

Delivering a Parenting Programme in Rural South Africa: The local child and youth care worker experience

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Office of Research - Innocenti Working Paper

WP-2018-01 | February 2018

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

Doubt, J., Loening-Voysey, H., Blanc, D., Cluver, L., Byrne, J. and Petersen, T. (2018). Delivering a Parenting Programme in Rural South Africa: The local child and youth care worker experience, *Innocenti Working Paper 2018-01*, UNICEF Office of Research - Innocenti, Florence.

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ISSN: 1014-7837

eISSN: 2520-6796

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DELIVERING A PARENTING PROGRAMME IN RURAL SOUTH AFRICA: THE LOCAL CHILD AND YOUTH CARE WORKER EXPERIENCE

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Abstract: A pre-post study examining the effectiveness of a parenting support programme in the Eastern Cape, South Africa, showed reductions in child abuse, child delinquency, parent and child depression, parenting stress and substance use. It also showed improvements in parental supervision, positive parenting and social support. In addition to the pre-post study, a qualitative enquiry was conducted with the programme facilitators. This paper explores the experiences and perception of local child and youth care workers, who were trained to deliver the parenting programme in vulnerable, semi-rural communities. The purpose of this publication is to make recommendations on how to improve the programme for scale-up, in South Africa and beyond.

Key words: Parenting support programme, South Africa, HIV/AIDS, child and youth care worker, evidence-based intervention, implementation, parenting support programme scale-up.

Acknowledgements: This research working paper was made possible thanks to: resources made available by the Adolescent Well-being Research Programme, funded primarily by the Department for International Development (DFID); UNICEF South Africa, for facilitating the partnerships involved in this research; and the South African Government, through their support for the Isibindi Child and Youth Care Workers.

Our thanks also go to the Child and Youth Care Workers, who shared their time and experiences with us.

The authors are thankful to Alice Redfern who provided research support and to the colleagues who engaged in discussion and provided valuable insights and suggestions: Marisa Casale, Sinah Moruane, Carmel Devaney, Rachel Rosentals Thresher and Amanda Melville.

This study and intervention are additionally supported by the European Research Council (ERC) under the European Union's Seventh Framework Programme (FP7/2007-2013, ERC grant agreement 313421); the John Fell Fund (grant number 103/757); the Leverhulme Trust (grant number PLP-2014-095); and the University of Oxford's Economic and Social Research Council Impact Acceleration Account. NGO partners were Clowns Without Borders South Africa.

The views expressed are those of the authors, and do not necessarily represent those of UNICEF.

Background: There is a growing interest in parenting policy and programmes in various parts of the world, including Sub-Saharan Africa. Such policies and programmes aim to improve child and adolescent well-being in general, through reduced violence and increased positive parenting. Multiple platforms and a variety of human resources are applied in the delivery of parenting support programmes. In the Eastern Cape, South Africa, the Sinovuyo Teen Caring Families Programme was piloted by two non-governmental organizations; one provided the training and the other, the delivery. These partnerships were supported by the provincial government and UNICEF. This qualitative study explores the perceptions and experiences of the child and youth care workers who were trained to deliver the Sinovuyo Teen Caring Families Programme in its pre-post pilot (August–October 2014), to gain insight into what potentially makes this programme implementable and sustainable.

This paper is one of a suite of papers generated from a literature review and fieldwork that accompanied the pre-post study in 2014, and the randomized controlled trial of the same programme (2015–2016).

Methods: Data sources include notes and transcripts from one focus group discussion held with 16 child and youth care workers (October 2014), and two smaller focus groups with six child and youth care workers (November 2014 and August 2015, respectively). Thematic analysis was used to categorize the data into key themes.

Results: Analysis resulted in the following four themes:

1. Programme ownership and adaptations;
2. Professional synergies;
3. Value of trust between the child and youth care workers, and beneficiaries; and
4. Personal impact on the facilitators, of delivering the programme, as parents.

Conclusions: Understanding the perceptions and experiences of the facilitators who deliver a parenting programme can contribute to programme improvement and should therefore be considered in replication and scaling-up similar parenting programmes in low- and middle-income countries (LMICs). Facilitator involvement in programme adaptation helps to ensure cultural relevance. Using known facilitators has many benefits, including the existence of trusting relationships with beneficiaries, local knowledge and professional synergies. The ongoing relationships that facilitators are able to maintain with beneficiaries as a result of continuous family work, may have further impact on sustaining learnings and should be considered when scaling-up parenting programmes in LMICs. Challenges to this model relate to logistics and to the integration of the programme within existing services in order to ensure programme sustainability. Finally, training and weekly support are essential for programme delivery, skills development and capacity to learn from reflection – all of which contribute to programme enhancement.

Competing interests: Jenny Doubt and Lucie Cluver were involved in the design of the Sinovuyo Teen programme. No profit or financial gain will be made from this programme.

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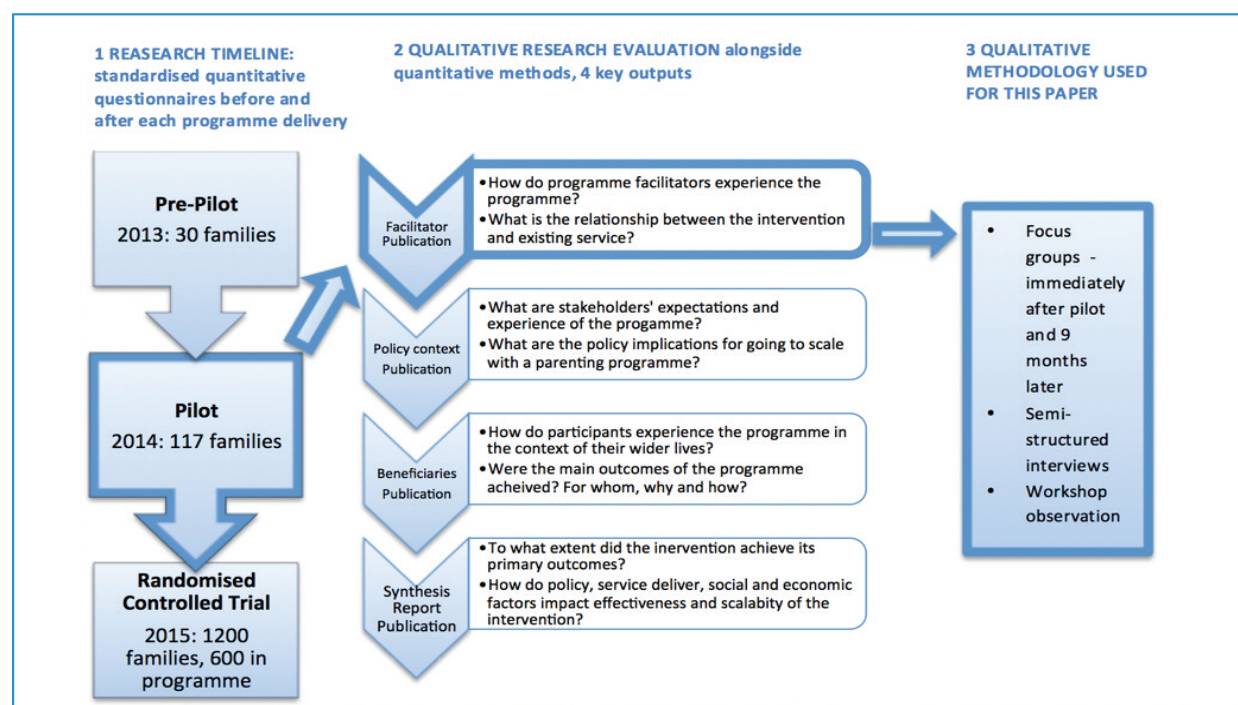
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1. INTRODUCTION

The Sinovuyo Teen Caring Families Programme (hereafter Sinovuyo Teen)¹ has been tested in three different studies. The first pilot was in 2013, with Keiskamma Trust in Hamburg, Eastern Cape. In this pre-post pilot of 60 participants, medium to large effect sizes were shown for abuse reduction and parenting improvements (Cluver et al., 2016a). A second, larger pilot-test was conducted in 2014 with the National Association of Child Care Workers in the King William's Town rural and peri-urban area of the Eastern Cape. In this larger pre-post pilot of 234 participants (Cluver et al., 2016b), the programme showed reductions in child abuse (from 63 per cent to 30 per cent in child report), child delinquency, parent and child depression, parenting stress and substance use (all $p < .001$). It also showed improvements in parental supervision, positive parenting and social support (all $p < .001$). The third – a gold standard test in 2015 – was a cluster randomized controlled trial (RCT) in 40 clusters (villages and townships), involving 1,200 participants (Cluver et al., 2016). A qualitative study accompanied this work, which examined service delivery, policy and socio-economic variants, relating to potential replication and scale-up of the programme.

Findings from the qualitative study that took place in 2014 and 2015 were thematically analysed (see Figure 1) and written up in three UNICEF Working Papers. These papers focus on: a) facilitator perceptions and experiences of delivering the programme (this publication, which draws on data from facilitators of the 2014 pilot); b) participant perceptions and experiences of receiving the programme; and c) policy and service delivery. The RCT results and the qualitative findings will be synthesized in a consolidated, final report.

Figure 1 – Qualitative research flow chart



¹ Sinovuyo means "we have happiness" in isiXhosa.

This is the first of the Working Papers. It asks specifically: How did the local Child and Youth Care Workers² who facilitated Sinovuyo Teen in 2014 experience their role in the design and implementation of a parenting programme in vulnerable rural communities in the Eastern Cape, South Africa, and what has been the perceived impact on their lives?

² Child and Youth Care Worker is the professional title recognized by the South African Council for Social Service Professions.

2. BACKGROUND

Child maltreatment is a serious public health problem. Physical, emotional and sexual abuse affects an estimated 95 million children across the world every year (UNICEF, 2014). It causes severe negative outcomes (Norman et al., 2012). Children in developing countries experience higher levels of abuse; less than 12 per cent of abused children receive any services at all (Sumner et al., 2015; Meinck et al., 2017). A recent study from South Africa suggests increases in abuse during adolescence (Burton et al., 2015), which is also a time of social, emotional and continued neural development (Blakemore, 2012).

The high prevalence and seriousness of child maltreatment has turned the attention of global leaders to the need for effective preventative interventions (WHO and ISPCAN, 2016). Strengthening parenting skills and family interactions is a child maltreatment prevention approach that is widely recognized (Shapiro, Prinz and Sanders, 2011; Barth, 2009). Existing evidence from different contexts and various child age groups demonstrates good results for group-based parenting programmes that are grounded in social learning theory, problem-solving skills building, and behaviour management (Barlow et al., 2006). This suggests the potential for such programmes to be adapted to adolescents in LMICs.

Three major limitations exist to the transportability of parenting programmes to LMICs. Firstly, many existing evidence-based programmes charge fees for training and manuals, making the costs prohibitive for low-resource agencies and governments (Eisner et al., 2015). The implementation of other programmes requires qualified health professionals who are often unavailable in the highest-need areas in LMICs. Finally, many have technological components (e.g. videos and web-based modules), which are inaccessible in areas with poor electricity and internet access.

Parenting for Lifelong Health (PLH) was established in 2012. This collaboration between the Universities of Oxford, Cape Town, Stellenbosch and Reading, the World Health Organization (WHO) and UNICEF, is developing evidence-based parenting programmes for child abuse prevention in LMICs, and rigorously testing them in RCTs. Unlike other successful parenting programmes that are marketed commercially, PLH is committed to providing free programmes for all. Sinovuyo Teen is one such programme.

As described in the introduction, Sinovuyo Teen was implemented in South Africa on three separate occasions between 2013 and 2015. The first and second were pre-post tests, while the third was a RCT. This paper describes the perspectives and experiences of the child and youth care workers who delivered the 2014 Sinovuyo Teen. The intention was to capture their experiences in order to inform the development, implementation and scale-up of similar parenting support programmes in LMICs.

In so doing, this work addresses the dearth of qualitative research – according to the facilitator experience – of delivering a parenting programme. The studies that do exist explore agency barriers and organizational implementation processes (Furlong and McGilloway, 2015), as well as how practitioners in England manage a set of tensions (Daly and Bray, 2015). Facilitators in these studies are typically highly qualified social workers.

Studies that do focus on the impact of parenting programmes on the facilitators emphasize the stressful aspect of social workers' jobs. A more detailed examination of this body of work reveals that the studies referenced here that have explored practitioner attitudes to adopting and

implementing evidence-based interventions (see for example Aarons, 2004), have generally not done so “among service providers from multiple disciplines” (Shapiro et al., 2011: 2), nor from the child welfare practitioners’ perspectives, nor in the post-implementation context (Akin, 2014: 291).³

One study on group parenting work as a preventative measure for child maltreatment concluded that providing such programmes through local social services is effective (Rodrigo, Byrne and Alvarez, 2012: 99). This finding is relevant to the findings of this study, though limited due to operationalization through European policies and frameworks. Another relevant study, which focuses on provider perspectives in health care services in Lao, concludes that, “[the] analysis of the constraints experienced by service providers in implementing the programme ... is essential for scaling-up the initiative” (Sychareun et al., 2013: 243). Apart from this study, the importance of understanding the practitioner’s perspective has largely been asserted in the context of developed countries, such as North America and Europe, which have very different contexts to South Africa and other LMICs (Koerting et al., 2013: 654).

This study aims to address these gaps in literature by representing the experiences and perceptions of child and youth care workers with no previous experience of facilitation, of delivering a parenting programme in South Africa. By extending the scope of extant studies to include the voices of the child and youth care workers, this study will inform the scale-up of Sinovuyo Teen, as it is adopted in other LMIC regions.

2.1 The 2014 Sinovuyo Teen Parenting Programme

Sinovuyo Teen is an evidence-informed programme, which aims to reduce child abuse and improve teen-parent relationships in at-risk families with 10- 18-year-olds. There are a total of 12 workshop sessions. Trained community facilitators deliver the programme in a group-based format, in weekly sessions, attended by one primary caregiver and his/her teenager. Session content is provided via home visits (called ‘khaya catch-ups’) for those who miss group sessions. Delivery utilizes a non-didactic, collaborative learning approach, with activity-based learning, role-play, illustrations, and home practice. Sinovuyo participants, (known as ‘Sinovuyo Buddies’) ‘buddy up’ for mutual support during, between, and after the workshops. A meal is generally shared at the start of the workshops and transport is provided for those who need it.

Sinovuyo Teen was designed by Oxford⁴ in collaboration with NGO Clowns without Borders South Africa (CWBSA).⁵ CWBSA trains local service providers to deliver the programme under their supervision. In this context, in 2014, CWBSA trained the Child and Youth Care Workers of the Isibindi project.

Isibindi⁶ 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

³ Other studies that consider the training history and attitudes of service providers (Shapiro et al., 2011), are based on existing parenting programmes such as the Triple P-Positive Parenting Program, a programme that has been widely evaluated in multiple contexts.

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⁵ Clowns Without Borders South Africa (CWBSA) is an independent non-profit organization that seeks to improve the psychosocial condition of children, youth, and families affected by crisis. Since 2004, CWBSA has been implementing arts-based interventions to address the impact of violence against women and children and to promote child well-being.

⁶ Isibindi means “courage” in IsiZulu.

and the local community, to provide home-based care and support to children and their families. Originating in the HIV/AIDS crisis, NACCW trains child and youth care workers to work in their own communities, in supported groups of about 20 practitioners. The core responsibilities of child and youth care workers include assisting families in a practical way, to restore and maintain functionality in their homes, to access entitlements, and to provide counselling on family and child-rearing related issues.

The majority of participants in the 2014 study were recruited through Isibindi.⁷ Isibindi referred families with adolescents, who were receiving support from child and youth care workers and who they thought might benefit from the parenting support programme. No eligibility exclusions were made on the basis of factors such as parental literacy, prior history of mental health, domestic violence, or adolescent characteristics. It was mandatory for the primary caregiver to attend the sessions together with the adolescent, though if the primary caregiver was not available, 'replacement' caregivers were nominated instead. The intervention was presented to the community as a programme aimed at reducing parenting stress and improving adolescent outcomes. Participants were simultaneously recruited into the pre-post and related qualitative research study to evaluate the effectiveness of Sinovuyo Teen.

2.2 Methodology

STUDY DESIGN

This paper forms part of a larger qualitative study that explores how policy, service delivery, social and economic factors impact the effectiveness and scalability of Sinovuyo Teen.

The qualitative study is informed by a realist approach, complementing the RCT question of whether the main outcomes were achieved and for whom, with the question, "*What works in which circumstances and for whom?*" (Pawson and Tilley, 1997). The strength of this approach is in the usefulness of the formulation, Context + Mechanism = Outcome, a model that seeks to find the contextual conditions that make interventions effective (Tilley, 2000). This model is particularly salient in describing the production of outcomes that may inform policy decisions, although, of course, transferability needs to be rigorously tested.

The qualitative approach to empirical data collection is grounded in the ethnographic sense of being open to multiple forms of data collection (Flick, 2014: 42) and by applying a methodological loop, whereby data gathering, writing and analysis proceed concurrently, informing each other. It is thus an iterative approach. According to Charmaz (2006), this grounded approach diverges from classical Glaserian grounded theory (Glaser and Strauss, 1967), which requires the development of a theory.

The qualitative study is governed by an independent advisory board consisting of academics, practitioners and members of the South African Government. The Board teleconferenced with the authors every six months, to provide advice, follow progress and raise any relevant concerns. Several members of the Board attended validation work in September 2016, in South Africa.

The overall purpose of the study is therefore to look at the different experiences and processes of implementing parenting programme interventions. The purpose and intention of the analysis in

⁷ Isibindi is a programme that supports vulnerable families in hard-to-reach areas of South Africa through home visits by trained and accredited child and youth care workers (for more detail see 'Setting and Participants').

this particular paper is to reflect on experiences and perceptions of child and youth care workers, in order to inform the development, implementation and scale-up of similar parenting support programmes in South Africa, and potentially in other LMIC settings.

ETHICS

Ethical protocols for this study were approved by the University of Cape Town (PSY2014-001) and the University of Oxford (SSD/CUREC2/11-40).

Verbal consent was obtained from each participant prior to the focus group discussions and interviews. Additional written consent was obtained prior to the individual and small group discussions. Participants were assured of confidentiality. The moderator of the interview or focus group discussion explained the purpose of the study and its procedures. Participants were assured that their participation was voluntary and that they could withdraw from the discussion at any stage, without consequences.

SETTING AND PARTICIPANTS

The study settings were the eight rural and peri-urban clusters surrounding King William's Town area of the Eastern Cape of South Africa. The province has six district municipalities, and this study's site took place in Buffalo City Municipality, where the majority population is Black African. The population for this study belongs largely to the Xhosa cultural group, lives in rural or peri-urban environments and speaks isiXhosa. The Eastern Cape is South Africa's poorest province. The surrounding King William's Town area has high rates of unemployment, poor infrastructure, and high percentage of the population residing in informal dwellings; one in eight is without access to toilet facilities and there is a high HIV/AIDS prevalence (Statistics South Africa 2011).

Table 1 – 2014 Demographic information for Eastern Cape of South Africa

Sex	Total Number	Percentage
Male	3,208,616	47 %
Female	3,578,264	53 %
Total	6,786,880	100 %
Age	Total Number	Percentage
0-9 years	1,483,208	22.6 %
10-19 years	1,424,796	21.7 %
25+	3,654,049	55.7 %
Total	6,562,053	100 %

The respondents in this study were the 16 child and youth care workers⁸ who acted as Sinovuyo Teen programme facilitators, working in pairs to deliver 12 sessions of the programme on a weekly basis to eight groups of beneficiaries. A smaller cohort of six child and youth care workers were the primary respondents in this study. All six participants were active child and youth care workers for the Isibindi project, and lived and worked in the area where the study took place. The range of professional experience was 4-9 years, with a mean of 7 years' experience. Two of the six Isibindi workers interviewed were trainers. Gender distribution was entirely female.

Weekly group supervision supplemented the initial training provided by CWBSA. This supervision provided a forum for child and youth care workers to provide feedback on the previous week and to prepare for the following week with the CWBSA Master Trainer. The approach to supervision was participatory group learning, which served to reinforce the programme's pedagogical philosophy.

DATA COLLECTION

We used focus group discussions to collect primary data. A focus group discussion involving all 16 child and youth care workers who delivered Sinovuyo Teen (hereafter, the 'facilitators') was held on 7 October 2014, after the end of implementation (hereafter FGD 1).⁹ Themes identified from the notes taken during the focus group discussion informed the development of the subsequent two focus group discussion guides, which were then used to conduct further data collection with a smaller group of child and youth care workers.

A smaller focus group discussion was held on 25 November 2014 (hereafter FGD 2) with six of the facilitators, in order to allow for more in-depth discussion, for example on the personal impact the programme had had on the child and youth care workers. These six facilitators were selected by an Isibindi trainer for their suitability and availability.

In an attempt to study the longer-term impact of Sinovuyo Teen on the lives of the local child and youth care workers who delivered the programme in 2014, on 4 August 2015, 9 months after implementing the programme, we held a third focus group discussion (hereafter FGD 3), with the same six facilitators.

⁸ Child and youth care workers receive their training through the National Association of Child Care Workers (NACCW), which is an accredited training provider registered with the Health and Welfare Sector Education and Training Authority (HW SETA). The child and youth care training is accredited by the South African Qualifications Authority (SAQA) as a Further Education Training Certificate: Child and Youth Care Work (FETC: CYCW), throughout South Africa. All the child and youth care workers delivering Sinovuyo Teen in 2014 had undergone FETC in CYCW. The training includes a practical component, which begins after they complete three of the 14 modules. Thereafter, they work and study simultaneously. All of the training is closely supervised through a tiered system of supervisors and mentors.

NACCW training is structured across 14 modules, each of which represents a specific skill and knowledge area related to child and youth care work. These modules contain standardized units, offered as stand-alone courses or clustered across skill areas and are recognized by the Health and Welfare SETA. Training involves contact time between trainers and trainees using a variety of approaches designed to build on prior experience, including role play, activities and group work. Learning outcomes include both knowledge and applied skills, which are formally assessed. Experienced Child and Youth care Workers can be selected to be trained as trainers. There are child and youth care worker trainers employed by NACCW in every province of South Africa. Information on the South African Qualifications authority may be found at: <http://regqs.saga.org.za/showQualification.php?id=49127>.

⁹ The 2014 facilitators of the programme were targeted specifically, in order to allow us to capture the programme adaptations in the final 2015 programme manual.

Focus group discussions allowed us to explore a range of views and perceptions in a forum that also supported the exchange and exploration of ideas. A focus group discussion guide was used on each occasion. Focus group discussion guides were piloted prior to use. The guides were reviewed for clarity before use. Focus group discussions lasted no more than 90 minutes and were recorded and transcribed and/or noted. Discussions were conducted in English. Respondent validation of data as it was being collected (by repeating back understandings of responses) enabled the researchers to refine their understanding of the child and youth care workers' feedback.

The large October 2014 focus group was led by a researcher and project manager and was noted and recorded. The November 2014 focus group discussion was led by the same researcher and a research assistant and was recorded and transcribed. The nine-month follow-up was led by an evaluation specialist and supported by the researcher who led the previous discussions, and, again, the discussion was recorded and transcribed. Observation notes captured discussion dynamics and reflections, as well as the facilitators' interactions, during the workshops. Participants were aware of the interviewers'/ moderators' status as researchers undertaking the study.

In addition to the data from the focus group discussions, this study draws on data from semi-structured interviews with 3 NACCW respondents. Interviews took place on 3 June, 3 August and 7 August 2015, respectively (hereafter I1; I2; I3) and one focus group discussion with parents in a rural cluster, was held on 1 October 2014 (hereafter FGD 4). Data from workshop observations between August and October 2014 contributed to analysis. These additional data were used to triangulate and contextualize our findings, and are briefly described in this paper.

DATA ANALYSIS AND VALIDATION

In order to achieve an overall, inductive data-driven analysis of the data set, Braun and Clarke's (2006) six steps of conducting thematic analysis were applied. A researcher and research assistant began with the process of familiarization, by working through the data set just after data collection in December 2014, noting initial ideas based on observations, and reading the transcripts. The researcher then generated initial codes, working through the entire data set and identifying interesting patterns and patterns that were repeated across the data set. Codes were then collated into potential themes and sub-themes. Themes were considered significant where there was consistency across and within study participants and/or when they deepened understanding and captured important information in relation to the research question (Patton, 2008). Themes were then reviewed and refined, to ensure they worked in relation to the coded extracts and the entire data set. Themes became categories for analysis and were further refined through discussion with a second researcher. Findings contain direct quotes from participants. Quotes were edited for clarity.

Member checking took place during data collection with respondents in order to ensure consistency with meaning and accuracy. Any disagreement was resolved between the authors, through discussion. Preliminary results were discussed with the advisory board supporting the qualitative research programme. Validation exercises were carried out in King William's Town with relevant organizations, on 20 and 21 September 2016. Findings from the validation exercise corroborated and emphasized aspects of the analysis represented here (where relevant this is noted in Findings and Discussion).

Analysis resulted in the emergence of the following themes:

1. Programme ownership and adaptations;
2. Professional synergies;
3. Value of trust between the child and youth care workers and beneficiaries; and
4. Personal impact of delivering the programme on the facilitators, as parents.

Box 1 – Data collection summary

Acronym	Description	Date
FGD 1	Focus group discussion involving the 16 Child and Youth Care Workers who delivered Sinovuyo Teen, held after the end of implementation	7 October 2014
FGD 2	Smaller focus group discussion held with six facilitators, to allow for more in-depth discussion	25 November 2014
FGD 3	Third focus group discussion held with the same six facilitators, to study the longer-term impact of Sinovuyo Teen on the lives of the Child and Youth Care Workers	4 August 2015
FGD 4	Focus group discussion with parents in a rural cluster (Luyetville)	4 October 2014
I1	NACCW semi-structured interview (Zeni)	3 June 2015
I2	NACCW semi-structured interview (Donald)	7 Aug 2015
I3	NACCW semi-structured interview (Seeng)	3 Aug 2015

3. FINDINGS AND DISCUSSION

The discussions outlined throughout this section focus on the implications of the findings from facilitators' perceptions and experiences. Specific considerations relate to the scale-up of the Sinovuyo Teen programme in South Africa and to the implementation of the project and other similar ones, in other LMIC contexts.

3.1 Programme ownership and adaptations

This section describes the child and youth care workers' observations on the Sinovuyo Teen programme, as well as the adaptation of the programme manual.

Programme recommendations made by child and youth care workers focused around four areas or sub-themes:

1. Content and adaptation (towards adaptation of the manual and the programme);
2. Assimilation;
3. Food; and
4. Training, development and support.

Recommendations relating to the content and composition of the manual were clustered together, since these formed the basis for the adaptation of the 2014 programme. Recommendations relating to the circumstances and structure of the work that child and youth care workers undertook as Sinovuyo Teen facilitators, were aggregated, because these form the basis of recommendations for further programme implementation, detailed in the discussion of this paper.

PROGRAMME CONTENT AND ADAPTATION

• *Adaptation of the manual*

Insights from facilitators provided valuable feedback on the adaptation of the Sinovuyo Teen facilitator manual, because of their professional experience and knowledge of the local context, communities and circumstances, which affect programme implementation.

Child and youth care workers commented on the usability of the programme manual, in particular, having an 'at-a-glance' summary to use during the session. They noted the age-appropriateness of the content and the 'fun' nature of the activities and role-plays. In particular, facilitators observed that it was helpful to provoke a reaction through role-play because participants could observe and comment on the behaviour:

"You have to do negative role-plays, so the participants can change that negative role-play to positive, then the children know that no, it's wrong now, she is not supposed to shout at that child, then they correct mistakes and that negative changed to positive." [FGD 1]

The song that opened each session was identified as a positive, characteristic component – an observation that was further borne out in workshop observations, for its ability to bind the group together, through participation. Facilitators observed that illustrations were helpful in communicating with illiterate participants, although they required further contextualization.

The 2015 adaptation of the manual therefore included suggestions about when and how to introduce illustrations during the session, or as reminders of session content for participants to take home. The facilitators noted that although the overall time allocated for each session was adequate, it was important to prioritize time within the sessions for the key components. The key components identified were: the home practice discussion; role-play; and the core lesson. Recommendations on combining the role-play and the core lesson were applied in the 2015 adaptation of the manual, with core lessons restructured around a central set of negative and positive role-play

The facilitators described two stages of adaptation of the manual: The first during weekly supervision, when they adapted the content of the manual and refined approaches, for local suitability; the second during the workshop, on the basis of what they observed in the group. Child and youth care workers perceived the process of adapting the Sinovuyo Teen programme as their contribution to the cultural accessibility and acceptability of the programme material. In addition, the process enhanced a sense of ownership of the programme, which facilitated adoption of changes to the programme.

• Programme adaptation

Overall, programme feedback was generally positive. Even prior to the availability of results from the pre-post test, child and youth care workers held the view that Sinovuyo Teen was beneficial to families, citing the number of families from 2014 who persisted in requesting to be a part of the programme in 2015. The perception of the positive change in families that the programme brought about may serve to influence sustained programme implementation. As other studies have noted of the Triple P programme, it can act as a positive reinforcement mechanism and as programme endorsement; “... if providers perceive themselves and the interventions they use as successful, they are more likely to continue to use the intervention in the future” (Shapiro et al., 2011: 8).

Recommendations for programme adaptation were related to family inclusion and gender issues. Child and youth care workers suggested including more than one parent in the programme workshops, with the rationale that a replacement could attend if the primary caregiver became unavailable. Facilitators also recommended including the entire family in home practice – a practice that some had implemented – noting that some participants go home and explain the sessions to their families:

“And also the family which didn’t attend Sinovuyo, they get the information ... from others.” [FGD 2]

This was observed from both home practice discussions during programme sessions or during khaya catch-ups. In the smaller group interviews, child and youth care workers discussed that the impact of Sinovuyo Teen would be improved if fathers were included in the sessions and in the manual. One facilitator related this to her Isibindi work:

“During our Isibindi work we are in relation mainly with mothers or grandmothers because they are more available. The problem is that when we talk about problem solving having only the mother or the grandmother at the session is not enough, especially if tension at home comes from the father.” [FGD 3]

This was further borne out during home visits. Facilitators observed the example of a mother reporting something to the facilitator during a home visit, but feeling nervous doing so in front of her husband [FGD3]. This raises crucial questions about the sustainability of programme learning for participants who attend in isolation from other family members, who influence parenting and family practices. It also raises crucial questions about the value of a 'parenting support' programme that addresses two members of a family – especially given the large family sizes of this particular demographic. One NACCW respondent noted the family strengthening framework that characterizes child and youth care work in family homes, suggesting the potential to further address programme learning within the larger family unit [I1]. During validation work, NACCW respondents further emphasized the value of providing Sinovuyo Teen in the context of the Isibindi home visits, because of the opportunity it provides to work with the 'whole family' [I3]. Future recommendations would include careful consideration of appropriate beneficiary selection and how to combine home visits with workshop programming.

Gender-based concerns were reinforced during a focus group discussion with programme beneficiaries. A male caregiver raised concern about role-play content delineating a mother's response to child rape, as opposed to both parents' response to the incident [FGD4]. This feedback informed the adaptation of the role-play, in which the father character was depicted alongside the mother character, in support of their daughter. In addition to workshop observations that noted the discomfort of a number of older teenage boys in response to the role-play delineating the rape scenario, this brought to the fore the importance of active involvement of male participants during the sessions. This has been previously noted in parenting education programmes in other disadvantaged settings, where active recruitment and adaptation of the curriculum to directly address male participants, was required to encourage engagement (Ponzetti, 2016).

The need for specific modifications to Sinovuyo Teen in relation to gender resonates with other research, which establishes the stymied participation of fathers in parenting programmes (Panter-Brick et al., 2014: 1). This suggests that those wishing to culturally adapt the programme would benefit from involving programme facilitators, in order to ensure both programme ownership as well as cultural relevance and gender sensitivity.

The processes of adaptation of the manual and programme adaptation required close collaboration between the programme designers, the child and youth care workers delivering the programme, and their trainers. This is consistent with other intervention programmes for vulnerable populations living in low-resource contexts. In Australia, Aboriginal-specific interventions have used a similar approach, tailoring a family-based alcohol intervention with context-specific content and mechanisms, including using storytelling or talking circles (Calabria et al., 2014: 8, 9). These partnerships were key in ensuring that programme feedback continued, which is consistent with findings of the Collaborative Adolescent HIV/AIDS Mental Health Programme South Africa (CHAMPSA) adaptation process (Mellins et al., 2014: 108). Formalizing the iterative process of adapting the programme both during supervision in preparation for weekly sessions and with researchers following the end of the programme, is therefore advised in future endeavours to implement parenting programmes in LMICs.

“IT IS DIFFICULT TO MANAGE OUR TIME”: PROGRAMME ASSIMILATION

Child and youth care workers took on Sinovuyo Teen facilitation work in addition to their normal Isibindi workload of supporting 20+ families. This created challenges. Child and youth care workers, for example, identified the extra workload as creating competing demands on their time and resources:

“... tomorrow they are supposed to go for all this catch-up and then the supervisor or the manager wants to go to the office, so she then [goes to] the catch-up and maybe [then] ... to another...” [FGD 2]

Child and youth care workers perceived their work to have value, so they took on the extra workload:

“Sometimes it is overwhelming because we have emergency situations, so we have to work hard every day, even Saturday. However, because we can see that we are helpful and that our work is useful, we do it.” [FGD 2]

Facilitators expressed their desire *“[to] be paid...or at least [receive] a voucher or food parcels”* [FGD 2] in acknowledgement of the extra workload. Logistical support in the form of transportation for child and youth care workers after nightfall, when the availability of informal transportation becomes more scarce and risky to use, as well as mobile phone airtime, to enable them to call participants to remind them of sessions or arrange home visits, were strongly recommended by all child and youth care workers [FGD 2]. Transportation, in particular, was highlighted as a barrier to meeting the demands of the Isibindi workload as well as Sinovuyo Teen supervision, session delivery and home catch-ups, as the following quote suggests:

“Sometimes we have office work and home visits at the same and we are not able to do both. Similarly, we are supposed to do training on Monday and to do home visits at the same time: transportation is therefore problematic.” [FGD 2]

The extra work and its associated logistical demands was exacerbated by the requirement to visit programme beneficiaries in their homes, in order to provide ‘catch-up’ sessions, or ‘khaya catch-ups’ to those who were not able to attend because of illness, for example:

“It is difficult to manage our time between sessions, home visits and office duty in town.” [FGD 2]

Increased workloads, where child and youth care workers had to balance Sinovuyo Teen work and their Isibindi work, taxed human and organizational resources such as transportation. One NACCW respondent [13] also commented on the time-consuming nature of the training and delivery of Sinovuyo Teen, which added a logistical burden for managers and mentors as well.

The role of the NACCW provincial manager and NACCW mentors was critical in coordinating and in establishing the logistics for programme implementation and assimilating Sinovuyo Teen into the Isibindi oversight system and weekly schedules. Mentors consulted child and youth care workers when selecting families as participants and they accompanied child and youth care workers on home visits to prepare families for the programme prior to the training. The training and implementation,

however, demanded child and youth care workers' time that had not been anticipated. According to one NACCW respondent [I3], they had to *"ensure that Sinovuyo Teen fits in without disturbing other programmes in Isibindi and ensure that it works well within Isibindi"*, because the Isibindi mentorship programme *"faltered during this time"*.

Regular meetings were therefore established for NACCW managers, Isibindi mentors, Sinovuyo Teen and the NGO employing Isibindi Child and Youth Care Workers (King William's Town Children's Home) to sort out schedules and reach mutual understanding of duties and how child and youth care workers would fulfil responsibilities with their families, while completing the Sinovuyo Teen training and implementation.

Our findings suggest that scaling up would have implications for the workforce, requiring strengthened logistical support to facilitators delivering Sinovuyo Teen. This finding is consistent with findings in other qualitative studies examining the uptake of family-based programmes in other LMICs (Sychareun et al., 2013: 253). Workplace barriers need to be addressed if programmes are to run effectively (Sanders, Prinz and Shapiro, 2009: 140) – including increased workloads in low-resource settings.

Improved salaries and payments could be considered to reflect the increased workload. An alternative would be to restructure or better streamline existing work demands in order to ensure that facilitators are not taxed with unmanageable workloads. As a starting point, this could include reinforcing working relationships between those organizations responsible for structuring and supervising facilitators, with clarity on the amount of time and organizational resources that are realistically required. Moreover, the promotion and sustainability of quality standards and practices at the local service delivery level are important in considering sustainable scale-up, as NACCW respondents noted [I1, I2]. This reiterates the importance of assigning a co-ordinator to ensure that child and youth care workers are motivated and given adequate time to address the multiple demands placed on them, for example, executing Isibindi home visits as well as khaya catch-ups, in their professional roles.

"FOOD IS TOO EXPENSIVE"

Several child and youth care workers expressed concern over the role that food played in the programme [FG 1]. Food was appreciated not only because it brought participants together in a shared space, but also because it met the participants' basic need to eat before engaging in a lively programme. At the same time, however, concern was expressed about the fact that food was only given to the two members of a household who attended the programme. Two facilitators agreed that, *"We would like to give our participants something they can take home so that the whole household has something to eat"* [FGD 2]. The overarching context of poverty and hunger in the Eastern Cape, where *"food is too expensive"*, problematized the fact that participants were the sole beneficiaries of hot food, once a week, in their families. One facilitator commented on the fact that some parents saved their food to bring home: *"Sometimes they do not even eat the food and keep it for the rest of the family"* [FGD 2].

The provision of food needs to be considered sensitively when implementing programmes in areas of food insecurity and poverty. The Implementing partners' considerations on the need to provide food, while keeping programme budget costs at an acceptable level, is challenging.

"BE CONFIDENT, CARRY ON": TRAINING, DEVELOPMENT AND SUPPORT

Facilitators generally held the view that with training from CWBSA, individuals with Isibindi training would be able to follow the programme manual and deliver the programme [FGD 1]. Further research to explore the details of these professional synergies may have implications of relevance elsewhere in the social service sector. The diversity of experience and training of the child and youth care workers was not perceived as a barrier to delivering Sinovuyo Teen in 2014 [FGD 2].

Descriptive analysis of professionals involved in parenting programmes elsewhere suggests that early professional training may be one condition that influences positive long-term effects of professional development (Beidas and Kendall, 2010). This may suggest that incorporating Sinovuyo Teen into the professional development of child and youth care workers may provide longer-term benefits to their careers.

In this context, child and youth care workers perceived the training process as difficult at first, mostly because of confusion about what facilitating Sinovuyo Teen would entail [FGD 1]. NACCW respondents felt that a full week of training was *"too long"*, and that the content did not require an entire week [13]. Competing demands for child and youth care workers' time thus needs to be carefully considered during the training period as well as during programme implementation.

Our findings suggest that the facilitator training period should include consideration of existing perceptions and expectations of 'parenting programmes', since participants had no previous experience or understanding of such programmes prior to being recruited to the programme. Thus, in some clusters, the group found it necessary to conduct basic education on children's rights with the programme beneficiaries, before being able to begin the programme. In particular, child and youth care workers felt it was necessary to convey to parents that they were not going to *"spoil the children"* [FGD 1] and that the children had a right to talk. This was especially true in Ginsburg, the only urban cluster that received the programme, and the only area not reached by Isibindi services.

Ongoing weekly group supervision sessions were experienced as essential to support programme delivery. Widespread agreement among the child and youth care workers suggested that the relationship between the facilitators and their trainers were integral to their learning and enjoyment of the programme, because they felt supported and received positive reinforcement [FGD 2 and FGD 3]. While training by experienced Sinovuyo Teen facilitators, who are also competent trainers, offers a high level of relevant expertise in the programme, additional, regular, accessible coaching was seen to be particularly desirable. This finding is consistent with a study on the implementation of an Evidence-Based Intervention Parent Management Training, in Kansas, USA (2014) as well as research from the Triple P programme that suggest that training and positive feedback are the strongest predictors of high programme use.

The child and youth care workers placed particular emphasis on how weekly supervision sessions “[where they] talk about the challenges during the session and then also the highlights,” impacted their ability to “be confident, carry on” [FGD 3]. This was especially true when preparing to deliver content, and debriefing after engaging with content that the child and youth care workers perceived to be challenging, such as dealing with rape [FGD 2]. Training and regular, targeted group supervision supported confidence building in programme delivery and were found to be necessary, to increase effective programme fidelity. Low confidence has been seen to act as an inhibitor of incorporating programme content (Sanders et al., 2009: 138), while the sense of competency of a programme has been seen as crucial in implementing evidence-based programmes elsewhere (Turner, Nicholson and Sanders, 2011: 97).

The effectiveness of regular coaching in integrating programme practices may therefore be an important consideration when designing frequent (weekly) supervision for programme implementers, even though research corroborating this consideration emerges largely from the non-LMIC context (see, for example, Fixen et al., 2005). Integrating advice on how to respond to disclosure and deal with referral cases is also essential in any training programme.

The child and youth care workers noted their ongoing reliance on each other in developing strategies for dealing with difficult casework, nine months after their experience of delivering the programme [FGD 3]. Research elsewhere reflects the importance of sustaining the facilitators’ social support systems, noting in particular the demands of coping with stressful social work situations (Acker, 1999). This is included here, given the elevated stress levels that child protection workers experience (Jayaratne and Chess, 1984), and the positive relationship between stress, burnout, and staff retention (Hansung and Stoner, 2008; Nissly, Mor and Barak, 2005; Curbow, Spratt, Ungaretti et al., 2000) as a consideration affecting the implementation of adequate support structures for programme facilitators.

Further scale-up of Sinovuyo Teen in South Africa relies on skills transfer by experienced facilitators. Having delivered Sinovuyo Teen twice, two child and youth care workers have now completed the ‘Train the Trainer’ programme and are now certified to train Sinovuyo facilitators, though further research is required to establish whether this training is sufficient to ensure programme fidelity. Studies examining the cost-effectiveness of training community-based service providers in delivering evidence-based parenting interventions corroborate this approach, stressing the importance of mastering programme delivery skills before carrying out further dissemination of the programme (Seng, Prinz and Sanders, 2006: 20). Therefore training and weekly support are essential for programme delivery, skills development and reflection capacities – all of which contribute to programme enhancement.

3.2 “We know what to do when something is going wrong because we are trained child and youth care workers”: Professional synergies

The roles and responsibilities of a child and youth care worker and a Sinovuyo Teen programme facilitator are distinct. Child and youth care workers operate in family homes, where they form trusting relationships with family members and where, through family counselling, they identify the practical assistance that is required to help families restore functionality and well-being.

Families in the Eastern Cape are generally living in extreme poverty, with limited resources to deal with death, illness and disability. Child and youth care workers assist them to establish order and routine at home and to access socio-economic entitlements, education and health services. Instead, the Sinovuyo Teen facilitators are responsible for leading non-didactic, group-based discussions and activities with caregivers and teenagers in a community setting. That said, the complementarity of the two skill sets has contributed to enhanced performance in both Isibindi work and Sinovuyo facilitation. Our findings therefore suggest that the emergence of professional synergies is one of the benefits of using known facilitators to deliver the parenting programme.

Child and youth care workers noted a number of professional synergies between their Isibindi family work and their group facilitation work. Some of the Isibindi concepts, such as 'family time', for example, became refined through exposure to the Sinovuyo concept of 'special time' – or constructive, focused, teen-parent time. Some noted that the in-depth exploration of different core concepts such as parent-teen communication provided a more nuanced understanding of material that they also covered through their Isibindi work [FGD 2 and FGD 3]. Others stressed the value of completely new material such as 'economic strengthening' that was piloted in some clusters during the 2014 Sinovuyo Teen programme [FGD 2]. Table 2 (page 30) outlines examples of new skills that child and youth care workers were using in their Isibindi work, as well as in their ownparenting, nine months after implementing Sinovuyo Teen [FGD 3].

Child and youth care workers spoke about how the Isibindi training enhanced their ability to facilitate Sinovuyo Teen, *"We know what to do when something is going wrong because we are trained child and youth care workers"* [FGD 2]. The Sinovuyo training taught the child and youth care workers, in particular, to facilitate group work – expanding their skill set from family-based work in the home to group-based work [FGD 2].

Furthermore, child and youth care workers noted that during Sinovuyo Teen training they were encouraged to be bold and confident, especially in relation to how to handle what they called, 'mistakes' [FGD 2 and FGD 3]. Weekly supervisions reinforced that they should not be afraid to say, *"I don't know"* in a group environment [FGD 2]. The child and youth care workers noted that this is something that they bring into their Isibindi work – if they cannot help a child they will try to find someone who can. Increased confidence and self-esteem was also observed in helping them to speak in public about their Isibindi work [FGD 2 and FGD 3].

Sustained contact between Isibindi child and youth care workers following Sinovuyo Teen implementation has also enabled closer working and personal relationships between child and youth care workers. These have been perceived to be a source of ongoing professional support:

"We know each other; we help each other when a family is in difficulty. For example when we have a difficult situation, we can ask another facilitator for help." [FGD 3]

This professional complementarity is further demonstrated by NACCW mentors, who also provide an extra 'layer' of support to child and youth care workers during their Sinovuyo Teen work. For example, in an instance of a participant's disclosure of abuse, during a session, *"A mentor comes and make sure that she attends to the issues that came out."* [13]

3.3 “The families know us and trust us because we are Isibindi child and youth care workers”: Trust (or the relationship between facilitators and participants)

The role of trust in facilitating effective working relationships between beneficiaries and facilitators was a distinctive theme. Child and youth care workers highlighted the importance of the level of trust before and after programme implementation.

Child and youth care workers described the trust between Sinovuyo Teen families and themselves as having been established during their Isibindi work, partly because they belong to the same communities as the families who they support. The child and youth care workers cited their ability to leverage this extant trust with beneficiaries as a way to encourage Sinovuyo Teen buy-in from families [FGD 2]. Even though local community leaders had approved the programme prior to its implementation through the research team, the child and youth care workers played an important role in building on their familiarity with families and encouraging them to attend what was essentially a new support forum.

Following implementation, child and youth care workers continued to work with beneficiaries through their employment with Isibindi:

“We are working with Isibindi families since a long time and we have managed to build confidence with them, they trust us. The families know us and trust us because we are Isibindi child and youth care workers.” [FGD 2]

This ongoing contact with Sinovuyo Teen programme beneficiaries provided an opportunity to sustain programme learning. Through their ongoing Isibindi work, child and youth care workers identified several programme learning that continued to be practiced by participants post-implementation, including clear communication, showing affection, and providing structured praise [FGD 3]. In this way, the sustained contact between the child and youth care workers before and after Sinovuyo Teen, through Isibindi work, has enabled families to continue practising what they have learned from Sinovuyo Teen.

The trust that child and youth care workers described as necessary for programme buy-in, was established through their previous Isibindi work. This suggests another clear benefit of embedding Sinovuyo Teen, through Isibindi community work. The recommendation that *“time and effort should be put into building up relationships prior to the start of the programme, especially when working with vulnerable groups”*, has been established in qualitative studies in the developed world (Koerting et al., 2013: 664). This relationship does not necessarily depend on a pre-existing relationship. However, research that suggests that *“developing a trusting relationship is key”* and that *“professionals [who] share some similarities with parents overcome the distrust often initially experienced by parents”* (Koerting et al., 2013: 668) does indicate that the existing relationship between child and youth care workers and Isibindi families may be beneficial to establishing initial programme buy-in.

Two studies suggest that trust has the potential to impact programme buy-in and learning. One study focusing on parent-to-parent support programmes suggests that similarities in social background or health condition led to an increased opportunity for emotional support, as lay

workers were considered to be more accepting of thoughts and actions (Ainbinder et al., 1998: 103). Lessons can also possibly be drawn from public health programmes: one Conchran Review consisting of 14 trials (including some in LMICs) of maternal and child health and infectious disease programmes, found that similarities between themselves and lay health workers were appreciated by participants (Glenton, Lewin and Scheeel, 2011: 55).

Empathy is a skill that is often concomitant to trusting relationships and is core to social services. Research examining the role of empathy in delivering social support through Big Brothers Big Sisters youth mentoring programmes for vulnerable teenagers in Ireland, further substantiates the notion of authentic emotional support from lay workers with similar backgrounds to those of the programme beneficiaries. This study suggests that empathy, where empathy is understood as ‘understanding another person’s frame of reference and emotional experience’, may be an effective mechanism for delivering support, because beneficiaries are more receptive to particular behaviours or strategies that are being modeled by mentors (Brady, Dolan and Canavan, 2015). This finding may have implications for scale-up, in particular in thinking about who is best placed to deliver the programme.

3.4 “What comes next?”: Sustaining change

Given that child and youth care workers observed that several participants asked them, “*What comes next?*” [FGD 1, 2 and 3] the importance of sustaining contact with families receiving parenting support should be considered. This has been previously demonstrated in a study of 174 service providers trained in the delivery of the Triple P programme (Shapiro et al., 2011: 7). Nine months post-implementation, some child and youth care workers noted that participants had developed their own strategies for ongoing parenting support. Some continued to apply lessons from Sinovuyo Teen at home, for example, while others continued to invoke the social support that the Sino Buddy system provided post programme implementation [FGD 3]. According to one Spanish study, ongoing collaborative work with families shows important benefits of embedding parenting support programmes at the local services level (Rodrigo, Byrne and Alvarez, 2012).

3.5 “... now I have learned with Sinovuyo”: Personal impact

A profound finding of the experience of delivering Sinovuyo Teen was the personal impact on the lives of the child and youth care workers, as parents. This was introduced as a theme during the first focus group discussion and dominated the subsequent, smaller focus group discussions. Specific examples of techniques, skills and concepts that child and youth care workers deployed at home with their children included replacing shouting with positive praise, and spending ‘special time’ with their children:

“When he washes dishes I ask him what happened today, before I didn’t. It is the opportunity to share what happened during his day, to know him better and to advise him.” [FGD 2]

Collaborative problem solving, especially around risk and security affecting teenagers, was also noted as a new parenting technique:

“Before we were already speaking about safety with our teen. However, there were very strict rules: this place is not safe. Now sometimes my child asks me why you think this place is not safe. We discuss together about the “rules”. My child comes with ideas and we find solutions together, I am willing to say – ok you are right this place is safe. It is hard for a parent to acknowledge when we are wrong but we can do it now.” [FGD 3]

Future research could investigate the implications of the process of reflection reported by child and youth care workers, around their own parenting skills. Is this process valuable? If so, does this process evidence a certain level of training and experience through the Isibindi work that may need to be considered in training future facilitators? Does the process of personal reflection and the positive outcomes relayed by the child and youth care workers in their own parenting provide a more critical understanding of adolescence and adolescents? Finally, does this process of reflection compromise professional objectivity, when performing their facilitator and/or child and youth care worker roles?

‘REAL-WORLD’ IMPLEMENTATION

Because child and youth care workers delivering Sinovuyo Teen did so in the context of a research study, changes were sometimes required to accommodate the research process. For example, the child and youth care workers reported confusion around the role of consent forms to be signed. Child and youth care workers also noted that participants arrived at the beginning of the programme asking for food parcels, because they were asked about food during the research questionnaire process, ahead of programme implementation.

Similarly there was a requirement for the research process to be pragmatic. For example, transportation to workshops for participants was included, to minimize attrition, and workshop timing was confined to daylight hours, in order to avoid unnecessary risks.

Calls for research that focuses on current, regular service contexts and involve typical staff, have been established elsewhere (see, for example, Green, and Glasgow, 2006). This need was apparent in this study as well. Conditions relating to implementation that were affected by the research study – such as the availability of transport, which would usually be unaffordable – need to be observed in a ‘real world’ context, in order to inform decisions that will enable the programme to be embedded effectively in South Africa.

Multiple voices, including those of the facilitators and their managers, need to be heard, in order to make decisions relating to real world scale-up, as this study confirms. Other studies also confirm that this often requires combined communication across disciplines and partnership-building (Mellins, 2014: 108).

4. LIMITATIONS

This study involved a limited number of child and youth care workers who had delivered a parent support programme in one province of South Africa. It is not known whether it is possible to generalize these results beyond the sites in the Eastern Cape of South Africa. The objective of this study was to identify and explore the experiences of those child and youth care workers delivering a parenting programme in rural and peri-urban settings and to make suggestions on how to improve effectiveness, to other parenting programmes operating under similar constraints. Further research would, however, be required in order to understand the specificities affecting the implementation of those programmes.

Furthermore, this study was descriptive and exploratory. The number of analyses conducted and the lack of a comparison group limit the strength of its inferences. The current findings should therefore be considered preliminary. They would benefit from further research to synthesize the multiple views that contribute to successful implementation in this context.

The self-report nature of the data collected during this study is prone to bias; particularly social desirability bias. Facilitators who wish to enforce the positive impact of a programme being implemented in a context where resources are otherwise very limited, may not respond critically, in order not to give a negative impression of the programme. Socially desirable responses may, however, have been minimized by assurances of anonymity.

5. CONCLUSIONS

Despite its limitations, this study makes several contributions. The pre-post pilot of Sinovuyo Teen yielded positive results, including reductions in child abuse and adolescent delinquency and improvements in positive parenting, social support, and mental health for both caregivers and adolescents (Cluver et al., 2016a; Cluver et al., 2016b). The results of this study extend the current knowledge of programme effectiveness by describing how facilitators are a critical component of the circumstances under which the Sinovuyo Teen programme worked in 2014.

In particular, this study yields four key conclusions:

- 1. Facilitator involvement in programme adaptation helps ensure cultural relevance, for example, in addressing gender norms and concerns.** This process also encourages a sense of ownership of the programme, which may have contributed to local acceptance, which in turn may have affected successful programme delivery. Facilitator experience of delivering the programme is useful in making suggestions about the 'real world' conditions and logistics that need to be considered for future delivery, while ongoing testing is essential to assess the contextual factors that influence the effectiveness and efficiency of interventions designed to support vulnerable families.
- 2. There are several benefits to embedding a parenting programme in existing local services. These include access to local knowledge, reinforced support to vulnerable families, a bolstered supportive network for child and youth care workers, and professional synergies.** The latter includes the strengthening of parenting skills that improved family life and acquisition of skills to facilitate group learning processes. The trust established between facilitators and participants through prior local Isibindi work positively impacted on recruitment, programme delivery and the sustainability of programme learning in the post-implementation environment. This is an important consideration, going forward.

There were, however, challenges – such as increased workload and the need to coordinate across multiple service providers – that need to be carefully considered and planned for during the scale-up process.
- 3. Training and weekly support are essential to ensure programme delivery, skills development and reflection capacities.** Adequate resources should be in place prior to programme implementation to ensure that this support is possible.
- 4. An important component of gathering evidence on the programme's effectiveness should be the experience and perceptions of the facilitators who deliver the programme.** This will help improve cultural acceptability and effectiveness, and also ensure their commitment to quality performance, and will generate a sense of ownership. It remains to be seen whether the facilitators' views will be considered at the institutional level responsible for planning the scale-up of this programme in South Africa. Accountability for the facilitators' views is currently institutionalized through the Isibindi mentoring system, and going forward, it would be important to maintain this, should facilitator feedback be considered at the level where key

decisions are made on the implementation model. One of the recommendations emerging from this study is therefore that these voices be heard, and that any parenting programme delivered by local child and youth care workers would benefit from these views.

In conclusion, though it is difficult to make generalizations based on a small sample, this paper contributes to a broader body of literature, by examining new themes such as trust and empathy in a new setting, in order to make suggestions about the workforce implications of scale-up possibilities.

The findings detailed here also reinforce existing literature from studies that detail the benefits of understanding the child practitioner (in this case the child and youth care worker) perspective, and contribute to this body by diversifying evidence that has thus far primarily been drawn from high-income countries.

The benefits of understanding the child practitioner perspective are especially important in sustainably embedding and scaling-up programmes using multiple services with fidelity, in low resource areas, where funding and delivery of those services may be variable.

The qualitative approaches that have been used in this study have also been considered appropriate for informing policy development (see, for example, Koerting et al., 2013: 654). Furthermore for parenting programmes in high resource settings, qualitative research has been used to guide further implementation (Furlong and McGilloway, 2015). Therefore the results of this study will be key to informing the next stages of research and during any further scale-up.

Tables 2a and 2b (page 30) illustrate the benefits and challenges of using an existing service provider and staff to deliver a parenting programme.

Table 2a – Key benefits of using an existing service provider to source Sinovuyo facilitators

	What worked?	Suggestions for future implementation
Input into programme adaptation	Facilitators have experience and knowledge of local context: <ul style="list-style-type: none"> contributed to <i>cultural accessibility and acceptability</i> created a sense of ownership. 	<ul style="list-style-type: none"> <i>Formalize programme adaptation</i> during weekly supervision Structure opportunities for facilitators to <i>reflect on programme implementation</i> within their organization
Recruitment and programme buy in	<i>Existing relationships and trust</i> in community: <ul style="list-style-type: none"> Ensured <i>community buy-in</i>; and Contributed to <i>effectiveness of programme</i> 	Partner with <i>existing service providers</i> in order to: <ul style="list-style-type: none"> <i>Decrease time and effort</i> to recruit and train facilitator <i>Ensure ongoing employment</i> opportunities sought beyond programme implementation
Training	Child and youth care workers entered Sinovuyo Teen facilitator training with <i>basic training</i> in working with families: <ul style="list-style-type: none"> <i>Prior training</i> and experience laid the foundation for facilitation skills Existing in-service training within mentoring system proved essential for <i>feeding back facilitator experience</i> Newly acquired facilitation skills were useful to child and youth care worker 	<ul style="list-style-type: none"> <i>Further research</i> required on effectiveness of training facilitators without any prior facilitation experience Formalize mechanisms for implementation organization to obtain <i>facilitator feedback</i> Reflective process within training enabled incorporation of new skills within professional practice
Supportive relationships with participants	Child and youth care workers support to families enabled them to: <ul style="list-style-type: none"> Select appropriate families for the programme Invite participation in a non-threatening manner Receive continuous support after the programme, which led to sustained learning 	<ul style="list-style-type: none"> Partner with trusted local organizations in <i>selection and recruitment</i> of participants Provide <i>structured support</i> to / amongst beneficiaries post implementation
Existing professional platform	<ul style="list-style-type: none"> <i>Existing mentors and staff relationships</i> – extra support <i>Existing managers</i> – critical in logistical implementation 	<ul style="list-style-type: none"> Consider benefits of assimilating programmes with existing organizational systems against disadvantage of conflicting workloads described below
Personal impact for facilitators	<ul style="list-style-type: none"> Programme involvement encouraged self-reflection 	<ul style="list-style-type: none"> Programme to include reflective practice

Table 2b – Key challenges of using an existing service provider to source Sinovuyo facilitators

	What didn't work	Suggestions for future implementation
Facilitator workload	<ul style="list-style-type: none"> Facilitation created competing <i>demands for time and resources</i> <i>Taxed human and organizational resources</i> such as transport Dilemma and confusion created as supervised by <i>two different mentors</i> Home visits for programme <i>catch up sessions</i> added to demands that were already over and above call of duty 	<ul style="list-style-type: none"> Specify <i>accurately time required for training, supervision and implementation</i> of programme and adjust workload/ remuneration accordingly Ensure required <i>logistical support</i> is available Supervision of facilitation training to be synchronized with supervision of existing social service Consider feasibility of ongoing catch-up services and, if appropriate, increase logistical support for such services <i>Clarification of mentor roles and synergize key learnings</i>
Food	<ul style="list-style-type: none"> In context of poverty and hunger, facilitators felt conflicted about providing food to beneficiaries and not the other members of their households 	<ul style="list-style-type: none"> Consult facilitators regarding food policy options for programme beneficiaries prior to implementation

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