Factors influencing grant continuity and well-being outcomes for child grant beneficiaries

Introduction

In 2017 the Centre for Social Development in Africa (CSDA) released a research report entitled "Family Contexts, the Child Support Grant, and Child Well-Being Outcomes".[1] This mixed-methods study investigated the relationship between family structure, caregiver characteristics, family social and community contexts, and child well-being outcomes in poor families in South Africa. The quantitative section comprised analysis of the NIDS 2008 data focusing on children under the age of 8 years old who received a CSG. Child well-being was measured in relation to early childhood development (ECD) and school enrolment, anthropometric measurements and caregiver perception of the child's health. The study included development of a path analysis model with food security as the key mediating factor that influences well-being outcomes for children.

The study described in this paper builds on the earlier one. However, instead of the cross-sectional snapshot analysis, it investigates the situation for the same children nine years later, as reflected in the 2017 NIDS survey. NIDS uses the Adult, rather than Child, questionnaire for all individuals aged 15 years and older and the study therefore does not include children who were seven years old in 2008. It also excludes some of those who were six years old.

The study includes two broad areas of investigation. The first broad area explores the extent to which the status of individual children changes between 2008 and 2017 in respect of receipt of the CSG i.e. to what extent children who were receiving the CSG in 2008 are no longer receiving it in 2017 and vice versa. For those who do not receive the CSG, it explores whether they receive the Foster Child Grant (FCG) or Care Dependency Grant (CSG).

This first exploration lays the basis for the second broad area, which relates to the impact of grant receipt on the child's well-being in 2017. The first exploration is necessary as one would expect impact to differ depending on the length of time over which the CSG was received, as well as whether other grants – which have a substantially larger cash value than the CSG – are received. Further, while we would expect some movement of children onto the grant over time given that take-up rates are lower in respect of the youngest children, substantial movement of children off the grant could be an indication of challenges in the grant system in respect of the "follow the child" principle underlying the design of the CSG. This principle was incorporated in the design to accommodate the diverse family and household[2] structures in the country. It is not, however, clear as to how well implementation of the grant caters for a situation in which the situation of a particular child changes over time.

Given the two-pronged nature of the investigation – into both possible movements on and off the grant as well as outcomes associated with the grant – the study includes all children in the relevant age group for whom there are records in both the 2008 and 2017 datasets. For the later regressions to explore impact of grant receipt on well-being, the control group is all children not receiving the CSG, or not receiving another grant. This is a relatively onerous test of impact because there is, as expected, a very strong relationship between household wealth and grant receipt and, all things

[1] Patel L, Knijn T, Gorman-Smith, Hochfeld T, Isserow M, Garthe R, Chiba J, Moodley J & Kgaphola I. 201?. Family contexts, Child Support Grants and child well-being in South Africa. Centre for Social Development in Africa, University of Johannesburg.

[2] Household is used as a proxy for family in both the earlier paper and this one.

being equal, one would expect children from better-off families ineligible for the grant to have better outcomes in respect of both education and health. One indication of the strong relationship between wealth and grant receipt is that in 2008 only 29% of children in the poorest household per capita expenditure quintile were not benefitting from a grant as compared to 87% of children in the wealthiest quintile. By 2017, which is when we assess impact, only 8% in the poorest quintile were not benefitting from a grant as against 72% in the wealthiest quintile.

Structure of the paper

The next session of the paper describes the data used for the analysis as well as the approach. This is followed by a description of the profile of the full sample of children in 2008 and 2017, and then exploration – through cross-tabulations – of the interaction of key individual and household characteristics and access to child grants. The section that follows focuses on the first broad area delineated above by exploring the diverse patterns found among the children in respect of grant receipt over the period 2008 to 2017, followed by a more formal statistical exploration of the factors determining access to a grant in 2017. The final analytical section moves onto the second broad area and explores the relationship between grant receipt, other factors and children's well-being in terms of education and health. A short conclusion summarises key findings.

Data and method

The analysis utilises data from all five NIDS waves so as to be able to monitor change over time in respect of grant receipt. A dataset is constructed with one record for each individual recorded as being under 9 years of age in Wave 1 who was also interviewed using the child questionnaire in the 2017 Wave 5 survey. The dataset is constructed using information from the individual files for all five waves as well as information from other files in respect of waves 1 and 5.

A total of 3 785 individuals in the target age group meet these criteria.[3] After weighting, the sample represents a total of close on 8 million (7 956 729) children. In 2008 these children were across 2 632 households (unweighted). Nine years later they were distributed across 2 973 households. This is the first clear indication as to the extent to which the situation of at least some of these children changed over the nine-year period.

NIDS provides a range of different weights for the datasets. For the descriptive tabulations we use the Wave 5 weights designed for use with panel data. We use this weight for all the waves as we want to describe the situation in each of the years of the children who were aged 8 to 15 in 2017. For the regressions presented later in the paper, unweighted data are used to avoid weights increasing the statistical significance artifically.

Who are the young people?

In 2017 the children are more or less evenly distributed across the ages 9 to 14 years, with each of these years accounting for between 15% and 18% of the total. The 8 year olds account for only 1% of the total, and the 15-year olds for less than 1%. There is an almost equal number of girls and boys, with girls at 49% of the total. In terms of race, 89% of the children are African, 7% coloured, 2% white and 1% Indian.

[3] Two records were deleted as the ages were estimated at 0 and 7 years respectively in 2017.

In both 2008 and 2017, just over half (51%) of the children were living in urban areas, 44-5% in traditional (ex-homeland)) rural areas, and the remaining 4-5% in commercial farming areas. Table 1 also shows very little change in the overall provincial distribution between the two years.[4]

Table 1 Distribution of children by province, 2008 and 2017

Province	2008	2017
Eastern Cape	15%	15%
Free State	5%	5%
Gauteng	19%	21%
KwaZulu-Natal	22%	22%
Limpopo	12%	12%
Mpumalanga	9%	9%
North West	7%	7%
Northern Cape	2%	3%
Western Cape	9%	9%
Total	100%	100%

Nevertheless, many children will have changed location over the period 2008 to 2017, with some making multiple moves. These moves could have occurred together with the caregiver and/or other members of the original household, or without them. More than a million children (13% of the total) were living in different districts in 2008 and 2017. A similar percentage – 12% - was living in different types of area. There is no clear pattern of age of the child affecting the likelihood that the child will have moved from one district to another.

The profile distributions as at 2008 and 2017 therefore hide many of the moves which "cancel" each other out, for example when one child moves from a farming area to an urban area while another child moves in the other direction. These moves are important from a grant perspective as they could result in a break in grant receipt, especially if the move is linked to a change in the primary caregiver of the child. For example, the move might result from the death of the original caregiver.

Eligibility for all child grants other than the FCG is dependent on a means test. The income of the caregiver with whom the child is living is therefore important, as is that of their spouse if they are married. Given the difficulties of estimating the caregiver's income (and that of their spouse) accurately, we use household expenditure per capita quintile as a proxy. The quintiles are determined on the basis of all households rather than only those with children in the sample. The measure is approximate for several reasons, including its proxy nature, the difficulty in eliciting accurate estimates of either income or expenditure in a survey especially for households with variable incomes per month, and the fact that the reported expenditure for grant-receiving households includes expenditure using the grant money. The use of quintiles rather than exact expenditure amounts compensates for the inaccuracy to some extent.

Table 2 shows that the overall distribution of the sample of children across the household expenditure quintiles changes only slightly between 2008 and 2017, with a decrease in the percentage of children in quintile 1 and an increase in the percentage in quintile 5. The summary table hides shifts at the individual child level, for example, where one child moves from quintile X to

[4] In this and other tables, percentages may not sum exactly to 100% due to rounding.

Y while another moves from Y to X. More detailed analysis shows 24% of children moving into a lower quintile than before, 32% moving into a higher quintile, and 44% staying in the same quintile.

Table 2 Distribution of children by household expenditure per capita quintile, 2008 and 2017

Quintile	2008	2017
1	46%	42%
2	24%	23%
3	14%	17%
4	10%	10%
5	6%	9%
Total	100%	100%

In 2008, 90% of the children were reported to have biological fathers who were known to be still alive, and 95% to have biological mothers who were alive. Only 1% of the children have a living father but a deceased mother. By 2017, 78% of the children have a father known to be still alive, and 87% a living mother. For 73% of children both parents are known to be still alive. Only 3% of children are known to have both parents deceased. However, for at least a further 1% of children the mother is known to be deceased while the father's situation is not known. These children are thus also effectively double orphans. More detailed examination of the data suggests that there is a relatively small increase in the likelihood that a parent will have died over the 2008 to 2017 period with increasing age of the child.

Where a parent is alive, this does not necessarily mean that the child lives in the same household as the parent. In 2008, 78% of children lived with both their biological parents. A further 16% had a living mother but was not living with them. By 2017, 70% of the children are living with their biological mother, while 18% have a living mother but do not live with her. By this point, only 30% were living with both their biological parents. Far fewer children live with their fathers – 32% in 2008 and 29% in 2017. Meanwhile, in 2008 57% of children who have living fathers but do not live with them, while this is the case for 48% of the children in 2017.

The fact that a child lives with a parent does not necessarily mean that the parents is the primary caregiver of the child. NIDS questionnaires ask who the main caregiver is. Although this may not in all cases coincide with the person who serves as the primary caregiver recipient of the CSG, in most cases it is likely to do so.

Table 3 shows the relationship of the caregiver to the child in the different quintiles in 2008 and 2017. In both years, mothers are far more likely than any other individual to be the main caregiver, followed by grandparents. In 2008 uncles and aunts are next most likely followed by fathers, whereas in 2017 the order of these two categories is reversed. However the difference in frequency between the two categories is small in both years. These four categories of relation account for more than 90% of children.

The fact that the percentage for fathers is higher for 2017 than 2008 whereas the opposite pattern holds for mothers suggests that where the mother is no longer available, perhaps on account of death, fathers may step in. However, they do not do so in most situations.

In both years, the likelihood that both mothers and fathers are the main caregiver tends to increase as the wealth of the household (as proxied by household expenditure per capita) increases. The

likelihood of grandparents playing this role decreases as one moves from quintile 1 to 5 even more clearly than that for the parents decreases.

Table 3 Main caregiver by quintile, 2008 and 2017

Caregiver	1	2	3	4	5	Total
2008						
Mother	68%	69%	75%	75%	77%	70%
Grandparent	21%	20%	14%	11%	6%	18%
Uncle or aunt	5%	4%	1%	3%	3%	4%
Father	1%	2%	4%	8%	7%	3%
Other	5%	6%	5%	3%	6%	5%
Total	100%	100%	100%	100%	100%	100%
2017						
Mother	57%	57%	63%	63%	78%	60%
Grandparent	25%	20%	14%	17%	2%	19%
Father	3%	7%	9%	14%	10%	7%
Uncle or aunt	6%	8%	7%	2%	4%	6%
Other	9%	8%	8%	5%	6%	8%
Total	100%	100%	100%	100%	100%	100%

Only a little over half (58%) of children were being cared for by the same individual in 2017 as in 2008. Overall, older children are less likely than younger ones to have the same caregiver in 2017 as in 2018, but the pattern is not fully consistent.

Many children may not have a single caregiver in the household. The probability of having more than one caregiver depends, in part, on the composition of the household. Table 4 shows the distribution of the children by household type and quintile for 2017. The majority of the children are in extended households. These are households that include at least one family member who is not the person named as head of household, that person's spouse or partner, or that person's child.[5] Only about 14% of children live in each of nuclear households (consisting of a couple and their own children and no other members) and lone-parent households (a parent and their own children and no other members). This suggests that in the majority of households there are other adults who may – but may not – provide care to the child. There are very few children in composite households, namely those that include one or more members unrelated to the head, and even fewer in polygamous households.

There are quite marked differences in the profile of households across quintiles. Just over half of children in the wealthiest quintile are in nuclear households, with a further 17% in lone-parent households. In the poorest quintile, in contrast, only 7% of the children are in nuclear households and 9% in lone-parent households. While these patterns imply that there are likely to be more potential caregivers in the poorest households, there are also generally more children needing care in these households.

[5] The fact that all household members are categorised by their relationship to the household head rather than to all other household embers may result in some misclassification of households, but the errors should be relatively minor.

Table 4 Household type by quintile, 2017

Type	1	2	3	4	5	Total
Nuclear	7%	10%	14%	25%	51%	14%
Lone parent	9%	17%	21%	17%	17%	14%
Polygamous	0%	0%	1%	0%	0%	0%
Extended	83%	73%	64%	57%	30%	70%
Composite	0%	0%	0%	0%	2%	0%
Total	0%	0%	0%	0%	2%	0%

There are stark differences in household type across population groups. For example, 57% of white children and 66% of Indian children are recorded as living in nuclear households, as compared to 27% of coloured children and 12% of African children. For lone-parent households, the comparable percentages are 1%, 9%, 14% and 15% respectively. Thus while the likelihood of a child living with their mother but not their father is much higher for an African child than for a white child, the majority of such children live in households that contain other adults in addition to their mother.

With 61% of the extended households containing three or four generations, many of the other adults will be grandparents or great-grandparents. In some cases these adults will provide care for the children. But in many cases the adults will themselves require care from the child's parent/s or even the child. The presence of older people may mean that the household has additional income, whether through an old age grant or earned income. However, the high rate of unemployment in South Africa means that in many cases the presence of the adults could mean that the child grant money may need to be shared across more individuals.

Which children benefit from grants?

Table 5 shows the expected pattern in respect of grant receipt, with take-up lowest for the babies.[6] For all ages combined, 60% of the children were benefiting from a grant in 2008, with the overwhelming majority benefiting from the CSG.

Table 5 Grant receipt in 2008 by year of age

Age in 2008	None	CSG	FCG	CDG	Total
0	67%	33%	0%	0%	100%
1	40%	59%	1%	0%	100%
2	38%	61%	1%	0%	100%
3	36%	62%	2%	0%	100%
4	33%	66%	1%	0%	100%
5	26%	72%	1%	1%	100%
6	35%	61%	4%	0%	100%
Total	40%	58%	1%	0%	100%

Table 6 shows that by 2017, 78% of the children are grant beneficiaries. The CSG is still by far the most common grant, but the percentage benefiting from the FCG has increased. This is expected as the greater lapse of time would have provided more opportunity for cases of abuse, neglect and

[6] In this and later tables the small number with "don't know" responses to the question on grant receipt are treated as if they are not grant recipients.

orphaning to occur. By 2017, there is no clear pattern in the extent of access to a grant across the different ages.

Table 6 Grant receipt in 2017 by year of age

Age in 2017	None	CSG	FCG	CDG	Total
8	18%	79%	4%	0%	100%
9	22%	76%	2%	1%	100%
10	20%	75%	3%	2%	100%
11	19%	76%	5%	0%	100%
12	25%	68%	5%	2%	100%
13	26%	71%	2%	1%	100%
14	21%	72%	5%	1%	100%
15	29%	71%	0%	0%	100%
Total	22%	73%	4%	1%	100%

Table 7 shows access to grants by province in the two years. In 2008, Limpopo stands out clearly as having the greatest level of access. By 2017, Limpopo and KwaZulu-Natal are tying for first place in respect of the CSG. KwaZulu-Natal has slightly more access than Limpopo for the FCG, presumably reflecting higher levels of orphaning due to HIV & AIDS. However, Eastern Cape has even greater access to the FCG than KwaZulu-Natal, which cannot be explained by HIV & AIDS. A contributing factor in Eastern Cape might well be that the province's social worker: population ratio is higher than in all other provinces – indeed, higher than prescribed by the official norms and standards.[7] Western Cape and Gauteng have the lowest level of access, reflecting the relative wealth in these provinces. All provinces except Free State show a substantial increase in access to the CSG over the period, and most also show an increase in access to the FCG.

Table 7 Grant receipt in 2008 and 2017 by province

	2008			2017		
Province	CSG	FCG	CDG	CSG	FCG	CDG
Eastern Cape	65%	1%	0%	76%	6%	1%
Free State	62%	0%	1%	64%	4%	0%
Gauteng	43%	2%	0%	65%	3%	1%
KwaZulu-Natal	64%	2%	0%	80%	4%	1%
Limpopo	74%	1%	0%	80%	3%	1%
Mpumalanga	68%	0%	0%	76%	3%	1%
North West	63%	0%	0%	72%	3%	0%
Northern Cape	62%	2%	1%	76%	2%	1%
Western Cape	35%	0%	0%	62%	1%	2%

Table 8 shows the patterns across the household expenditure quintiles, with the quintiles based on the per capita measure. The quintile calculations are done separately for the two years[8], so that a particular child may move from one quintile to another over the period. This may happen either as a

[7] Ministerial Committee on the Review of the Welfare White Paper (2007). 2016. Comprehensive Report on the Review of the White Paper for Social Welfare of 2007. Department of Social Development, Pretoria: 272

[8] Where there is no household expenditure recorded for 2017, the 2008 quintile is imputed for that child for 2017.

result of moving to a different household or as a result of the household's relative economic situation changing. We do not expect a neat match between the household's income and expenditure on the one hand and receipt of grant on the other hand because the means tests for the CSG and CDG are based on the income of the caregiver (and of their spouse, if married) and not on the income of the household as a whole. The FCG does not have a means test at all. Also, as noted above, the reported expenditure includes expenditure using grant money, which would not be included in the means test.

Despite these complications, Table 8 shows the expected pattern of grant access decreasing with increasing economic well-being of the household. Thus in 2008, 69% of children in quintile 1 benefit from the CSG versus only 9% in quintile 5. In 2017 the comparable percentages are 87% and 22%. For the FCG, children in quintile 5 are most likely to benefit in 2008, but by 2017 the pattern resembles that for the poverty-based CSG despite the absence of a means test for the FCG. This almost certainly reflects increasing use of the FCG for orphaned children living with family members such as grandparents and aunts. The CDG is biased in favour of children from the wealthiest household in 2017.

Table 8 Grant receipt in 2008 and 2017 by household expenditure per capita quintile

	2008				2017			
Quintile	None	CSG	FCG	CDG	None	CSG	FCG	CDG
1	30%	69%	1%	0%	8%	87%	5%	1%
2	35%	63%	1%	0%	14%	80%	5%	1%
3	48%	52%	1%	0%	25%	71%	3%	1%
4	67%	33%	0%	0%	51%	48%	1%	0%
5	87%	9%	4%	0%	72%	22%	0%	5%

In 2008, 80% of children who received the CSG were living with their biological mother and 48% were living with their biological father (in both cases, whether with or without the other parent). However, in both cases, those living apart from the biological parent were more likely than those living with them to benefit from the CSG. This difference was much larger in respect of fathers than mothers.

In 2017, 72% of children who receive the CSG are living with their biological mother, as against only 24% who are living with their biological father. At this point children living with their mothers are more likely than those not living with mothers to benefit from the CSG, but the opposite pattern prevails in respect of fathers. These patterns confirm that mothers are far more likely than fathers to be receiving the CSG on behalf of their children. However, the patterns also confirm that – as was intended with the "follow-the-child" approach in the design of the CSG – many children living apart from their mothers also benefit from the grant.

Table 9 reveals that children in lone-parent and extended households are far more likely than those in nuclear or composite households to benefit from a grant. Further, while the CSG is by far the most common type of grant across all household types, the FCG mainly benefits children in extended households. The household type classification used in the paper does not distinguish between foster, step- and adopted children when identifying nuclear and lone-parent households. The pattern for the FCG in the table therefore confirms the extent to which the FCG is currently used for children cared for by relatives rather than mainly for children placed by the Children's Court with a non-relative on account of abuse, neglect or abandonment.

Table 9 Grand receipt by type of household, 2017

Grant	Nuclear	Lone parent	Extended	Composite	Total
CSG	51%	75%	77%	62%	73%
FCG	0%	1%	5%	0%	4%
CDG	2%	1%	1%	0%	1%
None	47%	23%	17%	38%	22%
Total	100%	100%	100%	100%	100%

Movement onto and off grants

More than four-fifths (82%) of the children benefited from a grant in 2008 and/or 2017. However, there is fairly substantial movement onto and off grants over the period. Table 10 records the number of children in each of the possible combinations of receipt or non-receipt of grants in 2008 and 2017. The table is ordered in descending order of the number of children with a particular combination. It reveals that half of the children were benefiting from the CSG in both 2008 and 2017, 21% were not benefiting from the CSG in 2008 but were receiving the grant in 2017, while 5% benefited in 2008 but not in 2017. Much smaller numbers of children moved on and off the CDG and/or FCG, with these grants referred to in the table by the category "Other".

Table 10 Children moving on and off grants, 2008 to 2017

Grant trajectory	Number	% in 2008	% in 2017
2008 CSG 2017 CSG	4 013 608	50%	61%
2008 No 2017 CSG	1 670 515	21%	26%
2008 CSG 2017 No	427 067	5%	7%
2008 CSG 2017 Other	207 675	3%	3%
2008 No 2017 Other	123 807	2%	2%
2008 Other 2017 Other	39 177	0%	1%
2008 Other 2017 CSG	41 604	1%	1%
2008 Other 2017 No	10 615	0%	0%
2008 No 2017 No	1 304 953	16%	
Unknown	117 708	1%	
Total	7 956 729	100%	100%
Grant at some point	6 245 612	82%	

The fact that a child benefited from the CSG in both 2008 and 2017 does not necessarily mean that they benefited throughout the period in between. Table 11, based on data from NIDS waves 1 through 5, suggests that only 41% of children benefited from a grant in all five waves of NIDS conducted to date, and only 37% benefited from the CSG in all five waves. A further 25% benefited from the CSG or another grant in four waves, and 11% in three waves. To simplify matters, the tables in this section focus primarily on the changes in the situation between 2008 and 2017. However, given the volatility suggested by Table 11, in the further analysis below we also bring the situation in the intervening years into the analysis.

Table 11 Children by number of waves in which they were grant beneficiaries

Number of waves	CSG	%	Any grant	%
0	1 002 051	13	1 059 147	13
1	388 382	5	520 195	7
2	462 922	6	583 897	7
3	872 760	11	890 880	11
4	1 992 964	25	1 954 720	25
5	3 237 650	41	2 947 890	37
Total	7 956 729	100	7 956 729	100

There are clear signs of changes in location affecting grant receipt, with 55% of those who did not change district receiving a grant in both 2008 and 2017 as compared to 45% of those who changed district. In respect of the CSG, the percentages are 52% and 43% respectively. Those who received a grant in 2008 but not in 2017 account for 5% of those who did not change district, and 8% of those who did.

Somewhat surprisingly, there is very little apparent difference in grant movement over the period 2008-2017 between those who did and those who did not have a change in the main caregiver. There is, however, a difference in respect of orphaning. Thus 65% of children who experienced the death of one or more of their parents during this period benefited from a grant in both years, as compared to 53% of those who did not experience such a death. This disparity is explained primarily by children who had experienced a death moving onto the FCG.

To conclude this section, we regress grant receipt in 2017 against a range of independent variables, including whether the child benefited from a grant in 2008. The regression is done first in respect of whether the child accesses any grant in 2017 and secondly in respect of access to the CSG in 2017.

The independent variables are:

- Grant2008: Receiving a grant in 2008
- Female: Girl child
- African: African child
- LiveWithMom: Biological mother resident in household in 2017
- LiveWithDad: Biological father resident in household in 2017
- Parentdeath: One or more parents died in the period 2008 to 2017
- ExHH: Living in traditional area in 2017
- Urban: Living in urban area in 2017
- MoveLocation: Change in district between 2008 and 2017
- CareChange: Change in caregiver between 2008 and 2017
- w5_best_age_yrs: Age in years in 2017
- w5expquint: Household expenditure per capita quintile

Table 12 shows the coefficient for each independent variable as well as the statistical significance. Two asterisks indicates that the variable is significant at the 95% confidence level, and one asterisk that it is significant at the 90% confidence level. The table reveals that for the first regression all of the variables except the sex of the child and living in traditional areas are significant. Significance is at the 95% level for all variables except living in urban areas. For the CSG, the result is similar, but living in an urban area is now not statistically significant. Most of the variables shown to be

significant have a negative impact on the likelihood of benefitting. The exceptions – those that increase the likelihood – are being African, living with one's mother, living in an urban area, and having a change in caregiver.

Table 12 Regression on grant receipt in 2017

Variables	Any grant		CSG	
Grant2008	**	0.1758	**	0.1800
Female		-0.0108		-0.0124
African	**	0.2829	**	0.2280
LiveWithMom	**	0.1571	**	0.2240
LiveWithDad	**	-0.0559	**	-0.0509
Parentdeath	**	-0.1145	**	-0.1484
ExHH		-0.0041		-0.0182
Urban	*	0.0345		0.0018
MoveLocation	**	-0.1241	**	-0.1022
CareChange	**	0.1240	**	0.1094
w5_best_age_yrs	**	-0.0193	**	-0.0206
w5expquint	**	-0.0984	**	-0.0951
_cons		0.7366		0.7385
Adjusted r-squared		0.44		0.42

Variables indicating household type are omitted from the model as they were not found to be statistically significant.

Grants and children's well-being

The analysis above has highlighted the diverse ways in which this cohort of children moved on and off grants between 2008 and 2017. The findings point to the need, when analysing the impact of grant receipt in 2017, to take into account the trajectory of a particular child in respect of grant receipt over the period alongside any other factors that one expects to affect the outcome. The way in which this is done is explained in the discussion which follows.

The earlier CSDA research investigated the link between receipt of the CSG and four outcome measures of well-being, namely the caregiver's subjective rating of the child's health, an anthropometric measure, whether those aged 3-5 years were enrolled in an early childhood development programme, and – for older children – whether they were enrolled in formal schooling. This combination of indicators meant that there were at most three indicators for an individual child and, for the youngest children, only two indicators.

The outcome indicators used for the earlier research are, for the most part, inappropriate for the children nine years later. We retain the caregiver's subjective rating of the child's health as a health indicator. For an education indicator we construct a 3-point scale in which 0 indicates that the child is not enrolled in school, 1 that the child is enrolled but in a grade clearly too low for their age, and 2 that the child is enrolled and in a more or less appropriate grade. We classify the grade as too low if the child is 15 and in grade 7 or lower, with the cut-off grade one less than that for every year of age below 15. For the regression we collapse this into two categories – those enrolled and in an appropriate grade have acceptable education and the other two groups do not.

Table 13 shows the profile of the children in 2017 by educational status as defined above, while Table 14 shows the health status. For educational status, girls are noticeably less likely than boys to be behind their appropriate grade for age. This pattern is not surprising. For health status the differences in the distribution for boys and girls are minimal. We nevertheless include gender in the regressions that follow. For both education and health the tables suggest that more children are in a favourable than in an unfavourable state. Not shown in these tables, children who are not grant beneficiaries are less likely to be in a favourable state educationally (83% for those who benefit, and 87% for those not benefiting). This is expected, given the well-known relationship between socio-economic status and educational achievement noted in the introduction. For health status, there is no clear pattern when the responses in respect of children benefiting from and not benefiting from a grant are compared.

Table 13 Educational status by sex, 2017

Educational status	Male	Female	Total
Doing okay	80%	90%	85%
Slow progress	19%	9%	14%
Not attending	1%	0%	0%
Total	100%	100%	100%

Table 14 Caregiver assessment of child's health status by sex, 2017

Health status	Male	Female	Total
Excellent	52%	53%	53%
Very good	33%	31%	32%
Good	12%	14%	13%
Fair	2%	2%	2%
Poor	1%	1%	1%
Total	100%	100%	100%

We first perform a regression on educational status using two variations of a model. In the first variation the first independent variable indicates whether the child is a beneficiary of any child grant in 2017. In the second variation the first independent variable indicates whether the child is a CSG beneficiary. All other independent variables for the two regressions are the same, and both include the count of the number of NIDS waves in which the child received any of the child grants.

Most of the independent variables are the same as those used in the previous regression. The new independent variables are as follows:

- CurrentGrant: Receiving a child grant in 2017
- CurrentCSG: Receiving a CSG in 2017
- Nuclear: Living in a nuclear household in 2017
- GrantCount: The number of NIDS waves in which the child benefited from a grant
- LoneParent: Living in a lone-parent household in 2017

Table 15 shows that virtually all the variables are significant at the 95% level. The exceptions are living with the father, living in a lone-parent household, and – for the first regression – the number of waves in which a grant was received. Three variables – death of a parent, change in location, and increasing age – are associated with a decreased chance of being in an acceptable situation

educationally. All other variables have a positive association. Both receipt of a grant or the CSG in particular, and the number of waves in which a grant was received have a positive association. This association is in addition to the impact of the additional income as the expenditure quintile would already have captured that impact. The coefficient is smaller for the CSG than for any grant. This is not surprising given the small size of the CSG relative to the other grants. The positive coefficient for being African is unexpected, but mirrors the results when education outcome is tabulated against race. This tabulation shows 85% of African children in a favourable situation, as against 73% for coloured children (and 87% for white children). For both models, the adjusted r-squared indicates these variables together accounting for about 36% of the variation in the outcome.

Table 15 Regression on acceptable educational status

Variables	Model 1		Model 2	
CurrentGrant	**	0.1526		
CurrentCSG			**	0.0999
GrantCount		0.0061	**	0.0167
Female	**	0.0980	**	0.0981
African	**	0.2838	**	0.2932
LiveWithMom	**	0.1025	**	0.0987
LiveWithDad		0.0088		0.0078
Parentdeath	**	-0.0985	**	-0.0984
Nuclear	**	0.0660	**	0.0682
LoneParent		0.0195		0.0198
ExHH	**	0.1553	**	0.1548
Urban	**	0.1575	**	0.1605
MoveLocation	**	-0.0916	**	-0.0962
CareChange	**	0.0810	**	0.0855
w5_best_age_yrs	**	-0.0321	**	-0.0330
w5expquint	**	0.0432	**	0.0425
_cons		0.3954		0.4109
Adjusted r-squared		0.3604		0.3564

In similar regressions with the caregiver's assessment of the child's health as the dependent variable, none of the variables are significant when the regression is against receipt of any grant, while the two grant-related variables are the only significant variables when the regression is against receipt of the CSG. Receipt of the CSG is associated with an improvement in the child's health, while the number of waves in which any grant is received is associated with a small deterioration in the child's health.

Conclusion

The earlier CSDA analysis based on the NIDS Wave 1 data explored the relationships between the education and health outcomes of child beneficiaries of the CSG and other characteristics of the child, caregiver and household. The analysis in this paper expands the scope in terms of both the categories of children covered and the timespan covered. In terms of the first, it covers the same children as in the earlier study but also all other children who benefited from other grants or no grants. Secondly, it includes data about these children later in their childhood alongside the information from 2008.

The analysis establishes that children's trajectory in terms of benefiting from grants often changes over the course of nine years, with movement onto grants, off grants, and between grants. With this established, the paper explores the characteristics associated with receiving a child grant in 2017. As expected, children who received a grant in 2008 are clearly more likely to be receiving a grant in 2017. However, a range of further factors are also significant. Being African, living with mother, living in an urban area, and change in main caregiver all increase the chance of benefiting from a grant, while living with father, death of a parent between the two years, changing district between the two years, age and household expenditure per capita decrease the likelihood of doing so. These relationships are found both when all grants are considered, and when analysis is confined to the CSG.

The analysis then explores the determinants of a child being in an acceptable educational situation in 2017. The factors considered include receipt of a grant in 2017 as well as the number of NIDS waves in which a grant was received. Receipt of a grant emerges as significant, but the number of NIDS waves is significant for receipt of the CSG but not for receipt of child grants more generally. Other significant factors with a positive influence are being female, African, living with mother, living in a nuclear family, living in a traditional or urban area, having a change in caregiver between 2008 and 2017, and household expenditure per capita quintile. Factors with a significant negative influence are death of a parent between 2008 and 2017, change of district between the two years, and age. What is noticeable in this regression is that several of the positive factors are associated with higher socio-economic status. Receipt of a grant thus appears to compensate in part, in terms of educational achievement, for a range of factors associated with poverty.

Similar analysis in respect of the determinants of a caregiver's perception of the child's health finds virtually no correlation with grant receipt or the other indicators. However, the factors that are not significant include household expenditure, suggesting that perceived health is not associated with socio-economic status in the same way as educational situation. What would be worth exploring is whether other indicators that are associated with socio-economic status show the same pleasing pattern as for education.