



## **Sinovuyo Teen Parent Programme: Qualitative study concept note**

**(2015 – 2016)**

This concept note serves as a brief on the qualitative evaluation of the above programme. This study is a process and outcome evaluation of the Sinovuyo Caring Families Programme, a parent support programme for parents<sup>1</sup> and teenagers in Eastern Cape, South Africa. The programme will hereafter be referred to as Sinovuyo Teen Parent Support Programme (STPSP). This study will consider two distinct but related aspects. The process evaluation will document the implementation of the intervention and describe programme implementation characteristics and dynamics.<sup>2</sup> The outcome evaluation will evaluate programme effectiveness and scalability and examine the connection between process and outcomes within the South African policy framework.

The research towards this study will be conducted in tandem with the Sinovuyo Randomized Controlled Trial (hereafter RCT). This mixed-method approach is increasingly being employed in outcome evaluations. While RCT results attempt to demonstrate programme effectiveness, qualitative studies attempt to demonstrate practice-based evidence. This approach fulfils the requirement to complement “experimental evidence on ‘what works’” with “the practice-based evidence paradigm” (Eurochild, 2014). Relevant details of the quantitative approach will therefore be provided in this study insofar as they complete the picture of the synthesis between the two approaches.

### **1. STPSP PROGRAMME DESCRIPTION**

#### **1.1 The Objectives of the STPSP Programme**

The intended outcome of Sinovuyo Teen Parent Support Programme (STPSP) for targeted families in the Eastern Cape is a reduction in teen violence and improved teen-parent relationships.

The Programme specifically aims to:

- Increase parenting knowledge, skill and confidence
- Improve positive parenting behaviour
- Decrease harsh discipline
- Increase teenagers’ self confidence
- Increase teenagers’ sense of responsibility
- Improve mental health and social support (both teenagers and parents)
- Improve problem solving and communication skills (both teenagers and parents)

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<sup>1</sup> “Parent” refers to the teen’s primary caregiver, who may not be the teen’s biological parent.

<sup>2</sup> UK Medical Research Council guidance defines process evaluation as “a study which aims to understand the functioning of an intervention, by examining implementation, mechanisms of impact, and contextual factors.”

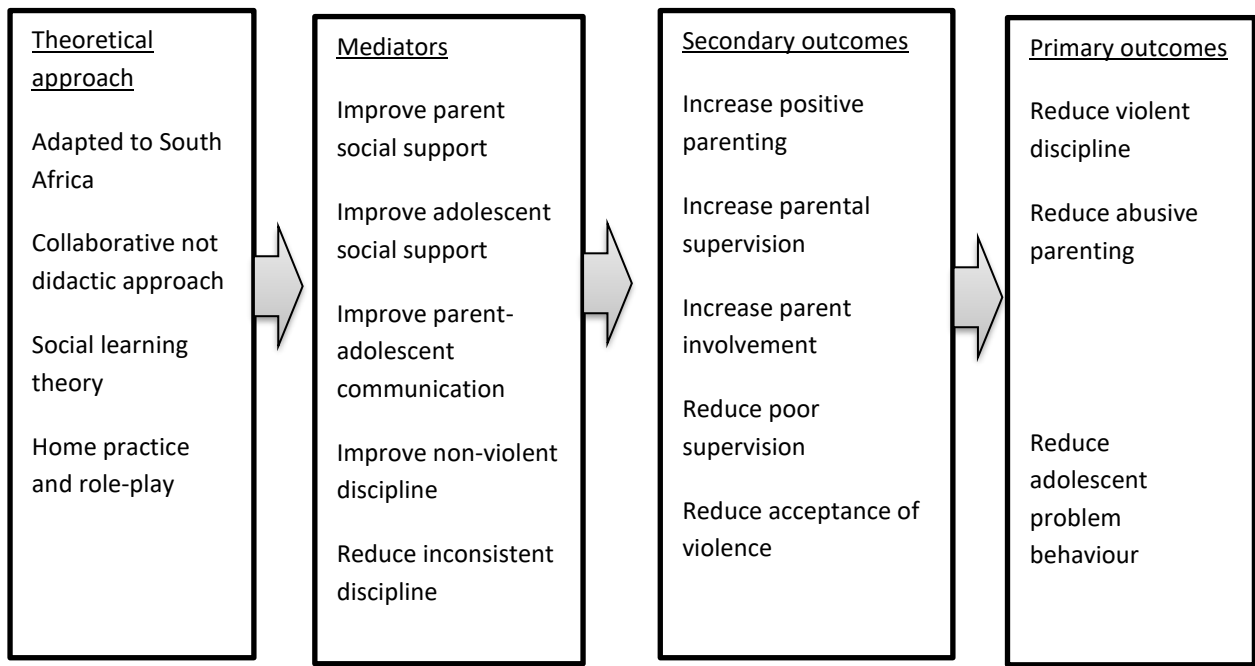


- Enable parents and teenagers to respond better to crisis situations
- Improve knowledge and use of social service for violence, HIV and other illnesses, and arrest (both teenagers and parents)

### 1.2 STPSP Programme Design

The Sinovuyo Teen Parent Support Programme is an evidence-informed, 14-week parenting programme. The programme aims to reduce child abuse and externalising behaviour among adolescents in at-risk families with 10–18 year olds. The programme is informed by evidence-based parenting principals such as structured praise, modelling positive behaviour and collaborative problem-solving. Trained community facilitators deliver the programme in a group-based format in weekly sessions attended by primary caregivers and their teenagers.

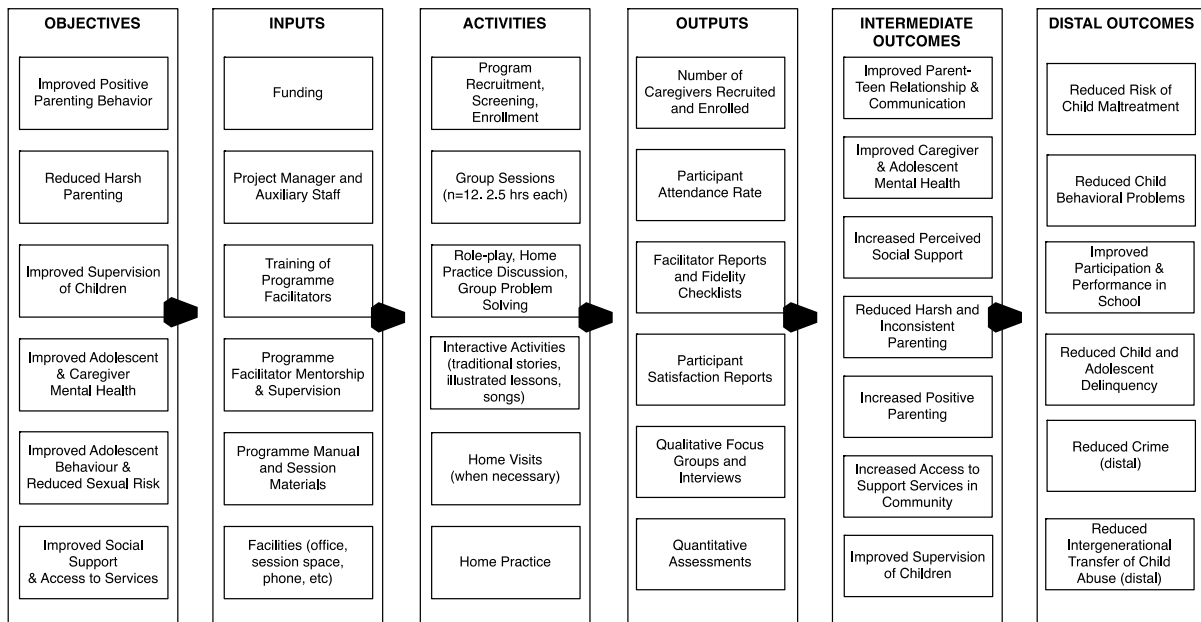
### 1.3 Sinovuyo<sup>3</sup> Teen Theory of Change



<sup>3</sup> Both the theory of change and the logic results framework derive from the UNICEF South Africa proposal submitted by Clowns without Borders, who are the implementing agency for STPSP. These may change before the programme is implemented or as a result of the findings of the qualitative evaluation.



## Sinovuyo Teen Logic Model



### 1.4 Programme description

The Sinovuyo Teen programme was developed as a collaboration between the Universities of Oxford, Cape Town and Bangor, in partnerships with UNICEF South Africa, UNICEF Innocenti, the World Health Organisation and community-based NGOs Keiskamma Trust and Clowns without Borders South Africa. The programme underwent pre-pilot testing (2013, Hamburg, 30 dyads) and pilot testing (2014, King Williams Town, 117 dyads) and in 2015 will undergo Randomised-Controlled Trial (Kings Williams Town, 600 dyads). Both pilots included qualitative assessments that were used to revise the 2015 programme.

In 2013, participants in need of parenting support were identified by a local community-based organization. The intervention was presented to the community as aimed at reducing parenting stress and improving adolescent outcomes. No eligibility exclusions were made regarding factors such as parental literacy, prior history of mental health, domestic violence, or adolescent characteristics. It was (and remains) important that the main caregiver attended the sessions together with the adolescent. The results of the first pilot showed reductions in poor supervision, violent/abusive behaviour and acceptance of gender and sexual violence in both caregivers and teenagers; improvement in involved parenting and positive parenting for both caregivers and teenagers.

Following programme adaptation based on the 2013 pilot, a second, larger pilot-test was conducted in collaboration with UNICEF, the National Association of Child and Youth Care Workers, Child and Youth Care Centre in King Williams Town, the South African Department of Social Development and Clowns without Borders South Africa. This took place with 234 primary caregivers and adolescents in the King Williams Town rural and per-urban area of the Eastern Cape. The majority of participants were recruited through Isibindi (national community-based programme of National Association of Child and Youth Care Workers),



who referred families receiving the Isibindi programme and who they thought might benefit from the programme. No eligibility exclusions were made regarding factors such as parental literacy, prior history of mental health, domestic violence, or adolescent characteristics. It was mandatory that the main caregiver attended the sessions together with the adolescent. The intervention was presented to the community as aimed at reducing parenting stress and improving adolescent outcomes. This study again showed strong positive results of the 2014 programme.

The Sinovuyo Teen programme is manualised. The manual was designed by the Universities of Oxford and Cape Town and Clowns Without Borders South Africa, and co-authored by Jenny Doubt, Jamie McLaren Lachman, Lucie Cluver, Catherine Ward, Tshiamo Petersen and Sibongile Tsoanyane. Additional input from 50 individuals with specialisms relating to developing and implementing parenting programmes in LMIC were solicited.

The following NGOs, government and academics contributed to the design of the Sinovuyo Teen Programme, all of whom generously and freely shared their expertise and existing programmes. In particular: UNICEF South Africa, UNICEF HQ, UNICEF Office of Research – Innocenti, UNICEF HQ’s Theresa Kilbane, Patricia Lim Ah Ken and the Child Protection team; the International Rescue Committee’s Laura Boone; Amanda Sim; PEPFAR-USAID’s Gretchen Bachman, UNICEF South Africa’s Heidi Loening, Dr Mark Boyes, Dr Chris Mikton, WHO Violence & Injury Prevention Unit, Dr Nicole Behnam; Dr Janet Shriberg; Siphon Mdletshe, Hannah Mangenda; Sibongile Tsoanyane; George Laryea-Adjei, Patrizia Benvenuti, Seamus Mac Roibin, Andries Viviers and the Child Protection and Social Protection teams; UNICEF ESARO’s Denise Stuckenbruck and Maud Droogleever Fortuyn; UNICEF Innocenti’s Jasmina Byrne; the National Association of Child and Youth Care Workers (NACCW)’s Zeni Thumbadoo, Donald Nghonyama and the Isibindi team; Professor Mark Tomlinson; Professor Judy Hutchings; Professor Frances Gardner; Professor Geri Donenberg; Professor Mary Jane Rotheram-Borus; Dr Danuta Kasprzyk; Dr Daniel Montano; Professor Theresa Betancourt; Professor Asher Ben Arieh; Professor Larry Aber; Professor Howard Dubowitz; Dr Diane de Panfilis; The South African National Department of Social Development’s Deputy Director-General Conny Nxumalo, Thabani Buthelezi, Dr Malega Kganakga and the Children’s and HIV/AIDS directorates; the National Department of Basic Education’s Gugu Ndebele, Likho Bottoman and the Social Inclusion Unit; Professor Claude Mellins; Professor Arvin Bhana and Professor Inge Petersen; Stuart Kean; REPSSI’s Noreen Huni and Lynette Mukedunye; Professor Lorraine Sherr; Dr Tamsen Rochat; Professor Rachel Jewkes and Dr Anik Gevers; Dr Franziska Meinck, Dr Lauren Kaplan, Dr Lucy Steinitz and Lucy Hillier.

The programme draws on social learning theory, attachment theory, grounded learning theory and parent management training principles. There are a total of 14 workshop sessions, including 9 joint parent-teen sessions and five separate sessions for parents and teens.

The Sinovuyo Teen programme was evolved in the following stages:

1. **Systematic review of evidence-based programmes in the developing world:** The systematic review identified potential problems and any feasible interventions.
2. **Initial consultations for Manual Version 1:** A wide range of NGOs, policy-makers and programmers, including NACCW and UNICEF South Africa, were consulted on the development of our manual. Several academics contributed copies of parenting programmes that were used elsewhere or that had relevance to our work.



3. **Testing the 2013 Manual:** Based on the systematic review and consultation process, the first draft of a manual was tested using pre-post questionnaires in a small pilot in Hamburg, Eastern Cape (2013). All programme sessions were observed and focus groups and individual interviews with facilitators and participants were conducted once the programme was over. Key findings from these were incorporated into adaptations of the manual.
4. **Adaptation of 2014 Manual:** After the first pilot testing stage, the programme manual was adapted based on qualitative and quantitative findings.
5. **Testing of the 2014 Manual:** During the second pilot stage (2014), all programme sessions were again observed and videoed. Focus groups were conducted with participants and facilitators. Individual interviews were carried out with facilitators, local partners, and parent and teen participants. Pre-post tests were undertaken.
6. **Second Round of consultations for the 2015 Manual:** Experts, practitioners and partners were all re-contacted with the 2014 version of the manual (including NACCW, UNICEF INNOCENTI and UNICEF SA) and asked for comments.
7. **Adaptation of the 2015 Manual:** Using all of this data, we are currently in the process of adapting the manual again, with the hope of a final test in a Randomized Controlled Trial in 2015–16.

**The 2015 programme content includes:**

- Introducing the programme & defining goals
- Building a positive relationship through spending time together
- Praising each other
- Talking about emotions (Separate)
- What do we do when we are angry? (Separate)
- Problem solving: Putting out the fire
- Motivation to save and making a budget without money
- Dealing with problems without conflict (I) (Separate)
- Dealing with problems without conflict (II) (Separate)
- Establishing rules and routines
- Keeping safe in the community
- Ways to save money and saving commitments (Separate)
- Responding to crisis: The kraal of safety
- Widening the circles of support

Session content is additionally provided via home visits (called “khaya catch-ups”) for those who either miss group sessions or are unable to attend due to illness, disability, or other



factors. Sessions normally run one afternoon of the week for about 3 hours and include food. Delivery utilises a non-didactic, collaborative learning approach, with activity-based learning, role-play, illustrations, and home practice. The programme does not rely on expensive equipment or resources and will be available freely under Creative Commons licensing. The programme has included childcare and transportation for participants where necessary in order to reduce obstacles to family engagement.

The 2015–16 programme will be implemented in 40 peri-urban and -rural villages and townships within 1 hour from King William’s Town, with three hundred teenagers and three hundred parents. Participants are selected using a screening tool to assess very basic levels of violence in families. Six questions are asked: Three questions assess eligibility (“Is the teenager aged between 10 and 18?”; “Is the caregiver the primary caregiver for this teenager?”; “How many nights a week does the teenager sleep at the house?”); three questions assess violence in families (“Do the caregiver and the teenager argue and shout a lot every week?”; “Do they get angry and hit each other?”; “Is the family struggling for money?”).

The programme is designed to be delivered by para-professional staff (known as “programme facilitators”) for low literacy populations operating in low-resource LMIC settings. The 2014 programme’s sixteen facilitators consisted of Isibindi child and youth care workers; in 2015 the programme’s twenty facilitators derive from Department of Social Development auxiliary social workers (7); Clowns without Borders facilitators (7); Local para-professional staff (6). Facilitators attend one week of training by a Clowns without Borders Master Trainer. Prior to the commencement of the interventions, programme facilitators visit each participant’s house to introduce themselves.

### **1.5 2015–16 Implementing partners and stakeholders**

- Target group of beneficiaries: Primary caregivers; teenagers aged 10–18
- STPSP programme designers: Parenting for Lifelong Health (PLH), Universities of Oxford, Cape Town and Bangor, UNICEF HQ, UNICEF SA, UNICEF Innocenti
- STPSP implementers: Clowns without Borders South Africa in agreement with UNICEF South Africa country office
- Targeted communities: King William’s Town and surrounding villages and townships
- Implementing partners in the targeted area: Department of Social Development local service offices and Community/ Traditional Leaders
- Research agents: University of Oxford (RCT) and University of Oxford with UNICEF Office of Research – Innocenti (Qualitative evaluation)
- Recruitment agents: Department of Basic Education (through schools); Department of Social Development (through case management) and traditional or community leaders.
- Other stakeholders: Department of Social Development (policy implementation); Department of Basic Education (psychosocial support to learners).



## 2. OUTCOME EVALUATION

The purpose of the evaluation is to ascertain effectiveness and scalability for potential policy makers, end users, funders and development agencies in South Africa and beyond.

### 2.1 Overall Evaluation questions:

- To what extent were the intervention outcomes achieved? (Quantitative process will address this question)
- How do policy, service delivery, social and economic factors impact the effectiveness and scalability of the intervention? (Qualitative approach will address this question)

These two research questions will be addressed with the following two approaches – with some level of overlap.

#### ***Quantitative Approach:***

- Counterfactual design using Randomized Controlled Trial: pre and post- test data gained from questionnaires administered to beneficiaries of STPSP and to members of the control group to ascertain is the intended outcomes of the programmes were attained. The inference is that the desired outcomes can be attributed to the intervention.
- The programme's main outcomes are measured using pre- and post-test participant self-report. Questionnaires are administered to participants by trained local research assistant on tablets. Primary outcomes include: Decreasing harsh and abusive discipline and increasing positive parenting. Secondary outcomes include decreasing adolescent externalising behaviour, decreasing parenting stress, increasing mental health (both), increasing social support (both). Exploratory outcomes include financial coping, education and avoiding risk in the community.
- Child abuse will be measured using an adapted version of the ISPCAN Child Abuse Screening Tool (ICAST). This is a multi-national survey instrument measuring the incidence and prevalence of child abuse and neglect (Runyan, 2009). The tool measures physical, emotional and sexual abuse as well as neglect. Child Behaviour Checklist/6–18 (Rule-Breaking and Aggressive Behaviour subscales) will measure adolescent externalising behaviour (Achenbach & Rescorla, 2001). Alabama Parenting Questionnaire (Frick, 1991) will measure caregiver behaviour. The following subscales were included from this scale: Positive involvement with children; supervisions and monitoring; use of positive discipline techniques; consistency in their use and use of corporal punishment. Secondary outcomes of the trial include parenting stress and participant mental health, social support and parenting stress. In addition, exploratory assessment of the following areas is included: Risk avoidance, education outcomes and family financial coping.



### **Qualitative Approach:**

- Case study design (case boundary around the STPSP in Eastern Cape) within which policy, service delivery, socio and economic factors will be explored as they (1) contextualise the results of the RCT and (2) support, refute or expand the logic underlying the theory of change that is intrinsic to the intervention.

### **2.2 Qualitative evaluation sub-questions** (see Appendix 1: Template for the Qualitative Evaluation of the Sinovuyo Teen Programme):

Research questions are designed around the following 8 focal areas of analysis:

1. **Beneficiaries:** How do participants and their families experience a parenting support programme, in the wider contexts of their lives, including relationships and dynamics in the family, parenting aspirations and issues of poverty, migration and gender?
  - a. How do participants (and others in the community) perceive and respond to the parenting programme as compared to other forms of support or service?
  - b. Where does the intervention fit in relation to other sources of support to parents (key continuities and difference in relation to informal mechanisms and any formal sources)?
  - c. What are the age, generation and gender dimensions of service access and use?
2. **Implementation & Programme Delivery:** How do programme facilitators experience their role in the design and implementation of a parenting programme in vulnerable rural communities in the Eastern Cape, and what is the perceived impact on their lives?
3. **Delivery Providers:** What are stakeholders' expectations of the intervention? Did intervention meet expectation of stakeholders?
4. **Programme for the Intervention:** What dimensions of the programme did and did not work in practice?
5. **Programme Outcomes:** Were the main outcomes achieved? For whom, why, and how?
6. **Enhancement to family strengthening services:** What is the relationship between the intervention and existing services? What value does the programme add to the existing system?
7. **Systemic Change & Broader Intervention Context:** What are the implications of policy and programming-level issues for going to scale with a parenting support programme for families with adolescents in South Africa?
  - a. What are the perceptions of local government, local and national NGOs and community leaders about their involvement in the scale-up of a parenting support programme for families with adolescents in South Africa?
  - b. What are the desired levels of capacities and investments in structures, staff, and facilities and where do the gaps and barriers to investments lie?





- c. What are key recommendations for policy and practice to embed the parenting programme into provincial processes and integrated service provision?
8. **Logic & Theory of Change:** Can relationships be established between intervention activities and outcomes? What other factors outside the ToC affect intervention outcomes?

### 3 METHODOLOGY

#### 3.1 A mixed-method approach will be employed throughout (See Appendix 2: Data Collection Table):

- a. The following theories will inform data collection and analysis:
  - Grounded theory
  - Realist evaluation
- b. Sources of information and data collection methodologies include:
  - Semi-structured interviews (elite, participants, facilitators, associated service providers)
  - Focus groups (facilitator, participants)
  - Record, document and minutes analyses (policy meetings, facilitator reports, “khaya catch-up” home visit reports)
  - Observation (workshop, “khaya catch-up” home visit reports)
  - Process tracing
  - Participatory visual methodologies (mapping stakeholder relationships)
  - Participatory validation by beneficiaries and implementing agencies
  - Literature review (in association with Rachel Bray who is completing the literature review on factors affecting parenting in the Sub-Saharan region)
- c. Data analysis will include:
  - Thematic coding
  - Congruence analysis
  - Network analysis
  - Analytic generalisation
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### 4. OUTPUTS

#### 4.1 The study will produce the following outputs:

3 x academic papers examining beneficiary (a) and facilitator experiences (b) and policy context (c)

1 x UNICEF working paper: Synthesis paper containing combined qualitative and quantitative assessments of the STPSP, qualitative process and outcome evaluations (d)



1 x research 'toolkit' (e)

## 5. TIMELINE

### 5.1 Output deadlines (date for submission for peer review):

- a. Facilitator paper: January 2016
- b. Participant paper: April 2016
- c. Policy paper: October 2016
- d. Synthesis report (including e: toolkit): December 2016

Data collection schedule: Fieldtrips between May 2015–April 2016

## 6. COST-EFFECTIVENESS

### 6.1 Need for a cost-effectiveness study

While the process evaluation will capture information on resources used, this will not qualify as an accurate costing exercise. It is highly recommended that a cost-effectiveness be conducted by an independent agent.