

**CREATING  
SYNERGIES  
BETWEEN  
SOCIAL  
PROTECTION  
AND CARE REFORM**

**in Eastern and Southern Africa**

## ACKNOWLEDGMENTS

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*Cover photo: Girls learn hairdressing skills in a refugee camp in Uganda as part of a UNICEF funded and Danish Refugee Council implemented programme.*

## Acronyms

NGO                      Non-governmental organisation

VUP                      The Vision 2020 Umurenge Programme – a social protection programme in Rwanda

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*A social protection worker in Malawi oversees beneficiaries of a cash transfer wash their hands as a COVID 19 prevention measure before receiving their payment.*

## Introduction

Social protection is increasingly being used in Eastern and Southern Africa to address economic and social vulnerability.<sup>1</sup> Many governments in the region are also engaged in care reform to prevent family separation, support families to care for children well and provide quality alternative care.<sup>2</sup> There are many overlaps in the goals, interventions and target groups of care reform and social protection programmes. The same frontline workers are also often engaged in these two streams of work. Currently, synergies are yet to be maximised and this paper helps to address this gap by providing:

- an outline of the key concepts and processes involved in social protection system strengthening and care reform,
- an argument for encouraging greater synergies between these two systems, and
- lessons learnt from across the region on how to create these synergies.

The paper ends with three case studies of programmes which have successfully merged care and social protection interventions in South Africa, Uganda and Mozambique.

The paper is based on a literature review<sup>3</sup> and is aimed at policy makers and programme managers working in both the fields of social protection and children’s care. Its aim is to encourage a deeper mutual understanding and greater collaboration between these groups. A glossary of the key terms used in the document is included as an Annexe.

## What is social protection and the social protection system?

In line with global inter-agency definitions, UNICEF defines social protection as:

“A set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability and social exclusion throughout their life-course, with a particular emphasis towards vulnerable groups.”<sup>4</sup>

A social protection system includes the following.<sup>5</sup>

- An evidence base upon which to design interventions and services.
- Policies that outline a shared vision and coordination and financing mechanisms.
- Programmes, which include social transfers (e.g., cash transfers, in-kind transfers and tax credits), social insurance (e.g., health and unemployment insurance), reducing unemployment and improving livelihoods, and efforts to strengthen the social workforce.
- Integrated administrative tools such as registries, payment mechanisms and complaints mechanisms.

Social protection systems are designed to help individuals and families during ‘normal’ periods and to prepare for and respond to shocks, such as those caused by conflict, pandemics or natural disasters.<sup>6</sup>

UNICEF promotes child sensitive social protection that ensures social protection systems have the rights and needs of children at their centre.<sup>7</sup> This is an evidence-based approach which aims to lead to improvements across multiple dimensions of child wellbeing.<sup>8</sup> Child sensitive social protection includes the following.<sup>9</sup>

- Regular and predictable transfers (in cash or kind) that reduce child poverty and vulnerability.
- Social insurance that supports access to health care and other services for children.
- Social services that support families, promote adult and youth employment, and provide alternative care and child protection services.
- Policies, legislation, and regulations that protect families’ access to resources, promote employment and support families to care for children well.

## What is care reform?

Care reform is defined as:<sup>10</sup>

“Changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based alternative care options are available.”<sup>11</sup>

The goals of care reform are informed by the Guidelines for the Alternative Care of Children which were welcomed by the United Nations (UN) in 2009.<sup>12</sup> The guidelines state that maximum efforts must be made to prevent family separation. The option of kinship care (by extended family members or friends of the family) should first be explored for children who cannot be looked after by parents. Foster care offers another alternative family-based care option. Adoption or the *kafalah* used in Islamic contexts can be appropriate for children in need of permanent care. Care in harmful large institutions should be used as a last resort only.

Care reform is designed to lead to improvements in the care system, which includes the legal and policy framework, structures and resources that determine and deliver alternative care, prevent family separation and support families to care for children well.<sup>13</sup> The care system is part of the broader child protection system which involves structures, functions and capacities that prevent and respond to violence, abuse, neglect and exploitation of children.<sup>14</sup>

# Why create greater synergies between social protection and care reform?

## Overlap in the goals, mechanisms and targets of social protection system strengthening and care reform

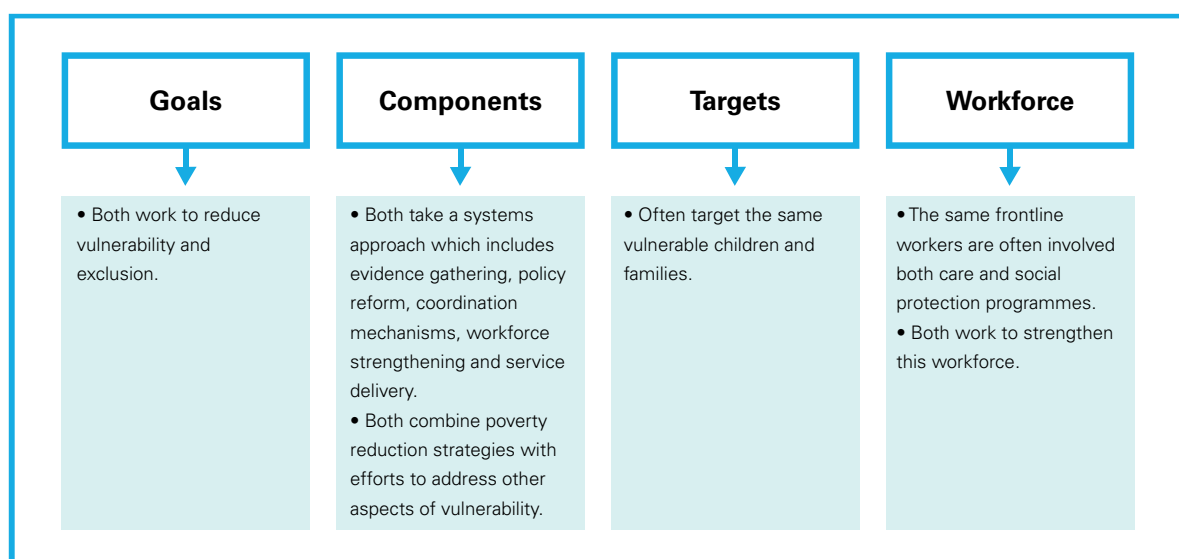
Both child sensitive social protection and care reform are seeking to reduce vulnerability and exclusion, and help children achieve their rights and reach their full potential.<sup>15</sup>

Care reform and social protection system strengthening share many of the same components, including policy reform, coordination mechanisms, evidence gathering, and the delivery of services.<sup>16</sup> Like social protection, care reform often involves poverty reduction strategies as poverty a driver of abuse and violence in families and of family separation (see below).<sup>17</sup> Social protection programmes increasingly combine economic elements with add-on services and support (known as 'cash-plus'), which in some cases include efforts to improve care, such as parenting programmes.<sup>18</sup>

Social protection and care reform programmes often target the same vulnerable children and families. In some cases, the same frontline workers are also involved in delivering both social protection and care interventions. For example, the foster care grant in South Africa targets children in foster and extended family care. Determining eligibility for this grant involves inputs from social workers who are also engaged in wider care reforms.<sup>19</sup>

Although not yet always included in social protection frameworks, UNICEF is increasingly pushing for the integration of social workforce strengthening into social protection systems.<sup>20</sup> This is also a major component of care reform.<sup>21</sup>

### Diagram 1: Summary of overlaps between social protection and care systems



Those working on social protection and care reform bring different but complementary strengths. For example, care reform experts have insights into child safeguarding that are valuable to social protection actors. The often rapid expansion of social protection means that agencies working in this field have knowledge of bringing programmes to scale, a common challenge in care reform.<sup>22</sup> As the reach of social protection programmes is often greater than that of care interventions, using social protection to improve care is likely to enhance the impact of care reform.<sup>23</sup> The expansion of social protection has generated the need for identification, registration, and monitoring of vulnerable families, areas where exchange of learning would be beneficial for both sectors.<sup>24</sup>

## **Social protection addresses drivers of inadequate care in families and family separation**

Social protection programmes can indirectly effect care by addressing the root causes of inadequate care and/or factors that result in children's separation from families.<sup>25</sup> These programmes often reduce poverty, and this is a reason for family separation and violence in the home in Eastern and Southern Africa, as elsewhere in the world.<sup>26</sup> An inability to meet children's basic needs can push children out of family care and into residential care or a life on the streets.<sup>27</sup> Poverty is also associated with migration, which can play a role in family separation.<sup>28</sup> Poverty often causes stress and conflict in the home, increasing children's exposure to violence.<sup>29</sup> Social protection programmes can also address other factors that contribute to family separation such as lack of access to schooling or other basic services.<sup>30</sup> For example, some social protection programmes cover school fees or payments may be conditional on children attending school.

Evidence shows that the causes of separation and violence in families are complex and cannot be explained by one factor alone.<sup>31</sup> It is therefore unlikely that household economic strengthening through social protection will fully eliminate inadequate care without additional services and support. The use of 'cash-plus' programmes to provide this assistance is discussed in further detail below.

## **Social protection programmes have improved children's care**

There is a small but growing body of evidence to show that social protection programmes in Eastern and Southern Africa have had a direct and positive effect on children's care.<sup>32</sup> Social protection has decreased levels of violence in the home and improved relationships between carers and children.<sup>33</sup> For example, in Rwanda, the Vision 2020 Umurenge Programme (VUP) cash transfer programme reduced stress and increased carers' confidence, thereby enhancing the quality of care provided to children in the household.<sup>34</sup>

*"The programme helped us a lot because when you don't have means and you are not able to get things that your child needs, you cannot even approach her and talk about life or share views. Sometimes you are even dirty and you cannot say anything in front of her. The VUP has built in us the abilities to fulfil our responsibility towards our children. [...] Now you can converse with your children, share views and give her advice on how she has to behave."* (Mother receiving cash transfers, Rwanda)<sup>35</sup>.

In South Africa,<sup>36</sup> Uganda<sup>37</sup> and Zimbabwe,<sup>38</sup> social protection programmes that combined cash transfers, parenting programmes and improved access to child protection services reduced rates of violence in the home. Similar evidence has been found in humanitarian contexts elsewhere in Africa.<sup>39</sup>



Social protection programmes in South Africa,<sup>40</sup> Rwanda,<sup>41</sup> and Uganda<sup>42</sup> have been shown to reduce separation and support family reintegration. For example, children in households that received South Africa's Child Support Grant had an eight per cent higher probability of living with their parents than children in other homes.<sup>43</sup> In Uganda, household economic strengthening combined with other services and support was associated with a halving of rates of family separations in some areas (see Box 2 for details).<sup>44</sup>

Social protection is increasingly being used in the region to support foster and kinship carers. Foster care involves children being placed by the courts or social services in a family that is not their own. Carers are selected, trained and supervised by social workers.<sup>45</sup> Kinship care is the care of children by extended family members or friends of the family. These care arrangements can be formally sanctioned by the court, or agreed informally between parents and kinship carers.<sup>46</sup> In refugee camps in Kenya,<sup>47</sup> and in communities in Rwanda,<sup>48</sup> financial support has been shown to enable foster and kinship carers to bring another child into their homes.<sup>49</sup> As with parental care, social protection can also improve the quality of care that children in these alternative care arrangements receive.<sup>50</sup>

## Care reform helps to address the goals of social protection

Care reform leads to reductions in vulnerability and social exclusion – the key goal of social protection. Being well cared for in a family diminishes children's risk of violence and exploitation and enhances children's physical, cognitive and social development and access to and participation in education.<sup>51</sup> Children who do not grow up in families are often excluded, living isolated lives on the edges of society in institutions or on the streets.<sup>52</sup>

Care reform can also impact on the wellbeing of carers. For example, having to suddenly care for a child with minimal support can result in mental and physical health problems for grandparent carers.<sup>53</sup> Caring responsibilities can also isolate grandparents from the wider community.<sup>54</sup> Some parents face similar problems, especially if they are having to care for children with limited resources or in challenging environments such as refugee camps. Services provided as part of care reform can alleviate these challenges thereby reducing carers' vulnerability and social exclusion.

Social protection programmes often aim to increase employment opportunities. Child care responsibilities have a major impact on the capacity of parents and other carers to work, and care reform programmes can help ensure that safe care is available within families.<sup>55</sup>

## There are risks associated with not considering care in the design of social protection programmes

As illustrated by the examples provided above, social protection programmes have the potential to have enormous benefits for children's care. However, poorly designed social protection programmes that do not consider the impacts on children's care and protection can lead to risks for children and families, including the following.

- **Violence and conflict in families.** Cash transfers in Rwanda have been used to buy alcohol, leading to violence in the home.<sup>56</sup> In Zimbabwe and Lesotho, social protection schemes targeted at grandparent carers created inter-generational conflict, as children in these homes felt that these resources should be given directly to them.<sup>57</sup>

- **Increased stigma and discrimination.** In Rwanda and elsewhere in Africa, the resources from social protection schemes were distributed unevenly between children in the family, exacerbating the stigma and discrimination against children in kinship care.<sup>58</sup> Distributing cash or in-kind payments directly to children in foster or kinship care has also created jealousy and resentment.<sup>59</sup>
- **Increases in separation from parents.** Research in South Africa found that the provision of pensions increased parental separation from children as grandparents could now fund migration and had resources to care for children left behind.<sup>60</sup> Giving grants to kinship carers may create perverse incentives, encouraging families to place their children into this form of care to access resources.<sup>61</sup> Grandparents and other relatives often care for children well, but this form of care can carry risk if not properly supported.<sup>62</sup> Risks are greater if carers are motivated by financial gain rather than a desire to look after children well.<sup>63</sup>
- **An overloaded child protection system.** As outlined below, the engagement of social workers in administering social protection schemes can mean they have little time to provide monitoring and support to vulnerable children and families. There may also be a conflict between the role of administering cash transfers and the other functions that social workers perform.
- **Poor care.** Some social protection aims to increase work opportunities. Without proper child care interventions this can have negative implications for children's care and place an excessive burden on carers, particularly women. For example, public works programmes in countries such as Rwanda have led to children being left alone at home all day.<sup>64</sup>

*"As I worked very far from home, I had to leave the children alone and close the door so that they cannot go outside, and I left food for them."* (Mother participating in public works, Rwanda.)<sup>65</sup>

## Lessons learnt on how to create synergies between social protection and care reform

### Work towards joint systems change

Many of those working to reform care and social protection take a system wide approach. This way of working includes making improvements in laws and policies, coordination mechanisms, services, workforce strengthening, and the quality and availability of data and evidence.<sup>66</sup> From a systems strengthening perspective, joint work to improve care and social protection systems includes the following.

- Gathering more evidence on the relationship between social protection and children's care, and considering how information/ data management, and monitoring systems used by both sectors could be utilised more effectively to monitor outcomes.
- Including reference to care in social protection strategies and considering the place of social protection in care reform strategic plans.
- Using coordination bodies to maximise linkages between the two sectors.
- Working together to consider appropriate roles for the social workforce in relation to both care and social protection, and to build the capacity of this workforce to fulfil these roles.

- Ensuring that care is considered in the design and budget of relevant social protection schemes, and that any care reform programmes that include an element of social protection draw on expertise from this sector.

Ultimately, a systems strengthening approach should lead to a fully synchronised system of support for vulnerable children that addresses their care and all aspects of wellbeing.

## Consider care in the design of social protection programmes

### Goals

Evidence and experience show that social protection programmes are more likely to achieve change in relation to children's care if they explicitly include improvements to care as a goal.<sup>67</sup> Some social protection schemes in the region already have care-related goals. For example, the Kenyan Orphans and Vulnerable Children (OVC) cash transfer programme aims to: "encourage fostering and retention of such children [OVCs] within their families and communities and promote their human capital development."<sup>68</sup>

It is not appropriate for all social protection programmes to have care as an objective. However, it is vital to remember that even programmes that do not have care-related goals may still affect care and should be monitored to check that impacts are positive rather than negative.

### Targeting

Many social protection programmes in the region target the most vulnerable groups. Understanding the impact of different forms of care on the wellbeing of children, carers and families can help with identifying these groups and tailoring support needs. For example, in Mozambique, young mothers, especially those that are under 18, have been identified as particularly in need of support.<sup>69</sup> Across the region, children who live with grandparents are usually poorer but less likely to experience abuse and discrimination than those that live with other relatives.<sup>70</sup> This suggests grandparent carer households may need more extensive economic support, whilst other kinship care households may require guidance on resource distribution and child protection interventions. The COVID-19 pandemic has led to many grandparent carers dying or having to isolate to protect themselves. The need for social protection and other services is likely to increase for this group as a result.

UNICEF and other agencies working on social protection are increasingly promoting the use of universal child benefits available to all children.<sup>71</sup> It is argued that these benefits are less complex to administer, respect principles of social inclusion, and minimise stigma.<sup>72</sup> Evidence presented above on the jealousy and conflict created by targeting groups of children in alternative care supports this call for universal benefits. One example of how this can be done comes from Kakuma refugee camp in Kenya, where all families receive social protection support with amounts calculated according to the number of children in the household. In this context, there is no need for specific economic support for foster or kinship carers as amounts are automatically increased when a new child enters the family.<sup>73</sup>

Once targeting criteria have been agreed, social protection and care actors can work together to identify the most vulnerable groups. In some cases, targeting is done within a social protection programme. For example, in Mozambique criteria has been developed to identify especially vulnerable groups amongst recipients of child benefits. These groups are eligible for add-on services and support (see Box 3).<sup>74</sup>



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*A woman from Burundi makes clothes having taken part in UNICEF funded skills training run by the NGO Solidarity of Christian Youth for Peace and Childhood.*

### **Add-on services and support (cash-plus)**

Evidence from the region and elsewhere shows that social protection programmes are less likely to achieve positive outcomes for children if they focus purely on material need.<sup>75</sup> Numerous ‘cash-plus’ programmes have been established which provide additional services and support.<sup>76</sup> In relation to children’s care, evidence from the region suggests that these add-on services should include the following.

- Sensitisation to change harmful norms related to care and violence, including gender norms.<sup>77</sup>
- Psycho-social support, as mental health issues can have a major impact on capacity to parent well.<sup>78</sup>
- Support to improve the quality of care in families and reduce discrimination and abuse, such as codes of conduct for carers, parenting programmes or support groups.<sup>79</sup>
- Referrals to social and other services and more intensive case management support.<sup>80</sup>

Currently, there is insufficient evidence in the region on precisely which aspects of ‘cash-plus’ should be prioritised to improve children’s care. Many programmes do not include a ‘cash-plus’ element. Programmes with add-on support often have multiple components making it hard to disentangle which are of greatest value. It is likely that the cash-plus needs will vary by context, target groups and programme objectives. Further research is needed in this area.

Boxes 1, 2 and 3 below provide further detail on add-on services and support in South Africa, Uganda and Mozambique.

### **Conditionality**

‘Conditionality’ in social protection programmes means that beneficiaries can only receive support if they meet certain conditions. Conditionality has been used successfully in relation to children’s care. For example, when cash transfers have been made dependent on caregivers allowing regular monitoring visits and signing codes of conduct in which they agree not to discriminate against

children in foster or kinship care.<sup>81</sup> However, conditionality has also been shown to exacerbate risks to children if carers struggle to meet conditions and become stressed and violent as a result.<sup>82</sup> In some cases, carers may lose access to social protection altogether, with ramifications for child wellbeing. Often, carers cannot meet conditions due to factors beyond their control, such as a lack of accessible services.<sup>83</sup> Conditionality can also be stigmatising and disempowering.<sup>84</sup> Some suggest that it can be more effective to outline expectations and offer guidance and support than to enforce strict conditions. If conditions are imposed, it is vital that families have the capacities and access to services to meet these conditions.<sup>85</sup>

## **Consider social protection in the design of programmes aimed at improving children's care**

Care systems include programmes designed to prevent family separation, improve children's care within families, support the reintegration of separated children and provide quality alternative care. Social protection can play a role in each of these types of intervention, particularly in contexts where poverty is a key cause of family separation or inadequate care. As outlined above, social protection can also be used to address other factors such as access to services and to provide a range of support to carers.

Ideally, care programmes will enable access to existing social protection programmes and will work with these programmes to improve their responsiveness to care. Only if social protection needs continue to be unmet should new programmes be established. Developing social protection programmes requires expertise, and efforts should be made to collaborate with those with experience in this area.

## **Avoid overloading either system**

The advent of 'cash-plus' programming can lead to multiple demands being made of social protection programmes. It is important not to overload these systems by expecting them to fully address all aspects of child wellbeing.<sup>86</sup> Social protection programmes are also not well suited to solving some of the core challenges that children face. For example, improvements to children's care often require social norm change. Social protection programmes may be able to contribute to norm change through sensitisation, but other strategies, such as work with community leaders or mentorship, are often also needed.<sup>87</sup>

Social protection programmes can overload the child protection system by placing demands on social workers' time. Research in Kenya and Zambia has found that government social workers and para-professionals are increasingly being drawn into the delivery of social protection schemes. These individuals often do not have the right skills to support social protection programming, and this work is leaving them with less time to spend supporting vulnerable children, families and alternative care services.<sup>88</sup> In South Africa, kinship carers register as foster carers to access the foster care grant. This process requires extensive assessment and monitoring by social workers, leaving them with less time to perform their primary supportive roles.<sup>89</sup>

Overall, this evidence suggests that it is important to examine the care/child protection and social protection systems together, to identify gaps, examine the capacity of the workforce and consider which workers and programmes are best suited to address different aspects of child wellbeing. This will also avoid the risk of parallel systems or the duplication of efforts.

## Examples

### Box 1: Cash-plus care in South Africa<sup>90</sup>

Over 60 per cent of all children in South Africa receive the Child Support Grant. In 2017, the Sihleng'imizi (meaning 'we care for families') Family Programme was introduced to complement this cash transfer through a series of add-on family strengthening interventions. The programme focused on five areas.

- Improving child and carer relations through better communications, behaviour management and carer capabilities.
- Enhancing carers' involvement in children's education.
- Developing social networks and support.
- Capacity building around budgeting and savings.
- Basic hygiene and nutrition knowledge amongst carers.

Families participated in 14 weekly group meetings involving five families in each group and facilitated by a social worker. The families all lived in the most deprived areas of Johannesburg. The pilot of this programme involved 135 families and 740 individuals. Findings from the pilot showed that it led to the following.

- Reductions in corporal punishment, anger and shouting.
  - More calm communications in families, praising of children, active listening and joint problem solving.
  - Increased awareness of child protection risks and monitoring of children's whereabouts.
  - Changes to family rules and routines with clearer bedtimes, more shared mealtimes, and stricter rules about homework.
  - More engagement of carers in children's education. For example, greater support with homework.
  - Enhanced confidence and self-esteem amongst carers, and a reduction in the reported symptoms of depression amongst carers.
  - Greater access to support networks as carers were paired with other families who they continued to connect with after the weekly meetings had finished.
  - Improved savings and budgeting.
- "I listen to them. Before, I wasn't listening."*  
(Siphokazi, carer).<sup>91</sup>
- "It has changed because when someone hurt me before, I would do things in anger. But now when someone has done a mistake, for us to solve the thing we should talk to each other."* (Masego, carer).<sup>92</sup>

## Box 2: Preventing family separation and supporting reintegration through household economic strengthening in Uganda<sup>93</sup>

The ASPIRES Family Care Project in Uganda was implemented by two NGOs, AVSI and Child Fund, from 2015–2018. The project was funded by USAID and supported by FHI-360. All households that participated in the project received family support involving case management and counselling at a minimum, plus a parenting skills programme for many of the families. All families also received a form of economic strengthening, determined by their level of poverty. Economic strengthening included cash transfers, savings groups, training in income generation and business skills, and youth apprenticeships. Support was provided to 1,305 households over 12 to 18 months. Some of the families that participated were selected because children in the household were identified as vulnerable to separation; other participating households had already experienced separation and were supporting the reintegration of a child from residential care, detention, or the streets back into the family and community.

Amongst families vulnerable to separation, there was a clear reduction in children becoming separated from the family. In mainly urban areas, the proportion of participating households experiencing separation for any reason fell from 31 to 22 per cent. The proportion of households experiencing separation for reasons other than education or relocation to live with another family member fell from 7 to 3 per cent. In more rural areas, the proportion of households experiencing separation for any reason fell from 43 to 20 per cent, and amongst those experiencing separation for reasons other than education or relocation to live with another family member fell from 13 to 7 per cent. Households vulnerable to separation also saw a fall in poverty and in harsh discipline practices.

*“Our relationship is now better because we are no longer constrained by money problems. I am no longer worried as before, so I do not take out my stress on the children by shouting at them. I talk to them in case they have done something wrong.”* (Caregiver, Kampala)

The picture was slightly more mixed for households where a child had been reintegrated back into the family. Rates of separation were lower in households receiving economic strengthening than in those that did not receive this support. However, evidence suggests that the link between poverty and separation was less strong in these families, in part because of the complex needs of children returning home from the streets and remand centres. In such households, a wider range of interventions was needed to keep families together.

A range of resources on the ASPIRES project can be found [here](#).

### Box 3: A child grant with family support in Mozambique<sup>94</sup>

In Mozambique, UNICEF has supported the government to pilot a 'cash and care' family support programme for the most vulnerable recipients of the national child grant. The child grant is targeted at poor and vulnerable households with children aged under two years and at high risk of malnutrition. It reaches over 15,000 children. In three districts, 572 households eligible for the grant were selected to receive additional case management support for a period of nine months. This support included counselling, awareness raising on positive parenting practices and information on and referrals to services. Households had to meet certain criteria to receive this support including having caregivers who had been affected by teen pregnancy, intimate partner violence, mental health problems, or disability. Some households were identified at registration, whilst others self-referred.

Once a family was identified needing additional support, social workers carried out an assessment to determine levels of risk. Higher risk families received weekly home visits and interventions designed to reduce violence, improve mental health, enhance parenting, and build support networks. Lower risk cases did not get a weekly home visit but did receive referrals to other services. The programme deliberately aimed to reduce family separation which programme beneficiaries reported is often caused by poverty.

All mothers aged under 18 years were eligible for the add-on case management services and constituted around a quarter of cases. These girls were usually considered to be at high risk as they were often isolated from their families and wider communities, and vulnerable to abuse and exploitation, especially if they were married to much older men.

Several adjustments had to be made to the programme during the COVID-19 pandemic, including carrying out some case management remotely through phone calls or text messages. High risk cases were always seen face-to-face providing there were no cases of COVID-19 in the household.

Evidence from a recent evaluation shows several beneficial outcomes related to children's care. These outcomes were particularly apparent in households receiving case management support in addition to cash transfers. In these families, caregivers spent more time engaged in activities with children, there were lower rates of violence against women and children, and a reduction in children being separated from their caregivers. The evaluation suggests that benefits were greater in households with older rather than younger caregivers. It recommends that girls who married and had children whilst still under 18 years old receive more intensive support in the next phase of the programme.

The programme has been used to help build the social workforce in the pilot districts. The training and guidance that they received enabled social workers to carry out case management in a more cohesive and coordinated way. It is hoped that this will have wider benefits for the child protection system





*Women and children in South Sudan wait to be registered for a food distribution programme run by the World Food Programme and partner agencies.*

## Conclusion

There is mutual benefit in maximising synergies between social protection system strengthening and care reform. Social protection can help to reduce neglect and abuse in the home, improve care in families and prevent family separation. Conversely, a failure to consider and monitor the impacts of social protection on care risks increasing violence and separation. Achieving positive change in children's care contributes to reductions in vulnerability and social exclusion that are core aims of social protection. Those working in social protection and care also bring different strengths and have much to learn from one another.

Maximising synergies between social protection and care reform involves joint system strengthening through improved evidence gathering, policy reforms, establishment of effective coordination mechanisms and workforce strengthening. The design of social protection programmes should consider the ramifications for children's care in relation to goals, targets, add-on services and support and conditionality. Whilst it is not feasible for all social protection interventions to focus on improvements in care, it is vital that impacts on care are monitored so that these programmes do no harm. Programmes seeking to improve children's care must be based on a full understanding of the role that poverty alleviation and social protection can play. If social protection is included as a component in care reform, it is essential to draw on existing programmes and expertise in this area.

## Annexe: Glossary

### Terms related to social protection

<b>Social protection</b>	“A set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability and social exclusion throughout their life-course, with a particular emphasis towards vulnerable groups.” <sup>95</sup>
<b>The social protection system</b>	The social protection system includes: <sup>96</sup> <ul style="list-style-type: none"> <li>• An evidence base.</li> <li>• Policies that outline a shared vision and coordination and financing mechanism.</li> <li>• Programmes, which include social transfers (e.g., cash transfers, in-kind transfers and tax credits), social insurance (e.g., health and unemployment insurance), reducing unemployment and improving livelihoods, and efforts to strengthen the social workforce.</li> <li>• Integrated administrative tools such as registries, payment mechanisms and complaints mechanisms.</li> </ul>
<b>Child sensitive social protection</b>	“Child-sensitive social protection is an evidence-based approach that aims to maximize opportunities and developmental outcomes for children by considering different dimensions of children’s well-being... Concretely, child-sensitive social protection should focus on aspects of well-being that include: providing adequate child and maternal nutrition; access to quality basic services for the poorest and most marginalized; supporting families and caregivers in their childcare role, including increasing the time available within the household; addressing gender inequality; preventing discrimination and child abuse in and outside the home; reducing child labour; increasing caregivers’ access to employment or income generation; and preparing adolescents for their own livelihoods, taking account of their role as current and future workers and parents.” <sup>97</sup>
<b>Cash transfer</b>	“Cash transfers are direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise and smooth incomes. The term encompasses a range of instruments (e.g. social pensions, child grants or public works programmes) and a spectrum of design, implementation and financing options.” <sup>98</sup>
<b>Conditionality</b>	“In the context of social welfare, the term conditionality refers to (...) households or individuals who receive government transfers conditional on some form of behavioural compliance. This means that in order to continue receiving support qualifying households have to meet specific conditions that are spelled out by the program. (...) [C]onditionality is supposed to tackle behavioural barriers that prevent households to improve their situation and escape poverty.” <sup>99</sup>

## Terms related to children's care

<b>Child protection and the child protection system</b>	<p>Child protection is commonly defined as preventing and responding to the violence, abuse, neglect, and exploitation of children.<sup>100</sup></p> <p>A child protection system is defined as:          "Formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children."<sup>101</sup></p>
<b>Care reform</b>	<p>Care reform can be defined as:</p> <p>"Changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based alternative care options are available."<sup>102</sup></p>
<b>The care system</b>	<p>Care reform is designed to lead to improvements in the care system which can be defined as the legal and policy framework, structures and resources that determine and deliver alternative care, prevent family separation and support families to care for children well.<sup>103</sup></p>
<b>Alternative care</b>	<p>The formal and informal care of children outside of parental care. Children outside of parental care are children not in the overnight care of at least one of their parents, as parents are unwilling or unable to care for children.<sup>104</sup> The Guidelines for the Alternative Care of Children outline several different forms of formal and informal alternative care including kinship care, residential care and foster care.<sup>105</sup></p>
<b>Residential care and institutional care</b>	<p>Care provided in any non-family-based group setting.<sup>106</sup> A distinction is often made between different forms of residential care. For example:</p> <ul style="list-style-type: none"> <li>• <i>Institutional care.</i> Large-scale facilities where children are cared for in large groups, usually involving shift-systems, a common set of rules, children sleeping in dormitories, and isolation from wider communities.</li> <li>• <i>Small group homes.</i> Children cared for in small groups, usually with a consistent caregiver.</li> </ul>
<b>Foster care</b>	<p>Foster care is a formal arrangement whereby a competent authority places children in the domestic environment of a family other than the child's own that has been selected, qualified and approved for providing such care.<sup>107</sup></p>
<b>Kinship care</b>	<p>Family-based care within the child's own extended family or with close friends of the family known to the child.<sup>108</sup></p>
<b>Case management</b>	<p>Case management is a key means of ensuring that vulnerable children and families get the services they need. Case management uses standardised guidance to support social workers in identifying needs, making referrals to appropriate services, monitoring children and families, and keeping effective records.<sup>109</sup></p>
<b>Social workforce</b>	<p>The social workforce can be defined as:          "Paid and unpaid, governmental and non-government professionals and para-professionals, working to ensure the healthy development and wellbeing of children and families."<sup>110</sup></p>

## Endnotes

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