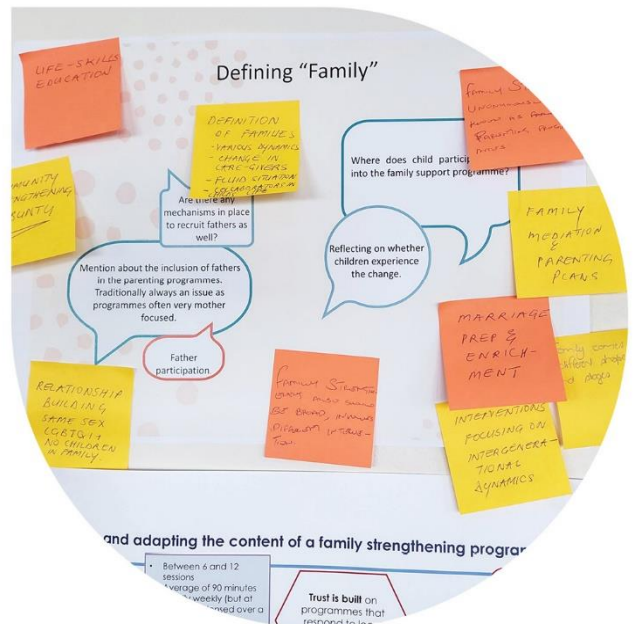Western Cape
Government

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WESTERN CAPE

Mapping family strengthening programmes in the Western Cape Research report | June 2022

CONTENTS

1.   INTRODUCTION

This document summarises the findings from research conducted with implementers of family strengthening programmes and services in the Western Cape. This research forms part of the pathway to scale up evidence-informed family strengthening programmes (FSPs) that reduce violence in the Western Cape to improve their quality and impact.

The research reviewed how FSPs are designed, delivered, monitored, and evaluated and which partnerships and referral pathways exist within FSPs and other family support services.

The findings of this research will inform the further steps of the pathway.

2.   BACKGROUND AND PURPOSE

The Western Cape Government (WCG) 2019-2024 strategic framework, expressed in the 2019- 2024 Provincial Strategic Plan and the 2020 Recovery Plan, acknowledges the need to strengthen families vulnerable to violence to improve long-term safety and enhance society's wellbeing.

Building on local and international evidence of what works in reducing violence as well as experience in supporting families, the WCG is implementing a pathway to scale up evidence-informed FSPs in the Western Cape to improve their reach, quality and impact. Furthermore, due to the numerous stressors on families and caregivers in resource-constrained environments, the pathway acknowledges the importance of strengthening referral pathways between FSPs and other family support services to holistically address challenges faced by families attending FSPs, and embed the positive impact of FSPs beyond the delivery of the programme.

For the purpose of this project, FSPs are defined as all programmes aimed at strengthening the relationship between a primary caregiver and a child to reduce family and community violence. They can also be referred to as parenting programmes.

The project acknowledges that families can take many shapes and forms, and that family dynamics change over time. It also acknowledges that different individuals might take primary responsibility of a child over the course of a child's life. All these individuals could potentially benefit from FSPs. These concepts, as well as the legal and policy framework informing the project, were outlined in the Strategy on Family Strengthening Programmes to Reduce Violence, which formed the basis for the project.

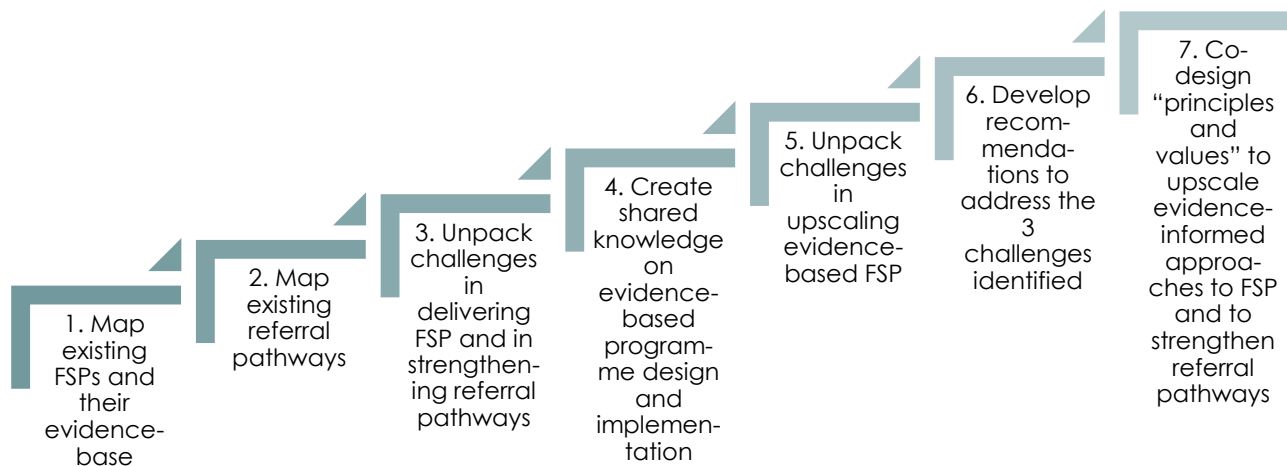The pathway, as is currently envisaged, is illustrated as follows:

Figure 1 Pathway to scale up evidence-informed approaches to FSPs and to referral pathways

As illustrated in Figure 1, the pathway will lead to the development of principles and values for upscaling evidence-informed and evidence-based FSPs and for strengthening referral pathways. The pathway is referred to "the project" in this research report. The pathway is being implemented through the parenting sector, namely non-profit organisations (NPOs) delivering FSPs (or parenting programmes), government representatives, researchers, and academics working at designing, delivering, monitoring, evaluating and/or funding FSPs.

This research report reflects the findings from research aimed at unpacking the first two steps of the pathway, i.e. to understand how surveyed organisations and government staff delivering FSPs design and prepare for their programmes (i.e., which research, information and experiential knowledge is used to inform programme content), how programme content is implemented and how programme delivery is monitored and evaluated. The research also sought to understand which other family support services are needed to complement the FSPs and ensure that the families are better and more holistically supported in their parenting journey. Finally, this research report highlights possible elements of the principles and values which started emerging through the research.

3.   METHODOLOGY

The research aimed at understanding programme design, implementation, monitoring and evaluation of FSPs, and referral pathways between FSPs and other family support services. The research methodology was qualitative in nature.

Data was collected from NPOs delivering FSPs (or parenting programmes) and either receiving WCG funding through the Department of Social Development (DSD) or the Department of Health (DoH) or identified by partners in this project. While some municipalities offer and/or fund parenting programmes, their beneficiaries could unfortunately not be surveyed for this research.

Qualitative data was collected from research participants through an online survey and a semi-structured interview. The online survey was sent electronically via Google Forms. The semi-structured interviews were conducted via Ms Teams, Google Meets or Zoom. Data was collected in February and March 2022. All research participants consented to participate in the research. Research participants will be referred to as "surveyed organisations" or "FSP NPOs" in this report.

The research tools were developed in partnership with researchers, academics and implementers of evidence-informed parenting programmes.

The interviews were conducted in partnership with the South African Research Chair in the Development of Human Capabilities and Social Cohesion through the Family at the University of the Western Cape (UWC), which is supporting this process.

The online survey was sent to 54 organisations and 20 organisations completed it. Of those, 19 indicated their availability for an interview and 17 interviews were conducted. Therefore, there was a 37% response rate for the online survey and a 31% response rate for the follow-up interviews. This is illustrated below.
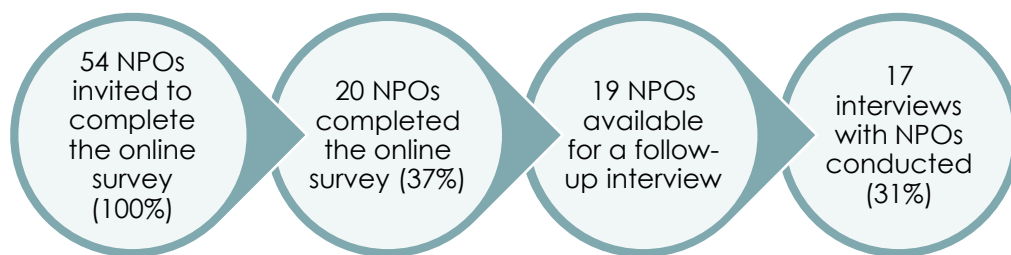
Figure 2 Mapping family strengthening programmes: Methodology

The NPOs interviewed were:

Afrika Tikkun	Manenberg People's Centre
Bridgehouse NPC	Mikhulu trust
Cederberg Matzikama Aids Network	Oudtshoorn Christian Youth forum

- Creating Effective Families
- FAMSA Karoo (Families South Africa)
- FAMSA Knysna
- HandsandFeet NPC
- LifeLine Garden Route
- Living Hope Trust

- Rural Impact
- Salesian Life Choices
- Seven Passes Initiative
- Siyabonga Huis van Danksegging
- The Parent Centre (TPC)
- Women Empowered Committed Against Negativity (WE CAN)

- Two organisations who requested to remain anonymous

In addition to interviews, draft research findings were discussed with the parenting sector, who gave extensive feedback. Their feedback is incorporated into this report and into the implementation of the pathway.

4. OVERVIEW OF FINDINGS: THE LIFE CYCLE OF A FAMILY STRENGTHENING PROGRAMME

The online survey and interviews unpacked the different steps of the development, delivery, and evaluation of an FSP. This can be compared to the "life cycle" of an FSP. Starting with what must be in place before the programme is delivered, the research then focused on programme delivery, then monitoring, evaluating and learning and ended with an emphasis on partnerships and referrals. This is illustrated here and further unpacked in the following sections.
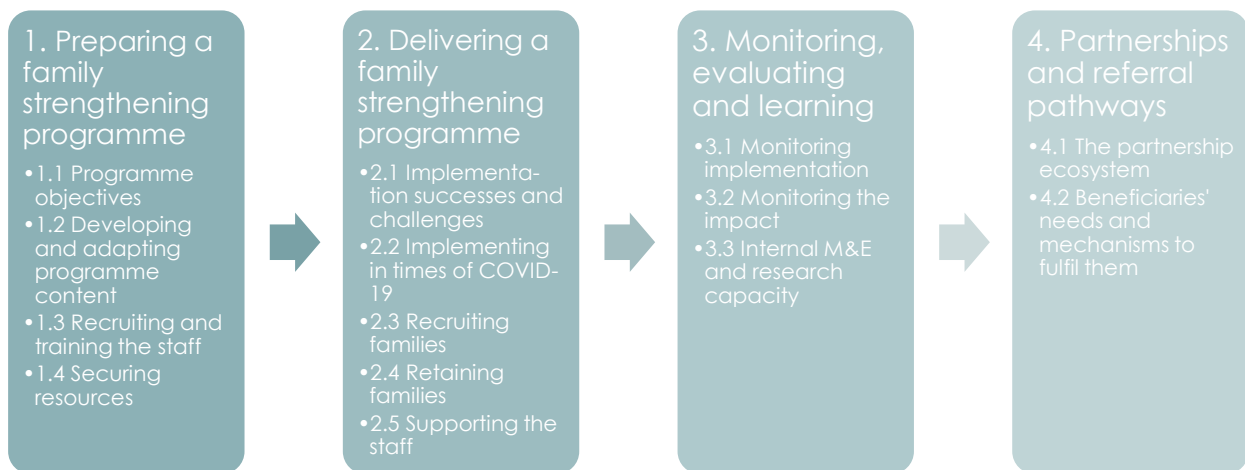
1. Preparing a family strengthening programme	2. Delivering a family strengthening programme	3. Monitoring, evaluating and learning	4. Partnerships and referral pathways
•1.1 Programme objectives •1.2 Developing and adapting programme content •1.3 Recruiting and training the staff •1.4 Securing resources	•2.1 Implementa-tion successes and challenges •2.2 Implementing in times of COVID-19 •2.3 Recruiting families •2.4 Retaining families •2.5 Supporting the staff	•3.1 Monitoring implementation •3.2 Monitoring the impact •3.3 Internal M&E and research capacity	•4.1 The partnership ecosystem •4.2 Beneficiaries' needs and mechanisms to fulfil them

Figure 3 Outline of the life cycle of a family strengthening programme

5. PROGRAMME TYPOLOGY

The focus of programmes delivered by most surveyed organisations is to support parents and other primary caregivers with parenting skills to strengthen the family unit, parental and family resilience and self-sufficiency. These are typically delivered at four stages of the life of a child: Support to mothers to strengthen the bond with her baby in the first 6 to 12 months of a child's life (typically as part of a "First Thousand Days" package of support); support to parents and primary caregivers of toddlers up to the age of 6; support to parents and primary caregivers of young children (aged 6 to 10) and support to parents, primary caregivers and their children when the latter are teenagers.

In addition, book-sharing programmes, which support adults in having an active interaction with a young child using a picture book, were also mentioned by a smaller number of surveyed organisations. These are aimed at improving the child's language, cognitive development and social development and at reinforcing the bond between the parent and child. The latter can be

offered as a standalone programme (especially with toddlers) or incorporated into parenting programmes.

The common delivery method used by surveyed organisations is a programme delivered over several sessions in group settings attended by primary caregivers. Support during the first thousand days of a child's life usually take the form of home visits.

Therefore, the research focused on what is commonly referred to as parenting programmes, in line with the objectives of the research and the broader project. In this document, they will interchangeably be referred to as FSPs or parenting programmes.

6. PREPARING A FAMILY STRENGTHENING PROGRAMME

6.1. PROGRAMME OBJECTIVES

The research first sought to understand how surveyed organisations defined their programme objectives.

Surveyed NPOs identified five main objectives of the FSPs they deliver.

1)   Assist parents and other primary caregivers to understand children's developmental stages and behaviours and to learn about alternative ways to raise and discipline their children to decrease harsh punishment. Many parents think that they are not allowed to discipline their children and don't know how to discipline other than through harsh punishment

2)   Assist parents and other primary caregivers to improve communication and joint problem-solving skills in the household.

3)   Assist parents and other primary caregivers to reflect on their own parenting and life journeys and past and present parenting experiences. The objective is to increase their confidence in their parenting ability, reduce their own trauma and stress and increase their self-reliance. For some, this would include "unlearning" negative culturally entrenched parenting practices. By better regulating their own emotions and triggers (and managing their anger), parents can better support their children.

4)   Support parents and other primary caregivers to take care of themselves so that they can better take care of their families. Some organisations specifically indicated that they aimed to provide mental health support to parents and caregivers, but these were the minority. The latter is despite mental health support being a key measure of the success of evidence-based parenting programmes and identified as an important need of programme participants in addition to parenting programmes (as outlined in section 9).

5)   Some organisations also provide information on a range of topics, including children's rights, family planning, gender roles/norms (specifically the role of fathers), gender-based violence, child abuse, child safety in the home and alcohol and substance abuse.

Some organisations have additional specific foci. One organisation indicated having incorporated family budgeting in its programme. Another organisation focused on developing a comprehensive service model for pregnant and young mothers, focused on maternal mental health. Two organisations focused on supporting teen parents specifically.

6.2. DEVELOPING AND ADAPTING THE CONTENT OF A FAMILY STRENGTHENING PROGRAMME

The research further sought to understand how surveyed organisations develop the content of the parenting programmes that they deliver. In light of the typical perceived or actual rigid content of an evidence-based parenting programme, the research also sought to understand the extent to which evidence-based components are already incorporated into programme content by NPOs who do not strictly implement evidence-based parenting programmes. It also explored whether NPOs trained on evidence-based parenting programmes implement with fidelity, and whether there would be fertile ground to roll out a standard evidence-based parenting programme or whether another route should be sought.

The following are key components of an evidence-based parenting programme: Managing anger of the caregiver; Promoting praise of the child; Promoting one-on-one time between the caregiver and the child, and Rules and routines in the household and Parental self-care. When asked whether they covered these typical six components, 70% of organisations (or 14 organisations) indicated that they covered all components. 90% of organisations indicated that they addressed "managing anger of the caregiver", "promoting praise of the child" and/or "promoting one-on-one time between the caregiver and the child" while 85% of organisations covered "rules and routines in the household", "parental self-care" and/or "promoting problem-solving with the child". This is outlined in Figure 1 below. Important to note is the fact that the study did not seek to understand how these components were covered in programme content, only whether the different components were covered. Furthermore, organisations contextualise programme content based on local needs and tacit knowledge, and therefore it is possible that each component is delivered differently by different NPOs.

Does your programme cover the following components... (n = 20)

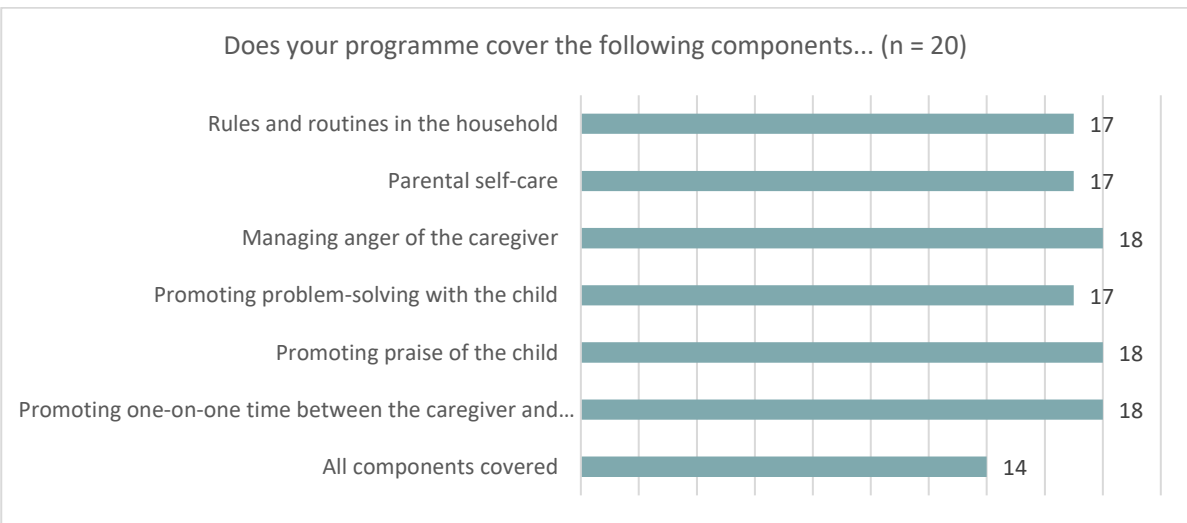| Component	Value
Rules and routines in the household	17
Parental self-care	17
Managing anger of the caregiver	18
Promoting problem-solving with the child	17
Promoting praise of the child	18
Promoting one-on-one time between the caregiver and…	18
All components covered	14

Figure 4 Evidence-based components covered by surveyed family strengthening programmes

An evidence-based parenting programme typically uses the following delivery approaches: Using roleplay in the sessions; Encouraging participants to practice what they have learnt at home, and Encouraging the family to problem-solve together. When asked whether they used the typical delivery approaches of an evidence-based parenting programme, 70% of organisations (or 14 organisations) indicated that they covered all approaches, with 95% of organisations encouraging participants to practice what they have learnt at home. This is outlined in Figure 2 below.
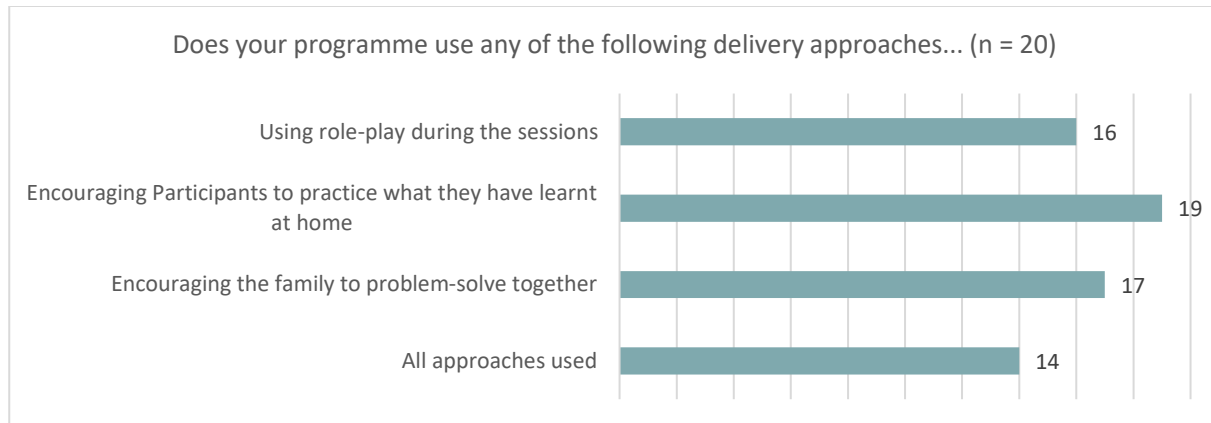

Figure 5 Evidence-based delivery approaches used by surveyed family strengthening programmes

When asked about how the content of the programme was developed, a few surveyed organisations made specific reference to evidence-based parenting programmes or book sharing programmes. These included Thula Sana programme, Sinovuyo / Parenting for Lifelong Health (PLH) programme, the Mikhulu booksharing initiative, the Systematic Training for Effective Parenting (STEP) programme, NACOSA courses or Sonke Gender Justice manuals.

However, most organisations combine "technical knowledge" with community and participants' needs to determine and adapt the content of an FSP.

Technical knowledge to inform the content of an FSP can take different forms: organisations will use manuals, books and other written material they have accumulated over the years, training they receive from other NPOs and from DSD as well as freely available online resources. Some of this technical knowledge is evidence-based. Technical knowledge is typically selected based on what is available to an organisation, but also because it considers it will suit their participants' needs.

Many surveyed organisations know that some of this technical knowledge is evidence-based and therefore has been researched, but don't know exactly which research was used to inform the programmes.

In addition to using technical knowledge, many organisations seek to respond to local community and participants' needs by relying on experiential knowledge. Many will typically ask a new group of parents and caregivers at the beginning of or during a programme which topics they would like to have covered, and the organisation will ensure that these topics are covered. Furthermore, organisations know current challenges and dynamics faced by the communities they serve, and these might also inform programme content.

Organisations will then use a combination of technical knowledge and experiential knowledge to craft an FSP that is most relevant to their context and their participants' needs. Responding to local community dynamics is important to build trust in the programme and in the organisation and, consequently, to attract parents. Recruitment is a challenge that is unpacked further below.

Local needs have also led to the development of new evidence-based parenting programmes, such as the one offered to teen parents.

Furthermore, organisations shared that an issue arising in a local community will at times lead them to develop a once-off information session on that topic (such as at the local school or church) or incorporate it into the content of a broader parenting programme. For example, an increase in cases of child abuse, an increase in tik abuse by teenagers, an increase in GBV during COVID-19 lockdowns or a LGBTQI incident at a local school triggered such ad hoc responses. Some of these constitute ad-hoc "crisis responses" and some will eventually be incorporated into generic programming. It is unclear, however, to what extent such crisis responses can still be considered parenting programmes.

Programmes are of different lengths, with many organisations offering at least 6 sessions, in line with DSD funding requirements. Some organisations offer up to 12 sessions. The ability of a group of parents and caregivers to absorb the content might lead the organisation to decide to have more sessions with that specific group. The First 1000 days support lasts up to one year. Each session is on average 90 minutes long (but can be up to 3 and a half hours). Most sessions are offered weekly, but some organisations combine sessions over weekends. Session length might affect retention, with long sessions leading parents to drop out of the programme. Organisations having combined their sessions over weekends have indicated that their participants often struggle to "incorporate" what they have learnt and change their parenting behaviour. Condensing sessions has been flagged by evidence-based parenting practitioners as likely to reduce programme impact.

Therefore, programme adaptation is inherent to the development and delivery of FSPs in the current Western Cape context. Programme adaptation is usually not done formally but rather a constant informal "bottom-up" process. Only a minority of surveyed organisations purposefully ensure fidelity in implementing evidence-based programmes, with minor programme adaptation. Many organisations reported extensive adaptation to respond to local needs. However, very few organisations implementing without fidelity have formal mechanisms in place to assess the effectiveness of their adapted programme. This is further unpacked in section 8 below.

Cultural adaptation also occurs to respond to the dynamics of isiXhosa and Afrikaans groups. For example, one organisation adapted the Sinovuyo parenting programme to serve Afrikaans-speaking families, as the original programme was developed for Xhosa-speaking families. The key concept of the programme was changed from a rondavel to a tree and symbols and logos were adapted, but the remainder of the programme was largely unchanged.

Considering the above, rolling out a standard evidence-based parenting programme with strict fidelity across all NPOs in the Western Cape might be a challenge in the current context. Indeed, it might not allow NPOs the flexibility and adaptation they cherish and would require extensive training and adaptation by NPOs. However, some NPOs in the Western Cape have been able to

respond to local needs while implementing with fidelity. In light of this, there is an opportunity to develop common principles and values of evidence-informed and evidence-based parenting programmes. Therefore, the objective of this project remains relevant and adequate.

6.3. RECRUITING AND TRAINING THE STAFF

This section outlines the typical qualifications of staff delivering parenting programmes, and how training is provided once staff joins an NPO offering parenting programmes.

Typical staff qualifications are that of social work and auxiliary social work. Larger organisations might include more specialised staff such as clinical psychologists or occupational therapists. But most organisations rely on external resources for such specialised support and rely at least partially on volunteers for such support.

Most training on the content of FSPs provided by surveyed organisations is done in-house by management staff or by peers. Therefore, most facilitators are not trained on parenting programmes before joining the NPO. A few organisations provide formal and focused training on evidence-based parenting skills programmes, facilitation skills and counselling skills. No standard operating procedures exist on the training content for a parenting programme. The sector requested that the principles and values include guidance on training.

Some organisations put in place a "train the trainers" model where their staff, after having been trained and implemented a programme for several years, can be promoted to trainers in order to train newer staff.

A small number of organisations insisted on the importance of selecting the "right" staff to deliver FSPs, that not only has the right skills but also empathy for parents and a special interest in positive parenting and non-violent discipline. They did this by unpacking the candidate facilitators' own parenting practices and values before they can be facilitators, as those practices and values can conflict with the aims and objectives of the FSP and therefore impact on the quality of the programme. One organisation doing such unpacking indicated that "not everyone can be a parenting facilitator. The person is important in delivery and therefore it is important to find the right person [for the success of the programme]." The parenting sector requested that principles for staff recruitment be reflected in the principles and values.

No surveyed NPO reported using laypersons or volunteers to deliver their programmes. However, relying on parents and other primary caregivers who showed improved parenting behaviour after having attended a parenting programme to supporting delivering them could be explored to allow for rapid scale-up.

6.4. BUDGET AND OTHER RESOURCES

Funding sources vary greatly, as is illustrated in Figure 3 below. Importantly, only 10% of surveyed organisations managed to rely solely on DSD funding, but 80% of organisations relied at least in part on DSD funding. This means that DSD funding is essential for FSPs but is largely insufficient to ensure

sustainability or deliver quality evidence-informed parenting programmes. The data did not seek to understand DoH funding model, which will need to be unpacked going further.
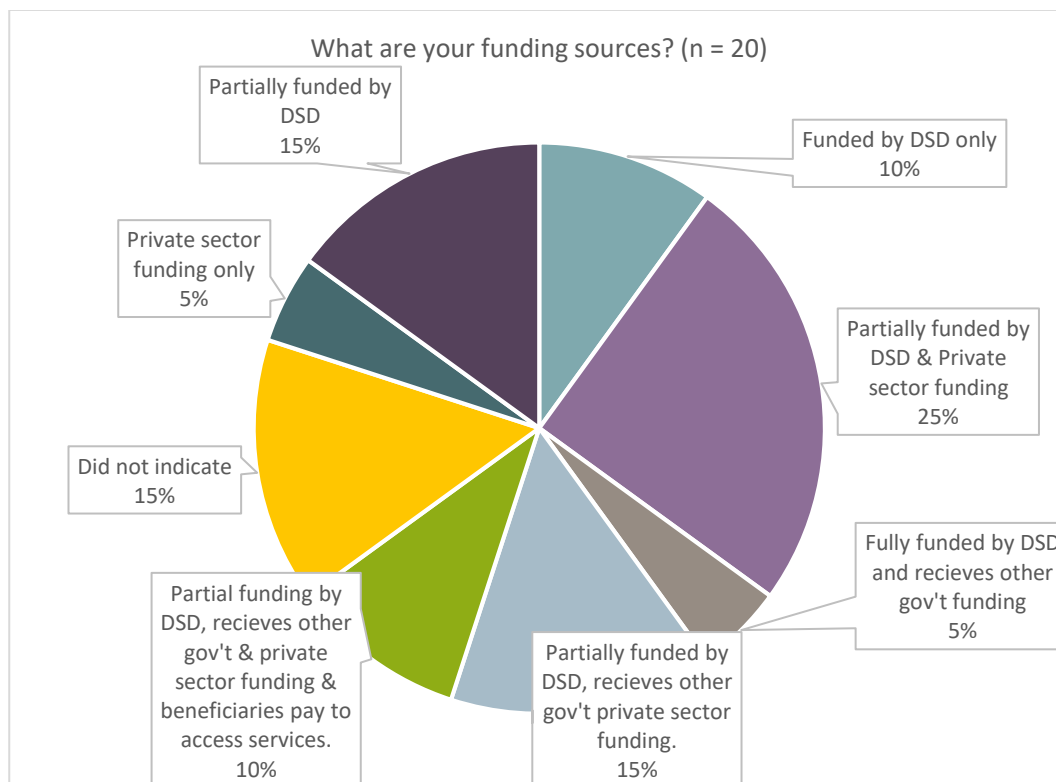

Figure 6 Sources of funding of Family Strengthening Programmes

Funding was identified by many organisations as a challenge. This is further outlined below.

7.   DELIVERING A FAMILY STRENGTHENING PROGRAMME

7.1.   OVERVIEW OF IMPLEMENTATION SUCCESSES AND CHALLENGES

The research aimed to understand what FSP NPOs perceived to be their successes and challenges in implementation. They are outlined here, and some of them are unpacked further in other sections of this report.

When asked about **what made a programme successful**, surveyed organisations pointed to a number of factors:

(i)   Programme participants

Many organisations reflected on the importance of the content of the programme being informed by local community needs, and the pace of the programme being informed by each group. This helped to strengthen ownership of the process by the programme participants.

Also, witnessing the positive change in a parenting style and transformation in programme participants, including better understanding their children's behaviour, were important success factors.

Once parents feel empowered by the programme, they are more likely to promote it to their neighbours and friends. It becomes known in the community that the programme "works". This contributes to the programme's reputation and assists with recruitment.

A good relationship between the organisation and the parents as well as between the organisation and the broader community were further important success factors. Many organisations insisted that their reputation was key to their success. Overall, trust between the organisation and the community is of utmost importance for the overall success of a programme.

(ii)   Staff

Surveyed organisations indicated that the care, compassion, dedication, commitment and skills of their implementing staff were key contributors to the success of their programme. Therefore, adequately supporting the staff with on-going training, supervision and psycho- social support was regarded as important. This is especially the case as staff are often parents themselves and many come from the same communities as programme participants, therefore facing similar challenges.

(iii)   Monitoring and evaluation

Several surveyed organisations indicated that a well-designed programme that was evidence-based or evidence-informed, that was implemented with fidelity and/or regularly monitored and evaluated (whether internally and externally) were important success factors.

Adaptation based on formal or informal M&E (i.e., adapting the content of a programme based on informal feedback to a formal evaluation) was mentioned as a success factor by many organisations.

(iv)   Referrals and partnerships

Surveyed organisations indicated extensive referral and support networks as another important success factor, to recruit families and promote the programme on the one hand and to refer parents and primary caregivers to more specialised support services on the other. Referrals are done both to NPOs and to government stakeholders, including DSD, ACVV, Child Welfare, GCIS, WCED, and the Department of Labour.

Also, local donations to financially sustain the programmes and to support parents in kind were identified as success contributors.

Finally, partnerships with universities to design and evaluate programmes were mentioned.

When asked about **current challenges in implementation**, surveyed organisations pointed to a number of factors. Importantly, many factors that organisations identified as success factors were simultaneously identified by the same organisations as challenges:

(i)   Programme participants

Recruitment and retention for the full duration of the programme were the most common challenges identified by surveyed organisations and will be unpacked further in sections 7.3 and 7.4. An important factor impacting retention was arising job opportunities. Many programme participants are unemployed, and when there's work (such as the harvest season or the fishing season), a family will always stop attending the programme. Organisations know this and try to schedule around those important labour-intensive periods.

Challenges with retention affect staff morale, who might question the quality of their programme delivery.

Some organisations indicated that the families who needed the support the most because their children displayed difficult behaviour were often the ones not attending the programmes. This might be because of the stigma around being a parent of a "problem child".

Several organisations reflected on the difficulty in getting programme participants to change their parenting behaviour, especially when the programme is condensed and delivered in a short space of time (such as a 3-day workshop). Parenting practices and behaviours are typically inherited and deeply ingrained, and therefore difficult to change. Carefully designed evidence-based parenting programmes are better suited to positively impact parents and primary caregivers wishing to change their parenting behaviour.

The fact that fathers typically do not participate in FSPs is a common challenge, but sessions delivered via Whatsapp, recruiting male facilitators, and using the Bible as a conversation anchor on parenting were tools identified to assist in recruiting fathers.

A number of organisations indicated that isiXhosa-speaking and Afrikaans-speaking families in the same group could be a challenge due to different cultural approaches to parenting and to family dynamics. It also required the manuals to be translated into the home language of the families' languages, whereas manuals were only available in English. One organisation indicated that it was easier to recruit isiXhosa-speaking than Afrikaans-speaking families.

Past and present trauma experienced by programme participants (such as gender-based violence or intimate partner violence) would often surface during the course of the programme, which required further unpacking and support.

Family members who did not attend the programme might resist the content of the programme, requiring further support for "on-boarding" of the broader family through a family-centred approach.

Other challenges relating to programme participants mentioned by surveyed organisations include: Participants' low literacy levels, which means they struggle to engage with programme

content; them being apathetic to opportunities or having a sense of entitlement towards services provided by government and therefore rapidly dropping out of a programme; and them bringing their young children with them to the sessions and therefore disturbing the delivery of the programme or not being able to sufficiently focus.

(ii)   Funding

A shortage of funding to adequately support FSPs and ensure their sustainability was another recurring challenge mentioned by surveyed organisations. As some indicated, this is despite the evidence that FSPs contribute to reducing violence against children. It includes a shortage of financial support towards salaries, costs of covering food during the session (an important retention factor) and broader administration costs.

A number of organisations had to decrease the number of services offered due to a shortage of funds. One organisation indicated that their parental support groups offered after completion of the programme had to be stopped. However, parental support groups post-delivery would provide an important space for programme participants to continue "workshopping" their newly learnt parenting practices in a peer-to-peer setting. Going forward, efforts should be made to support NPOs and programme participants to ensure that these are in place.

Some organisations have started exploring income generating options to increase financial sustainability, such as training other organisations. Middle-income families paying for parenting programmes could also be a possible revenue stream.

Finally, the pay gap between NPO social workers and DSD social workers were mentioned as a challenge, as NPOs cannot offer the same salary and therefore lose some of their staff to government. As an organisation put it, "this a huge risk to NPO programme sustainability and in turn, to government departments who rely on NPOs as service delivery partners."

(iii)   Staffing

Staffing issues include insufficient staff to address the need, a lack of skills, a lack of adequate mindset towards non-violent discipline, a lack of funding to provide adequate salaries and additional services such as psycho-social support and retention of skilled staff who are offered better paid opportunities elsewhere, especially by government. One organisation had to implement salary cuts due to recent funding shortages.

Some evidence-based programmes require that the implementing organisation use a laptop and projector during the sessions to watch instruction videos, but not all have such equipment. This might be because of safety and resource considerations.

(iv)   COVID-19

COVID-19 regulations were mentioned as a challenge by a number of organisations. These required a larger venue or led to the inability at times to have in-person group sessions or required organisations to provide data to parents to attend online sessions.

COVID-19 has required a lot of adaptation from parents and staff alike, to develop and to engage with online resources. Most programme participants prefer in-person engagements. Despite COVID-19 adjustments, most organisations went back to in-person sessions a soon as the regulations allowed so.

However, the silver lining was that some organisations have now switched to a hybrid delivery model, which has facilitated the delivery of certain sessions.

This challenge is explored further in section 7.2.

(v)   Partnerships

Some organisations indicated that referrals to more specialised support was not always available to their programme participants. The lack of support from some government departments was also a challenge. Lack of trust between different organisations and services that are key for referrals, such as schools and churches, was also identified as a challenge.

A specific challenge to the teen parenting programme is the fact that sessions cannot interfere with school time.

This challenge is explored further in section 9.

7.2.   IMPLEMENTING IN TIMES OF COVID-19

All surveyed organisations continued delivering their programmes during COVID-19, with the exception of level 5 and, to a lesser extent, level 4. The hard lockdowns drastically impacted on organisations' ability to deliver their programmes.

However, all organisations adapted their service offering since the onset of COVID-19.

The first adaptation implemented by some surveyed organisations was to continue with face-to-face sessions but with COVID-19 protocols in place (mask-wearing, ventilating rooms or smaller groups).

The second adaptation was to move to online sessions, whether via WhatsApp, telephone, Zoom or Skype. However, this required extensive adaptation on the part of staff and parents, which wasn't always available. Some organisations indicated that parents preferred in-person interactions or did not have money for data, hence impacting negatively on the uptake of online resources. Some used the digital resources developed by the Parenting for Lifelong Health (PLH) team in response to COVID-19. Individual counselling sessions were usually more appropriate for online engagement than group sessions. Going forward, the question remains as to whether hybrid models could be an avenue for upscaling.

Importantly, many organisations again quickly responded to local needs by distributing food parcels or starting soup kitchens, due to the impact of COVID-19 on hunger. This again shows the ability of local organisations to be very agile and respond to local needs.

One organisation reported that their GBV-related caseload increased during COVID-19.

7.3. RECRUITING FAMILIES

Recurrent challenges shared by surveyed organisations (and by numerous organisations delivering parenting programmes around the world) are that of recruiting and retaining families into and for the duration of parenting programmes. These were already mentioned in section 7.1 and are unpacked in this section and the next.

This research first sought to understand who the typical programme participants were, and how they reached a programme.

Surveyed organisations indicated that most programme participants are young mothers, with fathers and grandparents representing a smaller group of participants. The majority are unemployed, with limited literacy levels and living in underserved communities with high levels of violence and substance abuse.

A gap that was highlighted is the fact that middle-class families typically do not attend parenting programmes. They are likely to seek parenting support through other channels. This tends to indicate belief that parenting support is needed for low-income families only, whereas all parents might struggle with parenting at a point in their parenting journey. Furthermore, parenting programmes could be offered in the workspace and supported by employers, thereby reaching other target groups than those typically reached through FSPs until now.

Importantly, recruitment is a challenge because parenting programmes still have a bad reputation and are still seen as something that must be attended only if one is a "bad" parent. Overcoming the stigma around parent support and normalising them, across socio-economic segments, will be an important facet of an upscaling strategy.

Most parents and other primary caregivers reach an organisation voluntarily, having heard about the programme from neighbours or friends or at ECD centres, schools, after-school programmes and churches. Sometimes, parents and caregivers will visit organisations for other kind of basic support (such as CV development, photocopies etc) and then ask about the programme, i.e. recruitment occurs through walk-ins.

Many organisations also promote their services on social media and through pamphlets, which helps with recruitment. There is a need to increase awareness of parenting programmes.

Some parents are referred to an FSP by statutory organisations, social workers, the children's courts or by other NPOs (see section 9.1 below). However, this can present retention challenges, as outlined below.

Pregnant mothers are usually referred to a parenting support programme by the local clinic. Two surveyed organisations offered parenting skills sessions as part of their work with women in shelters. One organisation offers their services at the local clinic.

As indicated above, a few organisations indicated that the families who need to attend the programmes the most (due to their children displaying difficult behaviour) are often not the ones joining and/or staying for the entire programme.

Some organisations reported that increasingly, individuals (and specifically fathers) seeking to reconnect with their children will contact an organisation to provide reconnecting support through a positive parenting programme.

Reflecting on "what works" in recruiting families, surveyed organisations shared that word of mouth and a good reputation are key successful contributors to recruitment. Therefore, well-established organisations that have delivered programmes for a long time, that are enjoyed and are therefore trusted by the communities they serve, tend to recruit more easily. Organisations whose offices are located in a community will also recruit more easily, as families don't need to pay for transport to attend the sessions.

One organisation indicated that recruitment is easier when the group of participants comes from the same community, such as a school or a church. Another organisation indicated that it is easier to recruit when the programme is offered as part of another service, such as at an ECD centre, an after-school programme, as part of a skills development programme, when applying for a SASSA grant or at church.

Therefore, places where basic needs are addressed, where social ties (and therefore trust) already exist and/or where parenting is already supported are fertile spaces for recruitment.

7.4. RETAINING FAMILIES FOR THE DURATION OF THE PROGRAMME

Retention has been another frequent challenge mentioned by surveyed organisations. The reasons were multiple, from arising work opportunities to parents wanting a "quick fix" and not understanding why they need to attend several sessions, whereas changing deeply entrenched parenting behaviour takes time.

The following was shared by surveyed organisations as successful mechanisms to retain families:

- Clearly outlining the attendance requirements at the first session for parents and caregivers to understand what is expected of them.

- Listening to the group and their needs and tailoring a programme that responds to those needs.

- Providing snacks and refreshments during the sessions.

- Giving food parcels. One organisation mentioned that sometimes, they receive local donations (such as oranges from local farmers, snoek from fishermen), which they then distribute to programme participants who distribute it further to their neighbours. These tokens indirectly contribute to the reputation of the programme.

- Providing child-care during the sessions.

- Providing transport to and from the sessions.

- Doing follow-up calls with clients who missed a session to enquire about the reason and invite them to come back (some organisations will be able to do an individual follow- up session through home visits, especially the First Thousand Days programmes).

- Providing individual feedback sessions to parents and progress reports.

- Condensing several sessions over a weekend or one after another. However, this has been flagged as a risk, due to programme participants not being able to sufficiently practice what they have learnt and therefore the benefits of the programme not taking root.

- Anchoring the sessions to another service (after-school programme, ECD centre etc) or after a church service.

- Not organising sessions when there are work opportunities, especially season-dependent agricultural or fishing opportunities.

- Creating a sense of ownership between participants. Good group dynamics will encourage participants to stay for the entire programme.

- Providing certificates and organising a graduation ceremony to acknowledge and congratulate participants who attended the entire programme.

One organisation indicated that retention will typically be more difficult when a family is forced to attend a parenting programme as part of a court order – it is difficult to engage parents and caregivers on their parenting practices when attendance is mandatory. Furthermore, such families are often dysfunctional and parenting programmes might therefore not be the most adequate support mechanism for them since parenting programmes are fundamentally a primary violence prevention mechanism.

7.5.   SUPPORTING THE STAFF

Most organisations support their staff in the form of psychosocial support and/or professional support.

Psycho-social support to staff is needed due to the highly emotionally taxing working environment of a parenting skills facilitator, the subject being sensitive and often unearthing past and present trauma of participants and facilitators alike.

Ideally, psycho-social support to staff should therefore be ongoing. It should also be culturally sensitive. However, currently most psychosocial support is only provided when the staff requests it and is therefore reactive. This said, some organisations have implemented more proactive mechanisms, such as a compassion satisfaction/burnout self-test for their staff, which allows for regular debriefing and to direct the staff to further psycho-social support when needed. The principles and values developed through the project should seek to provide more guidance on psycho-social support to staff.

Psycho-social support can take the following forms:

- Team debriefing sessions. Some have highlighted that this is insufficient to deal with the trauma one is exposed to through delivering parenting programmes.

- Referrals to social workers (often internal, but also through support from DSD social workers).

- Access to a clinical psychologist (often external and often relying on volunteers, due to its high cost for which NPOs do not get funding).

- Staff wellness programmes (such as a quarterly outing).

Professional support is aimed at providing regular feedback and support on the facilitator's professional performance and can take the form of supervision or coaching. Importantly, professional supervision requires time for on-boarding, as many facilitators will resist this critical feedback at first but will start engaging it when they see its value to improve their work and not as a punitive mechanism.

Professional support includes:

- Team debriefing sessions to unpack past sessions, existing clients and to prepare for upcoming sessions.

- Mentoring or coaching sessions, either internally (with their manager) or externally.

- Staff supervision, which can be done internally, through DSD (either individually or in group sessions) or by external organisations.

- In-house training / professional development – this often takes the form of weekly or monthly meetings with the NPO's management and/or the team of peers.

- External training or professional development, often provided by other NPOs and often funding dependent.

A small number of organisations are unable to provide any training or psycho-social support due to funding shortages.

Surveyed organisations were also asked what measures they had in place to verify whether their staff delivers the programme as intended. This process can be used to provide further professional support to staff. Such measures include:

- In some organisations, managers attend some of the sessions and observe the facilitators to give individual feedback. If a common issue is identified, some organise a group training session for its staff in that issue.

- Some training organisations attend sessions delivered by newly trained facilitators to provide professional feedback.

- Some organisations video-record their facilitators and use these videos to provide professional feedback. This can be done internally or externally (through the organisations having developed the programme and/or training).

- Satisfaction surveys completed by parents at the end of the programme can also be used to identify staff requiring further training or support.

8. MONITORING, EVALUATING AND LEARNING

The research also sought to understand how surveyed organisations monitor the delivery of and assess the impact of their programmes. It emerged that most organisations are not familiar with the format, content or opportunities of formal evaluations, which are perceived by some as unattainable academic exercises. Answers provided by surveyed organisations showed that process evaluation and impact evaluations are often conflated and used interchangeably. This points to a need for capacity-building on the purpose, value and use of evidence-based programme design, implementation and evaluation.

8.1. MONITORING AND EVALUATING IMPLEMENTATION

All surveyed organisations have process monitoring mechanisms in place. At a minimum, organisations will keep attendance registers of programme participants, but can include more information, such as associated demographic and socio-economic information on participants. Most surveyed organisations capture this information electronically, but not all. This information will be used to report to funders, whether DSD, external donors or other government funders.

Some organisations have additional internal audit processes in place and report to their boards.

A minority of organisations have conducted more comprehensive process evaluations, tracking the entire delivery process (from the number of parents approached / screened, recruited to referrals) and seeking to determine whether the programme was delivered as intended.

8.2. OBSERVING AND EVALUATING IMPACT ON FAMILIES

All surveyed organisations have sought to establish whether their programme objectives were being achieved, I.e., whether and what "worked". Some do this through formal mechanisms and others do this through informal mechanisms.

A first informal evaluation mechanism consists of evaluation forms or satisfaction surveys completed by programme participants at the end of the programme. These can for example be used to adapt the programme content and identify staff in need of professional support.

Change is also observed informally. Individual counselling sessions and home visits are an opportunity for facilitators to informally observe and assess behavioural change in parents and other primary caregivers. As an implementer put it, "[we observed that] corporal punishment decreased. Parents used to verbally abuse their children in front of the facilitators. The facilitator

then coached a mother through the process of telling her 7-year-old child "I love you". The mother did not know that's something she should do."

Organisations will also get informal feedback on change in parents' parenting practices from other family members and stakeholders, such as school staff. Another informal mechanism is an annual get-together to discuss and assess with programme participants whether there has been positive change in their parenting practices. Support groups for programme participants who continue to meet after the end of the programme are also a space where change can be observed by NPOs.

Formal mechanisms usually entail a pre- and post-programme questionnaire to measure the impact of FSPs on programme participants. These are administered by about 20-25% of surveyed organisations. However, some indicated that such questionnaires were insufficient to assess the impact of a programme on families.

In terms of internal M&E and research capacity, larger organisations have dedicated M&E staff, whose role is to ensure that all process monitoring information is adequately captured. Other organisations have some staff with some research training obtained through their studies, but no organisation indicated that they actively used this resource as an M&E capacity.

Some organisations indicated a willingness to strengthen their M&E processes by formalizing them more. However, all these organisations indicated that they struggled or would struggle with adequate research and knowledge support to analyse the data from these surveys and feed them back into programme content. This points to the need to strengthening relationships with researchers and universities who could provide continuous M&E support.

For example, one organisation indicated that the implementing staff did not understand the purpose and value of capturing M&E-related data, which led to errors in capturing and reporting on this data. This points to the need for continuous training and capacity building on M&E.

Only a handful of organisations have conducted formal process evaluations or impact evaluations, all with external support from research institutions. One organisation did a community-wide evaluation of their parenting programme and results will be available soon.

8.3.   KEY CONSIDERATIONS FOR STRENGTHENING MONITORING AND EVALUATION

When conducting this research and discussing initial findings, the parenting sector was eager to explore strengthening M&E to better assess the change that their programmes might bring. There is a willingness to move from compliance to a more qualitative M&E process. The sector provided extensive insights on how this could materialise. Because this project seeks to unpack how the Western Cape could upscale evidence-informed and evidence-based parenting programmes to reduce violence, of which M&E is a key component, the input is reflected in this separate section.

As outlined already, there is a need for capacity building on the components but also on the purpose and value of evidence-informed and evidence-based programme design and

implementation. Evaluation is still perceived as "rigid" and there was a request to better understand and simplify evaluation mechanisms.

This research highlighted the rich experiential knowledge collected by those implementing parenting programmes, including informal mechanisms to evaluate change in programme participants. This knowledge should be shared with the parenting sector and contribute to a learning platform on family strengthening aimed at evaluating the implementation and outcomes of parenting programmes. Experiential knowledge, process evaluations and outcome evaluations could all contribute to M&E and programme adaptation.

Capacity building on M&E, adapting M&E tools and processing and analysing M&E data will have a cost, which must be factored into the implementation of the pathway. Partnerships with researchers, academics and external donors should be explored to cover some or all these costs.

9. PARTNERSHIPS AND REFERRALS

Partnering is at the centre of a successful FSP. While a parenting programme is, for the purposes of this project, at the centre of what strengthens families to reduce violence, families have numerous other needs. A holistic family-centred approach calls for acknowledging and seeking to address these other needs. Some of these needs can be provided by the NPO delivering a parenting programme, but other needs are fulfilled by other NPOs, government services or other community structures. All these organisations form part of a "partnership ecosystem", which is unpacked below.

9.1. THE PARTNERSHIP ECOSYSTEM

This "partnership ecosystem" refers to all stakeholders providing support to families in need. This ecosystem takes several forms.

Firstly, many surveyed NPOs offer more than one type of support to the communities they serve, and not solely parenting programmes. In that context, programme participants can "move" from one programme or service to another. These movements can be built into the standard offering of an organisation, or the movement can be ad-hoc, requested by or suggested to a specific beneficiary.

Secondly, a strong partnership exists between the FSP NPO and other NPOs in the same geographic area. This partnership is important for recruitment and for referrals between these NPOs. The FSP NPO will rely on other local NPOs to recruit families and to refer specific families for more specialised support, such as to clinical psychologists, occupational therapists, etc.

Thirdly, partnerships also exist with local schools, ECD centres, churches, community leaders, etc, which are important for recruiting families into FSPs.

Fourthly, many surveyed organisations assist programme participants with accessing basic government services, such as applying for an ID or birth certificate at the Department of Home

Affairs (DHA), a SASSA grant, a protection order or an EPWP job opportunity. This leads to partnerships between the FSP NPO and DSD, WCED, DHA, SAPS, the local clinic, the local municipality and/or the Department of Labour.

Finally, several organisations have partnerships with a university or research centre. This partnership can entail training, programme development, support with monitoring and evaluation (process but mostly impact evaluation), infrastructure and administrative support, and ethics support when a programme is formally evaluated.

One organisation has a partnership with the World Health Organisation to strengthen maternal mental health.

The parenting sector requested that the principles and values acknowledge the need for strong referral pathways.

9.2.   FAMILIES' NEEDS AND MECHANISMS TO FULFIL THESE

Surveyed NPOs reported that families attending their programmes usually face several common stressors. These NPOs seek to address some of these stressors, despite usually receiving no funding for this purpose. The research sought to unpack these additional stressors to identify which other basic services should ideally be made available to constitute a more comprehensive package of support to families.

These common stressors are:

-      Hunger. Food was mentioned as a need by the majority of organisations, who pointed out that hunger has become worse since COVID-19. Organisations often indicated that someone who is hungry cannot engage with the content of a parenting programme.

-      Domestic violence.

-      Mental health challenges.

-      Substance abuse.

-      Unemployment, causing monetary stress.

-      Lack of access to basic government services (grants, ID books etc).

-      Resistance from other family members to take up the learnings from the FSP or to work through family conflict.

Organisations developed several mechanisms to assist families in addressing those stressors. These include:

-      Refreshments and snacks provided during sessions, as well as food parcels and food donations given to programme participants.

- Psycho-social, trauma and mental health support. Family strengthening sessions often unearth existing and/or past trauma of programme participants (from childhood, by past and current intimate partners etc). Psycho-social and/or mental health support can be provided through individual counselling sessions in-house or externally. A number of organisations also indicated that parent support groups established after the programme ended, provided good peer-to-peer psycho-social support.

- Referrals to other organisations or professionals for specialised support for children of programme participants (such as speech therapy, play therapy, occupational therapy, paediatric care etc). Much of this support is offered voluntarily.

- Referrals to other organisations for statutory work.

- Job search counselling and workplace interventions, including skills development, CV development and further education opportunities. Organisations might also inform parents if local employment opportunities arise. Two organisations have provided micro-lending or entrepreneurial support to encourage programme participants to start their own small business.

- Transport to government services, such as to the local clinic, the DHA office, the SASSA office, school transport services etc., as well as support with related administrative processes (such as filling out forms etc).

- Meetings between the different stakeholders in a local community to strengthen collaboration.

10.   KEY FINDINGS AND CONCLUSION

This report summarised the findings of qualitative research conducted to understand how FSPs (or parenting programmes) delivered by NPOs in the Western Cape were designed, delivered, monitored and evaluated as well as to understand the broader partnership ecosystem within which these FSPs operate.

Five key takeaways were highlighted through this research.

Firstly, relationships between the FSP NPO and its programme participants, between the FSP NPO and the broader community within which it is located, and between the FSP NPO and other service providers are key for recruitment, retention and referrals of families.

Secondly, to strengthen these relationships and build trust, organisations delivering FSPs have embedded flexibility and adaptation in their delivery model. This is done informally and on a constant basis. Organisations cherish this ability to constantly adapt. However, this model might present challenges in ensuring strict fidelity in the delivery of evidence-based programmes. This tension must be unpacked further in implementing the pathway and this project.

Thirdly, psychosocial and professional support to staff exists but the support is usually reactive and should be strengthened.

Fourthly, monitoring of programmes is strong, but it is mostly done for compliance purposes. Rigorous process evaluation is largely absent. In addition, all organisations have evaluation mechanisms in place to understand whether their programme works, what works and what doesn't, but it is largely done through informal feedback from parents and through observation. Those who want to formalise outcome evaluations through a more rigorous methodology lack the skills and resources to do so and to act upon evaluation findings. NPOs are likely to need further capacitation on evidence-based parenting programmes, but also on the value and opportunities of being more evidence-informed and evidence-led.

Lastly, the parenting sector identified some initial possible elements of the principles and values which are to be developed through the pathway. These are:

- The evidence-based parenting programme components and delivery approaches are widely adopted already. Unpacking these and seeking to strengthen them further should be done through the parenting sector.

- Address the stigma on parenting programmes, including raising awareness on their existence and benefits.

- Provide guidance on staff recruitment, training and psycho-social support.

- Resolve the tension between fidelity in implementing evidence-based parenting programmes and NPOs' willingness to respond to local needs.

- Develop a strengthened M&E system responsive to context.

- Strengthen referral pathways, including to support programme participants with psycho-social support, nutrition and employment opportunities.

- A "community of practice" of the parenting sector should be established once the principles and values are adopted to share best practices but also to assess and learn in implementing the said principles and values.

- Financial incentives for complying with the principles and values, inclusive of strengthening process and impact evaluations, should be explored.

These research findings will be taken forward by the WCG to implement the next steps of the pathway to scale up evidence-informed approaches to family strengthening in the Western Cape and to strengthen referral pathways between programmes and other family support services in order to reduce violence in the Western Cape through a data-led and evidence- based approach.

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