation and gossip, leading to a potential breakdown of relationships – often between close female kin. Secondly, the CSG comes with the requirement that an adult (or individual over the age of 16) wishing to access a CSG on behalf of a child assume the role of that child's "primary caregiver"[3], forcing recipients into taking on the role of the ultimate, and to a degree, exclusive, bearer of responsibility for a child. This formalisation often meant little more than committing to paper an arrangement of care that already existed, but at other times, it meant adapting or renegotiating care that was more diffuse and provided by multiple people to fit the model of the "primary caregiver".

There were opportunities and dangers associated with such occurrences. On the one hand, the requirement of a "primary caregiver" facilitated a pledge of commitment that could strengthen the relationship between the child and their caregiver. On the other hand, the requirement could lead to conflicts, as multiple caregivers were forced to decide who among them would assume the primary caregiver role. This could mean that where care had previously been shared by many, it now became the sole responsibility of person – something which many found overwhelming, and which could in fact disincentivise caregivers from associating too closely with a child.

[3] http://www.dsd.gov.za/index.php?option=com_content&task=view&id=108. Accessed on 30 July 2015.

In the sections that follow, I discuss these aspects of grant recipientship through the presentation of a single case study. I draw out common themes between the ways in which women living in Zwelethemba experience grant recipentship. I argue that the unintended negative consequences of grant recipientship are underpinned by at least two disjunctures between the ways in which grants and grant recipientship are conceptualised – particularly at the level of the State – and the on-the-ground conditions of life for those who access them.

The Story of Lolo, Nellie and Nonthando

Lolo Pieterson was seven years-old when I met her and living between two households, one belonging to her maternal grandmother – Nonthando – and one belonging to Nontando's sister – Lolo's great aunt, who was called Cynthia. As is typical of many children in South Africa, where household's boundaries tend to be fluid, often to a degree that correlates directly to the degree of poverty children live in (Hall & Budlender 2016), Lolo moved between the two homes with an easy freedom, basing decisions about where to be on considerations like which home had food that day or whose company she was most in the mood for.

When Lolo was two years old her grandmother, who had cared for her from birth, learnt that she was HIV positive. This precipitated Lolo's enrolment in an ARV programme which required her to present at the local clinic regularly[4] and to adhere to a strict, twice-daily pill regime. Typically, it was Nonthando, who was also HIV positive and "on the treatment", who accompanied Lolo on her clinic appointments. However, Lolo's attendance at these appointments was sketchy and the nurses and doctor who treated her suspected that her ART adherence was similarly inconsistent. In early 2011, during one of her appointments, the situation between the medical professionals assigned to Lolo's case and her family came to a head. On this occasion Nonthando had stayed at home because she was feeling ill and Lolo was accompanied by myself and one of her great Aunt Cynthia's daughters, a nineteen-year-old woman called Nellie, who often stepped in to assist in Lolo's care.

The attending doctor became irritated and then angry when going through Lolo's file, as she noted the irregularity of Lolo's appointments. She became even more frustrated as Nellie and I failed to answer her questions about who was responsible for Lolo in a manner that she found satisfactory. Finally, she asked who received Lolo's CSG, and in this way established Nonthando as Lolo's "primary caregiver".

[4] From the onset of treatment patients are required to attend monthly until such a time as their response and commitment to the medication is deemed satisfactory by the medical professionals treating them.

When we explained how Lolo moved between her grandmother and her great-aunt's homes and how she was looked after by different people at different times, the doctor became exasperated, exclaiming, "She can't just move around like that, *someone* needs to be in charge!"

The doctor understood Lolo's missed appointments and inconsistent pill taking as a consequence of the flexibility of her care and living arrangements. She perceived Lolo's movement between the two homes as evidence that no one assumed ultimate responsibility for Lolo's care, particularly in terms of her ART adherence. In her mind, Lolo was being inadequately cared for. To remedy this situation the doctor scheduled a "family conference", which she would attend, along with a social worker employed by the Department of Social Development. Her expectation was that all the members of both households – namely Nonthando, Cynthia, and Nellie – attend. The purpose of the meeting, she explained, was to help the family come to a decision about who would assume ultimate responsibility for Lolo and thus receive her CSG.

In the time between the scheduling of the conference and the conference itself, many conversations occurred amongst the Pietersons on the topic of Lolo's care. The implication that Lolo was being inadequately cared for was deeply upsetting to them all and conflicts arose as they began assigning blame amongst themselves. Nonthando came under significant fire. Lolo's great-aunt and cousins began to voice suspicions that Nonthando had become Lolo's grant recipient out of greed for money rather than out of concern for Lolo and that she was spending the grant money on "personal items", such as a new lounge suite, rather than on Lolo.

In the end the family conference failed to provide a clear resolution to the "problem" of Lolo's care sought by the doctor and social worker. Contrary to their assumption that the grant would provide an incentive for one of the family members to take on the role of "ultimate" caregiver, they discovered that by this stage everyone – including Nonthando – was reluctant to receive Lolo's grant. As Nellie explained to me:

> "When you get the grant – you see like with Nonthando – you can say 'You are getting the grant, you are suppose to…' It's like you *want* the grant. I don't want to be involved in things like that. The family they are looking…for example, if I have a grant and my mom gets it for me and it's winter but I don't have winter shoes people will say, 'You are getting the grant why didn't you get her shoes?!' … when you are paid for that you must be responsible for *everything*."

Moreover, the family was increasingly wary about making commitments to perform even small acts of care lest these thrust them into a role of exclusive responsibility for Lolo.

Surveillance and Judgements Associated with Grant Recipientship

'Misspending' grant money

In Zwelethemba, grant recipientship was highly visible[5] and thus residents typically knew when family members, neighbours or acquaintances received a grant. Those who were known to be recipients– especially if the grant in question was the CSG – could expect to have their spending habits closely scrutinised. One of the most common and serious accusations of grant misspending was that the money from a child care grant was being spent on alcohol. "She is drinking the grant" was a common refrain in Zwelethemba and one which could have dire consequences for the accused's social standing and their close relationships. Such accusations had particular affects between recipients and their female kin, who were concerned with how this perceived dereliction of duty might impact upon them if they were forced to step in and provide care or finances for the child. It was not uncommon to hear grandmother's accusing their adult daughters of misspending their grant money. Defending herself against such an accusation, one woman I worked with had kept the slips from all the purchases she made for her children as evidence to prove to her mother that the CSG money had not be spent on alcohol, even though she herself drank.

Less sinister, though still vehemently disapproved of, was spending a CSG on one's "personal needs". It was this sort of accusation that Nonthando was defending herself against when she told me that she had bought her new bedroom suite on "lay-by" and not with grant money, despite what she believed her sister thought. While this example demonstrates how these tensions could play out between siblings, it was more common for strain to occurr between women from different generations. It was regularly asserted in Zwelethemba – particularly by women over 50 – that younger women receiving a CSG were more likely to spend the grant money on "personal need" items such as airtime or hair care products and to leave the expenses of caring for a child (as well as the duties of care) to someone else, usually the grandmother. These criticisms and complaints were present in

[5] Although many social grants are now paid directly into bank accounts at the time of my research most respondents accessed at central pay points each month. Moreover, administrative support for grants happen at local hubs where beneficiaries are easily identifiable.

immediate and intimate interactions between mothers and their daughters but are also echoed in perspectives common throughout South Africa that the CSG acts as an incentive for young women to fall pregnant (Monde & Udjo. 2006).

In Zwelethemba, complaints by grandmothers that their daughters left the bulk of their grandchildren's care work and care-related expenses to them, whilst misspending the grant money on themselves, often preceded an endeavour by the grandmother to have herself named as the child's primary caregiver and thus receive the grant. The transference of grants between women of different generations was so common in Zwelethemba that one social worker developed her own template to streamline this process. However, while the process might have been simplified at the administrative level, it was anything but uncomplicated for mothers and daughters. Grandmothers often regretted taking over their grandchildren's grants and framed the grant recipientship as a responsibility which they were forced to assume. In contrast, accusations of "greed" or "jealousy" were often ascribed to those who took over a CSG. As relationships and situations changed, grant recipientship could shift several times between grandmothers and mothers.

'Wanting' a grant

One thing that everyone seemed to agree on was that taking over the care of a child in order to get a grant was an unequivocal wrong. In fact, that a grant might serve as an incentive to caring for a child under any circumstances was seen to be a corruption of the meaning of care and it was this moral judgement that teenage mothers were particularly vulnerable to. Even when making assertions about their legitimate claim to a grant, people were often very careful to point out that they did not "want" the grant and to some extent one's very legitimacy seemed premised on this stance of reluctance.

This is not to say that people were not "genuinely" reluctant – many were, and with good reason. The question, then, was how care related grants reproduced a morality of care grounded in gendered notions of the self-sacrificing (grand)mother, who puts the needs and desires of others above her own. The development industry has a long history of viewing women as objects for welfare and as untapped resources which can be effectively utilised in pursuit of a wide range of developmental goals ((Razavi & Miller 1995). In 1994 the World Bank published a book entitled *Enhancing Women's Participation in Economic Development,* in which it argued that

> Investing in women is critical for poverty reduction. It speeds economic development by raising productivity and promoting the more efficient use of resources; it produces significant social returns, improving child survival and reducing fertility; and it has considerable intergenerational payoffs" (1994: 22).

While many of the recommendations expressed by the World Bank show a commitment to the betterment of women's lives, women's welfare seems somewhat secondary to their perceived usefulness, as they are objectified into tools *for* development. In a feminist critique on "welfare states" Elizabeth Wilson (2002) reveals the normative assumptions about what women are and how women should function in society that underlie "welfare" structures and policies. Wilson argues that in the welfare state imaginary, "Woman is above all Mother, and with this vocation go all the virtues of femininity; submission, nurturance, passivity" (2002: 7).

The fact that women in South Africa are far more likely to be engaged in childcare work[6] was not only acknowledged by South African Social Security Agency, it was, in many ways, relied upon. This was made clear during my visit to SASSA's Worcester offices: touting the walls were colourful information posters depicting photographs of grant beneficiaries – almost all of whom are either women or children. Bordering these pictures are captions such as "She is the Mother of the Nation, That's why we are looking after her"[7] and "We feed the hand that rocks the cradle"; one poster ends with the statement, "We want to thank our female beneficiaries for caring about our poor and vulnerable families and children".

It is likely that these kinds of messages from the State informed women's assertions about how grants should be spent and who the ideal recipient was. The importance of not "wanting" a grant likely was underpinned by ideas about the meaning of care and femininity. The way in which the Department of Social Development conflated the ideal grant beneficiary with images of the "Woman as Mother" seemed to correspond with the ideas that many women in Zwelethemba held over the "correct" behaviour of a CSG recipient. The image of the self-sacrificing, nurturing mother fitted with, and most likely had informed, their ideas about how the grant should be spent (never on one's own needs) and the importance of not "wanting" the grant (that is, being incentivised by access to a grant when caring for a child).

The notion that monetary compensation corrupts women's care work has been noted by others and linked to the sexist view that women are naturally and morally

[6] In a 2013 Statistics South Africa *Survey on Time Use* it was found that women living with one or more of their own children under 7 years of age spent on average more than 4 times the amount of time on child care then men living in the same conditions.
[7] See Appendix 1

compelled to perform caring tasks (Bozalek 1999). Such a conceptualisation currently frames the South African grant system and works to the advantage of the State. By framing grants as both supplementary (adding to a household's income rather than being its primary source of income), and as paying women for work they would – and should – already be doing, the State is able to shift attention away from fact that grants, while they might take the edge off some of the most desperate consequences of poverty (such as growth stunting), do not enable families to escape a legacy of poverty. Such naturalisations of feminine care thus facilitated an avoidance of the dire conditions of poverty in which many of these carers found themselves. In the absence of any grants which target unemployed, able-bodied adults it seems unavoidable that the CSG would be required to meet the needs of those who fall into this category at times.

The Hardening of Relationships

The emphasis that the health workers placed on Nonthando's access to Lolo's grant in their attempts to convince her to attend the "family conference" was quickly picked up on by both Nonthando and her family. Nonthando suspected that the entire conference was a ploy, set in motion by her niece and sister, to have the grant taken away from her. Nellie and her mother, Cynthia, saw the conference, and Nonthando's reluctance to attend it, as proof that Nonthando's care was motivated by financial gain. Accusations of "greed" and "jealousy" came from both directions as old resentments found a new platform for expression. More worrisome, however, was that as the gulf between the sisters widened, Lolo was thrust into the precarious position of having no one wanting to "claim" her care lest they be accused of "wanting" her grant. While the model of child care put forward through the grant system does not discriminate on the grounds of gender or biological relation, it does require that a *single* person – the "primary caregiver" – "takes primary responsibility for meeting the daily care needs of that child" (Section 6 of the Social Assistance Act of 2004 (Act No 13 of 2004)). Embedded in this condition is an idea not only about who cares for a child but how a child should be cared for; it is an expression of a particular model of child care and one that was at odds with how the Pietersons cared for Lolo.

Having someone claim "ultimate responsibility" for Lolo was the overarching theme of the conference and an outcome the doctor and social worker pursued tenaciously. They blamed Lolo's ART "non-adherence" and her patchy clinic attendance on insufficient "structure and discipline" in her life. This was linked to the freedom that Lolo had to move between her grandmother and great-aunt's homes. The social worker asserted to Nellie and Cynthia that "It is not for the child to decide where she sleeps, it is for the adults to decide". Similarly, when Nellie

and her mother explained the difficulties they encountered in convincing Lolo to take her pills the social worker exclaimed with exasperation, "It is not for the child to tell you it is for *you* to tell the child!" What was being pushed was a very particular model of what children are and what they need. The perceived inadequacies in the care Lolo was given were thus framed as divergences from this model. Their depictions of Lolo were those of a child who had never been "properly socialised", and the freedoms she was "allowed" in moving between spaces and in refusing to take her pills were framed as by-products of the "lack" of someone taking on the "full package" of her care and her discipline.

This was, unsurprisingly, quite different to how the Pietersons saw Lolo and their relationships with her, and Nellie was deeply hurt by certain implications of the doctor and social worker's perspective. "They make it seem like we do not care!" she told me through tears afterwards. Throughout the conference, Nellie and her mother remained sceptical about the level of control the doctor and social worker expected them to exert over Lolo. It seemed to be at odds both with who they knew Lolo to be – high-spirited and fiercely independent – but also with how they believed a child should be treated. "We cannot *force* her!" Nellie told the social worker incredulously and then, turning their own discourse against them, her mother added that the rights given to children "these days" made it impossible to exert such a level of authority over them.

Moreover, despite the doctor and social workers' attempts to persuade them otherwise, Nellie and her mother continued to shy away from their "full package" model of care. Cynthia agreed to take Lolo to her clinic appointments but refused to assume the responsibility for her daily pill adherence. Similarly, while Nellie eventually agreed to taking over the pill responsibility she was firm in refusing to "take over" the grant from Nonthando and thus assume the "full package" that the doctor and social worker were so eager to thrust upon her. For the family, sharing Lolo's care amongst them was the only acceptable option, and even though Cynthia and Nellie were critical of Nonthando's care, neither of them seemed to expect her to assume full responsibility either, and although they may have questioned her motivation for accessing Lolo's grant, they did not see the limitations to her care as necessarily removing her "right" to the grant. Indeed, when faced with the full glare of State surveillance, both Cynthia and Nellie became quite adamant that they did not want the grant and that Nonthando should remain the beneficiary. However, at that stage it was unclear whether this was something Nonthando would agree to. As described earlier, Nonthando had been deeply hurt by the criticism implied through the calling of the conference, and had emphatically distanced herself from Lolo, saying to her family "You take her! I am out of this!"

The use of a "primary caregiver" to access the CSG on behalf of child recipients was initially conceptualised as a means to address the fact that that childcare

arrangements in South Africa are often complex (one cannot assume that a biological mother is the main care giver, for example) and that child and adult mobility is high, particularly in poorer households (Hall & Budlender 2016). However, even while this approach may allow for more fluidity and flexibility than is found in other common approaches, there still remains a rigidity to the "primary caregiver" model that is at odds with the kind of arrangements that arise in conditions of scarcity. What is more, this rigidity can in practice work to discourage women from accessing such grants. It can also cause those who may have been less formally involved in a child's care to distance themselves by asserting that, as non-beneficiaries, they are absolved of such obligations.

Parenting the "Family"

As discussed earlier, when it comes to grant access and eligibility, South Africa employs a more expansive framework, particularly with reference to the CSG. In contrast to many other parts of the world, "…the Child Support Grant bypasses or even works against normative conceptions of family by deliberately disregarding the kinship situation of a grantee" (Dubbeld 2013: 4). Nonetheless, it is still possible – and arguably common – for "normative conceptions of family" to be imposed, both through the requirement of a "primary caregiver" as well as through the language and judgements conveyed by gatekeepers of grant access.

In his book entitled *Children: Rights and Childhood* philosopher and public policy expert Archard (1993) notes that in liberal states, such as post-apartheid South Africa, there often exists an assumption that family remains private until such time as it is publicly intruded upon by the State. This fallacy, Archard argues, is grounded in the incorrect assumptions that in the modern liberal state there exist neat delineations of state/family and public/private. Citing Lasch (1977) and Donzelot's (1980) work on "policing families", he argues that in liberal states there are few explicit state interventions into the life of the family; rather, there exist an abundance of "subtle and pervasive intrusion[s] [in the form] of experts" (1993: 112). He further posits that "A therapeutic model stipulates a norm of familial 'health' which, by means of professionals, insinuates into the 'private' life of families" (1993: 112-13).

The "family conference" endured by the Pietersons could be categorised as such an intrusion. Framed by the doctor and social worker as a "medical intervention" required in order that Lolo's best health interests and her "right to health" be secured, the "conference" represented an explicit and direct intrusion into the family life of the Pietersons. The conference also manifested a subtler intrusion, such as that described by Lasch (1977) and Donzelot (1980) whereby a panel of

"experts" were enabled to police the Peterson's parenting. Archard notes that another mistaken assumption about the liberal standard when it comes to the role of the State vis-à-vis 'the family' is that the state functions as a "a neutral enforcer of impartial law" (1993: 110), instead, he argues, it typically reflects the structural inequalities of the society it represents. Archard points out that "the children whose treatment by their parents is monitored by the state will probably come from families which are *already* under surveillance for other reasons." In South Africa, grants provide the State with the means to survey and access information about the private lives of families: they often require proof, for example, of living arrangements or CD4 counts, which the grant applicant is forced to provide. Archard argues, moreover, that "the agents of the State regulation of child welfare are disproportionately drawn from the white middle class" (1993: 114). This was certainly the case with the doctor and social worker, who were both white and in a position of power over the Pietersons, thus reinforcing the entrenched inequalities that the State plays a role in maintaining.

It is also important to consider how my presence as white, educated woman might have shaped the events that transpired at the consultation. It is likely that my very permission to be present (which was granted both by the Pietersons and the consulting doctor) in what is almost the archetypal private space – a medical consultation room – was enabled by my social identity and position as white and middle-class. It is likely that it was not just the relationship of trust that had gradually built up between the Pietersons and myself which made it possible for me to access to this space; my access was in all probability granted because the Pietersons are familiar with someone "like me" having access to their private and personal information in this space. Similarly, throughout the consultation the doctor engaged with me in a manner that suggested she saw me as an equal in terms of social standing and education[8] and this almost certainly influenced her permission for me to enter this space; my presence may also have served to encourage her in her perusal of a "family conference" based on ideas about child rearing that she might have assumed I shared (and which were certainly more familiar to me than they were to the Pietersons).

Archard asserts that, "notwithstanding an official professional ideology of non-judgmentalism, social welfare and legal workers are prone to proceed on the basis of particular values about the proper ways to rear and treat children" (1993: 114-15). The ideals of parenthood put forward by the doctor/social worker and the

[8] An engagement quite different to her approach with Lolo and Nellie but one which I was, by then, used to having encountered in countless other consultations I had sat in on. I had even been requested on several occasions by people I was working with in Zwelethemba to specifically accompany them on consultations where they feared they would be reprimanded by a doctor or nurse (such as if they had lapsed in taking ART) and thought my presence might mitigate the fervour with which some admonishments often occurred.

Pietersons varied quite drastically. Not only did the Pietersons draw on different ideas about what it means to be a child and a parent, but their views were also founded on quite different understandings of what constituted daily life. In conditions of widespread poverty, it is often the relationships people have with one another that form the backbone of their daily tactics of survival (Ross 2010). In a context where the care burden is high, and the resources are scant, it makes sense that the Pietersons should want to spread the care of Lolo amongst themselves; it also makes sense that they would want to preserve their relationships with one another wherever possible. Moreover, a focus on "bad parenting" such as that used in the family conference could also work to render invisible the broader forms of social abandonment suffered by the family and which were far more influential in shaping the Pieterson's strategies of care than any particular ideas they might have held about how a child should and should not be cared for.

Conclusion

In closing, despite being an essential form of assistance, social grants in South Africa – particularly the Child Support Grant – often come at a significant social price for recipients. In receiving a grant, beneficiaries understand that they are agreeing to a set of strictures, both explicitly and implicitly stated, which might be hard to live by. The commonly asserted imperative that adults who receive CSGs use this money exclusively on the needs of a child is very difficult when this income represents an exclusive, rather than supplementary, form of income. Similarly, the requirement that the adult accessing a CSG acts as a child's "primary care giver", thus assuming the ultimate responsibility for their well-being, can prove overwhelming for care givers. This requirement may also be inconsistent with actual, more diffuse, care arrangements that arise in response to the difficult conditions that characterise daily life for those living in contexts of widespread unemployment, poverty, and illness. Moreover, those who receive grants, or are in a position to do so, demonstrate an acute awareness and even anxiety, around the social ramifications of failing to live up to the kind of care that grants are seen to require.

It is often counted as a significant blot against one's moral standing if grant holders are seen to misspend grant money; experience grants as an incentive to provide care ('wanting' the grant) or; simply, provide care that is perceived as inadequate. Such perceptions may not only lead to judgements about one's morals but can incite serious gossip and even confrontations between family and community members. Receiving a CSG was seen by many to place one's social standing and, by extension, important relationships in the firing line. Sometimes these risks were felt keenly enough to act as a disincentive to accessing a grant, even when it was

desperately needed. At other times, they could even work to encourage an adult to distance themselves from a child in an attempt to avoid being cast as the child's primary care giver.

Given the "softness" already in place regarding the conditionality of CSGs, it seems likely that successful measures in addressing the social risks for those who access grants might lie less in the realm of policy changes or adjustments and more in addressing the attitudes and practices of those who are involved in the administration and surveillance of grant recipientship. There is a growing body of research that shows, as this paper does, that "negative perceptions and prejudices around social grants can cause (mainly female) CSG recipients to feel judged both by communities and by officials (Delany & Jehoma 2016; Hochfeld & Plagerson 2011; Wright et al 2015). A franker acknowledgement of the gaps between how policy holders and government employees might wish for grants to function and the real conditions of daily life for many grant beneficiaries might help foster an attitude of compassion rather than condemnation, as well as open channels for more creative and responsive approaches to grant use than those that are currently allowable. What such an acknowledgement could also facilitate is a shifting of focus away from the perceived shortcomings of grant beneficiaries and toward the inadequacies of the social grant system itself.

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