

A new approach to children's work that prioritises resilience, well-being and agency: emerging findings from a 'cash plus' intervention in Bangladesh

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ABSTRACT

Background Criticism of mainstream approaches to child labour is widespread and well-established. The Child Labour Action Research in South and Southeast Asia (CLARISSA) Cash Plus pilot sought to address these critiques through an innovative programme that prioritised the development of household resilience and well-being, and through increasing household capacity to make alternative choices around children's work.

Research Funded by the UK's Foreign, Commonwealth and Development Office, this pilot delivered unconditional cash transfers (UCTs) and needs-based case management and community mobilising across an entire slum neighbourhood in Dhaka, Bangladesh. Cash worth about 20% of household monthly income was delivered to all households for 7 months, with case work and community organising wrapped around for 21 months. The intended outcomes were that families would be able to increase their economic resilience and develop alternative capacities to meet their needs, with the intended goals of increasing well-being and the ability to make choices other than difficult or dangerous work for children. Research into impact was rooted in contribution analysis and combined bimonthly monitoring surveys administered by the community mobilisers; surveys at multiple time points; three rounds of targeted focus group discussions; three rounds of key informant interviews with case study households; community mobiliser diaries; and ethnographic observation.

Results and conclusions The results strongly suggest that UCTs reduce poverty, increase economic resilience; improve well-being; and generate various household-level improvements that relate directly and indirectly to children's work. They further suggest that case work and community organising act as a beneficial form of social protection and a tool for developing locally appropriate micro-responses to collective problems that commonly impact directly on well-being and indirectly on children's work. These results point to the potential for this intervention to be scaled-up in efforts to achieve the eighth Sustainable Development Goal of ensuring decent work for all, including the elimination of child labour.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Mainstream efforts to address child labour are widely critiqued by scholars across multiple disciplines for being top-down and apolitical. They are critiqued for being inefficient and ineffective.

WHAT THIS STUDY ADDS

⇒ This study documents the results of an innovative pilot trialling a new approach to children's work that prioritises their and their family's economic resilience and well-being. That pilot combined unconditional cash transfers (UCTs) and community support delivered by a team of community mobilisers.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ This study's findings include that UCTs can promote resilience to crisis and are associated with individual and household-level well-being improvements; that community mobiliser support and case work themselves function as a form of social protection that lead to beneficial improvements in people's lives; and that this combination impacts directly on well-being and indirectly on children's work. These findings point in a new direction for child labour and protection policies.

INTRODUCTION

Sustainable Development Goal (SDG) 8 seeks to eradicate all child labour by 2030 and its worst forms by 2025. Although well-funded and backed by high-level political actors, these efforts are vigorously criticised by scholars who research working children.¹⁻⁴ Critics hold that mainstream efforts are counterproductively targeted, top-down and technical. They: (1) abstract children from the social contexts in which they are embedded; (2) act on rather than with children and their communities; (3) fail to address the poverty/insecurity underpinning children's work; and (4) fail to advance the well-being that is implicitly the goal of all child labour strategising.

The present paper reports findings from a large-scale Cash Plus pilot seeking to test an alternative approach centring on child and family well-being, emphasising participation and responding to the material underpinnings of indecent work and ill-being. These findings have significant implications for child protection policy as we approach the SDG deadlines.

METHODS

Child Labour Action Research in South and Southeast Asia (CLARISSA) was a multiyear initiative seeking to innovate in child protection policymaking, including through the development of a Cash Plus pilot, which took place over 2 years in Dhaka.⁵ The pilot differed from mainstream child labour programming. First, it rejected any targeting. Instead of working with children separate from their families or with families separate from communities, it took place universally across an entire slum associated with difficult, dangerous or dirty (child) work. This meant that all residents were eligible to participate. Second, it was unconditional, with no behavioural requirements attached to participation. Third, it was participant-led, with community members identifying the problems they wanted help to address. Fourth, it attempted to address the material underpinnings of difficult work—poverty and insecurity. Fifth, its immediate goal was not the reduction of child labour per se but rather an increase in the capacities of individuals, families and community groups to build alternative livelihoods, manage shocks, access services and improve well-being, which we expected also to translate into a reduction of child labour.

The pilot had two intervention arms. First, a *relational component* involving case work and community organising, delivered by a group of 20 Community Mobilisers (CMs) employed by Terre des Hommes (Tdh) whose goal was to collaborate with community members at individual, family and group levels to identify needs, mobilise resources to address needs and grow agency and capacity. This team worked in the community for 21 months and received extensive training in Nonviolent Communication, convergent facilitation, conflict mediation, disability inclusion and safeguarding. The size of the team was set at a level that would allow scalability by a state—the case load was, therefore, higher than typical for social work but lower than usual for community organising, at approximately one CM per 75 households.

The second arm was a *cash component*, with UCTs worth 20% of household monthly income delivered to all households for 7 months. Transfers were delivered via mobile money and consisted of a basic amount for all households (2000 Bangladeshi Taka or BDT), plus a top-up of 500 BDT per child. The initial intention was for the cash to run for 18 months and thus to parallel similar Basic Income trials (e.g., a study conducted by Davala *et al.*⁶), but funding was cut shortly before UCTs began, and the duration of the cash period was reduced accordingly to 7 months. Figure 1 represents the theory-based evaluation guiding the project, with immediate outcomes within its sphere of direct impact and ultimate outcomes expected to be indirectly influenced.

The evaluation was rooted in contribution analysis and, as can be seen from figure 2, combined multiple methods over more than 3 years in line with emerging

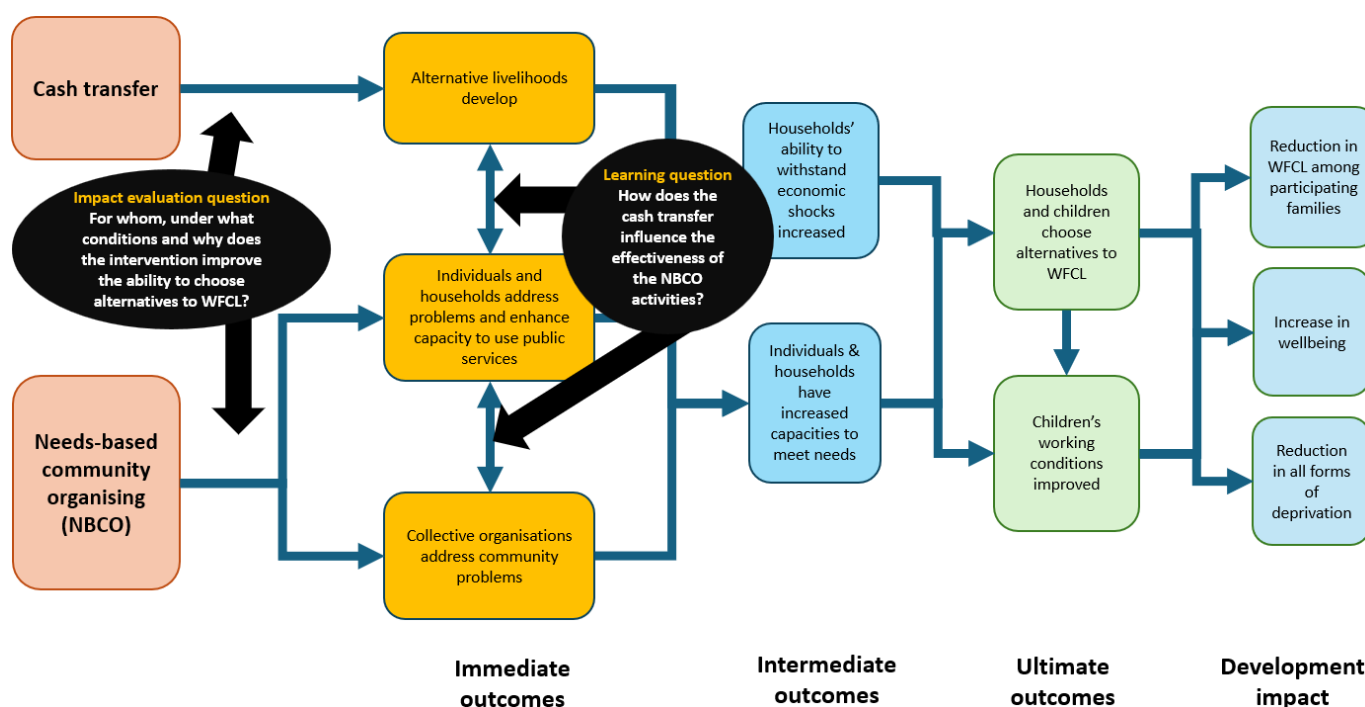


Figure 1 CLARISSA Cash Plus pilot theory of change. CLARISSA, Child Labour Action Research in South and Southeast Labour; WFCL, Worst Forms of Child Labour.

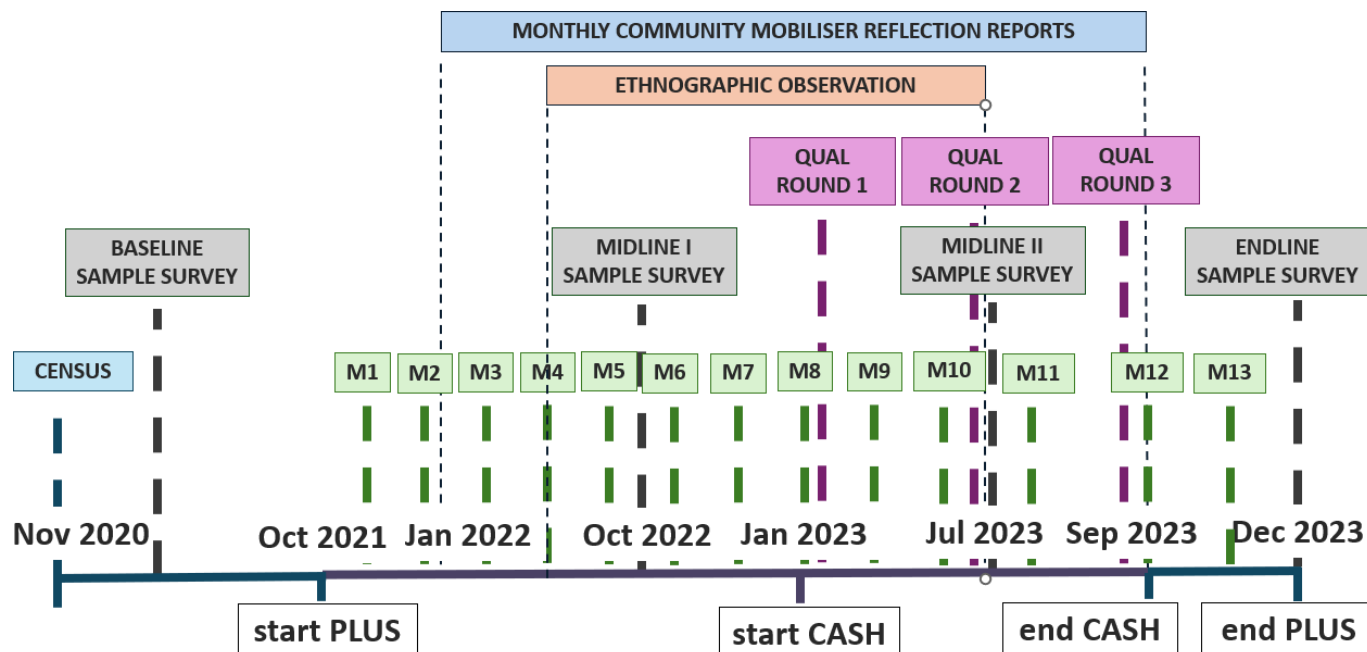


Figure 2 Methods used in evaluation. AAR, After Action Review; PAR, Participatory Action Research.

best practice guidelines for mixed methods research on children, work and well-being.⁷ Quantitative research involved five rounds of periodic surveys. These began with a census conducted in the intervention neighbourhood (n=1832) and a comparison neighbourhood (n=2365) in October–November 2020. We conducted baseline (n=752), midline (n=771), second midline (n=769) and endline (n=750) surveys in the intervention neighbourhood, as well as another endline in the comparison neighbourhood (n=773), in December 2023. Of the households surveyed, 558 households in the intervention community and 773 households in the comparison were successfully matched to the census data; therefore, the relevant sample for difference-in-difference (DiD) analysis comprised 1331 households. All surveys collected information about key outcome indicators, such as children's engagement with different forms of work, schooling, household living conditions and sources of income and respondents' perceptions of change. We further collected 13 rounds of bimonthly monitoring data through short surveys administered by the CMs, who used these meetings as an opportunity to check with residents as case workers. The surveys asked about well-being, perceived economic resilience, school attendance, etc and were designed to establish whether trend lines showed changes at key moments.

Qualitative tools were used to explore topics and results of interest in detail, as well as to develop a contextual understanding of impact pathways. These included reflective reports written anonymously by the CMs at monthly intervals. The team also asked CMs to suggest interesting cases to follow from their work, including particularly vulnerable households, female-headed households, an equal proportion of male and female children, households with working and school-going

children, households with members with disabilities, etc. 19 community mobilisers provided 95 cases. We purposefully selected 30. Children of these 30 households (15 male and 15 female) and one of their parents are the primary respondents of the in-depth interview (IDI) element of the qualitative study. The research team also conducted six focus group discussions (FGDs) with young adolescent boys and girls, older adolescent boys and girls, fathers and mothers, one FGD with influential community members and five key informant interviews with local stakeholders like schoolteachers, non-governmental organisation (NGO) workers and leather businessmen in the community. IDIs and FGDs took place across three rounds. This was complimented by long-term ethnographic observation conducted by a PhD student. The project's research design is freely available and discussed in depth in the study published by Ton *et al.*⁸ Informed consent was taken at the beginning of each research encounter. Participants were made aware that receipt of cash or CM support did not imply having to participate in any given research activity.

Data were coded thematically on Dedoose; themes were inductively developed in advance from the literature and deductively added as the analysis proceeded.

Patient and public involvement

Members of the public were involved as research participants at every stage of the project reported on. The intervention design was rooted in a community consultation over a year before the intervention began. Research questions were influenced by conversations with children and parents about their work, well-being and experience of mechanisms of social support as well as ideas for alternatives. Members of the participant community all freely consented to participate in the intervention and

separately the research. Interviews all contained open sections asking respondents what they would like to share and be asked, beyond what researchers wanted to ask.

RESULTS

We outline our findings following the theory of change documented in [figure 1](#), moving from immediate to intermediate and ultimate outcomes. Development impact and the programme's implications are addressed in the Discussion.

Immediate outcomes

Data show that the intervention had a modest impact on participants' ability to develop alternative livelihoods and address challenges faced through (supported) individual or collective action. However, for those who were positively impacted, the intervention led to substantial change.

Analysis of bimonthly monitoring data between October 2021 and December 2023 shows a clear jump in perceptions about households' investments in economic activity and their ability to earn enough income when the CT was introduced after Round 7 (R7). This effect is observed across all households, regardless of poverty likelihood, as can be seen from [figure 3](#) below.

This impression is supported by qualitative data:

The financial aid came to our help to some extent. It allowed us to get by rather easily. We got to spend the money on groceries. You see, we couldn't buy any grocery items for the last 2 days. It's the truth. I'm not lying. We spend according to our income.

Mother, 38, Round 3 Interview

Qualitative data also show that, for several households, CMs facilitated investment and the development of alternative livelihoods. In response to requests from community members, one CM with experience in business development held a series of day-long trainings attended by more than 150 community members. This reportedly resulted in at least 25 new businesses.

An important element of the relational component was case work at the individual and family level support to support people to address problems and enhance capacity. Government social assistance schemes are difficult to access and often unknown to those potentially eligible to claim them. CMs supported households to overcome these access barriers. This included assisting people with identification cards and making community members aware about eligibility for schemes. It further involved collective organisation, most notably through the establishment of free monthly health camps in the community to address the pervasive (and expensive) health problems and lack of affordable healthcare. One CM reported on the feedback from a community member as follows:

I was suffering from back pain for a long time, but after receiving consultation and medication support from the health camp, I am feeling better now. I met with the doctor three times. It is a great help for me.

Woman, 50, quoted in micronarrative 466

Nevertheless, it should be noted that contribution scores (see [figure 4](#)) indicate that the perceived impact of the intervention on gaining access to services was, on average, fairly low.

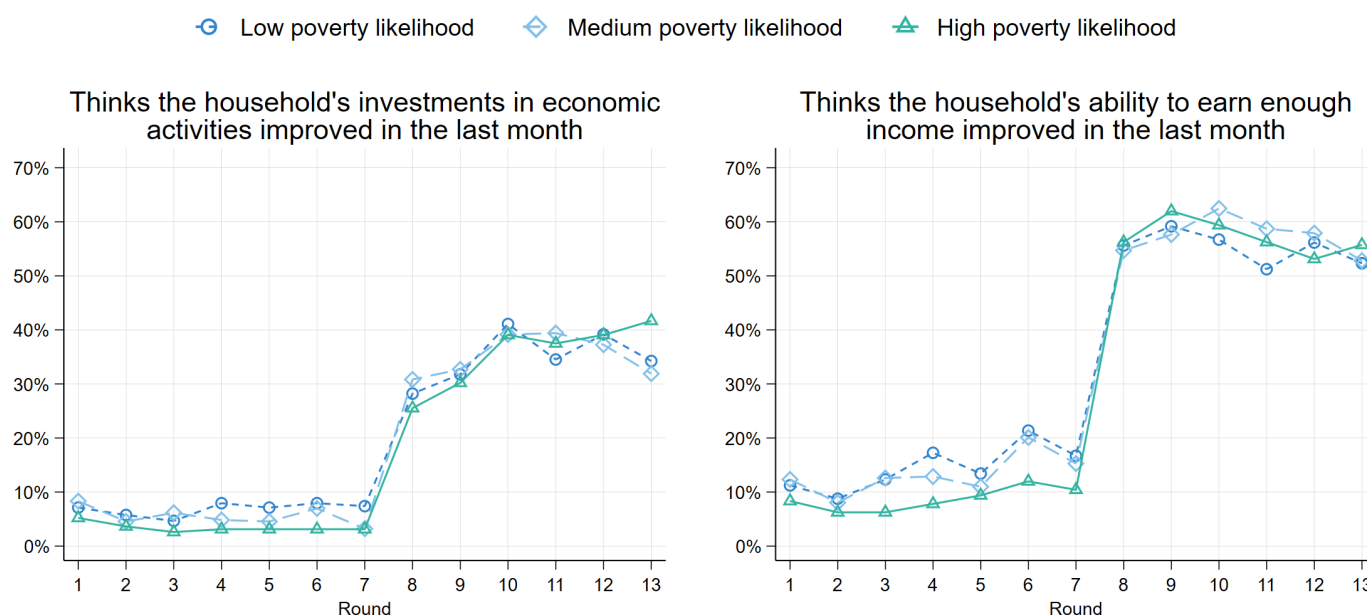


Figure 3 Time-series analysis of perceptions of change in household investments and ability to earn income.

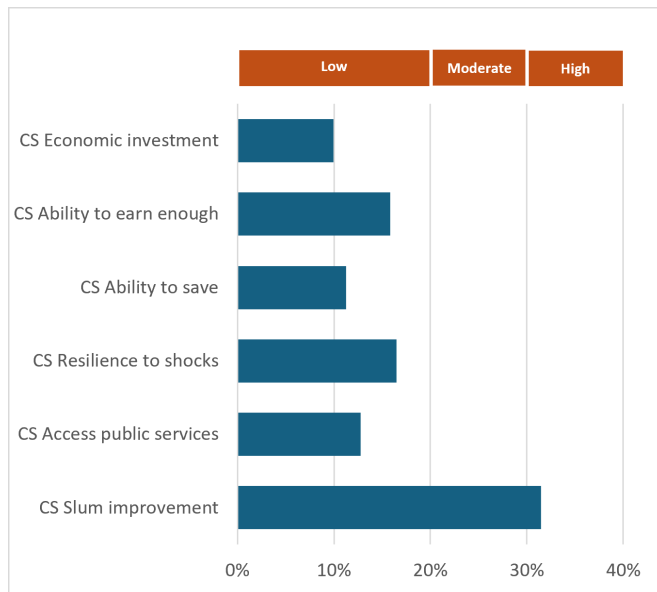


Figure 4 Contribution scores (CS) that reflect perceptions of change in an outcome combined with the perceived influence of CLARISSA on this change (N=750).

Intermediate outcomes

Data strongly suggest that the intervention increased households' abilities to withstand shocks and increased the capacity to meet needs.

With regards to shocks and economic resilience, respondents' perceptions of their capacity to resolve sudden shocks improved, with a notable jump when cash began after R7 (see [figure 5](#)).

This was supported by qualitative research, as households cited the impact cash had on resilience in the face of shock:

Things started looking up when the NGO helped us. Over 6 months, they gave us support. I got 3700 taka every month through my Upay account. We used the money to cover our daily expenses, send our granddaughter to school, and get our basic needs met. During that time, their money was a lifeline, helping us through tough times.

Mother, 45, in Round 3 Interview

The DiD analysis indicates that the intervention further helped limit the negative impact of the rise in food insecurity. In both intervention and comparison neighbourhoods, households reported greater levels of food insecurity at the time of the endline compared with the census. This was likely due to global price rises. However, the rise in food insecurity was lower in the intervention neighbourhood (see [figure 6](#)) and impact estimates suggest that it reduced the experience between 7% and 10%.

Thinks their capacity to resolve sudden changes in work or health conditions improved in the last month

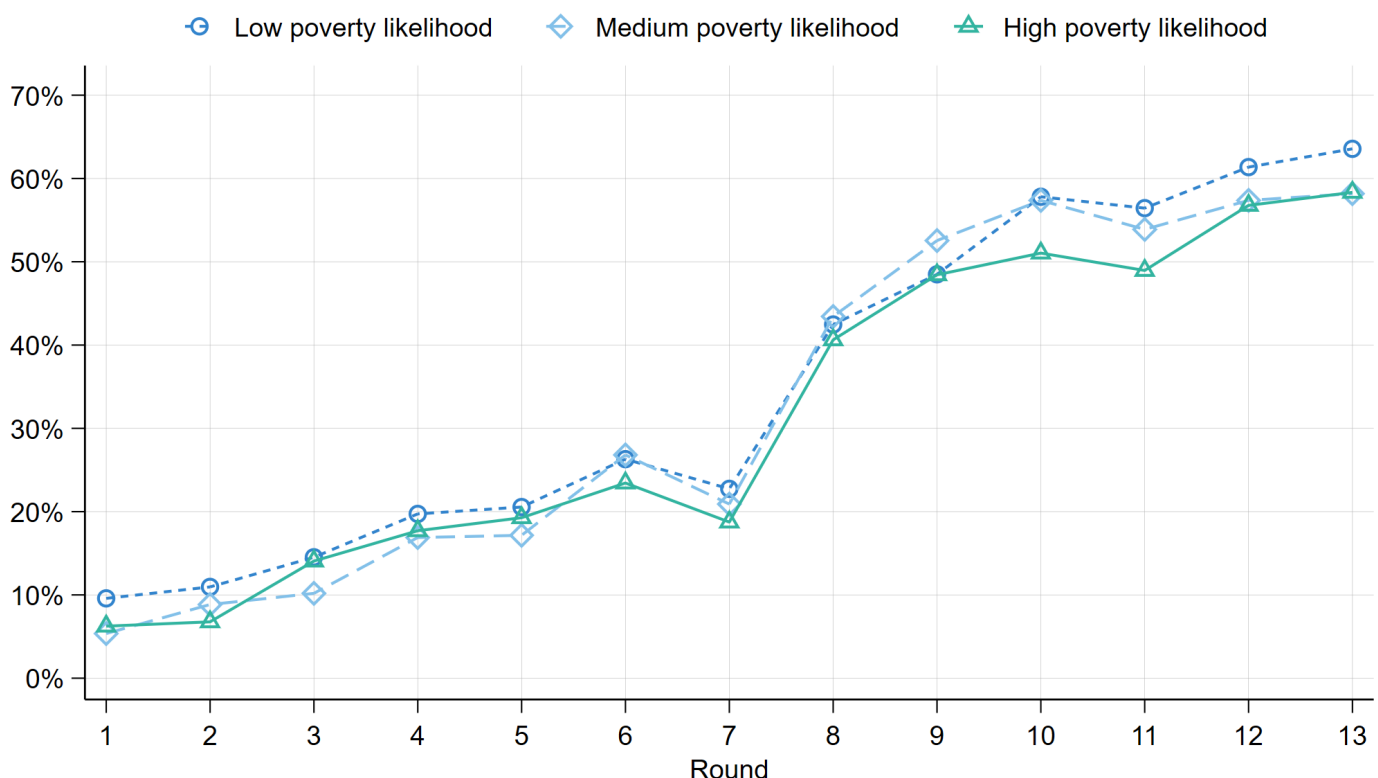


Figure 5 Time-series analysis of perceptions of change of the ability to resolve sudden changes.

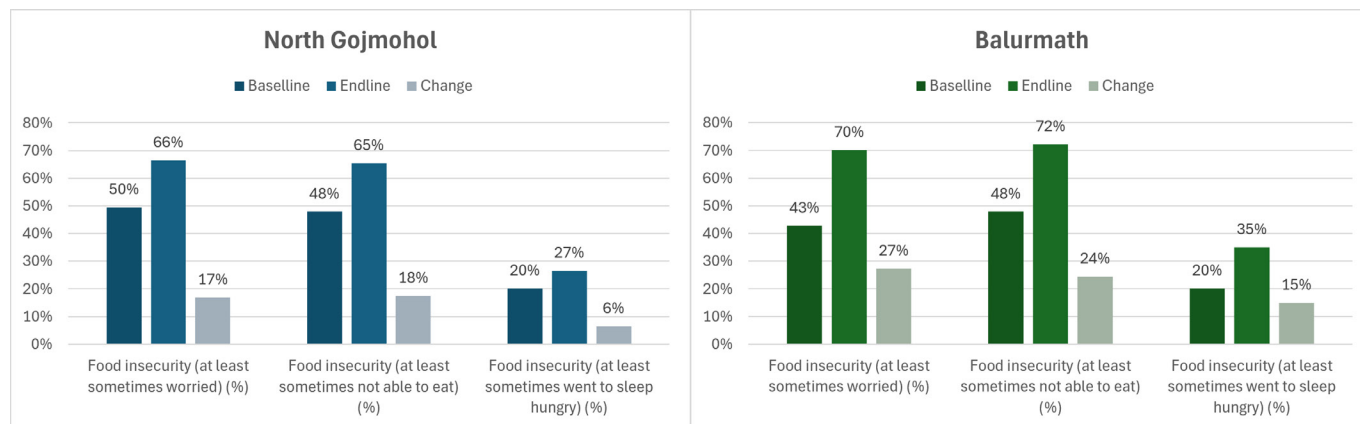


Figure 6 Food insecurity at baseline and endline in North Gojhmohol and Balurmath.

Impact estimates also point to a positive impact on poverty, based on the Poverty Probability Index 2018. Using the 2005 Purchasing Power Parity (PPP) US\$1.75 poverty line, we observe that the probability of being poor slightly reduced in the intervention neighbourhood while it slightly increased in the comparison (see figure 7). DiD estimates indicate that the intervention

reduced the probability of being poor for households by 6%.

Qualitative data also attests to how the reduction in poverty, affected by the intervention, translated into increased capacity to meet household needs. In one of our Round 2 interviews, for example, a 15-year-old boy said:

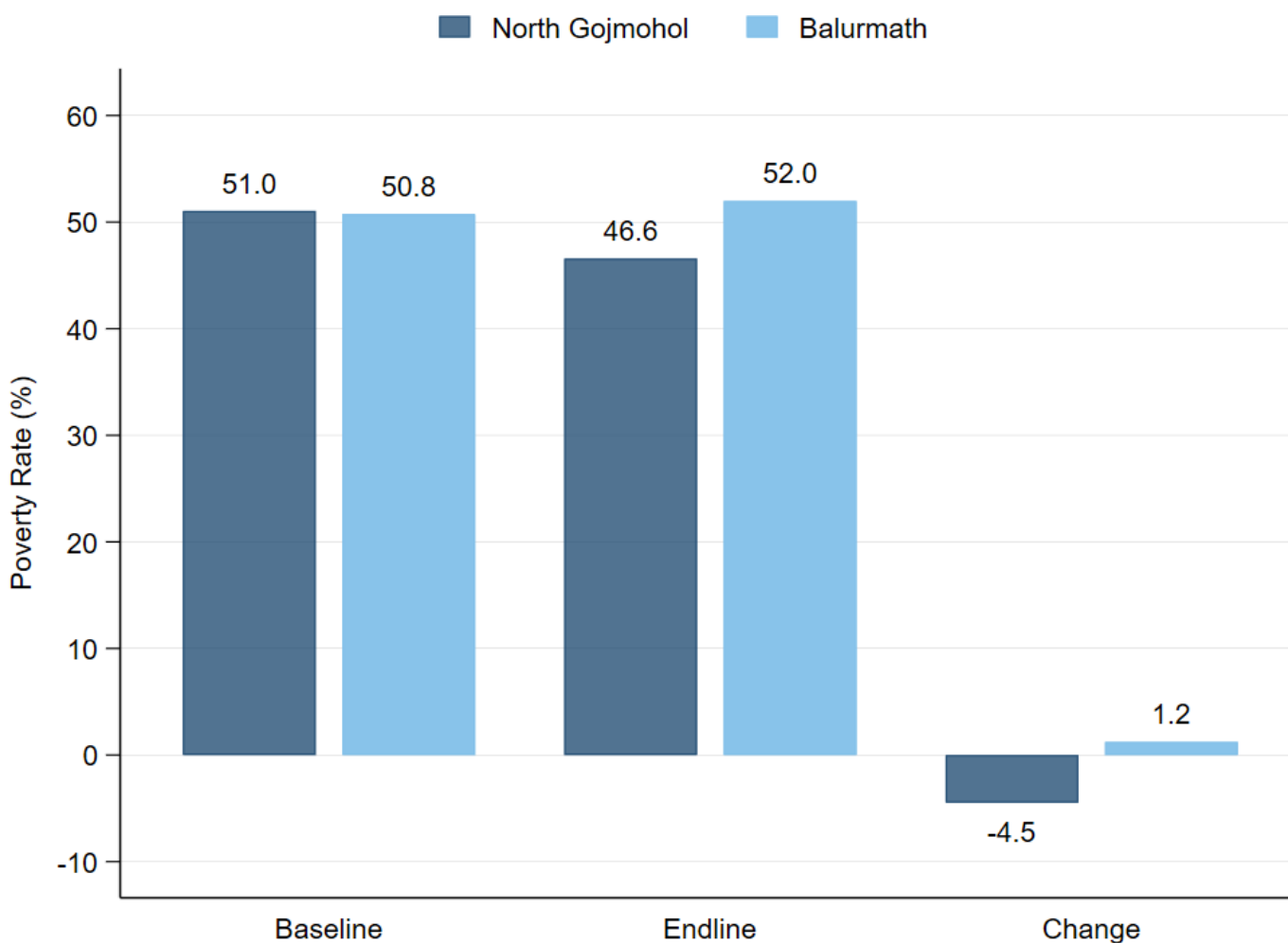


Figure 7 Poverty rate based on Poverty Probability Index 2018 at baseline and endline in North Gojhmohol and Balurmath. PPP, Purchasing Power Parity.

Thinks the children's attendance to the school improved in the last month

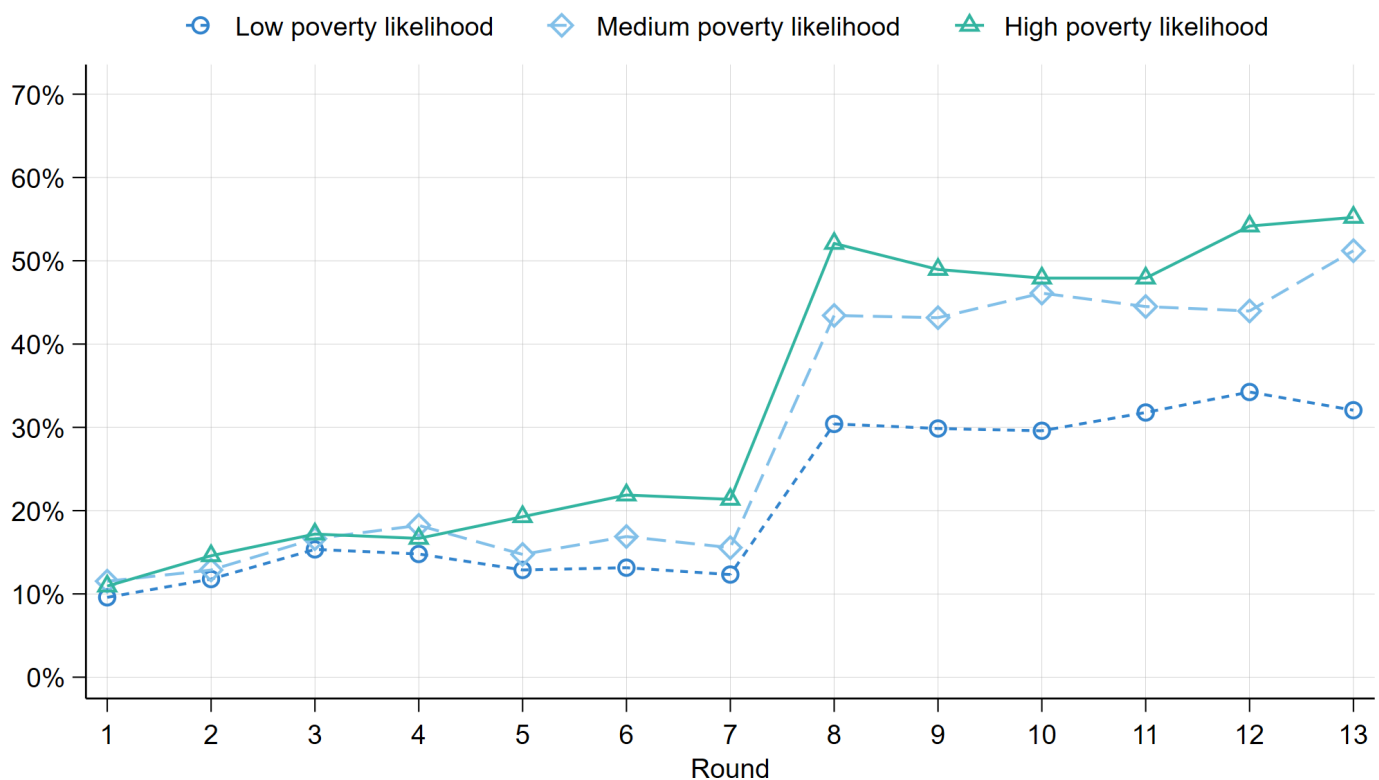


Figure 8 Time-series analysis of perceptions of change of improvements in children's school attendance.

Yes, I know about the money Tdh sends us... This money is spent on various purposes at various times. Occasionally, when they don't have enough money, they spend from there to pay madrasa fees. Sometimes, the money is spent on buying food. They spend that money to meet various family needs that arise at various times...

Boy, 15, in Round 2 Interview

This boy's words—'they spend that money to meet various family needs that arise at various times'—speaks to one of the core powers of cash assistance, namely its fungibility and flexibility.

Ultimate outcomes

Data suggest that the intervention had a modest impact on families and children seeking out alternatives to child labour and improving children's work conditions.

School is typically considered the mainstream alternative to work for children and a time-series analysis of perceptions of change in children's schooling shows a clear jump at the time of the roll-out of CTs, as per figure 8 below.

This spike is echoed across interviews and FGDs:

I left work and enrolled in school...You know the brothers and sisters from TdH? They got my admis-

sion to school. I left the school last time... It was in 2021 when lockdown ensued... Now I got readmission because the TdH has been providing money for 6 months....

Girl, 15, Round 2 Interview

DISCUSSION

Development impact

These results suggest that the combination of UCTs and CM support can increase household resilience against poverty and insecurity and thus address the material underpinnings of indecent child work and ill-being. They further suggest that they improve household well-being and generate various household-level improvements that increase the likelihood of children being able to stay in or return to school. In addition, these results suggest that accompanying case work and community organising may act as a supportive form of social protection themselves, particularly through service connection, as well as a tool for developing locally appropriate micro-responses to collective problems that commonly impact children's lives.

In the context of the international political push towards SDG8, and with billions of dollars invested

globally every year in anti-child labour programming and child protection programming, these results point strongly in the direction of ‘cash plus’ as a scalable alternative to mainstream endeavours. Indeed, in their recent critical review of international child protection practice, Howard and Okyere³ call precisely for ‘more politics and participation’ across child protection, arguing that policies which target the material underpinnings of poverty and work collaboratively with children and their communities are crucial for effective change. Likewise, Maconachie *et al*⁴ argue for a renewed focus on child well-being (as opposed to child labour) along with efforts to address material and relational barriers to it. This is precisely what CLARISSA’s Cash Plus pilot attempted to do, with encouraging results. In line with the programme theory of change, these results point in particular towards the capacity for the intervention to reduce deprivation and increase resilience and well-being.

They thus add further weight to calls to rationalise social protection and turn targeted social policy initiatives into universal and unconditional ones like Basic Income.⁷

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Contributors NH, KR and GT contributed equally in research design, data analysis and writing. MEH contributed to the quantitative data analysis, while LH, KC, SAM and TA all contributed with qualitative data collection and analysis. NH is the guarantor.

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Competing interests No, there are no competing interests.

Patient and public involvement Patients and/or the public were involved in the design, conduct, reporting or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not applicable.

Ethics approval This project was granted ethical approval after review by the Institute of Development Studies’ Institutional Review Board. It received approval with the number RE:PT/19008. Participants gave informed consent to participate in the study before taking part.

Provenance and peer-review Not commissioned; internally peer-reviewed.

Data availability statement Data are available in a public, open access repository. All primary data has been anonymised and archived at the Open University’s Data Archive.

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