Relevance, Implementation and Impact of the Sinovuyo Teen Parenting Programme in South Africa

Summary of findings

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Sinovuyo adolescents actively enaged in a group exercise.

Acknowledgements

Authors' note

This report summarizes research findings on the impact of the Sinovuyo Teen Parenting programme piloted in the Eastern Cape, South Africa, between November 2014 and September 2016. The research consists of a qualitative study on the programme facilitators, conducted in 2014; and a ramdomized control trial with a complementary qualitative study, which was conducted between 2015 and 2016.[1]

The quantitative findings, detailed here, sum up responses provided by programme participants one month after programme completion. The participants also provided inputs five to nine months later; those inputs are published separately.[2]

Besides highlighting the impact of the parenting programme, the report describes the perceptions and experiences of participants and programme implementers. The report also discusses key policy and service delivery implications that need to be considered in taking the programme to scale in South Africa and beyond.

The following three research papers provide more detail about the qualitative study and can be found on the UNICEF Office of Research – Innocenti website together with the research toolkit:[3]

Doubt, Loening-Voysey, Blanc, Cluver, Byrne, et al., (2018) 'Delivering a parent support programme in rural South Africa: The local child and youth care provider experience'*;*

Doubt, Loening-Voysey, Cluver, Byrne, et al., (2018) 'It has truly changed': "It empowers to attend" – Understanding how participants in the Eastern Cape of South Africa experienced a parent-support programme: A qualitative study'*;*

Loening-Voysey, Doubt, King, Cluver and Byrne, (2018) 'Policy and service delivery implications for the implementation and scale up of a parent support programme: A qualitative study in the Eastern Cape, South Africa'.

1   A literature review on parenting practices in east and southern Africa, undertaken in 2015, informed the development of the qualitative study. The review can be found on the UNICEF Office of Research – Innocenti website. (Bray, R. with Dawes, A. (2016) Parents, Family Care and Adolescence in Eastern and Southern Africa; UNICEF Office of Research- Innocenti, Florence, Italy).
2   Cluver, L., Meinck, F., Steinert, Y. et al., (2018) Parenting for Lifelong Health: A pragmatic cluster randomized controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa. BMJ Global Health http://gh.bmj.com/content/3/1/e000539
3   <www.unicef-irc.org>

1. Background: Why the interest in parenting adolescents?

Globally, the last three decades have seen remarkable reductions in child mortality and advances in child well-being. Children are now recognized as rights' holders, who require dedicated investments, particularly in health, education and social protection. These investments have led to policies and services aimed at meeting children's entitlement to protection, care and guardianship.

Gains for adolescents, however, have lagged behind. The UNICEF 2012 Report Card on adolescents states, "our efforts have left behind far too many adolescents between the ages of 10 and 19" (UNICEF, 2012:3). More investment is needed during the adolescence phase of the life cycle[4], including investments in the way adolescents are raised and cared (Sheehan, Sweeny, Rasmussen et al., 2017). Similarly, the Lancet Commission on Adolescents (2016) highlights that gains in health, nutrition and education, as well as technological advances that could offer opportunities to improve adolescents' well-being, have not translated into benefits for them. This is partly due to current global trends of youth unemployment, family instability, mass migration and conflict, but is also due to a lack of focus on adolescent health and social policy, particularly in lower and middle-income countries (LMICs) (Patton, Sawyer, Santelli et al., 2016).

One of the greatest global threats facing adolescents is violence across all spheres of their lives – in their homes, communities and institutions, including schools.[5] Violence against young children and adolescents in South Africa, where this study was conducted, is particularly pervasive (Mathews, Govender, Lamb et al., 2016). The United Nations' Agenda for sustainable development recognizes the magnitude of this problem and links the prevention of violence against children to broad human development goals (UN-DESA, 2015).

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4   This study uses the World Health Organization's (WHO) definition of adolescents - the phase of growth and development between childhood and adulthood which includes any person between ages 10 and 19. This age group is sometimes further categorized according to sociological and developmental periods into early adolescence (ages 10–13), middle adolescence (ages 14–17) and late adolescence (18–early 20s) (Smetana, Campione, Barr and Metzger, 2005). The Sinovuyo Teen programme was offered to adolescents aged 10-18.
5   The World Health Organization defines violence against children as "The intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity".

Adolescents walking to a Sinovuyo Teens workshop session in a semi-rural area outside of King William's Town.

To assist countries and communities achieve the sustainable development goals that include ending violence against children[6], the World Health Organization (WHO), with contributions from other members of the Global Partnership to end Violence Against Children, published seven evidence-based strategies, known as the INSPIRE package. One of the strategies aims to reduce harsh parenting practices and create a positive parent-child relationship (WHO, 2016).

The detrimental consequences of poor parenting are well documented. Poor parenting practices along with multiple deprivations, including poverty, can lead to delayed child development and the risk of maltreatment (Sherr, Macedo, Cluver, Tomlinson, 2017; Ward, Sanders, Gardner et al., 2016; Daly, Bray, Bruckhauf et al., 2015; Knerr, Gardner and Cluver, 2013). Adolescence brings even more parental challenges as adolescents seek more independence and resist supervision (Patton et al., 2016).

As awareness of the need for more investment in parenting support increases, governments, social service providers, and international and national organizations have become progressively interested in parenting practices and the impact of parenting programmes.

The Bray with Dawes (2016) literature review provides an insight into parenting practices in east and southern Africa. The following are key points from the review, which should guide the design of parenting support programmes in the region: firstly, in the African culture, the extended family and community networks take on many of the childcaring roles, particularly those facilitating young people's entry into adulthood (Bray and Dawes, 2016:3). Significantly, other adult family members besides the biological parents carry out parenting roles. As such, the notion of a single parent is rare even though 40.3 per cent of children live only with their biological mothers, without their biological fathers (Hall and Sambu, 2016). Secondly, structural factors such as poverty, economic migration and epidemics have major impacts on parenting of adolescents. Thirdly, adolescents in their relationships with caregivers prioritize the notion of reciprocity, particularly mutual care, support and respect (Bray and Dawes, 2016).

As well as understanding the socio-economic context of a programme, measuring a programme's impact is critical both for developing policies and for scaling up the programme to others parts of a country (Knerr et al., 2013; Sanders and Podgeon, 2011; Webster-Stratton and Reid 2010; Mikton and Butchhart, 2009; Sanders, Shapiro, et al., 2009; Barlow, Johnston, et al., 2006; Prinz et al., 2009). Evidence gathered in other contexts before this study shows good results for group-based programmes that support parents to learn skills, such as problem solving, anger management and clear communication, which are collectively referred to as positive parenting (Sanders and Pidgeon, 2011; Barlow et al., 2006; DeVore et al., 2005).

These interventions, however, have largely been implemented and tested in higher-income countries where support for parent and child protection services is well established (Mikton and Butchart, 2009). Transferring well-known, evidence-based programmes such as Triple P, Incredible Years and the Nurse Family Partnership to low-income countries is challenging due to the associated costs or the need for highly qualified staff (Daly et al., 2015; Sumargi, Sofronoff and Morawska, 2014). Moreover, cultural differences need careful consideration

before programmes effective in high-income countries (HICs) are taken to LMICs (Lachman et al., 2016; Ceballos and Bratton, 2010, Lau, 2006; Powell, Zambrana and Silva-Palacios, 1990). It is, therefore, critical that parenting support interventions are also tested in LMIC contexts (Altafam and Lyneham, 2016; Mejia et al., 2012; Wessels, 2012; WHO, 2009).

This paper presents a collective effort of researchers from the University of Oxford and UNICEF Office of Research – Innocenti to test the Sinovuyo Teen Parenting programme which is designed for and with practitioners from South Africa, an LMIC. The aim of this study was to increase the evidence base of what works in lower-income contexts, and also to recommend a programme that fits within child protection policy in South Africa. Notably, South Africa's Children's Amendment Bill, 2006 (Chapter 8) prescribes prevention and early intervention options for child and family welfare services; parenting programmes being one of them. The research examined the impact, relevance and scalability of the parenting programme.

"Parenting support is a set of (services and other) activities oriented to improving how parents approach and execute their role as parents and to increasing parents' child rearing resources (including information, knowledge, skills and social support) and competencies (Daly et al., 2015:12). Parenting support is primarily focused on imparting information, education, skills and support to parents in two main forms:

- health-related interventions for parents and young children

- education and/or general support for parents " (Daly et al., 2015:17)

A parenting programme is a "standard programme typically delivered in packages of sessions to parents" (Daly et al., 2015:9).

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

Adolescent girls from Isibindi, who participated in Sinovuyo Teen Parenting programme in 2014.

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6 'End abuse, exploitation, trafficking and all forms of violence and torture against children' (Resolution adopted by the General Assembly on 25 September 2015, Seventeenth Session. G. A. of the United N. [Internet]. 2015. P 20 of 25. Available from: http://www.un.org/en/ga/70/resolutions.shtml

2. Sinovuyo Teen Parenting programme: development and testing

2.1. Programme development

The Sinovuyo Teen Parenting programme (referred to as Sinovuyo Teen in this report) is part of the 'Parenting for Lifelong Health' initiative, a collaboration among UNICEF, WHO, non-governmental organizations (NGOs) and academics to develop and test evidence-based parenting programmes that are non-commercial and relevant to LMICs.

Sinovuyo Teen is an evidence-informed modularized programme for at-risk families with adolescents aged 10–18 years. Under the programme, adolescents and their primary caregivers participated in 14 workshop sessions, over 14 weeks. Ten of the sessions were for both adolescents and their caregivers, and four were separate; that is, the adolescents were in one workshop and the caregivers in the other. (See Appendix 1 for the outline of the Sinovuyo Teen programme (2015)). The programme used a non-didactic, collaborative, active, group learning approach with role-play, illustrations and home practice. This included Sinovuyo participants being 'buddied up' in pairs for mutual support during, between and after workshops.

In the pre-post test in 2014 and the randomized controlled trial (RCT) in 2015, local people from different backgrounds were trained to implement the programme in a group-based format in weekly workshops attended by primary caregivers and their teenage children. A meal was given at the start of each workshop and transport was provided to those who needed it. Additionally, home visits, called 'khaya catch-ups', were provided for adolescents and their caregivers who missed the group sessions.

Sibongile Tsoanyane, Master Trainer of Sinovuyo Teen Parenting Programme.

2.2. Programme piloting, testing and randomized controlled trial

Sinovuyo Teen was incubated and simultaneously tested in the Eastern Cape, South Africa, over a period of four years. In 2013, 2014 and 2015, caregivers and adolescents were recruited to be both programme beneficiaries and research respondents. In the last run of the programme, a control group that only benefitted from a handwashing intervention and not the parenting programme was introduced so that the impact of the parenting programme could be scientifically measured. Clowns Without Borders South Africa (hereafter referred to as 'Clowns') was responsible for the training and implementation of the Sinovuyo Teen programme in each of its iterations. The processes of recruiting programme facilitators and selecting participants differed in each iteration and were partly affected by the research design each year. The different stages are outlined below:

- In 2012, an initial draft programme was discussed with 50 international experts who gave advice and programme input.

- In 2013, community workers from Keiskamma Trust, a community organization, were trained and subsequently delivered the programme to 30 parent-teen dyads in Hamburg, a rural area in the Eastern Cape province, for a pre-post pilot (n=60 participants) (Cluver et al., 2016 a).

- In 2014, a pre-post test of the revised 2013 programme was conducted in and around King Williams Town in the Eastern Cape province. Isibindi child and youth care workers[7] were trained to deliver the programme. The programme participants were mostly selected from the Isibindi child and youth care workers' support programmes. (n = 230 participants/ 115 dyads) (Cluver et al., 2016b). The pre-post test recorded the participants' self-reported change as a result of the programme, whilst the qualitative study looked at the experience of child and youth care workers as programme facilitators.

- In 2015-16, a cluster RCT was conducted in 40 township and traditional semi-rural village clusters surrounding King Williams Town, in the Eastern Cape province. Deployed government social workers and recruited community members were trained to deliver the programme to 552 parent-teen dyads who were mostly referred by social services or recruited door-to-door by research assistants (270 intervention and 282 control; i.e. n = 1,104). The cluster RCT examined the extent to which the intended outcomes were achieved. The qualitative study examined the effects on service delivery, policy and the participants' socio-economic conditions as well as how the programme could be scaled up throughout the country.

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7   Sinovuyo Teen was designed by Oxford in collaboration with the NGO Clowns without Borders South Africa (CWBSA). Clowns trained local service providers to deliver the programme under their supervision. To this end, in 2014, CWBSA trained child and youth care workers of the Isibindi project. Isibindi is run on a social franchise basis by the National Association of Child Care Workers (NACCW), who partner with provincial government, a donor, a local implementing organization and the local community to provide professional care and support to children and their families in areas close to where they live, including their homes and Isibindi Safe Parks.

2.3 Overall objectives of the 2015-16 trial and rationale for a complementary qualitative study

While RCT results attempted to demonstrate programme effectiveness by comparing self-reported behaviour before and after participating in the programme with that of the control group, the qualitative study attempted to reflect experiences and perceptions of all parties involved in delivering and receiving the programme. The research was guided by the following two research questions:

1. To what extent were the intervention outcomes achieved? (Quantitative and qualitative processes addressed this question).

2. How do policy, service delivery, and social and economic factors impact the effectiveness and scalability of the intervention? (Qualitative research addressed this question. See footnote[8] for sub questions addressed in three papers mentioned on page 7 of this paper).

This research, therefore, builds on the growing body of knowledge, highlighting the value of using both quantitative and qualitative methods to generate evidence (Brown, 2017; Young Lives, May 2017; Stern, Stame, Mayne et al., 2012; Lindsay, 2013; Stern, 2012; Eurochild 201, Law, Plunkett, Taylor and Gunning, 2009; Stern, Kane et al., 2007).

Having a qualitative component allows for an analysis of policies that are in place as well as deepening our understanding of the socio-economic and service delivery environment. These are important considerations, particularly when the programme is taken to different population groups in varied socio-economic contexts (Hanson, Self-Brown, Rostad and Jackson, 2016; Lutzker and Casillas, 2016; Fixsen, Naoom, Blasé, et al., 2005; Flay, Biglan, Boruch et al., 2005).

In sum, the value of RCT lies in the relative attribution of outcomes to the intervention, while the value of the qualitative study is the exploration of the dynamics of the programme being implemented within the intervention context (Fives et al., 2014 and Green, 2006).

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

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8   **Beneficiaries:** How do participants (parents and teenagers) and their families experience a parenting support programme in the wider contexts of their lives, including relationships and dynamics in the family, parenting aspirations and issues of poverty, migration and gender?
     Programme facilitators: How do programme facilitators experience their role in the design and implementation of a parenting programme in vulnerable rural communities in the Eastern Cape, and what is the perceived impact on their lives?
     Systemic change and broader intervention context: What are the policy and service delivery requirements and implications for going to scale with a parenting support programme for families with adolescents in South Africa?

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Adolescent male from Isibindi, who participated in Sinovuyo Teen in 2014.

3. Research methods

3.1 Cluster randomized controlled trial

The RCT included 1,104 participants living in 40 rural villages and urban townships. Half of the villages/townships were randomly allocated to receive the programme, and the other half (the control group) received a handwashing programme ('SinoSoap'). The experimental design suggests any change in the beneficiaries' self-report can be attributed to their participation in the Sinovuyo Teen programme.

The programme's outcomes were measured using pre- and post-test adolescent and caregiver self-reports. All outcome measures were assessed for the month prior to the self-report. Primary outcomes included decreasing harsh and abusive discipline and improving parenting. Secondary outcomes included decreasing parenting stress, increasing mental health (caregivers and adolescents), reducing substance use (both), increasing social support (both), improving family financial coping, and improving family communication to avoid risks such as violence or exposure to drugs in the community.

Since observational measures, often used for studies with younger children, were not appropriate for adolescents, self-reporting using pre- and post-programme questionnaires was the preferred approach. To reduce social desirability bias, research assistants offered audio computer-assisted self-interview software options for sensitive questions, such as those on maltreatment. This software allowed respondents to answer sensitive questions without the presence of an interviewer. Interviewers were also trained to sit aside when there was a need to ensure anonymity. Additionally, the research assistant team received training on how to facilitate sensitive discussions in a non-judgmental way.

Having both adolescents and caregivers fill out self-reports was useful as they provided two perspectives on their relationships and interaction. To accommodate low literacy levels, all questions were recorded in isiXhosa and English, and respondents could also listen to questions via headphones and then self-select their responses on a mobile device.

3.2 Qualitative study

Primary data were collected through multiple methods from purposefully selected respondents to explore how policy, service delivery and socio-economic factors have an impact on the effectiveness and scalability of the Sinovuyo Teen programme.

There were eight focal areas: (i) programme beneficiaries and their families; (ii) programme facilitators and the impact on their personal and professional lives; (iii) programme outcomes; (iv) theory of change; (v) programme model; (vi) relationship with other service providers in the child protection field; (vii) broader service delivery policy; and (viii) systems environment.

Methods included semi-structured interviews, focus group discussions, stakeholder roundtables, workshop observations, analysis of documents such as facilitator session notes, visual mapping, data validation and literature review. (Details of these methods and respondents can be found in Appendix 3).

The quantitative data in this paper comes from the 2015 trial, whereas the qualitative data is drawn from interviews and meetings with role-players who took part in the 2014 pre-post test as well as the 2015 trial. The respondents in the qualitative study were either a) part of the Sinovuyo Teen implementation for the 2014 pre-post test only (programme facilitators, and the directors and managers of the organization where the facilitators were employed), or b) part of the 2015 implementation only (2015 facilitators, 2015 beneficiaries and other child and family welfare service providers); Others were c) part of both the 2014 and 2015 implementations (Clowns trainer and directors, government officials and UNICEF). All interviews and focus group discussions were recorded, translated (when they had been conducted in isiXhosa) and transcribed. Detailed records of meetings were kept. Data were uploaded and coded in ATLAS.ti (version 1.0.50 (282). Braun and Clarke's (2006) six steps of conducting thematic analysis were applied to guide data analysis, namely: familiarization with the data; coding; searching for themes; reviewing themes; defining and naming themes; and writing up. Results of the quantitative and qualitative studies are summarized in the next section of this report.

Caregiver and adolescent role playing "spending special time" during a Sinovuyo Teen session in an urban township in King William's Town, 2014.

4. Findings

The findings were, overall, highly positive. Respondents saw the value of the parenting intervention; participants and facilitators were particularly receptive.

Although programme funders, government and non-government service providers appreciated the relevance of the Sinovuyo Teen programme, some saw challenges with the way in which the programme was delivered, mostly because several drivers in the programme were in the parameters of the RCT. As a result, adjustments to the programme were suggested in order to replicate it outside a research environment.

The qualitative findings are captured in the following three categories: programme relevance, impact and implementability. The qualitative findings reflect observations of all role-players delivering the programme, including the participant adolescents and caregivers, while the quantitative data only refers to the participants, that is, the adolescents and caregivers. The preliminary quantitative findings are reported in the section on the impact of programme.

4.1 Relevance and acceptability of the programme

National and provincial government officials noted the programme **fitted well with the government's mandate** and strategy to provide prevention and early intervention services; parenting support is cited as an example of such services in Chapter 8 of the Children's Amendment Bill 2006. Also, service providers and stakeholders (programme funders and government officials) in the Eastern Cape appreciated the child rights and family preservation principles imbued in the programme.

Participants, facilitators and managers of the implementing NGO said they found the programme **very enjoyable.** The most common description of the programme was that it was 'fun'.

> **Caregiver: "The thing that worked for me the most is the gathering of many people in one venue talking and laughin' "** (interview).

The **liaison between researchers and community members** was found to be one of the key reasons for the initial acceptance of the programme in the community, particularly by community leaders. Prior to the delivery of the Sinovuyo Teen programme, a team, led by a community member familiar with traditional practices and events, engaged with local government and traditional leaders, gaining their support and permission to use local facilities.

> **Community liaison worker: "[Before Sinovuyo] I was doing the work where we implement projects for communities like cooperative businesses…. They gave me this [community liaison] task because I know these people, I've been working with the community guides, chief…. I'm here and I'm working for people, our people and the many, many chiefs of these villages, they know me because I'm doing this great work…"** (interview).

Several features of the programme received positive feedback from the facilitators. Notably, the facilitators appreciated **the well-packaged, easy-to-use manual**[9] detailing the social learning[10] approach and core lessons in the 14 workshops. The facilitators also liked the practical training, which they saw as essential to their skills development and confidence building. In addition, their sense of programme ownership was enhanced during the manual adaptation process, which was part of the 2014 pilot. During this process, child and youth care workers suggested changes to role plays and case studies used in the 2014 Sinovuyo Teen programme. The child and youth care workers perceived these suggestions as their contribution to increasing the cultural accessibility and acceptability of the programme material.

> **Facilitator: "The manual to me was very specific…. It made our work easy, because we went into the sessions knowing what to expect. It was specific and arranged in order"** (focus group discussion).

Caregivers and facilitators spoke about **local cultural practices that the programme helped them to question and change**. These included: a) limited topics caregivers could discuss with their children; b) perception of corporal punishments as discipline; and c) misconception of adolescents' right to participate in the programme, by, for example, speaking freely about their home lives in a public group setting. Despite some challenges in the local culture, or perhaps because of the changes that these challenges brought about, the programme was accepted by the community. (For case studies detailing participant experience of the programme see Appendix 2).

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9 Available on http://www.who.int/violence_injury_prevention/violence/child/PLH-manuals/en/
10 People learn from one another via observation, imitation, modeling and reflecting on experiences. Social learning theory bridges behaviourist and cognitive **learning theories.** See McLeod, S. A. (2011).

Caregiver: "As black people, we do not speak of other things. We do not want to speak to our children about crucial matters. They taught us to communicate with our children, spend time with them and not sideline them on issues" (focus group discussion).

In group workshops, the trainer modelled appropriate behaviour and the facilitator used experiential learning as a way to challenge local practices. For example, the trainer demonstrated the practice of giving everyone the right to participate, which the facilitators practised when they delivered the programme to caregivers and adolescents. The facilitators then reflected on the practice and learning during supervision with their trainer. This style of working **demonstrated, practised, reflected and confirmed** the shift away from cultural traditions that deny adolescents the right to participate in adult discussions. Social workers particularly appreciated this change in their approach to group work; they were used to a more didactic style, which they realized does not invite spontaneity and contributions.

Facilitator: "Everybody in the same level provided a new approach to group work. When we used to do group work, we would stand and teach" (focus group discussion).

There were debates **about who the programme should include:** facilitators suggested that the impact of Sinovuyo Teen would be improved if fathers were better represented and included in the sessions. Some respondents felt that the programme, particularly the singing and games, was not suited to men, but that the men should, nevertheless, be included in some parenting support sessions.

Facilitator: "During our [family support] 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" (focus group discussion).

Several caregivers suggested that **more members of the family be included in the programme**. While the programme is not limited to one caregiver and one adolescent per household, the trial had limited resources so usually only one caregiver and one teenager from each household attended. Reports that participants shared the new knowledge with other household members, however, indicated that attendance of the whole family was not always necessary. In light of this, government and non-government respondents in a stakeholder meeting said that if the programme includes only one caregiver and one adolescent per household due to limited resources, it should more consciously encourage adolescents and their caregivers to share new knowledge in their households.

Participants identified several **facilitating factors and barriers to workshop attendance**. Primary barriers reported by teens included school and casual employment. Primary barriers reported by caregivers included work, illness, care duties and funerals. Enabling factors noted by both caregivers and teens included the pull factor of the programme; receiving the programme at home if they were unable to attend a group session; proximity of the programme venue and transport provided by the implementing partner for some participants. The affordability of providing transport in the long-term, was questioned by other stakeholders.

Caregiver: "When something is of benefit you do not want to miss it. It empowers to attend. You'd want to be there most of the time" (interview).

Programme delivery by local services had particular benefits. Child and youth care workers who were trained to deliver Sinovuyo Teen for the pre-post study in 2014 were employed by a local NGO to deliver home-based services to families and were therefore known to the community prior to the Sinovuyo programme being implemented in the area. Therefore, the trained programme facilitators already had the opportunity to build trusting relationships and to gain local knowledge. Also, professional synergies between their roles as child and youth care workers and facilitating parenting support groups meant that the parenting support groups could in the long-term be rooted in local services.

Facilitator: "No, we are working with [these] 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… child care workers" (focus group discussion).

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

i   World Health Organization (2018) Violence against children: Fact Sheet http://www.who.int/mediacentre/factsheets/violence-against-children/en/ (Accessed on 10 February 2018)

The challenges associated with working with facilitators who were already in service, including managing the extra work burden, are covered in the implementability section of this paper.

Isibindi child and youth care workers actively engaged with children and adolescents in their Safe Park, King William's Town.

4.2 Impact of the programme

4.2.1 Quantitative results

Data analysis of the primary and secondary outcomes for the cluster randomized controlled trial at five to nine months post intervention are published in a separate journal article.[11] The measurement periods reported here were pre-test and one month after the end of the programme with only primary outcomes:

Table 1. Summary of Quantitative Results

	Caregiver report		Adolescent report	
	Mean difference between two arms at post-test (relative to baseline value)		Mean difference between two arms at post-test (relative to baseline value)	
Physical maltreatment	44% reduction	P<0.001	48% reduction	P=0.008
Emotional maltreatment	61% reduction	P<0.001	28% reduction	P=0.018
Involved parenting	7% increase	P<0.001	4% increase	Not significant
Positive parenting	17% increase	Not significant	7% increase	Not significant
Poor supervision	27% reduction	P<0.001	23% reduction	P<0.001

Note: Percentages report the intervention effect in terms of the mean difference between the treatment and control groups at post-test, relative to the mean score at baseline.

Quantitative findings for caregivers and adolescents are presented in Table 1. Findings showed significant reductions in maltreatment in both caregiver and teen reports at immediate post-test. Caregivers in the treatment group reported a 44 per cent reduction in physical maltreatment (p<0.001) and a 61 per cent reduction in emotional maltreatment (p<0.001). Adolescents in the intervention group showed similar patterns, namely a 48 per cent reduction in physical maltreatment (p=0.008) and a 28 per cent reduction in emotional maltreatment (p=0.018). Involved parenting improved significantly according to the caregiver report (p<0.001), but not according to the adolescent report. Positive parenting did not show any significant effects for either. Both caregivers and adolescents reported a significant reduction in poor supervision, namely 27 per cent (p <0.001) and 23 per cent (p<0.001), respectively.

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11   Cluver et al., (2018). Parenting for lifelong health: A pragmatic cluster randomized controlled trial of a non-commercialized parenting programme for adolescents and their families in South Africa. *BMJ Global Health*, *3*(1), e000539.

4.2.2 Qualitative findings

The qualitative findings confirm the positive outcomes of reduced maltreatment and **improved relationships** between parents and adolescents found in the immediate post-test quantitative findings.

> **Caregiver: "Sinovuyo came with a big thing, because it educated us as people of a village. It gave us knowledge of thing we had no clue about. Things that up-builds, like how to nurture a child we discovered them there in Sinovuyo. Children should be treated equally. You must not hassle a child by beating him"** (focus group discussion).

More specifically, qualitative findings demonstrate an overall positive programme impact in 1) changed relationships within the dyad, 2) changed teen behaviours and 3) changed discipline practices; caregivers did not resort to violent discipline. **New ways of communicating** and relating to each other were at the root of these changes:

> **Teen: "The thing I loved the most is learning to spend time with my mom, becoming close and talking about things… I never used to want to be at home. But now I find it important to spend time with a parent and be open with her. And tell her my problems"** (interview).

Specific positive relationship changes reported by caregivers and adolescents include a) new practices of communication; b) spending time together, including reviewing family budgets; c) praising; and d) risk awareness, including **collaborative problem solving**.

> **Teen: "We share our problems. And that makes us close"** (interview).

Mutual respect emerged as adolescents and caregivers worked on ways to solve problems, and agree on routines and chores. This changed the way in which adolescents viewed their responsibilities and their relationship with caregivers and vice versa. The mutual benefit of improved communication reported by both caregivers and adolescents extends the notion of **reciprocity** that Bray (2016) identifies as important in adolescent relationships with their caregivers in this region. This serves as a reminder that what literature commonly refers to as 'parenting support programmes' may benefit from being understood as 'parent and teen programmes' so that the mutual participation and benefits are suggested from the outset.

> **Teen: "The thing I learnt is that I can also be respected"** (interview).

The positive impact was reported to have a **ripple effect**, having an impact on relationships outside of the dyad. This includes relationships with other family members, siblings and peer groups. Moreover, caregivers also noted adolescents showed a general willingness to share household chores.

For caregivers, the most notable evidence of programme impact was in **attitudinal shifts** around how violent discipline is understood. Caregivers identified stress management as a key contributor to the reduction of violent discipline; and communication as the strategy that replaced violent discipline. Reduced aggressive behaviour was also reported by teens, who explained they were no longer using violence with peers and siblings.

> **Caregiver: "I learned that I should not take out stress on my child, I rather do take a pause or do anything like read a book to distract it – then the stress would disappear"** (interview).

A minority of participants (fewer than 20 per cent of caregivers and teens) **reported no change**, and very few reports expressed concern about ongoing problem behaviour.

> **Caregiver: "Yes, she is still doing it [staying out all night] … she goes out to the boys"** (interview).

Although physical and emotional abuse reduced, reports of **other forms of punishment** are a concern. For example, during a workshop observation of a role-play involving a mother shouting at her teenage son, some teens commented on how strongly they could relate to this because their parents still shouted at them. One teen added that his caregiver insults him using vulgar words.

Several participants noted they benefitted from **a support network** created during the workshops. This network continued even after the sessions ended, particularly for grandmothers acting as primary caregivers. The impact of this support was evident both during workshops, in nurturing a non-judgemental space in which to discuss parenting challenges, as well as outside the workshop, in bolstering informal systems of support, as the following quote attests:

> **Caregiver: "Sinovuyo has helped us build better friendships. I can now go and rest on [another caregiver's] bed and ask for tea and food and we talk"** (focus group discussion).

There were varied views about the need for further programmatic support. Some caregivers felt that lessons from the **programme needed to be reinforced.** A few said there was a need for Sinovuyo in other communities whereas others felt sufficiently empowered to share what they had learnt in their own and surrounding communities.

In addition to the positive impact on the caregivers and adolescents, facilitators gained more than facilitation skills. For example, some **facilitators noted the personal impact on their own parenting style** and others noted that they themselves had been maltreated but had not realized it until they participated in the Sinovuyo Teen programme. Facilitator involvement in refining the programme manual and the way in which the programme was delivered in 2014 contributed to the contextualization of the manual and the ability of facilitators to identify with the content.

4.3 Implementation of the programme

This section summarizes respondents' views on how the Sinovuyo Teen programme was delivered, to whom and by whom within the broader service delivery context.

As mentioned above, policy implementers supported the programme, regarding it as a **good fit with their policy priorities**. The policy makers identified several service areas in child protection as potential entry points for Sinovuyo Teen, such as with foster parents or child and youth care workers in alternative/formal care; and early intervention for adolescents in conflict with the law and/or abusing substances.

> "Family support is a set of (services and other) activities oriented to improving family functioning and grounding child rearing and other familial activities in a system of supportive relationships and resources" (Daly et al., 2015:12).
>
> "Family interventions are programmes that are developed with the family as the stated treatment group [or participants]" (Tao et al., 2012:613).

> **Government official: "The child and youth care workers in the centres are supposed to work with the families of those children in terms of parenting skills and counselling and linking them with other, you know they are supposed to be doing more than what they are doing in the centre"** (meeting with provincial government officers).

National and provincial government respondents suggested that Sinovuyo Teen would have a better chance of being taken up by government and non-government child protection and family support services if:

a) it was assessed for **compliance** with the provincial **government's quality assurance standards;** and

b) the Clowns' trainers and their training manual were **accredited** with **government recognized certificates** for professional development.

The following is an excerpt from notes taken in the data validation meeting with government and non-government stakeholders: "In the conversation about policy readiness many stressed the value in going through all the policy process steps as part of an implementation plan. This

process is necessary for programmes to 'find their feet' and is critical in terms of achieving the participative process to understand what it actually takes for facilitators to deliver the programme. This **in turn has an effect on scalability**."

Following policy processes is closely linked to **targeting of programme beneficiaries.** Caregivers and adolescents were recruited through referrals from social services and schools or door-to-door visits. No exclusion criteria were applied. The intention was to approximate existing service delivery mechanisms but some facilitators, unclear about the objectives, felt driven more by the need to recruit a targeted number of people for research purposes. This led to some confusion for both facilitators and beneficiaries.

> **Facilitators: "We were told that Sinovuyo is for naughty children". Yet some participants were described by facilitators as "brilliant little boys" and "sweet little kids" and "they did not see themselves as naughty"** (focus group discussion).

The Sinovuyo Teen packaged programme contains **discrete lessons and core messages,** which facilitators found easy to apply, especially with the manual and after the practical training. The facilitators said they found the style of working, training routine and practice enabling.

> **Facilitator: "I learnt to engage with people in sessions and let them explore what they were learning from you. Garner the feedback from them to gauge their learning skills and see if they had not missed points you made"** (focus group discussion).

Another facilitator described her participation in the training and delivery of Sinovuyo Teen as **a "revival" of her professional practice.**

Three to six months after the programme was implemented, only about 50 per cent of the participants used the **illustrated handouts** given at each session, which could be explained by their relatively low literacy level.

Facilitators found ongoing **weekly group supervision** sessions, carried out by the training organization, essential because these provided a continual demonstration of good practices and reinforced social learning pedagogy, which the facilitators in turn used when they delivered the Sinovuyo Teen sessions.

> **"Beneficiaries are learning from each other in group sessions and general agreement of what is wrong holds caregivers accountable" and this "platform allows participants to voice their concerns and opinions in a protected environment"** (stakeholder meeting).

The NGO child protection service providers in Eastern Cape, the Sinovuyo Teen implementing partner, and national and provincial government officials viewed **embedding Sinovuyo Teen within existing services**, as was done in the 2014 pre-post, as being beneficial to the service provider as well as the programme participants.

> **NGO: Sinovuyo Teen "need to enhance what [the existing organisation] is trying to achieve"** (stakeholder meeting).

> **"Implementation must happen with a local organization so families can continue to be supported after the RCT. This did not happen with RCT"** (extract from stakeholder data validation meeting).

Challenges with embedding a new programme, such as Sinovuyo Teen, in existing services were related to the extra workload it entailed. **Integration** meant additional supervision, mentoring and resource allocation to ongoing case management and organizational procedures. During the 2014 Sinovuyo Teen study, workers had to commit full-time for 15 weeks, and, during that time, had to report to Clowns, the NGO training them in facilitation skills. This reporting process, however, was not integrated into their ongoing organizational procedures for family support services.

> **Facilitator: "It is difficult to manage our time between sessions, home visits and office duty in town"** (focus group discussion).

> **Government officer: "... it's compromising the other [child and youth care work] because when we are having those programmes we must not have a success of one programme at the expense of another programme"** (meeting with provincial government officers).

The **budgeting and saving workshops,** in which teens and caregivers worked together to review their household income and expenditure, were listed as having the greatest impact out of the 14 modules. For most beneficiaries, the only regular income was their child support grant, so learning how to manage this was perceived as particularly useful. The beneficiaries spoke about the importance of being able to make choices, particularly between saving or borrowing money. For example, they realized how they could buy a goat, once they had saved – even a small part of their income – over time. Poverty also influenced their views on the provisions that they felt should be included in parenting support programmes. Catering and transport were considered by programme implementers as essential incentives for attendance and outcomes. The programme funders and some government officials, however, said covering transport and meal costs for the beneficiaries to attend weekly workshops was unsustainable.

Implementing stakeholder: "Whilst Sinovuyo Teen is admirably a free programme designed for low-resource setting, the logistics are costly" (interview).

Participants also expressed disappointment that the programme did not bring any sustained poverty relief. Facilitators suspected that the **expectation of poverty relief** may have arisen when programme participants responded to research questions relating to family income and food security.

Facilitator: "I remember participant saying 'you asked us questions about poverty and whatever, what are you going to do about this', so then we said 'no but that was for the research to help us understand a bit more how we can help you and you will also give us recommendations to people who can support' and then she says: 'Oh, we thought you were the ones who were going to help us'" (interview).

In the Sinovuyo Teen trial, the **meals** were seen as essential to boost concentration of participants who would otherwise have been attending the sessions hungry. They were also seen as an important communal activity. The principles of sharing and mutual support were reflected in the way in which children, who were referred to as "our children" (facilitator Interview), waited until everyone had arrived to eat the meal in their group circle, creating a sense of belonging and acceptance of everyone.

Some facilitators and participants felt it was unfair that only the two members from each family who participated in the sessions received food; As such, some chose to take a portion of their food home to share with other household members. Hiring a cook to prepare the food for the community was also questioned. Some saw this positively, as income generation for a household in their neighborhood, whereas others suggested that, in future, participants should be given the opportunity to cook so they too could earn some money (data validation meetings: 20-22 September 2015). Funders questioned the necessity of the meal because of the relatively high costs involved.

Facilitator: "We would like to give our participants something they can bring home so that the whole household has something to eat" (focus group discussion).

As noted above, the content and **mode of programme delivery** are outlined in the Sinovuyo Teen manual. The RCT was conducted in as real a situation as possible, and the intention was to facilitate skills development of local service providers.

Government official: "precisely because we want to see how we can transfer the information, skills and expertise from Sinovuyo Teens to the Department" (interview).

The situation in 2015, however, was in some respects simulated and was not part of **a regular service delivery system**. For example, although cases were referred from local service providers and leaders, this programme did not fit within the prevention or treatment case management plans of the Department of Social Development. There were, therefore, no preceding nor consequential procedures built into the programme delivery processes. Findings suggest that assimilating the programme into existing services, as was done in the pre-post test of Sinovuyo Teen in 2014 and which government had intended doing in 2015, was preferable for sustainability purposes.
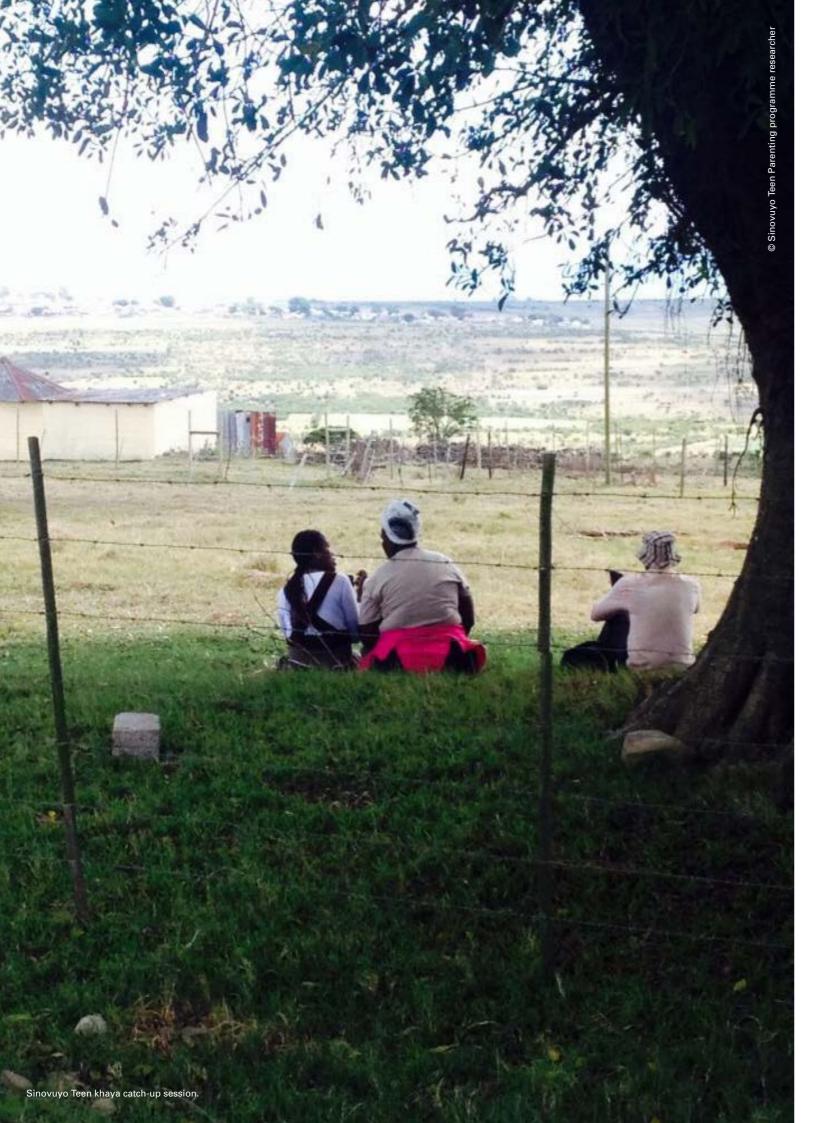
Senior trainer: "It helps to partner with the organization that is already existing in that area and also even with facilitators; as we are, Clowns Without Borders, we are based in Durban our main language is isiZulu, so it's not like isiXhosa like in the Eastern Cape…. so, it makes the programme stronger and being able to be understood easily by locals" (interview).

Similarly, NGOs offering family support programmes in the Eastern Cape and other areas who participated in the study's stakeholder meetings were asked to name the key **to the success of Sinovuyo Teen**. They noted the dilemma between maintaining Sinovuyo Teen programme fidelity (as delivered in the trial) and adapting the programme to fit the core purpose and systems of their organizations. A service provider participating in the stakeholder meeting noted that their approach is to work with communities to develop programme designs and so a pre-defined programme, such as Sinovuyo Teen, without adaptation to fit community needs, would not be easily accommodated. Another related service provider[12] suggested that they would prefer to offer Sinovuyo Teen to two or more collective families in a neighborhood, at their homes.

Sinovuyo adolescents in role play.

12   Related service provider in this report refers to NGOs offering family support and family interventions in the Eastern Cape – managers from three such organizations were respondents in this study.

5. Recommendations: insights and challenges in order to scale up[13]

Reconsider programme beneficiaries: Qualitative findings suggest participant selection should be reconsidered. This pertains to crucial questions about: a) how to share and keep the knowledge from the programme over time in a typical extended African family, which tends to have multiple generations and more than one nuclear family in the household; b) whether to target high-risk adolescents and caregivers or offer the programme as a universal preventative measure; and c) the adolescent age range, particularly how to accommodate needs of young and older adolescents.

Embed the programme in local services: Findings suggest that Sinovuyo Teen is more likely to be sustained and have traction in scaling up if it is embedded in and aligned with goals of local services, whether these are non-government or government-based. This will require following specific procedures, particularly regarding recruiting programme facilitators and selecting beneficiaries.

Sustain contact with families: Given that facilitators reported being asked by several participants, "what comes next?" (focus group discussion), sustaining contact with families receiving parenting support seems important. Therefore, the programme's theory of change could include sustaining change among targeted beneficiaries in the post-implementation period. The embedding and scaling up of the programme should prioritize the establishment of long-term support to reinforce learning and sustain behaviour change within a broader family support and preservation strategy.

Test in real-world conditions: The research was designed as a pragmatic RCT that was as close as possible to the real world to allow the scale up of the interventions in an LMIC. This included lay community members as the programme facilitators, trained by a South African NGO; no participant exclusion criteria; and acceptance of the programme by the community as an important communal activity. External validity/ generalizability, however, should be tested in further iterations of the programme in other settings. Part of external validity requires an understanding of cost effectiveness[14] and which sector is to carry the costs.

Consider family ethnographies: The findings suggest a range of structural determinants that characterize the nature of the family in South Africa. These must be understood in any assessment of a parenting programme.

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13   By the time of publication of this paper, some of these recommendations will have been taken up.
14   A cost-effectiveness study has been underway since the completion of data collection.

Lessons learned from field research:

- Evaluating a parenting programme requires more time and a higher budget than planned for. Unanticipated political, environmental and social events hindered every step in the trial timeline, and especially in the six months before contested elections.

- Liaising with the community and engaging with stakeholders earns buy-in and opens doors to spaces and processes that enable the trial to take place in local settings.

- Investing time in relationships with enumerators improves the quality of the data. This includes spending time explaining and answering questions about research goals, methodologies and outputs. Research assistants and data collectors are essential sources regarding instruments and research processes because they have experience on the ground.

- Planning for unforeseen circumstances is important when operating in low-resource and politically volatile environments and must be addressed by developing emergency and health and safety protocols[15] and financial reserves. Flexibility and collaboration are an asset in these contexts.

- Operating comparatively expensive research projects in low-resource settings can be complex. The socio-economic context and organizational procedures of implementing partners affects community and partners' acceptance of projects. This acceptance is crucial to success.

- Translating and back-translating should be carried out in close partnership with individuals who speak the local language.

- Piloting guides for semi-structured interviews needs to be carried out in the context in which they will be administered, and edited accordingly. This is essential for cultural and linguistic acceptability.

- Conducting the inter-rater reliability checks is important for the trustworthiness of qualitative data, and so too is allowing enough time for thematic analysis.

- Sharing the programme locally helps ensure sustainable partnerships in the communities.

- Conducting data validation exercises gauges if thematic analysis adequately reflects respondents' perceptions and experiences.

- Teamwork is essential for the implementation of the research design.

- Involving local people who speak the local language and can relate to local culture puts informants at ease during interviews, as does assurances of confidentiality. Dexterity in interview style is required to interview a wide range of age groups, particularly younger adolescents aged 10–12 years.

- Providing positive feedback where possible and thanking colleagues and collaborators are important ways of recognizing the many different contributions.

6. Conclusion

Overall, the Sinovuyo Teen Parenting programme was well received by beneficiaries, facilitators, family support service providers, stakeholders and government officials.

The qualitative findings suggest that the programme is relevant, appealing and brought about positive change, confirming the immediate post-test results of the RCT. These findings also resonate with literature on how child maltreatment can be reduced by improving adolescent/parent relationships, particularly using different communication skills and spending quality time together.

Importantly, the findings highlighted the need to implement the programme as part of either government or non-government social welfare services. This requires common goals as well as clarity on programme beneficiaries, accredited or recognized facilitator training and organizational monitoring criteria.

To inform the scale up of the Sinovuyo Teen Parenting programme, further research should examine how to ensure sustained changes in disciplining practices within the household and explore contextually appropriate ways to embed the programme in regular service provision.

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15   See Cluver et al., (2016b) in which protocols are stated.

Sinovuyo Teen facilitator with adolescent girls.

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Appendix 1: 2015 Sinovuyo Teen Programme Overview

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

Appendix 2: Case Studies

Case 1: Caregiver and teen living in a rural village

Caregiver and teen interview, exploring experiences of Sinovuyo Teen programme
The caregiver, 52, and her teenage daughter, who just turned 18, were interviewed individually on separate dates at home in Qaukeni village. (The caregiver was interviewed on 3 March 2016 while the teen was interviewed on 18 March 2016). They were recruited to the Sinovuyo Teen Parenting programme through door-to-door visits.

Socio-economic conditions
The caregiver lives in a one-roomed shack in a peri-urban village with three children: her daughter, 18, son, 16, and grandson, 12. The caregiver is unemployed and supports her family by collecting aloe in the forest. In addition, the family receives child support grants for all three children. Their socio-economic situation is dire; they even lack beds. The caregiver initially thought the programme was about poverty alleviation and that she would receive material benefits. The teen also mentioned that, since her family was poor, she hoped the programme was going to provide her with a school uniform.

The Sinovuyo Teen workshop experience
Despite initial misconceptions of the programme, the workshop changed their outlook. The caregiver said they learnt valuable life lessons about parenting, particularly about improving their relationships. The caregiver said the sessions were fun and gave some relief to her stressful life. For example, at the sessions they laughed a lot and exchanged ideas, and this relieved stress for her. The teen enjoyed singing during the sessions. Attending the workshops changed their lives, particularly because they shared their experiences with other children in the house, who were very curious! They all participated in the home practice together and spent time talking about the programme and singing the songs as a family.

Experience with economic strengthening sessions
The caregiver said she particularly appreciated the lessons about budgeting and saving money. Prior to Sinovuyo, most of her stress was caused by not being able to manage the little money she received to support the household. Although she was worried about the loss of the child grant for her daughter who has just turned 18, the caregiver said she had benefitted from learning about budgeting and saving. The teen confirmed that her mother still values budgeting. The teen said now when her mother receives grant money for the other children, she sits down with the family and they make a shopping list. They differentiate between what they actually need and what they want, making sure to save money for emergencies. The caregiver is happy to involve her children in budgeting. This way, she said, everyone knows how the money is spent, which helps prevent arguments and therefore lowers everybody's stress levels. The teen also mentioned that she saves some of her pocket money, and that she and her Sinovuyo Teen buddy constantly remind each other to do this.

Changing attitudes
After attending the Sinovuyo Teen parenting programme, both the teen and the caregiver experienced changes at home. They spent more time together as a family and they spoke openly about their problems. Prior to this, the caregiver said she used to bottle-up her feelings which made her aggressive towards her daughter and other children. The caregiver stressed that talking to her child in a respectful manner is not just good parenting practice but also serves as a stress reliever. She has learnt that shouting and being aggressive to children contributes to her stress. So, when she feels stressed now, she pauses before confronting a difficult situation.

The teen said her mother has stopped shouting and praises her often. In turn, she follows all the rules they agreed on, such as respecting her curfew. The teen said attending Sinovuyo Teen has had a huge impact on her because now she is free to talk to her mother about everything and she no longer fights with her siblings. The caregiver also said the children love being praised and they even do things that exceed her expectations. For example, they ask her to sit down, rest when she is sick, and take on household work themselves.

Case 2: mother and teen in peri-urban township

Caregiver and teen interview, exploring experiences of Sinovuyo Teen programme
The caregiver, a 35-year-old mother, and her 13-year-old son were interviewed separately on 9 February 2016 at home in Zwelitsha Township. The family was recruited into the 2015 Sinovuyo Teen parenting programme through door-to-door visits.

Socio-economic conditions
The household is poor. According to the caregiver, 13 family members share a dilapidated four-roomed house. The caregiver is HIV-positive and unemployed. For financial support, the family depends on a grant from a 51-year-old uncle who is sick and bedridden. In addition, they also receive child support grants for seven children. The caregiver said the adverse conditions led her to drink heavily. The family experienced disharmony. For example, the adults fought in front of the children, and the caregiver frequently shouted at and beat her son, who frequently fought back. The teen began mixing with the wrong crowds and eventually it became more difficult to manage his behaviour. Acknowledging these challenges, the caregiver joined the programme because she hoped to learn how to nurture her son and how to curb his disobedience.

The Sinovuyo Teen workshop experience
Both the caregiver and the teen enjoyed the Sinovuyo Teen sessions. They liked the singing and doing exercises. The caregiver particularly appreciated that the facilitators were humble and welcoming. This made it easy to learn and contribute during sessions. The teen also appreciated the interactive sessions because they allowed him to fully participate and receive advice on how best to help his mother. The caregiver said the sessions taught her the importance of being a good example to her children. For instance, the sessions made her realize fighting with her live-in boyfriend in front of children was wrong. In addition, the sessions made her

realize her duty is to protect her children. Previously, the caregiver ignored the fact that her boyfriend and her son did not get along. The teen also mentioned that some family members were sceptical about the programme. Despite this, they shared their experiences by talking about them and involving other family members in doing home practice.

Experience with the economic strengthening sessions

This family was exceptionally big and affected by poverty. Although they had a regular stream of income through social grants, there was no agreement regarding how to manage money. Each caregiver used to preside over the child support grants of her own children. Then, according to the teen, during the programme, other family members showed interest in budgeting but had reservations about saving. Nevertheless, the caregiver said that as a result of the programme, she now budgets and saves some of the money she receives on behalf of her children and the others she cares for. The biggest challenge is that an aunt, who does not live with them, manages the largest sum of money they receive so the caregiver has no power to influence how most of the family income is used.

Changing attitudes

After attending the Sinovuyo programme, much has changed both within the family and between the caregiver and the teen. Communication between the caregiver and the teen improved. They spend time talking to one another and the caregiver helps the teen with his homework. The caregiver said she no longer shouts at her child, but rather speaks to him calmly. They also negotiate certain things, for example, they now divide labour. She asks the teen to wash dishes while she washes his uniform. They agree, and sometimes the teen takes the initiative with regards to chores. The teen said his mother no longer reprimands him by using physical violence. The caregiver thinks her son now respects her as a parent, he listens to her and he no longer physically fights with her as he used to. The teen has also stopped stealing, smoking and drinking alcohol. He is also doing well at school and is excelling in sports. There is also harmony in the household because other family members are following their example. They both agreed that since attending the Sinovuyo Teen programme, there has been less fighting in the home.

Appendix 3: Qualitative data collection

- Semi-structured interviews (participants, facilitators, trainer, community liaison officer, Clowns without Borders Directors, government officials, directors and manager of non-government organization that implemented Sinovuyo Teen in 2014 pre-post test, associated service providers and UNICEF)

- Focus groups (facilitators, participants)

- Records, document and minutes analyses (policy meetings, facilitator reports, 'khaya catch-up[16]' and pre-programme home visit reports)

- Observation notes of Sinovuyo Teen sessions

- Process tracing of communication during home-practice report-backs

- Participatory visual methodologies (mapping stakeholder relationships and participant illustrations of roles played by household members)

- Participatory validation by beneficiaries and implementing agencies

- Literature review on parenting, family care and adolescence in eastern and southern Africa, which was undertaken as part of this study, provided useful contextual information on how parenting of Adolescents is understood and practised, highlighting the reciprocal nature of the relationship between adolescents and caregivers and the challenging effects of economic, health and environmental circumstances (Bray with Dawes, 2016).

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16   Khaya catch-ups refer to home-based Sinovuyo Teen sessions for people who missed group session.