This research investigates the links between the Livelihood Empowerment Against Poverty Programme (LEAP), child wellbeing, children’s care and family cohesion. It is part of a wider study on the linkages between social protection and children’s care in Ghana, Rwanda and South Africa. The research is a joint initiative by Family for Every Child and the Centre for Social Protection (CSP) at the Institute for Development Studies (IDS) in the UK. Challenging Heights led the research in Ghana.

This qualitative study addresses three overarching questions:

1. **What are the linkages between social protection and the quality of children’s care?** This question examines whether and how social protection influences child wellbeing and relationships between children and their parents/carers.

2. **What is the link between social protection and the loss of parental care or family separation?** This question considers the impacts of social protection on key factors leading to loss of parental care and family separation, including poverty and access to basic services.

3. **How does social protection influence decisions about foster or kinship care?** This question explores whether the provision of social protection can offer incentives or disincentives for placing children in alternative care such as kinship care.

LEAP is targeted at households that are extremely poor and have at least one eligible member who is caring for an orphan or vulnerable child (OVC), who is elderly or who is disabled and unable to work. Selection of beneficiary households is done at community-level by the Community LEAP Implementation Committees (CLICs) and verified centrally by a proxy-means test. Participating households receive a cash transfer every two months, the amount of which is based on the number of ‘eligible members’ within the household. The maximum number of ‘eligible members’ is capped at four people per household. All members of participating households also receive free enrolment in the National Health Insurance Scheme (NHIS). Cash transfers are conditional upon school enrolment and take-up of health care services, but these conditions are not enforced in practice. Payments of transfers are made manually at a central point in the community. Although not regulated and not very widespread, this allows for sensitisation activities by CLICs and social workers.

The sample for this study included more than 120 adults and 90 children from Gomoa West and AOB districts in Central Region. Participants included programme staff, programme participants and community members. The findings reflect opinions and perceptions of those directly and indirectly benefiting from LEAP.

**Main findings**

- **LEAP plays a positive role in improving child wellbeing and quality of care.** Findings point towards positive effects regarding both material and non-material aspects of wellbeing and care for children. Transfers support caregivers in purchasing food, clothing and other basic needs. They are also often used to cover educational expenses, including school fees, meals, uniforms and books. The link to the NHIS has helped meeting costs related to health care, particularly for children.

- **LEAP can prevent family separation.** Findings suggest that the cash transfers can counteract some of the reasons for adults or children leaving the family.
and for children being cared for within the extended family, namely poverty, pressure on resources due to large family size and household tensions.

• **Benefits from LEAP do not benefit all children equally.** Findings indicate that non-biological children have lower levels of wellbeing than biological children in the same family and that they are at risk of receiving lower quality care. These existing inequalities are compounded by larger family sizes and may limit the extent to which these children benefit from LEAP.

• **Implementation challenges undermine LEAP’s positive impact.** The lack of regularity and consistency of payments following payment delays and arrears make it difficult for beneficiaries to invest or plan for the future. The current limited use of opportunities for sensitisation regarding spending of cash for the benefit of children or promoting children’s care is a missed opportunity in terms of supporting conducive spending of the transfer and creating awareness about differential treatment of biological and non-biological children.

• **Transfer sizes and beneficiary caps compromise LEAP’s positive impact.** Although transfer amounts have tripled in recent years and the total amount per household increases for each eligible member on a sliding scale, transfers constitute a relatively small proportion of average household consumption and therefore present a limited contribution to household resources. Large family sizes and the cap on the maximum number of beneficiaries per household for whom transfers can be received further compromise LEAP’s potential positive impact. Particularly in large households, this reduces the per capita amount of the transfer to a tokenistic amount.

• **The potential role of cash transfers in incentivising kinship care presents a mixed picture.** The provision of a cash transfer to carers of non-biological children was generally considered to be positive as it would support resource-constrained households to afford the care for these children as motivated by feelings of affection and family ties. By the same token, concerns were also raised over the extent to which caregivers use the cash for their own purposes, or for biological children, rather than for the benefit of the non-biological children, particularly in households that have primarily economic motives for providing kinship care. Policy initiatives using transfers to incentivise kinship care should thus be undertaken with great care.

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**Recommendations**

• **Improve implementation of LEAP.** Payment delays and arrears are most urgent to address. As regular and reliable payments instil confidence in programme beneficiaries and help them to plan for and invest in the future. Payments that are made on time and to the full entitlement will contribute to the positive impacts of LEAP, improving outcomes with respect to fulfilment of material needs and subsequently non-material needs.

• **Increase transfer size in conjunction with removing or relaxing the cap on the maximum number of beneficiaries per household.** Positive effects of LEAP are constrained by the relatively small transfer size, and further undermined by the interplay with large family sizes and the maximum number of four ‘eligible beneficiaries’ per household. This disproportionately disadvantages children as they are more likely to live in larger households. An increase in the transfer size per ‘eligible beneficiary’, in conjunction with the removal or relaxation of the cap on the maximum number of beneficiaries per household, would strengthen the existing positive impacts of LEAP on child wellbeing and care and increase the potential for spill-over effects to non-beneficiaries.

• **Strengthen sensitisation activities within LEAP.** A more strategic use of opportunities for raising awareness and sensitisation regarding transfer use, spending on education and health, existing inequalities between biological and non-biological children and positive elements of children’s care could reinforce LEAP’s positive impacts. It could also work towards counteracting unintended adverse effects such as compounding inequalities between biological and non-biological children and misuse of cash.