

# Policy and service delivery implications for the implementation and scale-up of an adolescent parent support programme: a qualitative study in Eastern Cape, South Africa

Heidi Loening-Voysey, Jenny Doubt, Barnaby King,  
Jasmina Byrne, Lucie Cluver

Office of Research - Innocenti Working Paper  
WP 2018-13 | October 2018



## INNOCENTI WORKING PAPERS

UNICEF Office of Research Working Papers are intended to disseminate initial research contributions within the programme of work, addressing social, economic and institutional aspects of the realization of the human rights of children.

The findings, interpretations and conclusions expressed in this paper are those of the authors and do not necessarily reflect the policies or views of UNICEF.

This paper has been peer reviewed both externally and within UNICEF.

The text has not been edited to official publications standards and UNICEF accepts no responsibility for errors.

Extracts from this publication may be freely reproduced with due acknowledgement. Requests to utilize larger portions or the full publication should be addressed to the Communication Unit at: [florence@unicef.org](mailto:florence@unicef.org).

For readers wishing to cite this document, we suggest the following form:

Loening-Voysey, H., Doubt, J., King, B., Byrne, J and Cluver, L. (2018). Policy and service delivery implications for the implementation and scale-up of an adolescent parent support programme: a qualitative study in Eastern Cape, South Africa, *Innocenti Working Paper 2018-13*, UNICEF Office of Research, Florence.

© 2018 United Nations Children's Fund (UNICEF)

eISSN: 2520-6796

## THE UNICEF OFFICE OF RESEARCH – INNOCENTI

The Office of Research – Innocenti is UNICEF’s dedicated research centre. It undertakes research on emerging or current issues in order to inform the strategic directions, policies and programmes of UNICEF and its partners, shape global debates on child rights and development, and inform the global research and policy agenda for all children, and particularly for the most vulnerable.

Publications produced by the Office are contributions to a global debate on children and may not necessarily reflect UNICEF policies or approaches. The views expressed are those of the authors.

The Office of Research – Innocenti receives financial support from the Government of Italy, while funding for specific projects is also provided by other governments, international institutions and private sources, including UNICEF National Committees.

For further information and to download or order this and other publications, please visit the website at [www.unicef-irc.org](http://www.unicef-irc.org).

**Correspondence should be addressed to:**

UNICEF Office of Research - Innocenti

Piazza SS. Annunziata, 12

50122 Florence, Italy

Tel: (+39) 055 20 330

Fax: (+39) 055 2033 220

[florence@unicef.org](mailto:florence@unicef.org)

[www.unicef-irc.org](http://www.unicef-irc.org)

[twitter: @UNICEFInnocenti](https://twitter.com/UNICEFInnocenti)

[facebook.com/UnicefInnocenti](https://facebook.com/UnicefInnocenti)

## **POLICY AND SERVICE DELIVERY IMPLICATIONS FOR THE IMPLEMENTATION AND SCALE-UP OF AN ADOLESCENT PARENT SUPPORT PROGRAMME: A QUALITATIVE STUDY IN EASTERN CAPE, SOUTH AFRICA.**

AUTHORS: Heidi Loening-Voysey, Jenny Doubt, Barnaby King, Jasmina Byrne, Lucie Cluver

### **ABSTRACT**

This paper examines a four-year evidence-based study on an adolescent parenting support pilot programme known as Sinovuyo<sup>1</sup> Teen. The parenting support programme aims to reduce violence inside and outside the home in a poor rural community in Eastern Cape, South Africa.

This is one of the four working papers looking at data from a qualitative study that complemented a cluster randomized controlled trial (RCT). Both the study and the trial were conducted during the last year of the parenting support programme.

The research question was: *What are the policy and service delivery requirements and implications for scaling up the Sinovuyo Teen Parenting programme in South Africa and beyond?* The primary data for this paper were collected through semi-structured interviews and focus group discussions (FGDs) with key stakeholders, including programme implementers.

Thematic analysis identified four themes, three of which are presented in this paper: *programme model; programme fit in a service delivery system; and programme in local cultural and policy context.* Although the findings show the Sinovuyo Teen Parenting programme was positively viewed, if it were to be scaled up and sustainable, the intervention would need to be grounded in established policies and systems.

### **ACKNOWLEDGEMENTS**

Our authors are grateful to all implementing partners, research assistants, programme facilitators, service providers, funders, government officials and policy implementers who trusted us to represent their experience of participating in the Sinovuyo Teen Parenting programme and for their invaluable contributions to this study. We are indebted to them for their leap of faith in sharing their experiences and perceptions with us. We also appreciate the valuable inputs provided by Andy Dawes, John Canavan, Chandre Gould, Celia Hsiao and Rachel Rosenthals Thresher.

### **KEYWORDS**

Policy; service delivery; implementation; South Africa; adolescence; parenting programmes; scale-up.

---

1 Sinovuyo means "we have happiness" in isiXhosa.

## CONTENTS

<b>Glossary</b> .....	<b>6</b>
<b>Acronyms</b> .....	<b>7</b>
<b>1. Introduction</b> .....	<b>8</b>
<b>2. Adolescent parenting support in South Africa</b> .....	<b>9</b>
2.1 Legislative relevance .....	<b>9</b>
2.2 Parenting, adolescence and family life in South Africa .....	<b>9</b>
<b>3. Sinovuyo Teen Parenting programme</b> .....	<b>10</b>
3.1 Programme design .....	<b>10</b>
3.2 Programme piloting and testing .....	<b>12</b>
3.3 Qualitative study complemented testing of Sinovuyo Teen .....	<b>12</b>
3.4 Methods used in policy and service delivery component .....	<b>13</b>
<b>4. Findings – what we learnt about policy relevance and programme scalability</b> .....	<b>15</b>
4.1 Theme one: what form should the programme model take? .....	<b>16</b>
4.2 Theme two: programme fit within service delivery systems .....	<b>23</b>
4.3 Theme three: fit of programme within context .....	<b>26</b>
4.4 Summary of findings .....	<b>28</b>
<b>5. What the literature says about these findings</b> .....	<b>28</b>
4.1 Policy relevance: fit of Sinovuyo Teen within the legislative framework .....	<b>29</b>
4.2 Policy: Sinovuyo Teen - an agent to operationalize policy .....	<b>31</b>
4.3 South African service delivery: Sinovuyo Teen in a regulated service delivery system .....	<b>33</b>
4.4 Implementing evidence-based programmes: Sinovuyo Teen on the ground .....	<b>34</b>
4.5 Summary .....	<b>37</b>
<b>5. Limitations</b> .....	<b>37</b>
<b>6. Recommendations</b> .....	<b>38</b>
<b>7. Conclusions</b> .....	<b>39</b>
<b>References</b> .....	<b>40</b>
<b>Annex 1: respondents</b> .....	<b>46</b>
<b>Annex 2: data validation meetings</b> .....	<b>47</b>
<b>Annex 3: stakeholder meetings</b> .....	<b>47</b>
<b>Annex 4: Sinovuyo research</b> .....	<b>48</b>
<b>Annex 5: schema of Sinovuyo Teen research timeline and qualitative outputs</b> .....	<b>50</b>

## GLOSSARY OF TERMS

**“Family support** is a set of (services and other) activities oriented to improving family functioning and grounding child rearing and other familial activities in a system of supportive relationships and resources” (Daly et al., 2015:12).

**“Family interventions** are programmes that are developed with the family as the stated treatment group [or participants]” (Tao et al., 2012:613).

**Family preservation programmes** are in some contexts designed “to support families and prevent out of home placements of children at risk of abuse or neglect” (Law et al., 2008:306).

**“Implementation** is defined as a specified set of activities designed to put into practice an activity or programme of known dimensions. According to this definition, implementation processes are purposeful and are described in sufficient detail such that independent observers can detect the presence and strength of the specific set of activities related to implementation” (Fixsen et al., 2005:5). **Implementability**, therefore, refers to the completeness and appropriateness of the set of activities required for the programme to be put into practice.

**“Maltreatment** (including violent punishment) involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages” (WHO, 2018).

**Parenting interventions** are programmes that are developed with the parents as the stated treatment group/participants.

**Parent** refers to “the main caregiver of the teen... not limited to biological or legal parents... This breadth is especially important given that significant numbers of children are reared by people other than parents” (Daly et al., 2015:11).

**Parenting** “is a functional term for the processes involved in promoting and supporting the development and socialization of the child” (Richter and Naicker, 2013 in Daly et al., 2015:12).

**Parenting programme** is a “standard programme typically delivered in packages of sessions to parents” (Daly et al., 2015:9).

**Parenting support** is a “set of [services and other] activities oriented to improving how parents approach and execute their role as parents and to increasing parents’ child rearing resources (including information, knowledge, skills and social support) and competencies” (Daly et al., 2015:12). “Parenting support is primarily focused on imparting information, education, skills and support to parents in two main forms: health-related interventions for parents and young children education and/or general support for parents” (Daly et al., 2015:17).

## ACRONYMS

- CWBSA – Clowns Without Borders South Africa
- CRC – UN Convention on the Rights of the Child
- DSD – Department of Social Development
- EBI – evidence-based intervention
- FGD – focus group discussion
- LMIC – low- and middle-income country
- NACCW – National Association of Child and Youth Care Workers
- NGO – non-governmental organization
- NPO – non-profit organization
- NMCF – Nelson Mandela Children’s Fund
- PLH – Parenting for Lifelong Health
- RCT – randomized controlled trial
- REPSSI – Regional Psychosocial Support Initiative
- RSA – Republic of South Africa
- SACSSP – South African Council for Social Service Professions
- UN – United Nations
- UNICEF – United Nations Children’s Fund
- WHO – World Health Organization

## 1. INTRODUCTION

Violence is one of the greatest threats facing adolescents globally. Violence can occur in their communities, schools and at home. Girls and women are particularly vulnerable. “Violence is endemic among women and girls, with a significant proportion of traumatic events linked to sexual violence, which is grossly underreported” (Jackson, Henderson, Frank et al., 2012:1).

Violence is prevalent in South Africa, particularly for children. The rate of violence-related deaths is nearly five times that of the global average (Africa Check, 2016; Burton and Leoschut, 2013; Abrahams, Jewkes, Martin et al., 2009). A recent child death review piloted in two mortuaries in South Africa showed that 42.6 per cent of child deaths were classified as non-natural deaths. Amongst the 15–17-year-old age group, 91.7 per cent of child deaths were due to injuries and child abuse, and neglect accounted for 11.3 per cent of deaths overall (Mathews, Martin, Coetzee et al., 2016). Additionally, a survey on child abuse and neglect in South Africa revealed that 23.1 per cent of young people aged 15–17 years had in their lifetime been exposed to violence in the home, perpetrated by the main caregiver against another adult or a sibling (Artz, Burton, Leoschut, et al., 2016).

Parenting has long been identified as a critical function<sup>2</sup> in a child’s formative years and therefore an opportunity to prevent violent behaviour (Ward et al., 2016; Breen, Daniles and Tomlinson, 2015). In particular, parenting programmes that encourage positive parenting and demonstrate alternatives to corporal punishment both reduce family violence and the risk of juvenile delinquency (Knerr, Gardner and Cluver, 2013; Mikton and Butchart, 2009; Woolfenden, Williams and Peat, 2001).

Most documented parenting programmes, however, seem to be intended for parents of young children; the few for parents of adolescents tend to have a corrective instead of a preventative focus (Chu et al., 2012 and Woolfenden et al., 2010). Furthermore, effective parenting programmes generally have an implementation fee, require electronic equipment, need to be implemented by professional personnel and take place mostly in the Global North (Knerr et al., 2013; Mejia et al., 2012; Mikton et al., 2009). Documented and evidence-based parenting programmes are scarce in the Global South. A geographical distribution analysis of the evidence shows that “outcome evaluations of child maltreatment prevention interventions are exceedingly rare in low- and middle-income countries (LMICs) and make up only 0.6 per cent of the total evidence” (Mikton et al., 2009).

To address the gap in the Global South, in 2012, a collaboration was established known as Parenting for Lifelong Health (PLH), which is made up of Oxford, Cape Town, Stellenbosch, Reading and Bangor universities, WHO, UNICEF and non-government organizations (NGOs), including Clowns Without Borders South Africa. PLH has been developing evidence-based parenting programmes for child abuse prevention in LMICs, and testing the programmes in randomized controlled trials. Unlike other parenting programmes that are marketed commercially, PLH is committed to providing free programmes available for all. The Sinovuyo Teen Parenting programme is one such programme.

This paper is one of a suite<sup>3</sup> of papers from a qualitative study that complemented a cluster randomized controlled trial of Sinovuyo Teen in the Eastern Cape province, South Africa. The next section describes the South African context, followed by an explanation of our approach to the qualitative study. Then, we describe aspects of Sinovuyo Teen that the respondents found effective and should be retained in going to scale, and aspects they felt required further consideration. Consensus was reached on some aspects and disparate views were expressed on others; these views

<sup>2</sup> Please refer to glossary of terms for parent, parenting, parent support and parenting programmes.

<sup>3</sup> See Annex 5 for details



are presented in the findings section. The discussion section explores these findings in relation to the literature, with particular reference to writings on other evidence-based programmes. The paper concludes with a summary of findings and recommendations for scaling up Sinovuyo Teen.

## 2. ADOLESCENT PARENTING SUPPORT IN SOUTH AFRICA

### 2.1 Legislative relevance

As a signatory to the 1990 *Convention on the Rights of the Child*, South Africa recognizes the family as a “fundamental group of society” and acknowledges the “child’s need to grow up in a family environment”. It is obligated as a state to “render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities ... and to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse...” (Article 18). These obligations are referred to in South African statutes, particularly in the 2005 *Children’s Act*.

The 1996 Constitution of the Republic of South Africa, which is rights based and intended to redress the inequities of apartheid, is the cornerstone of all legislation. Chapter 2 has the Bill of Rights, which is relevant to this study. “Every child has the right to... family care or parental care, or to appropriate alternative care when removed from the family environment; to basic nutrition, shelter, basic health care services and social services; and to be protected from maltreatment, neglect, abuse or degradation...” (Constitution of the Republic of South Africa, 1996 Ch. 2, Section 27, p. 11).

The Constitution further states that social welfare is a functional area of concurrent national and provincial legislative competence. The 2005 *Children’s Act* is of particular relevance because of the obligation it places on the provincial Department of Social Development to provide family and parent support. This should help to reduce the number of children who are separated from their families.

The intention to shift from a responsive to a preventative approach in welfare services is stipulated in Chapter 8 of the *Children’s Amendment Bill, 2006*: “The Minister of Executive Council must... provide and fund prevention and early intervention programmes for that province” and they “must focus on preserving a child’s family structure, developing appropriate parenting skills... including the promotion of positive, non-violent forms of discipline...” (*Children’s Amendment Bill, 2006*:26).

It is within this rights-based and redistributive legislative context, which recognizes the value and responsibility of family, that the Sinovuyo Teen Parenting programme was piloted.

### 2.2 Parenting, adolescence and family life in South Africa

In a literature review on how parenting adolescents is understood and practised in Eastern and Southern Africa, Bray identifies that “levels of harsh discipline are generally high across the region with shaming more commonly reported by adolescents compared to the tendency for younger children to be beaten” (Bray with Dawes, 2016:27). The notion of reciprocity is also a constant theme for adolescents; adolescents tend to be obedient and participate in household chores when parents are willing to meet the adolescents’ needs (Bray and Dawes, 2016).

In addition to understanding traditional parenting practices, socio-economic influences and pressures need to be considered. South Africa is one of the world's most unequal countries, with children in rural areas being the worst affected. Nearly two thirds of South Africa's children live in the poorest 40 per cent of households. Most of the households are dependent on social cash transfers (Bhorat, 2015; Hall and Sambu, 2016).

Many children live separately from their biological parents. The Eastern Cape Province has the highest proportion of children living with neither biological parent (33.9 per cent) and the lowest proportion of children living with both parents (22.2 per cent). Four per cent of children in Eastern Cape live with their fathers and 40.3 per cent live with their mothers. This statistic is particularly relevant for our research considering that a study on direct and indirect determinants of violence against women and children in South Africa found that children who are not living with their biological parents are at the highest risk of violence (Mathews, Govender, Lamb et al., 2016).

In most households, other adult members in the extended family, apart from biological parents, contribute to child care. In traditional South African communities, such as in rural Eastern Cape, parenting practices are characterized by gendered roles – the fathers being the providers and protectors and the mothers being the caregivers and the ones setting limits in the household. The notion of a 'single [or lone] parent' is therefore rare, although, as noted earlier, 40.3 per cent of children live with their biological mothers without their biological fathers (Hall and Sambu, 2016: 107). Furthermore, whilst some children are considered paternal orphans because their fathers' whereabouts are unknown, two aspects to the absence of biological fathers are noteworthy. Firstly, "there exists a very strong conception of a 'social father', an ascribed, as opposed to an attained status" (Richter, Chikovore, Makusha, 2010:2). Secondly, the notion of an "absent presence" exists in which "the importance of fathers is retained through efforts to sustain rural homesteads, and their symbolic incorporation within the home even after death" (Bray et al., 2016:26).

The Sinovuyo Teen Parenting programme was piloted and tested among families that have high levels of harsh discipline; are dependent on state social assistance, and to a lesser extent, small remittances from working family members; and in which only 40.3 per cent of the children live with their biological mothers.

### **3. SINOVUYO TEEN PARENTING PROGRAMME**

#### **3.1 Programme design**

The Sinovuyo Teen Parenting programme (referred to as Sinovuyo Teen) was designed, within the PLH collaboration, by academics from the University of Oxford<sup>4</sup>, in partnership with the NGO, Clowns Without Borders South Africa (referred to as Clowns).

The intended primary outcomes of the programme were a reduction in harsh or abusive parenting; improved positive and involved parenting; and improved monitoring of adolescents. Intended secondary outcomes included a reduction in adolescent problem behaviour as well as parental depression and stress, and substance abuse. Other outcomes were associated with family budgeting, education and adolescent risk exposure in the community. These were included as exploratory outcomes in pilot runs of the programme (Cluver et al., 2016c).

---

<sup>4</sup> Centre for Evidence-Based Intervention, Department of Social Policy and Intervention.

## Summary of Sinovuyo Teen Parenting programme content

Sessions	Configuration	Goal
Session 1: Introducing the programme and defining participant goals	Joint (parent and teen together for entire session)	Introduce the programme and establish common ground rules and goals.
Session 2: Building a positive relationship through spending time together	Joint	Build a positive relationship while spending time with each other.
Session 3: Praising each other	Joint	Understand the benefits of praise and practise ways of praising.
Session 4: Talking about emotions	Separate (parent and teen separate for core lesson or for entire session)	Learn to identify, name and discuss emotions.
Session 5: What do we do when we are angry?	Separate	Manage anger and solve problems.
Session 6: Problem solving: Putting out the fire	Joint	Learn techniques of problem solving.
Session 7: Motivation to save and making a budget with our money	Joint	Budget to help reduce stress about money; set goals to help us to save money.
Session 8: Dealing with problems without conflict I	Separate	Identify problem behaviours and focus instead on the behaviours you want.
Session 9: Dealing with problems without conflict II	Separate	Learn helpful alternatives to violent discipline.
Session 10: Establishing rules and routines	Joint	Establish family rules and routines.
Session 11: Finding ways to save money and making a family saving plan	Joint	Understand ways to save and the risks of borrowing money.
Session 12: Keeping safe in the community	Joint	Make a plan to keep teenagers safe in the community.
Session 13: Responding to crisis	Joint	Combine active listening, anger reduction and problem solving to help parents and teens respond to abuse and crisis.
Session 14: Widening the circle of support	Joint	Plan how to move on from here and identify support structures that can help us.

The 14-session programme was grounded in evidence-based parenting principles, such as structured praise, modelling positive behaviour, and collaborative problem-solving. The programme was designed to be delivered by community members who need not have had previous facilitation experience but who were required to attend weekly training sessions.<sup>5</sup> They then implemented the programme in pairs to groups of 20 dyads (i.e. primary caregivers and adolescents). The programme's theory of change was based on assumptions that increased knowledge and skills in positive parenting and non-violent discipline within a social learning<sup>6</sup> environment would increase parental involvement, reduce violent/abusive parenting and reduce adolescent problem behaviour (Cluver et al., 2016c).

<sup>5</sup> See [http://www.who.int/violence\\_injury\\_prevention/violence/child/plh/en/](http://www.who.int/violence_injury_prevention/violence/child/plh/en/) for programme manual and conditions for use via Creative Commons

<sup>6</sup> People learn from one another via observation, imitation, modeling and reflecting on experiences. Social learning theory bridges behaviourist and cognitive learning theories. See McLeod, S. A. (2011).

### 3.2 Programme piloting and testing

Sinovuyo Teen was piloted and tested in the Eastern Cape, South Africa, over a four-year period (2013–2016) with three iterations of programme delivery.<sup>7</sup> Clowns was responsible for the training and implementation of Sinovuyo Teen in each of the iterations. Recruitment for the research and the programme was done simultaneously (Sinovuyo Teen had not been implemented prior to this research). Each year saw a different phase of the research, and in each phase the programme beneficiaries were also research respondents. The qualitative study on the programme facilitators was undertaken in the second iteration (2014), and the qualitative studies on participants and programme implementation were undertaken in the third iteration (2015). The quantitative studies of all the iterations of Sinovuyo Teen between 2013 and 2015 focused only on programme participants while the qualitative study also included those who managed and delivered the programme.

Since Sinovuyo Teen was not part of a regular family welfare service, processes and criteria for recruitment of adolescents and caregivers to participate in piloting of the programme had to be standardized and put into effect each year:

- In 2013 and 2014, local service providers and NGOs, known to the community, recruited participants whom they thought would benefit from the programme;
- In 2015, most of the participants were recruited by the RCT research assistants.<sup>8</sup> Inclusion criteria for the RCT in 2015 were as follows<sup>9</sup>: a) adolescents and caregivers in peri-urban and rural settlements within two-hour driving distance from King William’s Town in the Eastern Cape province of South Africa; and b) adolescents between 10 and 18 years who slept in the same dwelling at least four nights a week with their primary caregiver. The only exclusion criterion was adolescents who had severe learning disabilities and were not able to sign informed consent forms. Participants completed a brief screening questionnaire asking if there were regular arguments at home. Adolescents and their primary caregivers gave informed consent to participate.

### 3.3 Qualitative study complemented testing of Sinovuyo Teen

The qualitative study aimed to provide experiential value and contextual depth to the testing of Sinovuyo Teen. This was important because the programme was being tested in a complex social policy environment in which demographic profiles, cultural practices, institutional processes and service delivery mechanisms needed to be considered for external validity purposes. In particular, the qualitative study examined what aspects of Sinovuyo Teen the participants, facilitators and key stakeholders found effective for the scale-up of the programme, and what aspects they felt required further consideration. The overall question asked in the qualitative study was:

“How do policy, service delivery and social and economic factors have an impact on effectiveness and scalability of the intervention?”

7 See Loening-Voysey, Doubt, Nzima et al., 2018. Relevance, Impact and Implementation of Sinovuyo Teen Parenting Programme in South Africa: Summary of findings. Available at [www.unicef-irc.org](http://www.unicef-irc.org)

8 Cluver et al., (2016c)

9 See Cluver et al., (2016c:3) pg. 3 for further details

The findings from the qualitative study are reported in four papers.<sup>10</sup> This paper focuses on policy and service delivery factors that have an impact on the effectiveness and scalability of Sinovuyo Teen. The discussion section explores how to scale-up Sinovuyo Teen as an example of a social intervention.

Ethical protocols for this study and the RCT were approved by the University of Cape Town (PSY2014-001) and the University of Oxford (SSD/CUREC2/11-40). Informed consent was obtained from all respondents, who were also assured of confidentiality. Group discussion facilitators and interviewers explained the study's purpose and procedures. Participants were told their participation must be voluntary and they could withdraw from the interview or discussion at any stage without consequence.

### 3.4 Methods used in policy and service delivery component

UNICEF Office of Research–Innocenti and Oxford University<sup>11</sup> used a generic exploratory and inductive design (Ritchie, Lewis, Nicholls et al., 2013) to explore the research question: how policy, service delivery and socio-economic factors have an impact on the effectiveness and scalability of Sinovuyo Teen. Sub-questions specifically relating to this paper were divided into four focal areas. The first focal area was the programme model, which included perceptions of Sinovuyo Teen's distinguishing features. The second focal area referred to functional aspects, such as monitoring and evaluation and how this would be carried out and by whom. The third focal area referred to the relationship with other government and non-government service providers in the child protection field, including relevant policies and respective policy compliance. And the fourth focal area referred to programme delivery within the broader service delivery system. Government officials and NGO stakeholders were also asked about their views on taking programmes to scale.

Primary data were collected from purposefully selected respondents, which are described below. All primary data–collected by two researchers, one from the University of Oxford and the other from UNICEF Office of Research–were recorded and transcribed.

As mentioned above, the piloting of the programme took place in 2014 in the same geographical area where the RCT took place in 2015. Most respondents in this study, listed below, were involved in the 2014 pre-post test as well as the 2015 RCT and were therefore able to reflect on two - different delivery models. The following list provides a summary of respondents and their involvement with Sinovuyo Teen. For more details please see Annex 1.

- 1) One or two researchers conducted semi-structured interviews (using piloted and refined semi-structured interview schedules) in English with each of the following respondents:
  - Clowns trainer and supervisor of Sinovuyo Teen facilitators in 2014 and 2015
  - Sinovuyo Teen programme logistic manager for 2015 RCT
  - Clowns Without Borders South Africa: Director in 2014 and 2015

<sup>10</sup> All four papers as well as a literature review on parenting, family care and adolescence in East and Southern Africa can be found on the website of UNICEF Office of Research- Innocenti (<https://www.unicef-irc.org>)

<sup>11</sup> Centre for Evidence-Based Intervention, Department of Social Policy and Intervention.

- Clowns Without Borders South Africa: Deputy Director in 2014 and 2015 responsible for contracting staff and financial management which included negotiating a budget with UNICEF
  - National Association of Child and Youth Care Workers (NACCW) Director responsible for Isibindi, involved in 2014<sup>12</sup>
  - NACCW Director responsible for Adolescent Development, involved in 2014
  - NACCW Provincial Manager of Isibindi in Eastern Cape
  - Nelson Mandela Children's Fund (NMCF) staff member responsible for child protection grant-making in Eastern Cape
  - Department of Social Development, Eastern Cape official responsible for prevention and early intervention within the Children and Families Programme and chaired the provincial committee, which coordinated adolescent development programmes in 2014 and 2015
  - Regional Psycho-Social Intervention (REPSSI) field worker who was also trained as a Sinovuyo Teen facilitator in 2015
  - UNICEF South Africa Chief of Child Protection
  - UNICEF South Africa Child Protection consultant who was responsible for drawing up agreements for partnerships with NACCW in 2014 and with Clowns in 2015
- 2) Focus group discussions were held with the following groups of people:
- Sinovuyo Teen facilitators (n= 2; 16 participants) who were trained to deliver the programme in 2015; this discussion was moderated in English by both researchers, one of whom took detailed notes.
  - 2015 Research assistants (n=1, 11 participants), who were part of the Oxford research team and who observed and collected data in all of the 14 Sinovuyo Teen sessions. This discussion was moderated in English by one researcher, with simultaneous translation by the lead research assistant, and was recorded and transcribed.
- 3) Three meetings were facilitated and documented by the two researchers and attended by the following:
- Provincial Department of Social Development officials (n=4) in August 2015 prior to programme delivery
  - Provincial Department of Social Development officials (n=3) in November 2015 post programme delivery
  - Stakeholder roundtable, including NACCW, NMCF, Clowns, UNICEF and the Regional Psychosocial Support Initiative (REPSSI) (n= 8) in post-delivery of Sinovuyo Teen in November 2015, the focus being a reflection on the elements and scalability of the Sinovuyo Teen model.

<sup>12</sup> All the NACCW respondents were involved with Sinovuyo Teen in 2014 and 2015. However, in 2015 they did not participate in the trial.

- 4) Data validation meetings<sup>13</sup> (n=2) were facilitated and documented by two researchers and were attended by national and provincial government officials who were responsible for child protection policy implementation and NGOs who were responsible for delivering Sinovuyo Teen in the 2014 pre-post test as well as the RCT in 2015. These meetings aimed to seek “corroboration or otherwise of the account that the researchers had arrived at” from the analysis of data (Bryman, 2012:391).

Data from other sources, such as researchers’ observations of Sinovuyo Teen sessions; pilot interviews with participants in 2015; and focus group discussions with participants (which were moderated by research assistants at the completion of the Sinovuyo Teen programme in 2015), were used for triangulation purposes.

All interviews and focus group discussions (FDGs) were recorded and transcribed, and detailed notes of meetings were made. Data was uploaded and coded in Atlas.ti (version 1.0.50 (282)).

An inductive approach was used in applying Braun and Clarke’s (2006) six phases of thematic analysis to the data. Familiarization with data, and generation of initial codes by identifying key responses and repeated themes, were done separately by two researchers at UNICEF. The codes were then compared and any differences resolved through discussion before codes were allocated to themes. Defining and naming the themes required substantial analytical work to establish how themes differed from each other and how they addressed the research question (Clarke and Braun, 2014). Themes were identified by recurrence across and within data sources as well as by relevance to the research question (Bryman, 2012). The themes (super codes in Atlas.ti) and concomitant sub-themes were reviewed and edited by a third researcher before all the transcripts were coded.

#### 4. FINDINGS – What we learnt about policy relevance and programme scalability

The following three themes emerged from the data analysis: i) *programme model*; ii) *programme fit in service delivery system* and iii) *programme in context*. A fourth theme, *programme research*, emerged and although it is relevant to future studies of parent support programmes, it is not relevant to the question addressed in this paper.

Each theme has discernable characteristics but the boundaries around these themes are not solid, with obvious trans-theme linkages appearing. For example, contextual considerations appeared in each of the themes but had different implications for each.

While reading these findings, it should be remembered that the respondents, only experience of Sinovuyo Teen was in a research setting as (mentioned in the methods section). The programme was implemented in 2013, 2014 and 2015 for testing purposes. Therefore, some of the findings are only relevant to research conditions and are not necessarily required for the implementation of the programme. This becomes apparent in the discussion of the findings.

In the following section, respondents’ voices are presented within the three themes that appeared frequently in the analysis. Quotes are verbatim. Respondents are unspecified when there was consensus on the particular point being made in the group meetings or focus group discussions.

---

<sup>13</sup> See Annex 3 for details of data validation meetings

#### **4.1 Theme one: *What form should the programme model take?***

The programme model was generally perceived as well defined with distinctive characteristics, such as “ready to wear” and “fun”. Overall, Sinovuyo Teen was viewed positively and seen as beneficial to participants and facilitators. Aspects of the programme delivery and selection of programme beneficiaries, however, will need to be worked out before Sinovuyo Teen is replicated.

The findings in this theme have been categorized into what respondents considered constituent parts of a programme model. These need to be considered when taking the model to different contexts. Each constituent component forms one of the following seven sub-themes: i) programme package; ii) style of working; iii) programme delivery; iv) community ownership; v) selection of beneficiaries; vi) recruitment of facilitators and vii) budget.

##### ***(i) “Ready to wear”: Manualized and packaged programme***

Sinovuyo Teen was described by a respondent from the training organization as a “ready to wear” programme (interview 9: 1 February 2016), which aptly summarizes this sub-theme.

Programme facilitators saw the facilitators’ manual and training for all 14 sessions as core components contributing to the programme’s effectiveness. In their focus group discussion, Sinovuyo Teen facilitators responded to the question of what worked in the programme with, “the manual to me was very specific.... It made our work easy, because we went into the sessions knowing what to expect. It was specific and arranged in order” (FGD 4:16 November 2015). But “if we were not trained and just sent there to facilitate with a manual most of us would have struggled. The Monday [supervision] meetings gave us that courage, and also the manual played its part. But we could not have survived with the manual alone” (FGD 4: 16 November 2015). Clowns carried out a five-day training for programme facilitators prior to implementation and a one-day weekly supervision with ad hoc observations during implementation.

##### ***(ii) “Fun, fun, fun” and “Nothing blocks you”: Style of working***

This sub-theme captured all respondents’ views and experiences of Clowns’s palpable approach. Their distinctive style of working was consistently referred to as fun, positive, accepting and engaging.

In summarizing lasting impressions and significant experiences of Sinovuyo Teen, respondents, particularly the facilitators, were positive about *the way* in which the programme was delivered; they not only found it fun but, in some cases, transformative of their professional style (FGD 3: 17 November 2015). Reflecting on the skills they would take from the Sinovuyo experience, trained facilitators said, “Fun, fun, fun in training. It make people to relaxed and be receptive, even though the thing we deal with is of serious nature” (FGD 4: 16 November 2015). These descriptions aptly summarized enjoyment while learning, a basic principle in non-didactic social learning, which was core to the facilitators’ training and the parenting programme. One interviewee, who played a management role in 2014, saw fun as a core component of the model for both the facilitators and beneficiaries: “they love having fun more than anything else... they learn best when there is a lot of fun” (interview 4: 3 August 2015).

The lead trainer demonstrated this dynamic form of facilitation in her training of the programme facilitators and this was replicated by the facilitators in the delivery of the programme to caregivers and teens. This characteristic of the training was reported by the Clowns’ trainer, who spoke about



her clowning and facilitative skills almost as if they are inextricably connected.

“What’s special about clowns in that we think on our toes...It’s easy to learn when you are having fun and so you know, if something good happened to you and made you laugh and happy about it, it stays in your mind.... So, with us as clowns ...the way you present it to people, I think it just happens with your body language and everything, it sounds or it looks funny or it brings fun to people and it makes them want to try it and sometimes they try to imitate me, because they want to look fun or funny and I think yes, even though I don’t, we don’t teach clowning per se but I don’t know whether it’s me or it’s me being a clown, I’m always energetic... and you find it makes people laugh and want to come to the session” (interview 13: 30 November 2015).

Since the trainers’ primary skill and way of sharing key messages was through clowning, the researcher asked the lead trainer if she thought it was “important for facilitators to have some clowning skills” She felt it was because “nothing blocks you” and you will not find it “embarrassing to be part of those games” (interview 12: 30 July 2015).

Respondents from all sectors spoke favourably about the Sinovuyo style of working with participants, which required a shift from a traditional didactic approach to a more flexible and participative approach. A facilitator said she learnt “to engage with people in sessions and let them explore what they learning from you. Garner the feedback from them to gauge their learning skills and see if they had not missed points you made” (FGD 4: 16 November 2015).

The programme model is built on principles of participation, inclusion, acceptance and unconditional positive regard. These principles are in keeping with those of social work practice. Interestingly, government social workers, who are used to a more authoritative formal approach as a style of working, described their experience in the Sinovuyo programme as a “revival” of their professional practice (FGD 3: 17 November 2015). This positive take on the working style resonated with the views of government authorities who noted the value of group learning rather than problem solving by a trainer. “Beneficiaries are learning from each other in group sessions and general agreement of what is wrong holds caregivers accountable” and this “platform allows participants to voice their concerns and opinions in a protected environment” (meeting notes: 4 August 2015).

### ***(iii) Working in pairs and doing “khaya catch-ups”: Programme delivery.***

The Sinovuyo Teen manual outlines the content and group process for each of the 14 sessions of Sinovuyo Teen. Facilitators recognized working in pairs as a good practice but were less positive about catch-up sessions conducted in homes, although in some instances they could see the value of home visits.

The facilitators described operating in pairs as reassuring: “Being paired with a partner aided in order for us to deliver. Though we were all trained from the beginning, but some of us did not have confidence. So, having a partner who backed you up encouraged us to be confident” (FGD 4: 16 November 2015). The facilitators also found working in pairs especially reassuring for home visits, particularly in one case when they felt threatened by an aggressive family member.

In 2014 and 2015, facilitators were required to factor the *khaya catch-up*, which means “home catch-up”, into their weekly routine (Interviews 11 and 13, 8 June and 17 November 2015). These khaya

catch-up sessions were for Sinovuyo Teen participants who were unable to attend a session. In the home catch-up, the facilitator provided the core messages of the missed session.

The attendance register in 2015 recorded an average absenteeism rate of 54 per cent, but importantly, 99 per cent of recruited participants completed all 14 Sinovuyo Teen sessions through a combination of khaya catch-ups and group sessions. The average absenteeism per session ranged between 43 per cent and 68 per cent.<sup>14</sup> The averages, however, disguise the differences between areas – one area had a consistently low attendance rate, while other areas were consistently well attended.<sup>15</sup> For the facilitators working in the areas where attendance was poor, the home visits to catch-up the lost sessions with caregivers and teens took more time than they had planned for. Whether khaya catch-up sessions were appropriate sparked debate among respondents, particularly among the facilitators.

- Some respondents recognized the value of home visits in ensuring everyone received the full programme. Khaya catch-up also gave facilitators another opportunity to view the participants' home circumstances in addition to the home visits made during the initial pre-programme phase. One facilitator described the home visits as an opportunity to meet with the "influencer of the child who does not come to the sessions, but she would be the one who participated the most in catch-ups, more than the caregiver who comes to the sessions" (FGD4: 16 November 2015). Isibindi implementers of the 2014 pre-post test also viewed the khaya catch-ups positively, as these fitted with their approach to family support<sup>16</sup> services and, therefore, gave them the opportunity to discuss the core lessons with other members of the household (meeting notes 4: 20-22 September 2016). Home visits were also perceived as opportunities to share lessons with neighbours "when you do khaya catch-ups you find the neighbour coming saying... I saw the change in this house, so I came just to learn more or to hear what you are saying, so that I can take it to my house as well" (interview 12: 30 July 2015).
- Some facilitators, however, were uncomfortable that they were obliged to visit participants who had stated they no longer wanted to be part of the programme. The facilitators felt they were imposing the programme on these families. They also mentioned that visiting these people was time consuming, tiring, logistically challenging and inconsiderate of the participants' right to withdraw from the programme if they did not want to be part of it (FGDs 2, 3, 4: 18, 17, 16 November 2015).

A few facilitators thought that the catch-up sessions created unnecessary work that could have been avoided if recruitment of the caregivers and adolescents had been less focused on the optimal number of participants required for research purposes. In their summative focus group discussion, facilitators said, "The catch-ups are influenced by the criteria of how people were recruited, the way the research was proposed or introduced to the community"; and "People were having a miscommunication about Sinovuyo... promises...[which] led to lack of session attendance and hence many khaya catch-ups" (FGD4: 16 November 2015). There was unanimous agreement amongst facilitators that if "participants don't want to participate, *we should* let them drop out" (FGD 2: 18 November 2015).

14 Analysis of attendance and catch-up data indicates that: there were rural/ peri-urban differences in attendance, with better attendance in rural areas; caregivers were more likely to receive khaya catch-ups than teens (true in all areas except one); and reasons for absenteeism were illness, time commitments (or being busy), work, adverse weather, personal/ family responsibilities, needing assistance to come to the sessions and community events.

15 The reasons for absenteeism are discussed in Doubt, Loening-Voysey, Cluver et al., 2018. "It empowers to attend." Understanding how participants in the Eastern Cape of South Africa experienced a parent support programme: A qualitative study.

16 <https://www.unicef-irc.org/research/family-and-parenting-support/>

Additionally, the delegates of the data validation meeting (20 and 21 September 2016) agreed that when the programme is replicated outside the research environment, the programme managers will need to consider if they have resources to sustain attendance in the same way as was done in this trial.

***(iv) “Bottom-up and top-down process”: Community ownership***

Research assistants and a community liaison assistant, employed by the Oxford team, introduced Sinovuyo Teen to traditional and faith-based leaders. These introductions were valued by all respondents, particularly the community liaison assistant.

The community liaison assistant, described as a trusted person of good standing in the community who was trained in cooperative businesses, was appointed by the RCT research team to facilitate recruitment. She worked with the RCT project manager to build relationships with traditional leaders, municipal authorities, schools and clinics and introduced the concept of a parenting programme to the community (interview 5: 4 August 2015). This was described as a necessary and respectful function – “community expectations need to be worked through and respected”, which aided community entry: “the more the community supports the programme, the easier the logistics in the area and the more effective it is in implementing the programme” (interview 4: 4 November 2015).

Stakeholders referred to this principle of engagement as being a core component of good practice. A representative of another family support service in the Eastern Cape, for example, emphasized the notion of community ownership as a “process of community entry as well as establishing what and how issues to be addressed *should* all be done in consultation with key people in traditional and service related roles – so in some ways it’s both bottom-up and top-down process” (interview 6: 14 February 2016).

***(v) “Brilliant little boys”: Selection of programme participants***

There were six concerns about beneficiary selection that have bearing on this sub-theme. They were voiced in focus group discussions with facilitators and research assistants, and in two interviews with stakeholders. Although these concerns are not quantified and are not shared by all participants, they are worth noting because they are relevant for replication of the programme, particularly if the design requires recruitment of a specified group of beneficiaries.

The following concerns (a–e) reflect experiences relating to the selection criteria, and (f) refers to the selection processes.

- a) The age range of 10–17 years was observed to be too wide (meeting notes 4: 20-22 September 2016). Topics such as dating and sexuality were uncomfortable for younger participants, which prevented middle- and late-adolescents engaging in these in a meaningful manner. Also, the early-adolescents were at times distracted by what the older ones were doing – appearing to emulate their behaviour (researchers’ observation notes of sessions 13 and 14: November 2015). Furthermore, in interviews, some late-adolescents described the programme activities as “childish” (pilot interview: 6 February 2016).
- b) Overall, facilitators understood that adolescents aged 10–17 years with behaviour problems were to be targeted: “we were told that Sinovuyo is for naughty children” (FGD 4: 16 November 2015).

Some participants, however, were described by facilitators as “brilliant little boys” and “sweet little kids” who they thought were inappropriately selected and who stopped attending the programme because “they did not see themselves as naughty” (FGD 4: 16 November 2015).

- c) A few programme facilitators considered that the criteria for selecting caregivers did not consistently reflect the adult who had influence over the child: “The caregiver who comes to the sessions is not [always] the one that influences the misbehaviour of the child. At the same time, she is not the one who will create an improvement in the child’s behaviour” (FGD 4: 16 November 2015).
- d) Selecting a dyad<sup>17</sup> (caregiver and adolescent) from each household for participation in the trial was criticized by facilitators and the service provider because isiXhosa households typically have multiple adults and adolescents: “if it is a stand-alone programme that is not flexible to extended families with multiple problems – it will not work” (interview 6: 14 February 2016); “The challenge when they went into these households was that you would find the caregiver has two or three teens within the same age group, because they are forced to only take one teen, now they end up choosing one when in fact they would like all three or two to be part of the programme” (FGD 4: 16 November 2015).
- e) Whether beneficiary selection should be targeted or universal, thus adopting a preventative approach, sparked debate between a representative from the Department of Social Development and UNICEF. Sinovuyo Teen “is costly in terms of human resources, time commitment, additional services so, therefore, best to reserve for specialized need and more general parenting support guidance given through general family support programme” (interview 8: 23 July 2015). A provincial government official viewed Sinovuyo Teen as a universal option that could be offered at drop-in centres as well as a more targeted option for diversion of children in conflict with the law (interview 1: 6 August 2015). The research assistants also expressed views on this point: “[But]even where families don’t display problems with their children, it is still important to try and prevent it before it happens.... [we suggest] flexibility in the beneficiaries attending the sessions” (FGD 1: 15 November 2015).
- f) Recruitment through referrals, although not widely evident in the data, could present challenges during programme replication. Some caregivers referred by the Department of Social Development showed some resistance to research assistants. The caregivers felt that social workers breached their confidentiality about the difficulties they were having with their adolescents, particularly as the caregivers had been identified for Sinovuyo Teen before their participation had been discussed with them. To address this, research assistants recruited other participants door-to-door in the neighbourhood of referred families. In that way, the referred families were included in the recruitment, but not obviously targeted (FGD 1: 15 November 2015).

Respondents were generally less critical of the 2014 pre-post test beneficiary selection as they (participants and facilitators) were part of an ongoing community-based home-visit programme<sup>18</sup> in which family assessments were done collaboratively. The Sinovuyo Teen facilitators in the

17 Although the trial limited participants to one caregiver and one adolescent per household, the programme itself does not limit the numbers from each household.

18 Please see Annex 4 for details. The 2014 pre-post study was undertaken with Isibindi child and youth care workers, who were trained as Sinovuyo Teen facilitators. Most of the Sinovuyo Teen beneficiaries in the 2014 study were family beneficiaries of the Isibindi programme.

2014 pre-post test were also the professionals<sup>19</sup> carrying out the Isibindi home visits and were therefore known to the beneficiaries as trustworthy members of the same community, which helped to mitigate stigmatization and respect confidentiality.

**(vi) “Must be a respecting person, a people’s person”: Recruitment and retention of programme facilitators<sup>20</sup>**

Each iteration of the piloting and testing of Sinovuyo Teen used a different group of programme facilitators.<sup>21</sup> In 2014, child and youth care workers from Isibindi, a community-based home visit family support programme, were trained by Clowns to deliver the Sinovuyo Teen programme. In 2015, facilitators comprised a composite team of seven government social workers released from their regular duties for the duration of the trial, 10 lay community members recruited locally, one professional person from a related service provider (REPSSI) who planned to introduce Sinovuyo to existing programmes and three employees of Clowns.

The following perceptions of the qualities required for competent facilitation were shared by the Clowns trainer and the research assistants who had observed all the sessions:

- “adaptability, being able to work with challenges, understand people easily... it is not necessary to have artistic skills or direct facilitation experience.... But must be a respecting person, a people’s person” (interview 12: 30 July 2015).
- The research assistants observed that good listening, speaking and presentation, skills as well as being a caring person, were essential to effective facilitation of Sinovuyo Teen (FGD 1: 15 November 2015).

Both facilitators and respondents in government and non-government management positions said that pertinent to the sustainability of the programme, as well as to their professional development, was how programme facilitators were recruited and how the facilitators’ experience would be integrated in their work after the trial. Embedding the programme in regular service provision, as was done in 2014 with Isibindi child and youth care workers, was preferred to the randomized selection of respondents and the composite team of facilitators recruited for programme delivery in 2015 (meeting 4: 20-22 September 2016). This is an example of where views on Sinovuyo Teen were conflated with their experience of the RCT, as the random selection of participants was part of the RCT strategy.

The advantages of working with local service providers were also observed by a Sinovuyo trainer: “It helps to partner with the organization that is already existing in that area and also even with facilitators; as we are, Clowns Without Borders, we are based in Durban our main language is isiZulu, so it’s not like isiXhosa like in the Eastern Cape.... so it makes the programme stronger and being able to be understood easily by locals” (interview 12: 30 July 15).

19 Doubt, Loening-Voysey, Blanc, Cluver, Byrne, et al., ‘Delivering a parent support programme in rural South Africa: The local child and youth care provider experience.’ Available on [www.unicef-irc.org](http://www.unicef-irc.org)

20 The working paper on facilitators referred to in the introduction of this paper draws on data from the 2014 study and therefore a different cohort of facilitators from that of the 2015 RCT. See Doubt, Loening-Voysey, Blanc, Cluver, Byrne, et al., ‘Delivering a parent support programme in rural South Africa: The local child and youth care provider experience’ [www.unicef-irc.org](http://www.unicef-irc.org)

21 See Annex 4 for details

Four challenges of this approach were revealed in the findings:

- a. Government official overseeing Isibindi (during the pre-post test in 2014) felt that adding Sinovuyo Teen to existing workloads<sup>22</sup> “is compromising their work and in future some should maintain family visitation while others do the parent training” (meeting notes: 4 August 2015).
- b. The supervision of the Sinovuyo Teen facilitators became confused with the existing Isibindi mentoring and reporting system. Trainee facilitators were advised to step out of their existing professional role and “forget their child and youth care skills”, which not only had implications for the way they managed their workload but also for the way they measured their performance as child and youth care workers when they were deployed to Sinovuyo for 15 weeks (interviews 2 and 4: 3 June 2015 and 3 August 2015).
- c. The facilitators’ training did not comply with regularized accreditation standards and systems, which defines unit standards for facilitation skills and could in the long run facilitate a joint monitoring and reporting system for Sinovuyo Teen with the implementing partner. This would potentially provide the trainee with a nationally recognized certificate (interview 2: 2 June 2015; Meeting notes 20-22 November 2016).
- d. By the end of the trial, Clowns were unsure whether participation in one training and one delivery of Sinovuyo Teen was sufficient to equip them to offer the programme independently in the future, which meant that trainees were not able to take the programme to their organizations as they had anticipated (meeting notes: 20 November 2015; meeting notes 4: 20-22 September 2016).

These insights are important to consider when making plans for programme replication, as the funder of programme implementation during the research noted:

“complexity of partnerships makes it time consuming ... and the conditions that make implementation viable need to be analyzed” (Meeting notes: 20 November 2015).

***(vii) “Designed for low-resource settings”: budget***

A critical component of the programme model is the budget, which was perceived by programme funders as unaffordable to replicate. The funder of Sinovuyo Teen felt that essential line items needed to be reviewed: “Whilst Sinovuyo Teen is admirably a free programme designed for low-resource setting, the logistics are costly” (interview 8: 23 July 2015).

Following up on all absentees was cited as an example of a cost that would be unrealistic in regular service delivery – in terms of transport and facilitators’ time (meeting notes 1: 20 November 2015; meeting notes 4: 20-22 September 2016).

The programme funders also expressed concern about the duration and cost of developing an adequate number of trainers for scale-up and “urged stakeholders to consider a way of simplifying

---

<sup>22</sup> See Doubt, Loening-Voysey, Blanc, Cluver, Byrne, et al., ‘Delivering a parent support programme in rural South Africa: The local child and youth care provider experience’ [www.unicef-irc.org](http://www.unicef-irc.org).

the process [e.g. cut length of training] and keep down costs to help the government in implementing the programme and still maintaining quality” (meeting notes 1: 20 November 2015).

Government officials, UNICEF, the implementing partner and other service providers suggested that budget items outside programme delivery need to be reassessed when scaling up. For example, the RCT needed certain costs to be covered, such as food, transport and additional staff including cooks, drivers and logistical coordinators. These research costs need to be separated from costs associated with scaling up the programme (meeting notes 1: 20 November 2015; meeting notes 4: 20-22 September, 2016).

#### **4.2 Theme two: Programme fit within service delivery systems**

Respondents’ views on the way in which Sinovuyo Teen was offered and in relation to service delivery systems reflected the complexity of such services. Three sub-themes emerged: i) the legislative framework; ii) the broader child protection system; and iii) requisite resources of child protection systems, including personnel.

The alignment of Sinovuyo Teen with policy priorities was viewed positively, but the implementability of the programme within the service delivery system was less patent. The subject of programme facilitators appears in this theme again as the human resources are core to service delivery.

##### ***(i) “We have the Children’s Act that we’re currently implementing”<sup>23</sup>: South African legislation***

As mentioned in the introduction to this paper, the child protection programme in South Africa falls under the jurisdiction of the 2005 *Children’s Act, No 38* and covers a range of services within the traditional continuum of care. Prevention and early intervention services are, mainly, non-statutory and, as the government official said, “There is a deliberate effort to move more towards prevention and early intervention” (interview 1: 6 August 2015).

Provincial government authorities saw the Sinovuyo Teen trial as being complementary to their efforts: “ [It is] running in parallel with policy frameworks, including the strategy development for prevention and early intervention” (Interview 1: 6 August 2015). Other policies relating to family strengthening, substance abuse, victim empowerment, domestic violence and sexual offences were highlighted being as relevant to this programme, but not necessarily as having shaped the programme (meeting notes 4: 20-22 September 2016). It was, however, noted that Sinovuyo Teen still needed to comply with polices relating to social service professionals (the 1978 *Social Service Professions Act* as amended, and the Professional Boards for Social Workers and for Child and Youth Care Workers). It was suggested, therefore, that the trainers and the training package seek accreditation and be registered for continuous professional development points (interview 2: 3 June 2015; meeting notes: 20-22 November):

“Policy compliance conversation revolved around the issues of accreditation and the need to define the workforce, i.e. who should be delivering the programme and the need to potentially ‘standardize’ who this workforce is and to manage the relationships between organizations relating to Sinovuyo facilitators carefully” (meeting notes 4: 20-22 September 2016).

Respondents from NGOs also saw Sinovuyo Teen as relevant to the White Paper on Families, which

<sup>23</sup> Interview 1: 6 Aug 2015

promotes family preservation<sup>24</sup> and discourages corporal punishment (interview 2: 3 June 2015), and to the national guidelines for the implementation of prevention and early intervention programmes (meeting notes 4: 20-22 September 2016).

In addition, provincial government officials thought about the applicability of Sinovuyo Teen in relation to the continuum of care and suggested it could be applied in alternative care settings as well as be prescribed by the children's court as an early intervention option (meeting notes 2: 4 August 2015). In alternative care, child and youth care workers become like professional parents and yet their competencies are sometimes assumed and not coached. Government officials felt that Sinovuyo Teen would be able to close this gap in the Eastern Cape child protection programme. This view of multiple possibilities for Sinovuyo Teen to be applied along the continuum of care was reiterated by national government representatives at the data validation meeting (21 September 2016).

**(ii) "Policy readiness"<sup>25</sup>: What is still required for Sinovuyo Teen to be a policy option**

Whilst the above-mentioned policy compliance was recognized by respondents at the data validation meeting (meeting notes 4: 20-22 September), concern was expressed about what they referred to as "policy readiness", which was understood to mean readiness for policy implementers to include Sinovuyo Teen in their options for recommended programmes.

These concerns focused on four critical service delivery components:

- The absence of a dedicated budget for prevention and early intervention programmes in the Eastern Cape province (interview 1);
- The need to identify a suitable "workforce<sup>26</sup>" for the delivery of Sinovuyo Teen;
- The availability of suitable personnel for the duration of programme training and delivery: "Committing social workers to 15 weeks of Sinovuyo training requires a reallocation of social work services," which had not been done prior to the trial in 2015;
- The need for programme approval through the government quality assurance mechanisms for accredited prevention and early intervention programmes.

Provincial government officials confirmed that they were "*in the process of moving from statutory to prevention*" (interview 1: 6 August 2015) and were, therefore, able to accrue savings because the number of children in institutional care had reduced. Their intention was to divert these savings to support prevention strategies and Sinovuyo Teen was seen as one of their potential programmes. They recognized, however, that this could not take place before further investigation is carried out: "We will then test Sinovuyo against the strategy, because we have to test all the prevention and early intervention programmes" (interview 1: 6 August 2015).

---

24 Family preservation in South Africa refers to the protection of this "primary institution of society" and its "vital role" in nurturing, supporting and assisting its members (RSA 2009 – 2013).

25 Understood to refer to readiness to implement policy (Interview 1: 6 Aug 2015)

26 Meeting notes 4: 20-22 September 2016



**(iii) “The social service profession is expanding – we need to identify who within this can facilitate Sinovuyo”<sup>27</sup>: Human resources and budget**

At the data validation meeting, there was consensus on the need for Sinovuyo Teen to clarify “workforce” issues.

The following views were expressed on the workforce issues:

Respondents generally favoured the 2014 composition because:

- it attempted to work with an existing, funded service provider who had a presence in the community;
- it allowed for continuity with programme beneficiaries;
- it retained learning for further application in the community;
- it could potentially be incorporated into professional development of the child and youth care workers;
- there was potential for replication of Sinovuyo Teen in their other sites where it would be considered a referral programme for families with troubled/troubling adolescents;
- personnel costs would be covered by the existing service provider;
- additional programme costs would be minimal if the organization has a presence in the community and can use its own facilities and vehicles (interview 2: 3 June 2015; Interview 3: 7 August 2015; interview 4: 3 August 2015; interview 13: 17 November 2016; meeting notes 4: 20-22 November 2016).

Respondents were also concerned that the incorporation of Sinovuyo would just focus on enhancing what the organization is trying to achieve and thus become like an add-on programme that is not incorporated in their regular workload thereby placing a burden on human resources. The integration of Sinovuyo Teen requires a sensitive grafting process, a “synergy” between Sinovuyo Teen and the implementing partner. One of the respondents described the need for this synergy: “...we can’t work like this... we need the childcare workers for their data and for mentorship...and we can’t find them, they are busy with Sinovuyo” (interview 4: 3 August 2015).

This grafting process was seen as complex and challenging by service providers participating in the stakeholder meetings. They noted the dilemma between maintaining Sinovuyo Teen programme fidelity (as it was delivered in the trial) and adapting the programme to fit the implementing partner’s core purpose and systems. One of the participants in the stakeholder meeting noted that their approach is to work with communities to develop programme designs and this approach would not easily accommodate a pre-defined programme, such as Sinovuyo Teen, without adaptation to fit community needs (interview 6: 14 February 2015; meetings notes 1: 20 November 2015; meeting notes 4: 20-22 September 2016).

---

<sup>27</sup> *ibid.*

### **4.3 Theme three: Fit of programme within context**

The third theme captures respondents' views on how Sinovuyo Teen fits / does not fit within the social context. Sub-themes include: i) recognition of local culture in the programme, ii) local resources including people as resources, and iii) poverty.

#### ***(i) "Speaks to them directly"<sup>28</sup>: Cultural understanding***

There were disparate views on the cultural relevance of Sinovuyo Teen. Some felt the programme content, especially the vignettes and role plays, were appropriate, whereas, some felt the selection of participants was "contrary to the African culture" (meeting notes 4: 20-22 September 2016). However, discernment is required in interpreting the views represented in this section because the recruitment process was to a large extent determined by the RCT rather than the programme requirements.

Sinovuyo Teen programme content was built on principles of parenting gleaned from evidence-based programmes in high-income countries (interview 9: 1 February 2016). These were tested in the two pilot runs in the Eastern Cape prior to the RCT and the manual was revised accordingly. Feedback on cultural appropriateness of the programme was iterative and welcomed by the implementing partner:

"You know, when I'm thinking back actually and looking into the manual this year, to me it looks very different... we looked into the manual that will fit into the culture, which will talk to Eastern Cape South Africans, even our scenarios, we looked at things that are really happening in the families [and not] to just to think of ... anything that happens anywhere in the world, because we want ... people to feel that the manual speaks to them directly." (Interview 12: 30 July 2015)

A child protection service provider spoke about the importance of the culturally appropriate style of family support programmes and the necessity for service recipients to not feel judged (interview 6: 14 February 2016). This principle was reflected in the way each session typically started with sharing a meal in a circle in which children were referred to as "our children" (interview 12: 30 July 2015) – creating a sense of belonging and full acceptance of everyone in the circle.

The selection of programme participants was also mentioned in relation to cultural practices. Although Sinovuyo Teen was theoretically available to any family members who wanted to participate, the trial was limited to dyads, which was perceived by some respondents as contrary to how parenting is seen in the Eastern Cape. Child-rearing is viewed as the responsibility of kin and community in African contexts.

"Common sense tells us that the parenting programme is relevant to those who have shared responsibility" (meeting notes 4: 20-22 September 2016).

Some participants felt that there would be value in both parents attending the programme, and others felt that it was not necessary as others from the household learnt from the participants (meeting notes 4: 20-22 September 2016).

Similarly, some respondents questioned the selection of one adolescent per household. Typical

---

<sup>28</sup> Interview 12: 30 July 2015

African households have more than one adolescent, so questions such as “why that kid” and “what about other kids” were asked (meeting notes 4: 20-22 September 2016).

Two suggestions were made for reaching full households<sup>29</sup> :

- If the programme adheres to the strategy of one caregiver and one adolescent per household, then one respondent suggested an “intentional trickle down” plan should be put in place (meeting notes 1: 20 November 2015; meeting notes 4: 20-22 September 2016), which other stakeholders at the meeting agreed would ensure that all members of the household and community could benefit from the programme.
- In the same stakeholder meeting, it was argued that the social learning in the Sinovuyo Teen model should be retained but that, instead of selecting dyads from each household, a meeting should be held with a group of willing families (+/- three families) and session venues should be rotated amongst the homes of participating families (meeting notes 1: 20 November 2015; Meeting notes 4: 20-22 September 2016).

**(ii) “The father is often the decision maker”<sup>30</sup>: Gender considerations**

There were different views on whether gender required more attention in the programme design. These views ranged from the opinion that it was essential for men to be involved in some way in order to change parenting behaviour in households to the view that men could learn by observing the maternal caregiver.

Some participants highlighted that the paternal figure in African communities is often the decision maker, which means that “unless he is on board, changes will not come into the household” (meeting notes 4: 20-22 September 2016).

Some participants argued that having men in a traditional African community take part in the programme was not feasible. Female participants reported that the men had told them to attend the programme because women are responsible for child-rearing and if the child’s behaviour improves then punishment in the household would diminish, which would make the women happy (meeting notes 4: 20-22 September 2016).

Some respondents felt that men would not attend if games and songs were part of the programme as traditionally these activities are for women and children. Where a participant lived was also an important factor when considering male involvement. One of the male respondents said, “In the city when there is a meeting for parents, men will attend. In a township the chances of getting women and men attending will be higher. In the rural area men do not see this as part of their role” (meeting notes 4: 20-22 November 2016).

There were exceptions. A representative from the 2014 pre-post test implementing partner related how a father of a participant had observed the changed behaviour in one of the adolescents at home and later asked the facilitator during a home visit why he had been excluded (meeting notes 1: 20 November 2015). Another female caregiver reported that her husband had noted the change in her parenting style at home and had “followed the lead” (meeting notes 4: 20-22 September 2016). Another respondent noted that the parent practising negative parenting methods is not necessarily

<sup>29</sup> Both suggestions were voiced in various interviews and confirmed in the validation meetings 20-22 September 2016.

<sup>30</sup> Meeting notes 4: 20-22 September 2016

the one attending the programme: “The father or the uncle is the problem and it is the mother who is actually attending the programme. We do not have a guide to select who is the parent who is going with the adolescents. We select the adolescents but not the parents” (meeting notes 4: 20-22 September 2016).

**(iii) “If you invite people, it is part of the culture to eat something”<sup>31</sup>: Poverty**

Respondent’s views on the fit of Sinovuyo Teen in an environment of high unemployment and dependency on social assistance focused on the impact that the provision of food had on the programme. (The subject of food appeared earlier in the sub-theme on programme budget).

Some respondents believed food was a necessity for people, particularly for adolescents who had been in school all day. Always beginning the sessions with respondents sharing a meal was seen as a way of building mutual support. A few respondents also felt that this was culturally appropriate:

“In black culture, if you invite people, it is part of the culture to eat something”  
(meeting 4: 20-22 November 2016).

Expectations about food parcels and other measures of poverty alleviation could have been created during the RCT when questions were asked about food security, income, employment and health status (FGD 1: 15 November 2015). According to some facilitators, when this misunderstanding was addressed at the outset of the programme, a few of their recruited participants no longer wanted to attend (FGD 2: 18 November 2015). Also, other participants at the data validation meeting asked about plans to help them out of poverty because “at the end of the day, we must get something” (participant quote in meeting notes 4: 20-22 September 2015.”

#### **4.4 Summary of findings**

Participants found the Sinovuyo Teen programme relevant, acceptable, fun and beneficial, and they appreciated the well packaged manual that guided the facilitators through the workshops. To scale-up the programme throughout South Africa, however, participants felt certain aspects needed to be reconsidered, particularly the criteria and procedures for recruiting participants, as well as the selection and training of personnel implementing the programme. The points requiring consideration for scaling up the programme are discussed in the next section.

## **5. WHAT THE LITERATURE SAYS ABOUT THESE FINDINGS**

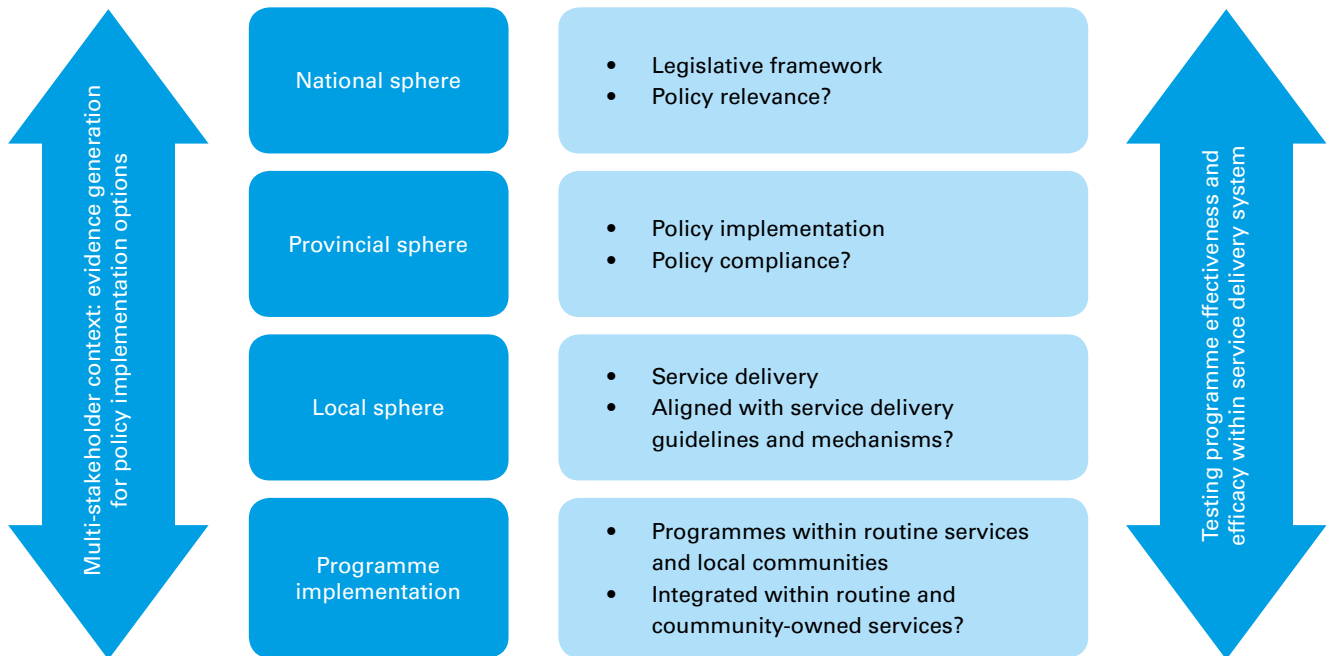
This section discusses the qualitative findings on scaling up Sinovuyo Teen in South Africa in relation to perspectives in the literature on four levels of interaction between programme implementation and local systems: policy relevance, policy implementation, service delivery and programme delivery. Each of the four levels of interaction fit within a sphere of governance, which is illustrated below.

This discussion is informed by a growing body of knowledge about implementation science as well as the lessons learnt from this study and, in turn, contributes to the application of implementation science to child protection.

---

<sup>31</sup> 2015 Participant quote within meeting notes 4: 20-22 September 2016)

**Figure 2: Spheres of governance relative to scalability of effective social interventions, such as Sinovuyo Teen**



Knowledge development for social interventions in complex, unpredictable and real environments includes reflective service provision and shared experience of witnesses in a community of practice, which Spicker (2011) refers to as “messy – if we try to walk on a flawless, frictionless surface like ice, we are unable to walk at all”.

### 5.1 Policy Relevance: Fit of Sinovuyo Teen within the legislative framework

“Clearly, then, the content of public programmes and policies is an important factor in determining the outcome of intervention initiatives” (Grindle, 2015:10).

Concurrence with values and parameters imbued in legislative frameworks is essential to the longevity and optimal realization of positive outcomes for social interventions (Grindle, 2017; Canavan, Pinkerton and Dolan, 2016; Fixsen, Naom, Blasé et al., 2005). This discussion section reflects on the fit of Sinovuyo Teen within the South African legislation and suggests ways in which such parenting programmes could be relevant in several sectors within social welfare services.

The introduction to this paper outlined the broad legislative framework for parent and family support in South Africa. The participants in the data validation meetings acknowledged the compliance of Sinovuyo Teen with the 1996 *Constitution of the Republic of South Africa*, and the 1990 *Convention on the Rights of the Child* confirming that Sinovuyo Teen underscores a child rights perspective (meeting notes 4: 20-22 September 2016). Additionally, respondents listed a host of legislation and policies pertaining to vulnerabilities or risks to people as being relevant to Sinovuyo Teen. These included: legislation and policies on family preservation, substance abuse, juvenile justice, domestic violence, the elderly and adolescents as well as functional areas such as the social welfare system and schools

(meeting notes 4: 20-22 September 2016). This legislation has generated some policies on norms and standards, strategic plans, regulations and action plans that are relevant to social programmes, like Sinovuyo Teen. This wide angled view was reflective of both the potential applicability and usefulness of the programme, as well as the challenges in policy compliance. The relevance lay particularly in the emphasis on preventing abuse and intervening early to treat abuse through parenting support (2005 *Children's Act*) and the preservation of families (2012, Department of Social Development (DSD)). The challenge lay in being compliant with relevant policies.

The 1996 *Constitution of the Republic of South Africa* outlines social welfare as a functional area for the national and provincial Departments of Social Development. The national department has the executive responsibility to provide policy guidelines, norms and standards while provincial governments have the responsibility to decentralize services by implementing policies in partnership with civil society and in collaboration with the Departments of Justice, Health and Education (DSD, 2013).

The *White Paper for Social Welfare* (DSD, 1997) defines a developmental approach to social welfare in which social and economic development are mutually reinforcing and is built on principles of human rights, partnerships, decentralization and mutual support. As part of the restructuring services from a rehabilitative and interventionist approach, which was typical of the apartheid regime prior to democracy in South Africa, the *White Paper for Social Welfare* (DSD, 1997) calls for a balanced approach in which "preventative programmes will focus on high-risk groups who are vulnerable to social problems, such as children and youth at risk" (Chapter 1, p.32). The social development approach to welfare services saw South Africa attempting to move from a state-controlled system that purposefully maintained separate and unequal services to a de-stratified, rights-based approach.

Clarity "from within the political perspectives and institutional arrangements of any particular nation state on what the expectations are of the families, and what aspects and outcomes for families are regarded as needing state support" is critical in defining a nation's approach to family support (Canavan et al., 2016:31). The *Children's Act No. 38 of 2005* outlines the responsibility and rights of parents as well as procedures for preventative and corrective action if parents are unable to fulfill these responsibilities. As mentioned previously, the provincial government is mandated (The 2005 *Children's Act, chapter 8*) to provide parent and family support as a preventative measure.

As a parenting programme, Sinovuyo Teen is, therefore, best placed within a family support paradigm. Canavan et al. (2016) argue that a coherent family support programme, underpinned by sound theory and policies and guided by clear practice principles, should define child welfare services. This argument is reinforced by the Convention on the Rights of the Child and South African legislation, which states families are the basic social unit of society that deserve protection.

The legally binding documents mentioned in this discussion provide the policy niche and justification for Sinovuyo Teen as a preventative and early intervention programme within a family support perspective and offered in an economically poor rural community. Working with the public and NGOs, Sinovuyo Teen also operated within the parameters of the state-civil society partnership outlined in the *White Paper for Social Welfare* (RSA, 1997).

## 5.2 Policy: Sinovuyo Teen – an agent to operationalize policy

“Legislation is never self-implementing but always requires delegation to an appropriate organization and personnel” (Rahmat, 2015).

For piloted social interventions to gain traction, they need to comply with and fulfil local policies. Policies also need to be operationalized through government systems that enact and monitor operationalization of policies, including delegating to and overseeing social service agents, who in turn need to be familiar with relevant policies (Grindle, 2016). Policy compliant social services are cognizant of both policy content as well as policy context, which are often complex. As Grindle (2016:10) describes it, a policy environment is a combination of “power, interests, and strategies of actors involved with institution regime characteristics and compliance/responsiveness”. Issues relating to both policy content (for example, the social service workforce) and policy context (for example, family support services provided by NGOs) featured in the findings of this study, particularly amongst government role-players.

One of the recommendations made by stakeholders in the data validation meetings (meeting notes 4: 20-22 September 2016) was that human resources for parenting programmes be defined. They felt that Sinovuyo Teen should be embedded in a regular service provision where participation in the programme could contribute to the professional development of social service personnel. Of particular relevance to this recommendation is the *Framework for Social Welfare* (DSD, 2013), which attempts to “operationalize the developmental social welfare”; and recognizes the “family as the basic unit for service delivery in a community” (DSD, 2013:21) and parenting programmes as a “type of prevention and promotion service or intervention” (DSD, 2013:32). Civil society organizations are seen as autonomous collaborators in ensuring “provision of comprehensive, integrated, sustainable and high-quality social welfare services to help reduce vulnerability and poverty....” (DSD, 2013:41).

As part of this defining process, and in recognition of the *Framework for Social Welfare* (DSD, 2013), government and NGO employers should consider classifying parenting programmes, whether universal or targeted, as “family support” for social auxiliary workers and “family work” for child and youth care workers. For social workers, parenting programmes could be classified as “group work” or “community work”, and could therefore reduce their casework load, especially if they target foster parents, who currently make up a large portion of their caseload.

A critical part of operationalizing the social welfare approach, and relevant to the scale-up of Sinovuyo Teen, is the recommended workloads within the social service professions. The recommended workload is as follows: for social workers, 50 to 80 per cent should be spent on casework; for auxiliary social workers, 85 per cent should be allocated to basic counselling and family support; and for child and youth care workers, 85 per cent should be allocated to developmental care, support and family work (DSD, 2013). Within this Framework for Social Welfare, parenting support seems to fit best in the workload of auxiliary social workers and child and youth care workers.

In South Africa, policy implementation has suffered teething problems, which is common in developing countries, and is partly responsible for the poor outcomes for families, particularly children, including adolescents (United Nations, 2016; Patel, 2015; Patel, 2012; RSA, 2012; Lombard, 2008). This is partly because of the many concurrent nascent implementation strategies requiring compliance, placing pressure on provincial governments to establish processes for evidence-informed decision-making and clear communication channels, especially with partners in service provision and their target groups (Rahmat, 2015).

Regarding the workforce and scale-up, two more issues emerged as important, one relating to programme participants and the other to trainee facilitators. Firstly, the 2005 *Children's Act* requires that people working with children are cleared in terms of Part B of the Child Protection register (2005 *Children's Act p.80-81*), which ensures people working with children have no record of child abuse or any other incriminating record. In case of any backlog in processing applications against Part B of the *Children's Act*, at a minimum, police clearance should be obtained. Secondly, the 1997 *National Skills Act* (as amended, p.1) provides:

“an institutional framework to devise and implement national, sector and workplace strategies to develop and improve the skills of the South African workforce; to integrate those strategies within the National Qualifications Framework ...in the South African Qualifications Authority Act, 1995...”

The background to this legislation is pertinent to the respondents' concerns about the selection and training of Sinovuyo facilitators. South Africa experienced a public health crisis with the HIV epidemic from the late 1990s up to 2010, resulting in a heavy dependence on voluntary community workers. This led to a plethora of workers, which had the potential of building a strong safety network. Yet for the following reasons this proved difficult: i) confusion about job specifications and competencies required for each cohort of workers; ii) competition between government and the non-profit sector to keep staff; iii) dissatisfaction amongst workers who were not accredited for their training, lacked career development and were poorly paid; iv) poor coordination across sectors; and v) lack of management and infrastructural support (Lombard, 2008; PMG, 2011).

Moreover, although the government's mission is to develop skills and reduce unemployment (1997 *National Skills Act*), there are two huge challenges. Firstly, to establish efficient national systems to accredit and register training and education, and secondly, to train personnel at provincial and local levels to negotiate the mechanics of this complex system. “The model has proved costly, complex and excessively bureaucratic. It has focused too narrowly on qualifications, apparently believing that these alone can bring about revolutionary change” (Akoojee and McGrath, 2005).

Nevertheless, a system exists for accrediting trainers, training material and trainees in South Africa, which stakeholders suggested Sinovuyo Teen would need to consider once the programme is deemed effective and before it is scaled up (meeting notes 4: 20-22 September 2016). This sentiment is echoed in writings on the importance of clear frameworks that include “job satisfaction and skills advancement” (Hanson et al., 2016) in assimilating evidence-based programmes into regular service delivery.

A further consideration for accreditation lies in provisions of professional boards:

“The South African Council for Social Service Professions, in conjunction with its two professional boards, guides and regulates the professions of social work and child youth care work ... ensuring continuing professional development, and fostering compliance with professional standards. It is protecting the integrity of the social service professions as well as the interest of the public at large” (SACSSP, 2017).

Should the Sinovuyo training be accredited, it would enable registered qualifications (e.g. those for child and youth care workers and social auxiliary workers) to add this training as a requirement of their programme, and/or professional boards could consider certifying the programme for enhanced occupation performance with continued professional development points.



### 5.3 South African Service Delivery: Sinovuyo Teen in a regulated service delivery system

“Parenting programmes are a key component of the delivery of children’s services, but evidence-based policy has often proved difficult to implement” (Law et al. 2008:302).

As mentioned above in the description of the *Framework for Social Welfare* (RSA, 2013), the delivery of programmes relies on partnerships with non-profit organizations (NPOs). For Sinovuyo Teen to be replicated in other areas in South Africa, the complexities of this shared terrain between the DSD and NPOs needs to be considered.

NPOs proliferated soon after the legal reform in South Africa, partly in solidarity with the government’s intention to redress disadvantages of the past and build social capital and partly in response to the devastating impact of the HIV epidemic. The social development approach to welfare services and the international interest and financial aid provided a platform for the registration of these organizations. The *Non-Profit Organizations Act* (no. 71 of 1997) provided criteria and processes for the registration of such organizations with the respective Directorate within the DSD.

Many non-profit organizations were unable to survive for long, partly due to the complex processes of accessing funds from government and donors. The government supports NPOs financially through service level agreements, mostly with the provincial Departments of Social Development. Moreover, the 1997 *Non-Profit Organizations Act* technically prevents organizations from exploiting public funds for personal gain and is intended to keep track of NPO services in the country. However, the registration of services does not necessarily ensure good coverage of services (Patel, 2015; CRC, 2016:17). “Trends in the past showed that the highest percentage of the financial allocations disbursed by the DSD went to NPOs that were longer-established and well-resourced and reinforced the urban and racial bias” (PMG, 2011). Also, the NPO directorate does not monitor and advise donors on gaps that require funding.

Furthermore, the partnership model envisaged by the developmental welfare approach was hindered by i) poor planning, monitoring and evaluation skills within provincial governments; ii) power struggles between NPOs and government officials; and iii) unequal compensation packages between government and NPO sectors, resulting in the NPO sector often losing trained staff to better paid government positions (Patel, 2015; Patel, 2012; Lombard, 2008). Donor funding is often more difficult to access for long-term service provision.

Sinovuyo Teen was tested in a semi-rural area in one of the poorest provinces of South Africa, contributing to the policy imperative to redress urban bias in established welfare services (Patel, 2015). However, it was designed and tested by an agent external to the services in the Eastern Cape – Oxford University – in partnership with an urban-based NGO in South Africa, who also provided the training. This partnership was then dependent on service providers in the area for actual delivery for research purposes, but the replication of the programme in that area continued to be dependent on the urban-based NGO for training and supervision.

Working with existing local child protection services that are registered, funded and able to demonstrate competence in the delivery of effective, efficient and ongoing services in accordance with the NPO Act (71 of 1997) would provide a level of sustainability. The child protection services’ responsibility regarding the social development approach is to ensure that investment in training goes beyond the trial and is retained in local social capital. The trial was intentionally implemented in a

rural area where poverty and unemployment levels were high but the extent to which the programme facilitation skills were retained in existing services was not ascertained in this study.

Stakeholders' views (meeting notes 2, 3 and 4: 20 November 2005, 4 August 2015 and 20-22 September 2016) on the need to include the way services are delivered within the competitive government-civil society arrangements in the programme model are echoed in the literature. For example, in their article on the complexities of adopting and implementing evidence-based interventions, Spoth et al (2013:329) state that it is "critical that the information infrastructure provide clear information about programme content, core components, implementation support, appropriate target populations, and human labour and other infrastructure costs associated with the program implementation". Fixsen et al. (2005:25) describe core intervention components as "essential to answering persistent questions about local adaptations of evidence-based practices ...essential to achieving the desired outcomes of programmes." Knowing how parenting programmes can be adapted without losing core components required for effectiveness is critical to scalability.

The next section explores these "persistent questions" (Fixsen, 2005:25) in relation to fitting Sinovuyo Teen within local and regular service provision and expands on the notions of evidence-based programme development, ownership and scale-up within the child protection service delivery system in South Africa.

#### **5.4 Implementing evidence-based programmes: Sinovuyo Teen on the ground**

"Without evidence on the implementation of what works to prevent abuse and neglect, the knowledge on best practices or Evidence-Based interventions remains an academic exercise"(Lutze and Casillas, 2016:2).

"When we reach the point on the horizon where efficacy and implementation merge, we may be able to achieve a public health approach to reducing the prevalence of children's behavior problems with the empirically supported interventions already developed but too seldom applied in community settings" (Forgath, Patterson and Gewitz, 2013:12).

This section draws on studies that have identified factors that enhance or inhibit self-sustaining implementation sites within community-based services (Green, 2017; Hanson, Self-Brown, Rostad and Jackson, 2016; Fixsen et al., 2005). Five of these factors are relevant to this paper's research question:

##### ***i) Clear philosophy***

A clear philosophy, imbued with values that practitioners and stakeholders subscribe to, is necessary to guide programme decisions and inform evaluations (Fixsen et al., 2005). These findings are similar to what Hanson et al (2016) refer to as a shared vision, created at initial planning meetings when agreement is reached on stakeholders' commitments regarding roles and responsibilities. This commitment to the vision comes from regular collaboration amongst stakeholders and contributes to a sustainable programme. Interviews with managers and trainers of Sinovuyo Teen indicated that they had clear objectives built into their logic model for the intervention. However, the training package assumed shared philosophy, vision and logic that the participation in the 14-session programme would change the behaviour of caregivers and adolescents. The working arrangements and inter-agency discussions for the pre-post test in 2014 and the trial in 2015 focused more on

logistics and what was required of trainees to deliver the programme with fidelity and less on the philosophy and theory of change. This may explain the questions raised by stakeholders on what is core to the programme and the rationale for approaches to participant selection (meeting notes 1: 20 November 2015).

### ***ii) A well-structured planning process***

A well-structured planning process is needed to address the complexity of multiple agencies, providers and targeted beneficiaries, as well as the variable funding arrangements, the different organization infrastructures and partnership commitments (Hanson, Self-Brown, Rostad and Jackson, 2016). Public health settings commonly use a “Precede-Proceed model” in their participative approach to assess the fit of the programme to a setting and recognize predisposing and enabling factors (Hanson et al., 2016:58). Canavan et al (2016) suggest a logic model within an overall theory of change as a sound approach to planning and that the tension between types of evidence and practitioners’ acquired wisdom needs to be constantly negotiated and managed. Successful implementation requires clear communication and detailed knowledge of functional relationships within the complexity of multiple agencies, which would inform the training and evaluation of practitioners in programme fidelity (Fixsen, 2009). In their review of implementation frameworks, Hanson et al. (2016:59) recognize the importance of taking “internal and external contexts” into account in preparation and planning for implementation. Internal context would look at “agency specific needs and .... [plan for] how the installation of the new programme will advance skills and job satisfaction of service providers” (ibid:59).

The path between programme development and adoption of a fully operational programme for widespread roll-out by a regular service provider is paved by persons who Fixsen et al. (2005:12) regard as “purveyors”, defined as “an individual or group of individuals representing a programme or practice who actively work to implement the defined practice or programme with fidelity and good effect at an implementation site.” The programme plans, as outlined above, should therefore guide the path that starts with development for testing purposes and leads to scaled-up implementation. The Sinovuyo Teen manual, at the time of the trial in 2015–2016, did not include this level of planning, which research respondents identified as a potential challenge for the scale-up of Sinovuyo Teen.

In the testing of what Fixsen et al. (2005:15-16) refer to as “the exploration” of best practices or an innovation, Clowns filled the role of purveyor. The NGO represented Sinovuyo Teen and defined the practice during the trial and later developed criteria (e.g. repeated supervised practice) for certified facilitators to replicate Sinovuyo Teen with competent fidelity (interview 1, February 2016). Whilst this definition of repeated practice is designed to maintain standards and allows Clowns to develop a repository of lessons learnt through their training in multiple sites, stakeholders felt that training costs in time and monetary terms would be too high and that there would be issues around programme ownership as well as programme adaptability to different contexts. These issues would need to be worked out in order for Sinovuyo Teen to be implemented in different settings (meeting notes 4: 20-22 September 2016). This problem was described by Gurwitz et al. (2016:144) in an article on the dissemination of an Adult-Child Relationship Enhancement (CARE) programme as a “disturbing chasm between best practice and everyday practice in community settings” on the basis of which they recommend a “collaboration between sites interested in adopting new practices and addresses organizational barriers to implementation and sustainability.”

### **iii) Assessing the fit**

During the testing of Sinovuyo Teen, various trainee facilitators were used. The training process and the relationship between the trainee facilitators and the Clowns trainer was identified as a strong motivating factor (FGD 2 and 3:17 and 16 November 2017). The training, however, was not built into any existing supervision or data collection within the facilitators' place of employment. This was identified as an issue that would require attention in the scale-up. Although the existing agencies recognized the value of the programme within their core function, the ability to implement the programme with fidelity in their existing services was not part of the trial agreement and would therefore require further consideration.

Assessing the fit of the evidence-based programme with the core function of the implementing agency would go beyond matching the field (e.g. child protection) within which the purveyor and implementing agency operate. It would include looking at who and what processes within the agency would be critical to the programme's success; for example, supervisors, report writing, data collection and ongoing supervision (Hanson et al. 2016:60).

Gurwitch et al. (2016:43) found that building on existing relationships secured trust through ongoing collaboration, familiarity with each other's role in child protection services and an ability to share resources. An example of this relationship was found in the on-site training which was "blended ... into a pre-existing training structure", which together with mutual understanding was essential to the "uptake and success" of their CARE programme in their varied settings.

One solution that may alleviate the gap between the purveyor (e.g. Clowns) and the implementing agency (e.g. Isibindi or the local office of the DSD) is to train an on-site purveyor to in turn train, monitor, coach, and collect data on the implementation at a respective agency. This approach could also enable implementation science variables to be incorporated into the replication process in addition to desired outcome variables (Gurwitch, 2016).

The suggestion of a phased approach to developing and testing evidence-based interventions could be relevant to Sinovuyo Teen. Tomlinson, Ward and Marlow (2015:44) explain that "efficacy<sup>32</sup> and effectiveness<sup>33</sup> [generalizability] exist on a continuum" and further suggest that efficacy testing under controlled conditions should be followed by investigation in established service delivery points. Then, dissemination research, which focuses on fidelity, could establish generalizability in different service delivery points (Flay et al., 2015).

### **iv) Feedback loop**

When integrating an evidence-based programme such as Sinovuyo Teen in existing services, a balance between reflection on practices and on technical organizational processes needs to be maintained. In the pre-post test in 2014 as well as in the trial of 2015, feedback on facilitator practices was provided by Clowns' supervision and was perceived positively (FGD 4: 16 November 2015; Interview 4: 3 August 2015). Reflections on organizational process, however, still needs to be fed back into the programme design and incorporated into the evidence base for implementation of a community-owned Sinovuyo Teen (interviews 1, 2, 4: 6, 7 and 3 August, respectively, in 2015; FGD 3: 17 November 2015). For example, the necessity in 2014 child and youth care workers to take on

32 "The extent to which an intervention produces a beneficial result under ideal conditions" (Tomlinson et al., 2015)

33 "The extent to which a specific intervention, when used under ordinary circumstances, does what it is intended to do" (Tomlinson et al., 2015:44).

Sinovuyo Teen on top of an existing heavy workload and, in 2015, the need to assimilate Sinovuyo Teen into social work services show how important it is that organizational processes are fed back to the management of Isibindi and the DSD. A feedback loop system within the delivery of services to ensure flow of routinely collected data and perceptions from practitioners to coaches helps to ensure organizational concurrence (Hanson et al. 2016:60; Fixsen et al. 2005:28). This includes information on decision-making, adaptation and improvement of the programme. Canavan et al. (2016:10-12) describes reflective practice as being in a “cornerstone position for family support”, which they suggest involves four modes of action: practical, critical, technical and process reflection. Together, these modes of practice encourage learning from practice in a grounded, critical and problem-solving way. Throughout the provision of support to families, practitioners are conscious of emotional content while facilitating skills development and social learning. For scalability of Sinovuyo Teen, this feedback loop could be itemized as part of the programme package that requires localized tailoring by implementing partners.

#### **v) Staff definition, recognition and development**

The topic of “workforce” was covered earlier in this paper. Here it refers specifically to the way in which programme facilitators are defined, selected, trained and evaluated as part of the implementing organization’s human resource policy. The need for “well trained and well supervised staff” was identified by WHO as a core component of effective parent support programmes (WHO, 2013). It would therefore be helpful for the purveyors of Sinovuyo Teen to refer to the 1997 *Skills Development Act* and clarify the level of skills and qualifications required by programme facilitators and their supervisors. “Staff development and continuous improvement components” linked with processes for awarding continuing education points are also identified as common elements of evidence-based programmes. This suggests the Sinovuyo Teen package that shows evidence of programme effectiveness ought to be broader than the impact on the beneficiaries and include evidence of facilitators’ professional development (Gurwitch, et al., 2016; Fixes, 2005:26-27).

## **5.5 Summary**

Literature on implementation and scalability of effective programmes suggests the need to assess relevance and compliance with national legislation and regulations; provincial strategies for policy implementation; local service delivery guidelines; and organizational practices. Findings of the qualitative study of Sinovuyo Teen indicate that the parenting programme was relevant, particularly with the focus on prevention of child abuse and neglect in South Africa, but that compliance in terms of national human resource and skills development policies would assist in improving recruitment and training practices. Furthermore, the programme was seen as pertinent and useful to existing family support programmes, but issues pertaining to aligning philosophies and professional practices between Sinovuyo Teen and existing organizations require further consideration for scalability purposes.

## **6. LIMITATIONS**

The findings of this study may not be relevant to contexts outside the Eastern Cape, South Africa. Reflections in the previous section of this paper, however, could contribute to enhancing the programme model to include implementation guidelines for further testing in routine service delivery settings.

Language was, in some instances, a limitation. Since neither of the lead researchers were fluent in IsiXhosa, observations were either carried out by research assistants or through an interpreter, which potentially filtered out salient data. To mitigate this effect, research assistants were trained by the lead researchers to observe body language and to listen for voice tones as well as content. When interpretation was required in focus group discussions, the lead researchers were present and relied on intuition and skills, such as reflection and member checking to ensure that nuances were captured. Yet, questions relating to the use of high level skills, such as reflexive learning imbued in social learning, are not observable without understanding the language. Therefore, the extent to which high level skills were transferred in the training could not be observed. Similarly, not understanding the language made it difficult to appreciate the extent to which clowning was perceived as a good facilitation technique.

Research on dissemination of best practices in public health suggests that “we should not be exempt from evidence-based requirements... but the evidence brought to bear should be tested methods of intervention combined with procedures and theories to achieve the appropriate fit between the possible methods and the targeted population’s circumstances” (Green, 2001:173). The study’s limitations lie in the inherent fact that the respondents’ reflections are limited to a programme being researched as opposed to a programme being implemented within routine practice (Tomlinson, Ward and Marlow, 2015). Respondents tended to conflate the research requirements with programme requirements. For this reason, testing the programme several times in real-life situations, within regular social services, would be beneficial. As Flay et al. (2005:152) suggested, “it is only when effective prevention practices are widely disseminated that society will reap the potential benefits of the research conducted so far”. Lastly, since the cost of this intervention was raised as an issue by stakeholders, a cost analysis would be advantageous. It is therefore recommended that a contextualized cost-effectiveness study to accompany future iterations of Sinovuyo Teen studies.<sup>34</sup>

## 7. RECOMMENDATIONS

Both the DSD and NACCW (pre-post 2014) plan to integrate Sinovuyo Teen in their ongoing services and take the programme to scale. To do this, mechanisms and processes for delivery with fidelity in real-life circumstances need to be considered. It is, therefore, recommended that several applications of Sinovuyo Teen be observed to define programme implementation components. Considerations could include: a) Would this programme be effective in different communities in South Africa? b) Would the programme work as a preventative or an early intervention programme, or both? c) Who would the beneficiaries be and how should they be selected? d) Who would the facilitators be and how will this programme be integrated into their current workload and how will facilitation of the programme be monitored and evaluated? and e) What conditions of the trial will be kept? For example, will the programme provide catch-up sessions in the beneficiaries’ homes, transport to sessions and meals during the sessions?

Recognizing that child-rearing is shared amongst several adults in a typical South African household, it is recommended that a strategy, such as the home visits and home practice, be integrated and reinforced in the programme model as opposed to just offering a catch-up session for those who missed a session. This will help ensure sharing of learnings with the extended family and support families in sustaining these learnings.

<sup>34</sup> Since the completion of the RCT, a cost-effectiveness study has been undertaken by the Centre for Evidence-Based Intervention, Department of Social Policy and Intervention, Oxford University.

The replication of Sinovuyo Teen has seen Clowns take on the role of what implementation science refers to as a 'purveyor'. It is suggested that the replication process looks at the role of a purveyor within this search for effectiveness in ordinary circumstances – in terms of the programme package as well as the functions within the implementation site. This may involve a cooperative form of enquiry with implementing partners who could become the long-term on-site programme managers and would identify intervention components applicable in their contexts.

## 8. CONCLUSIONS

There was a positive response to the Sinovuyo Teen Parenting programme by participants, facilitators, stakeholders, policy implementers and other service providers. They were particularly enthusiastic about the manual and the empowering and fun style of working; and were also appreciative of the liaison with community leaders, local government and non-government service providers.

Significantly, this qualitative study established that Sinovuyo Teen is timely and relevant to South Africa's current priority to apply preventive programmes within a strategy to reach all families at risk of child maltreatment, neglect or exploitation. This was supported by an analysis of appropriate legislation and policies that shows the country's intention to shift from a restorative framework to a more preventative approach to child protection.

For the programme to gain traction and have positive outcomes for the implementers as well as beneficiaries, findings suggest a need to establish how best to operate within the complex partnership model designed by South African policies for social service delivery. Suggestions were made for improved policy compliance, particularly accrediting the training material, trainers and trained facilitators, and for integrating Sinovuyo Teen into existing social services. How well Sinovuyo Teen fitted within existing service delivery processes was a concern among stakeholders, implementing agencies and facilitators. Despite efforts to test the programme in as realistic circumstances as possible, the conditions in which the trial took place were simulated for research purposes. Also, the question of what 'workforce' is applicable for the implementation of the Sinovuyo Teen programme remained unanswered in this trial and therefore needs further deliberation. Significantly, participants suggested that embedding Sinovuyo Teen within existing family support services could be a way to make this model of parenting support sustainable.

The question of Sinovuyo Teen's applicability as a universal preventative programme versus an early intervention programme for caregivers and troubled adolescents was addressed by respondents. They suggested that the programme could be used for either approach, from several platforms, but that the recruitment criteria for each iteration would need to be clarified. This is important for both the participants, who need to know why they have been invited to participate, as well as for the facilitators, who need to understand the intended outcomes of each programme iteration within their own work situation.

Overall, Sinovuyo Teen makes a significant contribution to the evidence base for parenting support for caregivers of adolescents in the Eastern Cape, and adds to programme options for implementers to consider.

## REFERENCES

- Abrahams, N., Jewkes, R., Martin, L. J., Mathews, S., Vetten, L., and Lombard, C. (2009). Mortality of women from intimate partner violence in South Africa: a national epidemiological study. *Violence and victims*, 24(4), 546.
- Africa Check: Sorting fact from fiction (2016). <https://africacheck.org/factsheets/factsheet-south-african-crime-statistics/> (Retrieved on 21 February 2016)
- Akoojee, S., and McGrath, S. (2005). Post-basic education and training and poverty reduction in South Africa: progress to 2004 and vision to 2014. (Draft), *Post-Basic Education and Working Paper Series*, 2. [https://scholar.google.co.za/scholar?hl=en&q=Sectional+education+and+training+authority+south+africa&btnG=&as\\_sdt=1%2C5&as\\_sdtp=](https://scholar.google.co.za/scholar?hl=en&q=Sectional+education+and+training+authority+south+africa&btnG=&as_sdt=1%2C5&as_sdtp=)
- Better Evaluation: Sharing information to improve evaluation. Realist Evaluation. [http:// betterevaluation.org/print/node/1007](http://betterevaluation.org/print/node/1007) (Retrieved on 23 March 2015).
- Bhorat, H. (2015). Fact Check: Is South Africa the most unequal society in the world? <http://theconversation.com/factcheck-is-south-africa-the-most-unequal-society-in-the-world-48334> (Retrieved 4 April 2017)
- Bray, R., with Dawes, A. (2016). Parenting, Family Care and Adolescence in East and Southern Africa: An evidence focused literature review. UNICEF Office of Research, Florence.
- Braun, V., and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Breckon, J. (undated) Using Research Evidence. A Practice Guide. Nesta/ Alliance for Useful Evidence. London. [http://www.nesta.org.uk/sites/default/files/using\\_research\\_evidence\\_for\\_success\\_-\\_a\\_practice\\_guide.pdf](http://www.nesta.org.uk/sites/default/files/using_research_evidence_for_success_-_a_practice_guide.pdf) (Retrieved 13 July 2016)
- Breen, A., Daniels, K., and Tomlinson, M. (2015). Children's experiences of corporal punishment: A qualitative study in an urban township of South Africa. *Child abuse & neglect*, 48, 131-139.
- Bryman, A. (2012). *Social Research Methods*. Oxford University Press, Oxford.
- Burton, P., and Leoschut, L. (2013). School violence in South Africa: Results of the 2012 national school violence study. <http://www.cjcp.org.za/publications.html> (Retrieved 4 April 2017).
- Children's Act and Regulations. Act 38 of 2005* (Revised in 2010). Juta Law Co. Ltd., Claremont, Cape Town.
- Children's Amendment Bill, (2006). Republic of South Africa. [http://www.dsd.gov.za/index2.php?option=com\\_docman&task=doc\\_view&gid=9&Itemid=3](http://www.dsd.gov.za/index2.php?option=com_docman&task=doc_view&gid=9&Itemid=3) (Retrieved 4 April 2017).
- Chu, J. T. W., Farruggia, S. P., Sanders, M. R., and Ralph, A. (2012). Towards a public health approach to parenting programmes for parents of adolescents. *Journal of Public Health*, 34(suppl\_1), i41-i47.
- Clarke, V., and Braun, V. (2014). Thematic analysis. In *Encyclopedia of critical psychology* (pp. 1947-1952). Springer, New York.



- Cluver, L.D., Lachman, J.M., Ward, C.L., Gardner, F., Peterson, T., Hutchings, J.M., Mikton, C., Meinck, F., Tsoanyane, S., Doubt, J. and Boyes, M., (2016a). Development of a Parenting Support Program to Prevent Abuse of Adolescents in South Africa. Findings from a Pilot Pre-Post Study. *Research on social work practice*, p.1049731516628647.
- Cluver, L., Meinck, F., Yakubovich, A., Doubt, J., Redfern, A., Ward, C., Salah, N., De Stone, S., Peterson, T., Mpimpilashe, P., Romero, R.H., Ngcobo, L., Lachman, J., Tsoanyane, S., Shenderovich, Y., Loening, H., Byrne, J., Sherr, L., Kaplan, L., Gardner, F. and Orken, M. (2016b). 'Reducing child abuse amongst adolescents in low- and middle-income countries: A pre-post trial in South Africa', *BMC Public Health*, 16(1), 567.
- Cluver, L., Meinck, F., Shenderovich, Y., Ward, C., Romero, R.H., Redfern, A., Lombard, C., Doubt, J., Steinert, J., Cantanho, R., Wittesaele, C., De Stone, S., Salah, N., Mpimpilashe, P., Lachman, J., Loening, H., Gardner, F., Blanc, D., Nocuza, M. and Lechowicz, M. (2016c). A Parenting Programme to Prevent Abuse of Adolescents in South Africa: Study Protocol for a Randomized Controlled Trial. *Trials*, 17.
- Daly, M., R. Bray, Z. Bruckauf, J. Byrne, A Margaria, N. Pecnik, and M. Samms-Vaughn (2015). Family and Parenting Support: Policy and Provision in a Global Context, *Innocenti Insight*, UNICEF Office of Research, Florence.
- Department of Social Development (1997). White Paper for Social Welfare. [http://www.gov.za/sites/www.gov.za/files/White Paper on Social Welfare 0.pdf](http://www.gov.za/sites/www.gov.za/files/White_Paper_on_Social_Welfare_0.pdf). (Retrieved 21 February 2017)
- Department of Social Development: Families Directorate. (2009 – 2013) *Strategy for Families*. <http://www.dsd.gov.za> (Retrieved 21 February 2017)
- Department of Social Development (2012). *White Paper on Families*. <http://www.dsd.gov.za/> (Retrieved 21 February 2017)
- Department of Social Development (2013). *Framework for Social Welfare Services*. <http://www.dsd.gov.za/> (Retrieved 21 February 2017)
- Doubt, Loening-Voysey, Cluver, et al. (Forthcoming). 'It empowers to attend': Understanding how caregivers, adolescents and their families in the Eastern Cape of South Africa experience a parenting programme: A qualitative study. UNICEF Office of Research, Florence. [www.unicef-irc.org](http://www.unicef-irc.org)
- Fixsen, D., Naoom, S., Blasé, K., Friedman, R. and Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Louis de la Parte Florida Mental Health Institute Publication #231, Tampa, Florida.
- Flay, B.R., Biglan, A., Boruch, R.F. Felipe, G.C., Gottfredson, D., Kellam, S., Moscicki, E.K., Schinke, S., Valentine, J.C. and Ji, P. (2005) Standards of Evidence: Criteria for Efficacy, Effectiveness and Dissemination. *Prevention Science*, 6(3), 151-175.
- Forgatch, M. S., Patterson, G. R., and Gewirtz, A. H. (2013). Looking forward: The promise of widespread implementation of parent training programs. *Perspectives on Psychological Science*, 8(6), 682-694.

- Green, D. (2017). The NGO-Academia Interface: Realising the Shared Interface. In *the Social Realities of Knowledge for Development. Sharing Lessons of Improving Development with Evidence*, edited by J. Georgalakis et al. IDS/Impact Initiative, Brighton.
- Green, L. W. (2001). From Research to Best Practices in other Settings and Populations. *American Journal of Health Behaviour*, 25(3), 165-178.
- Grindle, M. S. (2017). *Politics and policy implementation in the Third World*. Princeton University Press.
- Gurwitch, R. H., Messer, E. P., Masse, J., Olafson, E., Boat, B. W., and Putnam, F. W. (2016). Child-Adult Relationship Enhancement (CARE): An evidence-informed program for children with a history of trauma and other behavioral challenges. *Child abuse & neglect*, 53, 138-145.
- Hall, K and Sambu, W. (2016). Demography of South Africa's Children in South Africa Child Gauge. University of Cape Town, Cape Town.
- Jackson, C. A., Henderson, M., Frank, J. W., and Haw, S. J. (2012). An overview of prevention of multiple risk behaviour in adolescence and young adulthood. *Journal of public health*, 34(suppl\_1), i31-i40.
- Knerr, W., Gardner, F., and Cluver, L. (2013). Reducing harsh and abusive parenting and increasing positive parenting in low- and middle-income countries: a systematic review. *Prevention Science*, 14, 352-363. <http://dx.doi.org/10.1007/s11121-012-0314-1> (Retrieved 12 September 2015).
- Law, J., Plunkett, C., Taylor, J., and Gunning, M. (2009). Developing policy in the provision of parenting programmes: Integrating a review of reviews with the perspectives of both parents and professionals. *Child: care, health and development*, 35(3), 302-312.
- Lutzker, J.R. and Casillas, K.L. (2016). The Importance of Examining Variants of Implementation among Evidence-Based and Promising Programs to Prevent Child Maltreatment. *Child Abuse and Neglect*, 53, 1-3.
- Mathews, S., Martin, L.J., Coetzee, D., Scott, C., Naidoo, T., Brijmohun, Y., and Quarrie, K. (2016). The South African child death review pilot: A multiagency approach to strengthen healthcare and protection for children. *The South African Medical Journal*, 106(9).
- Mathews, S., Govender, R., Lamb, G.... Rohrs, S. (2016). Towards a more comprehensive understanding of violence against women and children in South Africa with a view to enhancing violence prevention. Cape Town. Safety and Violence Initiative. University of Cape Town.
- McLeod, S. A. (2011). Albert Bandura | Social Learning Theory - Simply Psychology. Retrieved from <http://www.simplypsychology.org/bandura.htm>
- Mejia, A., Calam, R. and Sanders, M. (2012). A Review of Parenting Programs in Developing Countries: Opportunities and Challenges for Preventing Emotional and Behavioral Difficulties in Children. *Clinical Child and Family Psychology Review*, 15:163-175 (Retrieved 23 May 2016).

- Michie, S., Fixsen, D., Grimshaw, J. M., and Eccles, M. P. (2009). Specifying and reporting complex behaviour change interventions: the need for a scientific method. *Implementation Science*, 4(1), 40. [http://scholar.google.com/scholar?q=fixsen++implementation+science+2009&btnG=&hl=en&as\\_sdt=0%2C5](http://scholar.google.com/scholar?q=fixsen++implementation+science+2009&btnG=&hl=en&as_sdt=0%2C5) (Retrieved 22 February 2017)
- Mikton, C., and Butchart, A. (2009). Child maltreatment prevention: a systematic review of reviews, *Bulletin World Health Organization*. 87(5), 353-361. <http://doi:10.2471/BLT.08.057075> (Retrieved 30 January 2016).
- Moore, K.A., Whitney, K. and Kinukawa, A. (2009). Exploring the Links between Family Strengths and Adolescent Outcomes. *Child Trends Research Brief*. No. 2009-20.
- Mtwesi, A. (2014). An Overview of Youth Policy. *The Journal of Helen Suzman Foundation*. Issue 74. 37 – 41.
- National Planning Commission in the Presidency. (2012). *National Development Plan. 2030. Our future – Make it work*. Government Press, Pretoria.
- National Skills Development Plan 2005*. Department of Labour. <http://www.dhet.gov.za/Publications/National%20Skills%20Development%20Strategy%20II.pdf#search=SETA> (Retrieved 21 February 2017)
- National Youth Development Agency Act. No. 54 OF 2009*. Government Gazette. 8 January 2009. [www.polity.org.za](http://www.polity.org.za). (Retrieved 21 February 2017).
- National Youth Policy 2015 – 2020*. The Presidency. [www.polity.org.za](http://www.polity.org.za) (Retrieved 21 February 2017)
- Patel, L. (2012). Developmental Social Policy, Social Welfare Services and the Non-profit Sector in South Africa. *Social Policy & Administration*, 46(6), 603-618.
- Patel, L. (2015). *Social Welfare and Social Development*. Oxford University Press, Oxford.
- PMG (Parliamentary Monitoring Group) (2011). Minister's and Department's briefings: Social Development Policy on Financial Awards and Guidelines for NPO funding; National Coalition of Social Services & National Welfare Forum submissions on that Policy. <https://pmg.org.za/committee-meeting/13260/> (Retrieved 24 February 2017)
- Rahmat, A. A. (2015). Policy Implementation: Process and Problems. *International Journal of Social Science and Humanities Research*, 3(3), 306-311.
- Republic of South Africa (1997). Skills Development Act (1997) Republic of South Africa <https://www.saga.org.za/docs/legislation/2010/act97.pdf> (Retrieved 21 February 2017)
- Richter, L., Chikovore, J., and Makusha, T. (2010). The status of fatherhood and fathering in South Africa. *Childhood education*, 86(6), 360-365.
- Ritchie, J., Lewis, J., Nicholls, C. M., and Ormston, R. (Eds.). (2013). *Qualitative research practice: A guide for social science students and researchers*. Sage.

- Social Service Professional Act 1978* (as amended). [https://www.westerncape.gov.za/assets/departments/social-development/social\\_service\\_professions\\_act\\_act\\_110\\_of\\_1978.pdf](https://www.westerncape.gov.za/assets/departments/social-development/social_service_professions_act_act_110_of_1978.pdf) (Retrieved 21 February 2017)
- Smetana, J. G., Campione-Barr, N. and A. Metzger (2006). Adolescent development in interpersonal and societal contexts. *Annu. Rev. Psychol*, 57, 255-284.
- South African Council for Social Service Professions (SACSSP) (2017). Overview. <http://www.sacssp.co.za/About> (Retrieved 21 February 2017).
- South African Qualifications Authority (2017). SAQA's Jurisdiction. <http://www.saqa.org.za> (Retrieved 21 February 2017).
- Spicker, P. (2011). Generalisation and Phronesis: Rethinking the Methodology of Social Policy. *Journal of Social Policy*, 40(1), 1-19. doi:10.1017/S0047279410000334.
- Steinert, J., Cluver, L., Meinck, F., Doubt, J., Vollmer, S., Pancoast, M., Carel, D., Nzima D., Majokweni S, Loening-Voysey, H., Byrne, J., Tsoanyane S., and Mpimpilashe, P. (forthcoming) Household Economic Strengthening through Saving and Budgeting: Evidence from a Field Experiment in South Africa.
- Strydom, M. (2014). Family preservation services: types of services rendered by social workers to at-risk families. *Social Work/Maatskaplike Werk*, 48(4).
- The Non-Profit Organization Act No 71 of 1997*. Government Press, Pretoria.
- Tomlinson, M., Ward, C. L., and Marlow, M. (2015). Improving the efficiency of evidence-based interventions: The strengths and limitations of randomized controlled trials. *SA Crime Quarterly*, 51, 43-52.
- UN- DESA. (2015). Transforming our world: the 2030 Agenda for Sustainable Development. <https://sustainabledevelopment.un.org/post2015/transformingourworld>. (Retrieved on 4 November 2016)
- UNICEF (2012). Progress for Children. A report Card for Adolescents. No 10, April. UNICEF, New York.
- UNICEF (2014). Every Child Counts. The State of the World's Children. UNICEF, New York.
- United Nations (1990). Convention on the Rights of the Child. <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf> (Retrieved 21 February 2017).
- United Nations (2016). Convention on the Rights of the Child: Concluding observation on the second periodic report on South Africa. CRC.C/ZAF/CO/2. [http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/ZAF/CRC\\_C\\_ZAF\\_CO\\_2\\_25463\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/ZAF/CRC_C_ZAF_CO_2_25463_E.pdf) (Retrieved 21 February 2017).
- Wanderman, A., Imm, P., Chinman, M. and Kaftarian, S. (2000). Getting to outcomes: a results-based approach to accountability. *Evaluation and Program Planning*, 23, 389-395.
- Ward, C. L., Sanders, M., Gardener, F., Mikton, C., and Dawes, A. (2016). Preventing Child Maltreatment in Low- and Middle-Income Countries: What is needed to build the evidence base for effective

implementation of parent support programs? *Child Abuse and Neglect*, 54, 97-107.

- Wessels, I., Mikton, C., Ward, C.L. Kilbane, T., Alves, R., Campello, G., Bubowitz, H., Huchings, J., Jones, L., Lynch, M. and Madrid, B. (2013). Preventing Violence: evaluating outcomes of parenting programmes. World Health Organization, Geneva.
- Wessels, M.C. (2015). Bottom up approaches to strengthening child protection systems: Placing children, families, and communities at the center. *Child Abuse and Neglect*, 43, 8-21.
- Woolfenden, S., Williams, K., and Peat, J. (2001). Family and Parenting Interventions and Adolescents with Conduct Disorder and Delinquency aged 10 – 17 (Review). *Cochrane Database of Systematic Reviews*. Issue 2. Art No.: CD003015. DOI:10:1002/14651858.CD003015.
- World Health Organization on behalf of TDR. (2011). Implementation research for the control of infectious diseases of poverty. WHO, Geneva.
- World Health Organization, University of Cape Town and UNICEF (2013). Preventing Violence: Evaluating Outcomes of Parenting Programmes. WHO Publication, Geneva.
- World Health Organization. (2016). INSPIRE: Seven strategies for ending violence against children. World health Organization, Geneva. <http://www.who.int>. (Retrieved on 30 August 2016).
- World Health Organization (2018). Violence against children: Fact Sheet <http://www.who.int/mediacentre/factsheets/violence-against-children/en/> (Retrieved on 10 February 2018).

## ANNEX 1: RESPONDENTS

### Interviews:

**Interview 1:** Child Protection manager, Provincial Department of Social Development 6 Aug 2015

**Interview 2:** Deputy Director (Isibindi), NACCW 3 June 2015

**Interview 3:** Deputy Director (Adolescent Development), NACCW 7 Aug 2015

**Interview 4:** Provincial Manager, Isibindi 3 Aug 2015

**Interview 5:** Community Liaison, Oxford RCT team 4 Aug 2015

**Interview 6:** Representative from Nelson Mandela Children's Fund, grant funders for community-based child protection organizations in Eastern Cape 14 Feb 2016

**Interview 7:** Chief Child Protection, UNICEF 20 Nov 2015

**Interview 8:** Child Protection Specialist (Consultant) UNICEF 23 Jul 2015

**Interview 9:** Director, Clowns Without Borders, SA 1 Feb 2016

**Interview 10:** Parenting for Lifelong Health, University of Cape Town 3 Feb 2016

**Interview 11:** Deputy Director, Clowns Without Borders, SA 8 June 2015

**Interview 12:** Sinovuyo Trainer, Clowns Without Borders, SA 30 July 2015

**Interview 13:** Regional Psychosocial Support Initiative (REPSSI) facilitator and Sinovuyo facilitator trainee 17 Nov 2015

**Interview 14:**

### Meetings:

**Meeting notes 1:** Stakeholder meeting 20 Nov 2015 (see Annex 3 for details of attendance)

**Meeting notes 2:** Provincial programme managers, Department of Social Development 4 Aug 2015 prior to Sinovuyo Teen delivery for RCT; facilitated and documented by two researchers

**Meeting notes 3:** Department of Social Development programme managers 19 Nov 2015 post Sinovuyo Teen delivery for RCT; facilitated and documented by two researchers

**Meeting notes 4:** Consolidated notes from data validation meetings 20-22 September 2016 (see Annex 2 for details of meeting attendance)

### Focus Group Discussions:

**FGD 1:** Research assistants (n = 11) 15 Nov 2015 facilitated by one qualitative researcher and documented by two research assistants (research assistant supervisor translated when necessary)

**FGD 2:** Community programme facilitators (n=10) 18 Nov 2015, facilitated and documented by two qualitative researchers

**FGD 3:** Department of Social Development programme facilitators (n=6) 17 Nov 2015, facilitated and documented by two qualitative researchers

**FGD 4:** Total group of all programme facilitators (n=20) facilitated by research assistants and observed by two qualitative researchers 16 Nov 2015

### Sources of data for triangulation purposes:

Focus group discussions: Participants 18 November 2015

Researchers notes on observations of sessions 13 and 14: November 2015

Researcher's observational notes on pilot interviews with three dyads: February 2016

## ANNEX 2: DATA VALIDATION MEETINGS

Three validation meetings took place in September 2016 to check themes and sub-themes that emerged from data analysis. The first two meetings were conducted in English and were co-facilitated by the two researchers. The third meeting was conducted in IsiXhosa by the research assistant with simultaneous translations when required by the two researchers. The compositions of the three data validation meetings were as follows:

**20 September 2016** – two researchers facilitated a group of nine participants made up as follows (N=9):

NACCW, who were the implementing partner in 2014 (n=7);

UNICEF, South Africa (n=2)

**21 September 2016** – two researchers facilitated a group of participants made up as follows (N=15):

Provincial DSD government officials (n=3)

National DSD officials (n=2)

NACCW, implementing partners in 2014 (n=2)

REPSSI which was a related service provider, one of the participants was also trained as a Sinovuyo facilitator in 2015 (n=2)

Advisory board members who were there more as observers but who also asked clarifying questions (n=2)

Clowns Without Borders South Africa (n=2)

UNICEF, South Africa (n=2).

**22 September 2016** – research assistant facilitated the discussion in IsiXhosa, two researchers asked questions for clarification and observed. Caregiver participants in 2015 Sinovuyo Teen trial (N=9)

## ANNEX 3: STAKEHOLDER MEETING

**20 November 2015:** Attended by organizations:

Isibindi, Eastern Cape: Programme manager for Eastern Cape and responsible for management of child and youth care workers who were trained to deliver Sinovuyo Teen in 2014.

Regional Psychosocial Support Initiative: Programme manager and responsible for facilitating partner organizations in the region to deliver effective psychosocial support programmes for vulnerable children and their families.

Clowns Without Borders, South Africa: Deputy Director who was responsible for funding proposal, oversight of programme, staff contracts and financial management; Sinovuyo logistics manager who planned and provided oversight to the logistics (venues, food, equipment, transport) for 2 facilitators per group of 20 participating dyads to attend all 14 group sessions and, if they were missed, for the facilitators to deliver the missed programme(s) in khaya catch-ups.

UNICEF South Africa: Chief of Child Protection and National Child Protection Officer. UNICEF funded the Isibindi adolescent development programme in the Eastern Cape in 2014 and 2015, as well as Clowns to implement Sinovuyo Teen in 2013 and 2014.

The meeting was facilitated by two researchers and documented by two research assistants.

## ANNEX 4: SINOVUYO RESEARCH

Sinovuyo Teen was incubated and simultaneously tested in the Eastern Cape, South Africa, over a four-year period. Caregivers and adolescents were recruited to be programme beneficiaries as well as research respondents in each of these years. In the last run of the programme in this incubation and testing period, a control group was also recruited to be research respondents but not beneficiaries of Sinovuyo programme. They participated in an alternative programme on handwashing.

Clowns Without Borders South Africa (CWBSA) was responsible for the training and implementation of the Sinovuyo Teen programme in each of its iterations. The processes of recruiting programme facilitators and selecting participants differed in each iteration and were partly affected by the research design each year. The criteria for selecting participants in 2014 were the same as they were in 2015, but the processes of recruiting programme participants differed. This level of detail bears relevance to the qualitative findings, which reflect research respondents' views on the need for the recruitment criteria and processes to be reviewed and specified as essential components of the whole programme package.

- In 2012, an initial draft programme was discussed with 50 international experts who shared advice and programme input.
- In 2013, the community workers from Keiskamma Trust were trained and tasked to deliver the programme to 30 parent-teen dyads in Hamburg for a pre-post pilot (n=60 participants) (Cluver et al., 2016a).
- In 2014, a pre-post test of the revised 2013 programme was conducted in and around King William's Town. Isibindi child and youth care workers<sup>35</sup> were trained to deliver the programme to selected Isibindi beneficiaries and also families recommended by social services, schools, chieftains and door-to-door recruitment (n = 230 participants/115 dyads) (Cluver et al., 2016b). The pre-post test recorded self-reported change as a result of programme participation, whilst the qualitative study looked at the experience of child and youth care workers as programme facilitators.
- In 2015, a cluster RCT was conducted in 40 township and traditional semi-rural village clusters surrounding King William's Town. Deployed government social workers and recruited community members were trained to deliver the programme to 552 parent-teen dyads (270 intervention and 282 control; i.e. n = 1104). The pragmatic cluster randomized controlled trial looked at the extent to which the intended outcomes were achieved. The qualitative study looked at the effects of service delivery, policy and socio-economic factors influencing programme effectiveness.

Recruitment of participants in the 2013 pilot and the 2014 pre-post test was mostly done by the local NGOs who were being trained as Sinovuyo Teen programme facilitators. The majority of programme participants were, therefore, known to the programme facilitators. Recruitment of participants in 2015 was done by RCT research assistants, who relied on door-to-door visits as well as referrals

---

<sup>35</sup> Sinovuyo Teen was designed by the University of Oxford in collaboration with NGO Clowns Without Borders South Africa (CWBSA <sup>35</sup>). The latter trained local service providers to deliver the programme under their supervision. To this end, in 2014, CWBSA trained child and youth care workers of the Isibindi project. Isibindi<sup>35</sup> is run on a social franchise basis by the National Association of Child Care Workers (NACCW), who partner with the provincial government, a donor, a local implementing organization and the local community to provide professional care and support to children and their families in their own life-space, including their homes and Isibindi Safe Parks.

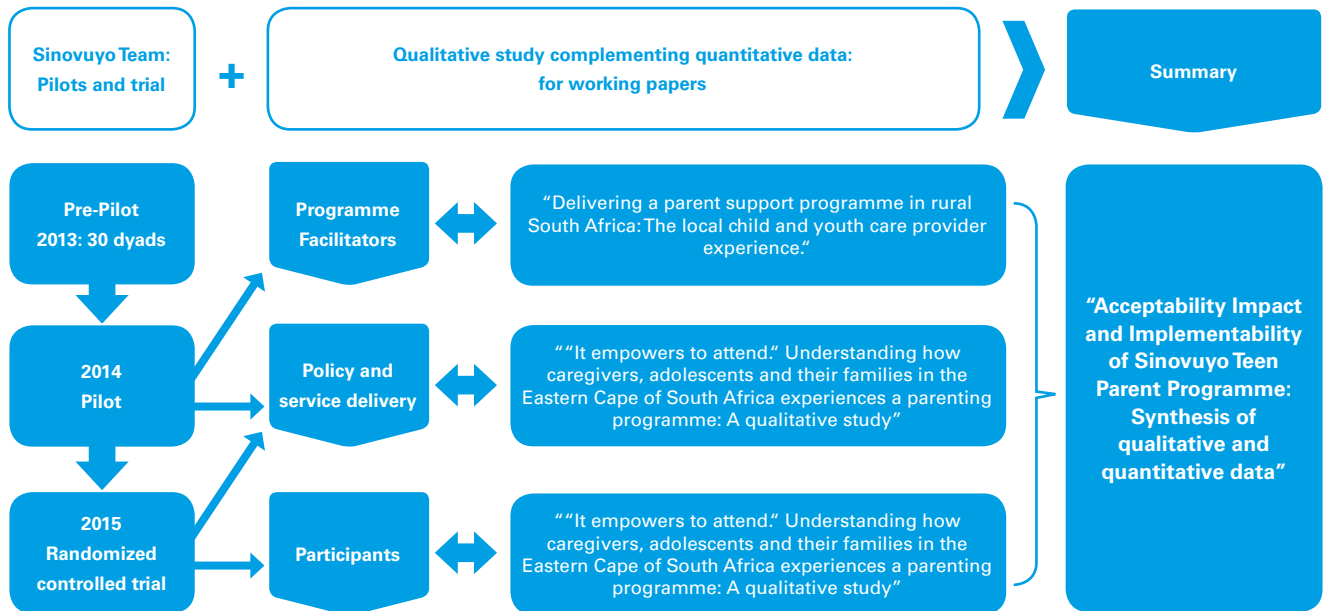


from schools, government social services and traditional leaders. In addition, people could refer themselves if they were “struggling with their adolescents.”<sup>36</sup>

---

36 Cluver et al. (2016c)

## ANNEX 5: SCHEMA OF SINOVUYO TEEN RESEARCH TIMELINE AND QUALITATIVE OUTPUTS



**Literature Review:**

Bray, R. with Dawes, A. (2016). Parents, Family Care and Adolescence in Eastern and Southern Africa. Florence. UNICEF Office of Research. [www.unicef-irc.org](http://www.unicef-irc.org)

**Sinovuyo Teen Parenting Programme Manual:**

Available on [http://www.who.int/violence\\_injury\\_prevention/violence/child/PLH-manuals/en/](http://www.who.int/violence_injury_prevention/violence/child/PLH-manuals/en/)

**Figure 1: Qualitative study within the Sinnovuyo Teen pre-pilot, pilot and trial: 2013 to 2015.**



