The Sinovuyo Caring Families Project: Testing Positive Parenting!

The Sinovuyo Caring Families Project is a test of a parenting programme – the Sinovuyo Caring Families Programme – that aims to contribute to reducing the maltreatment of children in South Africa. It is a collaboration between three academic institutions – the Universities of Cape Town, Bangor and Oxford – and three local community-based organisations – Clowns Without Borders South Africa, Ikamva Labantu and The Parent Centre.

Using a mixed-methods approach combining self-report questionnaires, observational assessments, qualitative in-depth interviews and focus groups, the project is concerned with assessing whether a carefully designed, evidence-informed parenting programme can support parents, living and raising their families in the difficult contexts of South Africa, to learn and use positive parenting skills. It aims to observe and measure the primary outcomes of "positive parenting" and "harsh parenting" behavior in families with children between the ages of three and eight, in very deprived areas of Cape Town. It also looks at child behaviour problems, parenting stress, parental depression and perceived social support.

An initial feasibility pilot study has been undertaken, which gives particular attention to issues raised during the implementation of the group-based parenting programme in Khayelitsha, Cape Town. The study involved 68 families in a small-scale, pilot randomized controlled trial, the objective of which was twofold: firstly, to test the feasibility of the proposed programme; secondly, to test the "gold standard" randomized controlled trial method of evaluation in this environment.

Furthermore, the project aimed to examine the feasibility and cultural acceptability of a locally developed parenting programme adapted from evidence-based principles and community participatory approaches.

The results of this pilot have enabled further development and refinement of the project's evaluation methods in preparation for Phase 2 – a larger randomised controlled trial involving 300 families.

Photo courtesy of Gregor Rohrig

1. Project Background

Key Research Aims

The pilot study of the Sinovuyo Caring Families Project had three key research aims. Firstly, it aimed to investigate short-term intervention effects on primary outcomes of parent-report and observed measurements of positive parenting and harsh parenting in families with children aged three to eight, who live in highly deprived areas of Cape Town. Secondly, it aimed to investigate short-term intervention effects on secondary outcomes of child behaviour problems, parenting stress, parental depression, and perceived social support for the parents of these children. And finally, it aimed to examine the feasibility and cultural acceptability of a locally developed parenting programme adapted from evidence-based principles and community participatory approaches.

Data analysis for the first two of these aims is currently in progress, and will be addressed in a final report. In the meantime, this document addresses the third aim.

Parenting programmes and the reduction of child maltreatment

Children in South Africa are exceptionally vulnerable to high levels of child abuse and maltreatment[1]. This is compounded by elevated and intersecting societal risks. These include high levels of poverty, HIV/AIDS, drug and alcohol abuse, and community and interpersonal violence[2]. Caregivers who are living with HIV/AIDS, who are caring for orphans, and/or who have themselves been victims of child maltreatment or intimate partner violence, are particularly at risk of becoming perpetrators of child maltreatment[3–5]. Whilst a number of child abuse prevention programmes for the early childhood stage are up and running in the developed world[6–8], systematic reviews have found no evaluated abuse prevention programmes in sub-Saharan Africa[9, 10]. In order to be effective, it is essential that programmes for vulnerable families are both evidence-based and sensitively adapted to fit the cultural needs of the local population[11]. In South Africa, as in other low- and middle-income contexts, securing the sustainability of a programme such as this is challenging. To be sustainable, projects must be scalable, low-cost, and able to be implemented by paraprofessionals or community workers[12].

2. Theoretical and evidence base

Theoretical Model

The Sinovuyo Caring Families Programme follows a group-based parent-training model for parents of children in their early years. It uses a research-based theoretical model for understanding these problems in terms of interacting predictors of child abuse in low-income settings. These predictors include poor parental mental health, social isolation, and escalating cycles of parent-child conflict[13]. The group-based programme incorporates a social learning theory of change[14] with programme content consistent with successful interventions in other regions[15]. By increasing parenting knowledge, skill, positive interaction, and improving parent mental health and social support, the programme aims to increase parenting capacity and reduce child maltreatment at this key stage of the child's development.

Balancing Evidence with Adaptation

The Sinovuyo Caring Families Programme uses the latest available evidence about the core components of effective parenting programmes[15], culturally adapted for the local Xhosa population. The cultural adaptation of evidence-based interventions is an essential aspect: the intervention must strike a balance between "fidelity" to existing evidence-based practices, while achieving a suitable "fit" with the local population[16]. While there are many evidence-based interventions in developed countries, the majority of families requiring assistance are living in the developing world[17] and it is here that new and appropriate interventions need to be piloted. A key factor is cost: while interventions can overcome barriers to participation, in a low-resource context they must be priced appropriately.

Key Programme Strategies

The project is based around three key strategies established as core components of successful evidence-based parenting programmes:[15, 18]

- **Improving caregiver-child relationships** through simple shared activities to enhance positive parenting, including responsiveness, child-led play, and praise[19, 20];

- **Effective alternatives to harsh parenting**, including non-aggressive discipline plans, household rules, improved instruction giving, and key routines;
- **Cognitive behavioural strategies** to improve caregiver mental health. Parenting programmes that incorporate cognitive-behavioural strategies are shown to improve caregiver mental health[21], while HIV-positive and/or violence-affected caregivers are at particularly high risk for depression[22, 23], which is strongly associated with compromised parenting capacity[24]. The programme includes components of mindfulness-based cognitive therapy approaches, which are shown to be effective for depression and anxiety, and have demonstrated cultural acceptability in South Africa [25, 26].

3. Feasibility Pilot Study

The feasibility pilot study took place in Khayelitsha, a peri-urban area of high deprivation (based on the South African Index of Multiple Deprivation)[27], characterised by high levels of poverty, intimate partner violence, drug and alcohol abuse, violent crime, and HIV-prevalence – all key risk factors strongly associated with child maltreatment.

The intervention was presented as a programme to support families experiencing difficulties with their children's behaviour[29]. Recruitment strategies included recruiting from caregivers already involved with Ikamva Labantu's programmes (such as their early child development programmes) and other local programmes. Consent forms were administered during the initial interview. A transport subsidy was provided, as well as a nutritious meal.

A complement of 68 isiXhosa-speaking adults aged 18 and above, who were primary guardians of children aged 3–8 from Gugulethu and Khayelitsha, enrolled in the trial. This group included biological parents, relatives or non-kin foster caregivers, with no restrictions on biological relationship. Participants were required to self-identify as primary guardians. Only one parent per household was allowed to participate in the research study. Participants were randomly allocated to an intervention group and a wait-list control group.

Ethical approval was granted by the University of Oxford Central University Research Ethics Committee (ref SSD/CUREC2/11-40) and the University of Cape Town Faculty of Humanities Research Ethics Committee (refs 2012_05_01 and 2012_12_01).

Outcomes

Main Outcomes: Both harsh, inconsistent caregiving and positive parenting were measured, using the Parent-Child Conflict Tactics Scale[31], the Parenting Young Children Scale[32], as well as various subscales. Observational assessments were also conducted in participants' homes and video- recorded. These videos are being coded using a system based on the Dyadic Parent-Child Interaction Scale[33], to assess positive and negative parenting interactions and child behaviour.

Secondary Outcomes: Child behavioural problems were assessed using the caregiver report of the Eyberg Child Behaviour Inventory[30]; parent stress was measured using the Parent Distress Subscale of the Parenting Stress Index-Short Form[34]; parental mental health was measured using the Beck Depression Inventory [35]; and parent social support was measured using the Multidimensional Scale of Perceived Social Support[36].

Feasibility and fidelity

In addition to these outcomes, the pilot study assessed the following:

- implementation fidelity;
- programme adherence, exposure and engagement;
- and programme satisfaction and acceptability.

Implementation fidelity was measured using group leader self-report checklists; adherence, exposure and engagement were assessed using attendance registers and parental self-report[37]; and participant satisfaction was examined using questionnaires adapted from the Incredible Years Parent Program Satisfaction Questionnaire[38]. Participants completed weekly evaluations of session content and delivery, and parent feedback was sought on expectations, delivery and teaching methods, acceptability and applicability of core parenting techniques, and evaluation of programme facilitators.

Qualitative in-depth interviews were undertaken with randomly selected participants from the intervention group, and a focus group was held with programme deliverers.

4. Programme Structure

The Programme incorporates culturally relevant approaches and universal core principles found in evidence-based parenting programmes from around the world.[15] These include:

- Collaborative approaches to problem-solving[39]
- Developmentally appropriate activities for parents to engage with their children[40]
- Culturally sensitive forms of communication and interaction including African storytelling, dance, and music [11]
- Importance of child-led play and praise to develop nurturing relationships[41]
- Establishing clear limits, house rules, and appropriate forms of supervision[42]
- Alternative means of discipline including ignoring, distracting, and redirecting[43]
- Parental self-management, care and stress relief[44].

The Programme has specifically been designed to be scalable in low- and middle-income countries, and includes the following components that would facilitate going to scale:

- Group-based approach to behavioural change
- Programme delivery by paraprofessional workers
- Low-cost programme materials
- User-friendly programme manual and facilitator handbook
- Creative Commons licensing of the programme.

Community 'buy-in' and ownership is essential to the success of social interventions in South Africa.[45] During the development, evaluation and dissemination stages of the project, the team worked closely with government, international and local NGOs, and, significantly, participant groups of high-risk families living in extreme poverty. This included extensive consultation on intervention development and implementation with a local NGO, Ikamva Labantu (www.ikamva.com), which provided office space, access to community centres, assistance in recruitment, management of referrals, and administrative support in Khayelitsha.

The integration of the programme within existing services was also an important factor to foster community ownership (and scalability) of interventions for vulnerable families.[46] The Sinovuyo Caring Families Project has worked closely with Ikamva Labantu, and the organization has expressed interest in assuming responsibility for programme implementation and scale-up on a local level if the preliminary results indicate effectiveness.

Key activities, mentorship and supervision

The Programme was implemented over 12 weeks from April to June 2013. Participants attended weekly parent groups and caregivers were given home practice activities to further their skills development. The facilitators also visited the homes of participants who missed sessions or required additional support. There are current plans to implement ongoing caregiver support groups with facilitators once the programme is delivered to the control group.

Support was provided by two programme mentors with extensive experience implementing parenting programmes in South Africa. Facilitators also participated in the programme as participants prior to delivery at the beginning of each week, as part of their training. Facilitators and mentors also received weekly supervision from the programme developer and there was peer supervision to discuss issues of team dynamics and support.

5. Preliminary Findings

Programme Feasibility

The team screened 94 participants, of whom 72 were eligible for inclusion (participants were regarded as eligible for inclusion if they reported a clinical level of problems with their child's behaviour, on the Eyberg Child Behaviour Inventory). Enrolment was mostly from unemployed women living in Khayelitsha. Men were underrepresented in the sampling. The average attendance rate was 75% of the programme, while 16.1% of participants attended every session and 32.2% attended 11 or more sessions. Financial support for public transportation and the provision of a nutritious lunch for participants played a role in overcoming barriers to access and engagement. 97% of the participants were unemployed with their main source of income from government grants (67.6%)

and 82.4% reported cutting the size of meals at home due to lack of money. Many participants were responsible for the care of young children and thus required childcare during sessions.

The behaviour of the facilitators was a non-cost factor that promoted attendance, with many participants remarking that they felt welcomed and respected.

Participant Satisfaction

Overall, the participants provided positive feedback on the programme. Parents reported that it had helped them to learn how to raise their children in a positive way by spending time with them. They felt that the sessions on household rules, learning how to praise and reward their children, giving instructions, ignoring challenging behaviour, and coping with stress, were good. They also found Sinovuyo Partners (a "buddy" also doing the programme) helpful in providing support outside of the sessions.

Participants provided the following recommendations for future implementation:

- requests for longer sessions (3 to 4 hours) or additional sessions to help strengthen learning principles
- requests for the programme to continue on an ongoing basis
- requests for posters and other means of educating others in the community about parenting
- Requests for a handbook for participants.

6. Programme Implementation

Training and supervision

The project trained and supervised eight isiXhosa-speaking lay workers recruited from the community, and two experienced mentors. They all received an initial five days of training, plus weekly training. The training of facilitators takes a lot of time and it is important that organisations are able to retain them throughout the course of programme implementation.

Weekly supervision sessions were supported by viewings of video recordings of sessions where challenging situations were identified for discussion. The facilitators regarded these supervision sessions as one of the most important learning processes in the programme. Peer supervision sessions allowed discussion of team dynamics and implementation in isiXhosa without being assessed by a supervisor.

Programme structure

After the initial facilitator training, the programme was revised to simplify content and emphasise key components. An iterative process of programme revision has continued during implementation on a weekly basis. Initial feedback has highlighted the success of incorporating traditional stories to introduce core themes and using illustrated stories to unpack parenting principles.

Facilitators reported that group discussions about home practice activities helped parents to be accountable and solve problems while implementing new parenting practices. The role-plays proved to be useful in helping the parents to learn core principles.

Collaborative Approach

The project's collaborative approach to engaging parents in the process of behavioural and cognitive change contrasts with didactic approaches to teaching parenting principles. A spirit of inquiry, reflexive listening, and open-ended questioning are all sought after as primary modes of facilitation. Group brainstorms, illustrated stories, home practice discussions and role-plays provide parents with a sense of ownership of the learning process.

Childcare

Childcare was provided for younger children who accompanied their parents to the sessions. However, this stretched the capacity of the community organisation providing this service. It is therefore recommended that other childcare arrangements should be made in future.

Cultural issues

Some evidence-based principles were not culturally resonant and required more time to explain, while facilitators remarked that the parent training requires more time, especially when learning how to incorporate principles that are completely new to the parents. However both participants and facilitators appreciated the programme's integration of Xhosa cultural elements as helpful. Parents also discussed 'time-out' and the benefits of nonviolent discipline versus corporal punishment.

Key Lessons and Recommendations

Sessions for Employed Parents

The Programme should be accessible for all parents, including those are employed. The possibility of conducting evening sessions was discussed, but personal safety and responsibilities at home were highlighted as obstacles. Additional research and experimentation with session timing is necessary.

Recruitment of fathers

Unfortunately, only one male participant was enrolled in the programme. Factors that may help boost the participation of fathers include training male facilitators, and recruitment from sports clubs and organisations that work with men. Additional programme content is required to address issues and challenges that men face as caregivers.

Logistics

Institutional and logistical support for the programme is vital for participant engagement, retention, and satisfaction. Sessions should be held in venues closer to participants' homes or even workplaces. Provision of lunch, tea, and nutritious snacks encourages participation. Though costly, childcare provision enables parents with younger children to participate.

Home visits provide support to participants who are unable to attend sessions. SMS boosters help remind participants of core parenting principles and encourage them to engage in home practice activities with their children. The Sinovuyo partner buddy system also provides additional support. Programme implementers should budget for a community celebration in which parents are recognised for their commitment to the programme and their families.

Supporting community facilitators

Community facilitators need organisational support so that they can focus on programme delivery issues. Weekly supervision meetings are essential. These should be collaborative and non-didactic. It is also recommended that facilitators participate in the programme as parents first, even in an abridged manner, so that they can deliver the programme from a place of experience. Finally, it is important to allow for peer supervision at least once or twice during the programme.

Learning new skills: the facilitator's manual and other support materials

A facilitator's manual or handbook is essential, and programme facilitators should also have the opportunity to widen their knowledge and understanding of evidence-based parenting and facilitation skills with additional literature and professional development workshops. Additional time may be necessary to deliver some of the more challenging and unfamiliar programme content.

Conclusion

The following key suggestions for future implementation will be incorporated into the larger randomised controlled trial:

- Sessions should be offered on the weekend to accommodate employed parents.
- Recruitment should specifically target men's groups and utilize male facilitators in order to promote participation by fathers.
- Financial support for transportation, childcare, meals and tea should be included in programme budgets.
- Additional support materials and activities – facilitator and parent handbooks, SMS reminders, Sinovuyo partners, and home visits – increase participation and engagement in programme content.
- IsiXhosa-specific programme content, such as the Rondavel of Support, illustrated stories, and traditional songs, support the behavioural change model by situating the programme within a local cultural context.
- Using a collaborative approach that elicits parents' views and engages them in experiential problem solving requires skilled and sensitive programme facilitators with ongoing training, supervision, and logistical support to maintain programme fidelity.
- Behavioural principles that are completely new to cultural frameworks or life experiences of participants may require additional sessions and time in order to be fully integrated into practice. It remains to be seen whether the programme has a positive impact on the risk reduction of child maltreatment, as well as other measured outcomes. Nevertheless, at this early stage in the evaluation of a parenting programme for vulnerable isiXhosa families, initial results indicate that programme implementation is both feasible and culturally acceptable for the target population in Cape Town, South Africa.

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Ilifa has partnered the University of Cape Town and its collaborating partners to implement and test the Sinovuyo Caring Families Programme in the Western Cape. The Sinovuyo Caring Families Project focuses specially on the reduction of abuse and maltreatment of children in high-risk families in South Africa.

NOTES

NOTES

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The aim of Ilifa Labantwana is to provide the implementation evidence, build national capacity and galvanise informed political support to provide quality ECD services at scale, with particular focus on the poorest 40 per cent of the population under six years of age.

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