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Parenting programmes in South Africa: Investigating design and evaluation practices

Inge Wessels

A dissertation submitted in partial fulfilment of the requirements for the award of the degree of
Master of Arts in Psychological Research

Faculty of Humanities
University of Cape Town

2012

ACKNOWLEDGEMENTS

It is a pleasure to thank the people who made this thesis possible. I would especially like to thank my supervisors, Dr Catherine Ward and Associate Professor Andrew Dawes, for their continuous guidance, support and inspiration. I would also like to extend my appreciation to the programmes that participated in the study and to the various individuals and organisations who provided me with valuable input.

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ABSTRACT

Parenting programmes have been shown to have wide-ranging benefits, including the prevention of behavioural and emotional problems in children as well as child maltreatment. The majority of research conducted on parenting programmes is from high-income countries, with little available knowledge on programmes within low- and middle-income countries, such as South Africa. This study sought to identify, as far as possible, the range of parenting programmes offered in South Africa and investigate their design and evaluation practices in relation to best practices. It also sought to identify high-quality programmes which could be scaled-up successfully. This is particularly important in South Africa due to the country's high rates of violence and child maltreatment. Through the use of snowball and convenience sampling procedures, 21 programmes located across the country were recruited into the study. Included programmes were group-based and located in either the non-profit or commercial sector. They contained specific parenting components or curricula aimed at reducing negative parenting, teaching positive parenting strategies or improving parent-child attachment and relationships. Information on programmes was collected via telephonic and face-to-face interviews with programme staff. The main focus areas of the interview included: needs assessment; programme design and content; facilitator training, supervision and delivery; monitoring and evaluation; and replicability and scalability. Data was analysed using frequency counts and thematic analysis. Programme materials were also collected from programmes, and their content was reviewed and assessed. The study revealed that local programmes tended not to be based on solid theoretical frameworks and often had limited or no monitoring and evaluation processes in place. Local programmes would be strengthened by incorporating practices associated with programme effectiveness. None of the participating programmes were at a point where they could be scaled-up successfully. This was largely because programmes did not have evidence of efficacy and effectiveness. The study concludes with recommendations for practice and research, which include the importance of building the evidence base on parenting programmes in low- and middle-income countries.

Keywords: Parenting programme; monitoring and evaluation; programme delivery; programme design; programme content; scalability

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INTRODUCTION

Parenting and Child Outcomes

Family relationships in general, and more specifically, the parent-child relationship, impact considerably on the psychological, physical, social and economic well-being of children (Sanders, 1999). Parenting styles and parent-child relationships significantly influence children's interpersonal behaviour and peer relationships (Strauss, Sugarman, & Giles-Sims, 1997; Assel et al., 2000). In addition, they affect children's educational outcomes (Spera, 2005). Poor parenting in the form of inappropriately harsh discipline, poor parental supervision and lack of parental monitoring have been shown to be determinants of childhood mental health problems, including conduct disorder and delinquency (Patterson, DeBaryshe, & Ramsey, 1989; Robins & Rutter, 1990). It is also a powerful predictor of later violence (Buka & Earls, 1993) and poor mental health in adulthood (Kaplan, Robbins, & Martin, 1983).

Positive parent-child relationships and a sensitive, responsive and consistent parenting style have been shown to play protective roles in child development (Gardner, Sonuga-Barke, & Sayal, 1999) and can buffer and mediate the effects of wider family and community factors. (Knerr, Gardner, & Cluver, 2011). Despite the importance of family relationships, most parents are not prepared for their parenting role and only have their own experience of being parented from which to draw (Risley, Clark, & Cataldo, 1976). This may be particularly problematic if parents themselves were raised with negative parenting styles, as parents tend to parent in the way in which they were parented (Kenney, 2000). Without intervention, patterns of negative parenting may persist across generations.

Evidence strongly suggests that interventions that foster safe, stable and nurturing relationships between parents and children in their early years have many positive effects, including the prevention of child maltreatment and childhood aggression (World Health Organisation (WHO), 2009; Barth, Ash, & Hacking, 1986; Lundahl, Nimer, & Parsons, 2006). Parenting programmes are one such intervention and have been shown to have a range of positive outcomes, including preventing behavioural and emotional problems in children (Sanders, 1999), increasing parental self-efficacy and satisfaction (Bunting, 2004) as well as improving family functioning in general (Huebner, 2002).

Parenting Programmes in South Africa

In South Africa, the need for parenting programmes has been recognised by the Children's Act (No. 38 of 2005), which states that the Provincial Departments of Social Development must provide and fund prevention and early interventions (Budlender, Proudlock, & Giese, 2011). Paragraph 144 (1)(b), of Chapter 8 of the Act, specifically recognises programmes that develop parenting skills as critical in promoting children's safety and well-being. Parenting programmes should also be seen as fundamental in creating a non-violent society. These interventions are particularly imperative in South Africa due to the country's high rates of violence and child maltreatment (Centre for the Study of Violence and Reconciliation, 2009). It is necessary that a preventative approach be adopted as it has not only been shown to be more effective, but also less costly than reactive interventions which address problems once they have occurred (Mikton & Butchart, 2009).

Despite the identified need for parenting programmes in South Africa, there appears to be no data on the range of existing programmes in the country as well as on the quality of services they provide. Furthermore, little research is available on parenting programmes within low- and middle-income countries more broadly. There is, however, an abundant literature on these programmes in high-income countries, such as Australia, the United States of America (USA) and the United Kingdom. Programmes which are prominent within the literature, and which have been rigorously evaluated, include Triple P- the Positive Parenting Program (Sanders, 1999) and the Incredible Years program (Webster-Stratton & Reid, 2003). These programmes have a strong evidence base and have been replicated in numerous settings.

However, their transferability from high-income countries to low- and middle-income countries, such as South Africa, is unclear. This transferability may be affected by the general lack of resources and greater levels of poverty and inequality in low- and middle-income countries as well as the significantly different cultural contexts between these settings (Knerr et al., 2011). Preliminary investigations in South Africa and Lesotho (Judy Hutchings, personal communication, 4 December 2011) have shown these programmes to be too expensive for low- and middle-income countries. It is therefore necessary to investigate the state of local programmes. By assessing their use of practices associated with programme effectiveness, researchers and practitioners can gain an understanding of whether they are likely to produce positive outcomes.

While effective parenting programmes have been disseminated in a variety of different ways, including through individual face-to-face sessions (Sanders, 1999), a self-directed format (Markie-Dadds & Sanders, 2006), and a group-based format (Hughes & Gottlieb, 2004; Huebner, 2002), this thesis will focus specifically on group-based programmes. This is due to the need to reach as many parents as possible as efficiently as possible. Also, group-based programmes enable parents to draw support from others in the group. This is particularly relevant as parents who are isolated from others are at a greater risk of various negative outcomes, including an increased likelihood of maltreating their children (DePanfilis, 1996).

Best Practices for Parenting Programmes

As the evidence on effective prevention programming increases, it becomes easier to sift out key components or principles of best practice that transcend individual programmes or content areas (Ghate, Hauari, Hollingworth, & Lindfield, 2008; Nation et al., 2003). Information on best practice can also inform programme development and implementation. Additionally, when choosing among programmes to implement, this information could be used to select those that contain practices associated with programme effectiveness (Kaminski, Valle, Filene, & Boyle, 2008).

Best practices for parenting programmes, and prevention interventions more broadly, are reviewed below. While the literature is predominantly from high-income countries, this thesis also considers how the identified practices would translate to the context of low- and middle-income countries. When assessing the use of best practices, the organisational setting, social circumstances and culture within the intervention setting must be taken into account (Green, 2001). There may be situations where best practices cannot be transferred from one context to another while still assuming that they will be 'best' practices. For example, certain best practices which are appropriate for interventions implemented within high-income countries may require financial resources that are not viable for those based in low- and middle-income countries. The discussion on the principles associated with programme effectiveness will begin by looking at best practices relating to matching the intervention with the target population. It will then move to practices regarding intensity and dosage, programme theory, programme facilitators and training, monitoring and evaluation and well as programme scalability and implementation.

Nature of the target population. Prevention programmes are either classified as universal, selective or indicated (Mrazek & Haggerty, 1994). Universal interventions are

population-based and aim to prevent the onset of problems, while selective programmes serve individuals whose risk of developing problems is above average. Indicated programmes, on the other hand, serve individuals who exhibit early signs of problem behaviours. Programmes are more likely to achieve desired outcomes if they have sound reasoning for selecting a particular intervention for the target population (Thornton, Craft, Dahlberg, Lynch, & Baer, 2000). This reasoning must consider the characteristics and context of the target population.

This information should be gleaned from a formal needs assessment which “assesses the nature, magnitude, and distribution of a social problem; the extent to which there is a need for intervention; and the implications of these circumstances for the design of the intervention” (Rossi, Lipsey, & Freeman, 2004, p. 54). Although this process should be done systematically, it does not need to be a complex endeavour (United Nations Office on Drugs and Crime (UNODC), 2009). However, programmes with a larger scope require more systematic and rigorous assessments than those necessary for small-scaled programmes (UNODC, 2009).

Programmes must also be appropriately timed in order to reach parents when they are most receptive to change (Durlak, 2003; Nation et al., 2003). For instance, programmes serving parents of young children can help families avoid the later development of problem behaviours and establish a base for positive parent-child relationships in the future (Brown, 2005; Huser, Small, & Eastman, 2008). These programmes have also been shown to be most effective in enhancing family wellness and preventing child maltreatment (MacLeod & Nelson, 2000).

Reaching parents during transitional times in their child’s life, such as their child’s first year of school or the onset of puberty, may also be useful as parents are likely to want to acquire the developmental knowledge that will assist them in the next phase of parenting (Huser et al., 2008). Because transitions such as these occur at very different ages, programmes should be developmentally appropriate and provide parents with age-appropriate parenting information (Kumpfer, 1999). Building on this, programmes would be strengthened by having explicit screening processes in place so that the appropriate parents, defined by either their level of need or child age or both, are recruited (Children’s Workforce Development Council (CWDC), n.d.). If the programme is not suited to the parent, or needed services are more specialised or beyond the scope of staff expertise, appropriate referrals should be made.

Many parents, especially those in greatest need of parenting assistance, do not access services or drop out prematurely (Nock & Ferriter, 2005). For example, dropout rates for family-centred interventions for parents of children at risk for conduct problems are as high as 50% (Orrell-Valente, Pinderhughes, Valente & Laird, 1999). Therefore, it is essential to address barriers to accessing and participating in programmes so that parents, who might otherwise find it difficult to access them, are more likely to participate. Barriers commonly mentioned in the literature include time constraints (Dumas, Nissley-Tsiopinis, & Moreland, 2007), financial cost (Snell-Johns, Mendez, & Smith, 2004), transport difficulties and lack of available childcare (Marsh, D'Aunno, & Smith, 2000). Furthermore, negative parental expectancies about programmes, including concerns about cultural acceptability, may also prevent initial and subsequent engagement with the intervention (Forehand & Kotchick, 1996).

As a result, it is necessary that programmes be delivered at times convenient to parents and at venues which can be easily accessed without incurring travel costs (Forehand & Kotchick, 2002). They should also provide quality childcare (Samuelson, 2010). In addition, parents are more likely to engage with a programme and display improved learning outcomes if they view it as 'acceptable'; appropriate and reasonable for them to use with their child in their daily lives (Ozretich, 2000; Moran, Ghate, & Van Der Merwe, 2004). Furthermore, a programme's relevance is increased if it acknowledges and addresses the needs and risk factors experienced by parents and their children (Dumka, Roosa, Michaels, & Suh, 1995; Shannon, 2003). A programme is unlikely to be successful if parents do not understand, like and engage with it. In order to further increase the likelihood of parental engagement, the choice of programme materials should reflect the capabilities of the target population. For example, if written materials are selected, parents' literacy levels must be taken into account (Moran et al., 2004).

In an attempt to address parents' broader needs, many parenting programmes include ancillary services, such as substance abuse treatment or job skills training. In their meta-analytic review of components associated with parent training effectiveness, Kaminski and colleagues (2008) found that including such services has been associated with small programme effects on parent behaviours and skills outcomes. The authors suggest that this may be because the focus on other objectives may divert attention from the acquisition of new parenting skills and behaviours.

Despite there being strong support for addressing the needs and problems of at-risk families, there is a need to explore the circumstances under which ancillary services may benefit parenting programmes (Kaminski et al., 2008).

Another consideration when developing a programme is that different cultures may observe different norms in key areas of socialising children (Forehand & Kotchick, 1996). This is particularly relevant when programmes are delivered to parents from cultures other than those for which they were originally developed (Matsumoto, Sofronoff, & Sanders, 2009). Building on this, being sensitive to diversity more broadly (e.g., linguistic, geographical, racial, ethnic, socio-economic), enables programmes to provide quality services to a wide range of parents as well as to populations which consist predominantly of a single ethnicity, culture, or family structure (Arcus, Schvanevelt, & Moss 1993).

There is, however, debate surrounding the cultural adaptation versus the fidelity of prevention programmes. While some researchers argue for the development of universal interventions that can be implemented with fidelity, others stress the need for interventions that are responsive to the cultural needs of a local community (Castro, Barrera, & Martinez, 2004). Proponents of the former stress that programmes implemented with inadequate fidelity are unlikely to be effective (Botvin, 2004). However, if a programme does not fit the resources and culture of the target population, it is unlikely to achieve desired outcomes (Harris & Franklin, 2008). Many believe that programme effectiveness can be increased by incorporating culturally relevant information including values and traditions, defined by elements such as geographic location, socio-economic status (SES), language and acculturation level (Kumpfer, Alvarado, Smith, & Bellamy, 2002). At the same time, altering the goals or content of an established programme to fit locally may reduce its demonstrated effectiveness (Harris & Allgood, 2009).

Realistically, the movement towards developing different interventions for individual communities is neither feasible nor desirable (Prinz & Sanders, 2007). Moreover, the highly tailored, multi-component nature of these interventions does not align with the strong preference among policy-makers to locate one single intervention that can be replicated frequently in a standardised manner (Garcia, Levi, & Finkelstein, 2009). It may, therefore, be more suitable to design programmes which are flexible to the needs of diverse populations and contexts while maintaining a strong theoretical base (Prinz & Sanders, 2007). Castro and colleagues (2004) reiterate this when saying that there is a “need to develop culturally informed and responsive

programs that deliver the best science while also addressing the practical concerns of a local community” (p. 41).

Intensity and dosage. Programmes are more likely to generate desired outcomes if they provide a sufficient amount of intervention in terms of intensity and dosage (Nation et al., 2003). This is often operationalised as the number of contact hours, programme duration as well as intensity and complexity of programme activities (Small, Cooney, & O’Connor, 2009). If focusing on contact hours, it is difficult to provide an exact indication of what constitutes a sufficient number, as this will depend on the level of risk of the target population (Samuelson, 2010). For example, high-risk families will require a greater number of intervention hours than low-risk families. This is because high-risk families will require more time “to develop trust, modify dysfunctional attitudes and behaviors, and to build upon skills learned in prior sessions” (Huser et al., 2008, p. 1). Including follow-up or ‘booster’ sessions which occur after programme completion can also assist parents in maintaining positive programme effects (Eyberg, Edwards, Boggs, & Foote, 1998).

Programmes with a longer duration tend to be more effective in addressing severe problems and high-risk parents than shorter programmes (Moran et al., 2004). Because issues around participant recruitment and retention, as well as scarce financial resources, are often a challenge for programmes of a longer duration, some programme developers create brief interventions (Small et al., 2009). These have been shown to be effective in delivering knowledge or advice on child development and parenting, as well as changing simple parenting behaviours (Moran et al., 2004).

An example of a parenting programme that uses a shorter format is Selected Triple P, which was developed as a brief, large group programme that provides a ‘light touch’ intervention (Sanders, Prior, & Ralph, 2009). It consists of three 90-minute seminars, with each seminar delivered either as a stand-alone intervention, where parents participate in only that seminar, or as part of an integrated series, where parents attend all three seminars over several weeks. An evaluation of the seminar series provided support for the idea that positive outcomes for both parents and children can be obtained via ‘light touch’ interventions. This type of intervention appears to be cost-effective and participation requires minimal time commitment from parents (Sanders et al., 2009).

Programme theory. Programmes are more likely to be effective if they use theory to guide programme development, evaluation and improvement (Small et al., 2009). There are two types of theories that play a central role in prevention programming, namely etiological theories and intervention theories (Nation et al., 2003). The former focuses on the causes and risk factors associated with the target problem, while the latter focuses on the most suitable ways of modifying these identified risks (Kumpfer, 1997). Once the cause and risk factors have been identified, effective programmes can be designed using the empirically-tested intervention theories which have evidence for achieving desired changes (Nation et al., 2003).

The choice of theoretical model used by a programme is reflected in the programme's core activities as well as in the way in which it is structured and implemented (Small et al., 2009). According to Pinsker and Geoffroy (1981), the different focal points of various training approaches may lead to different effects relevant to parent-child interactions. The authors propose that one type of parenting programme does not comprehensively address all difficulties associated with child management. Instead, programmes usually specialise in specific areas with the anticipation that positive spinoffs will occur in the other areas not necessarily covered by the programme.

Parenting programmes are classified as either behavioural or relational in nature (Lamont, 2008). However, some programmes are based on elements of both models, while others are based on different models or do not identify with any particular theoretical base. A behavioural approach is based on social learning theories and is strongly influenced by behaviour modification principles (Lamont, 2008). Parents are typically taught systematic techniques by which to modify inappropriate behaviours displayed by their children (Pinsker & Geoffroy, 1981). A relational approach, on the other hand, places emphasis on parental awareness, understanding as well as acceptance of the child's feelings (Lamont, 2008). Furthermore, it focuses upon maladaptive communication patterns between the parent and child that are seen as the source of the child's inappropriate behaviour (Pinsker & Geoffroy, 1981).

Forehand and Kotchick (2002) state that behavioural parent training is one of the most effective and well-researched interventions in the treatment and prevention of child and adolescent externalizing problem behaviours. Lamont (2008), however, suggests that while there is a strong empirical basis supporting behavioural programmes, there is a clear bias towards conducting rigorous research on them. The author proposes that these programmes lend

themselves more to being evaluated than relational programmes. Therefore, rigorously designed evaluations demonstrating their effectiveness are more common than those supporting any other approach to treating children and families.

Programmes are also theory-based when they have a clearly articulated programme theory that “explains why the program does what it does and provides the rationale for expecting that doing so will achieve desired results” (Rossi et al., p. 134). A useful way of depicting programme theory is through a logic model, which illustrates the assumed associations between programme activities and desired outcomes. This model should be based on empirical evidence that reflects that selected activities can be effective in producing desired outcomes (Small et al., 2009). Assessing programme theory can reveal if a programme is based on weak or incorrect reasoning and can assist in the development of a more realistic theoretical framework (Rossi et al., 2004).

Despite the importance of being theory-driven, many programmes are not based on sound evidence and are often criticized for being based on common sense and available resources, rather than scientific support (Chaffin, Bonner, & Hill, 2001; Hughes, 1994; Nation et al., 2003). In their experience of working with family-based programmes, Small and colleagues (2009) have been surprised by the number of programmes that are not guided by empirically supported theory. Although these programmes usually have the best of intentions, they are much more likely to be effective if their activities are guided by empirical research and a well-articulated theory (Small et al., 2009).

The content covered by programmes will depend largely on the selected theoretical approach. However, the literature continuously suggests that the most effective parenting programmes tend to have a clear and consistent focus on parenting skills and child development (Powell, 2005). In addition, they also aim to strengthen protective factors within the family through emphasizing family strengths such as spending quality time together (Samuelson, 2010).

The UNODC guide to implementing family skills training programmes for drug abuse prevention provides a useful set of recommendations as to skills that should be covered by programmes (UNODC, 2009). Although this guide focuses on family skills training programmes (i.e., includes both parents and children) and is shaped around drug abuse prevention, the provided recommendations can also be applied to parenting programmes more broadly. The guide outlines that programmes should teach parents how to be responsive (i.e., how to display

affection and empathy), provide structure (i.e., how to use age-appropriate discipline methods) and become involved in their children's school, studies and in the community. It further suggests that programmes should include content on communication skills, setting limits and providing structure for family life, as well as on maintaining goals for the future of the family.

Effective programmes focus on building social support among participants (Small et al., 2009). They also assist participants in identifying external sources of social support such as churches and family clubs (Shannon, 2003). Through establishing close relationships with others, parents may experience positive outcomes, including a sense of connectedness and reduced stress levels. These outcomes have been linked to a reduced likelihood of parents abusing their children (Shannon, 2003). Furthermore, relationships among participants may help foster long-lasting programme effects as participants are likely to reinforce programme content for each other (Horton, 2003). In addition to enhancing social support, it is suggested that programmes teach parents how to access community and government resources (DeBord et al., 2002). Linking parents to other needed services can increase parental success and provide a continuum of care (Samuelson, 2010).

Parenting programmes have a greater likelihood of promoting family wellness and preventing child maltreatment if they adopt a strengths-based approach, as opposed to one that is expert-driven and deficit-based (MacLeod & Nelson, 2000). Additionally, they are more likely to change parenting behaviours and foster lasting effects if they change parents' attitudes, skills and aspirations, rather than only improving their knowledge (Shannon, 2003). This can be facilitated through the inclusion of an active, skills-based component (e.g., role-playing; homework tasks) where parents can practice their newly acquired skills (Kaminski et al., 2008). The active engagement of parents has been shown to predict the magnitude of programme results (Powell, 2005).

Programme facilitators and training. A programme's decision to use professionals or paraprofessionals (includes community development workers and trained lay facilitators (Edwards-Joseph, 2012)) as facilitators should be based on the understanding of various factors, including how effective each has shown to be with the target population, training and supervision needs, turnover rates and costs (University of Delaware, n.d.). Musick and Stott (2000), who both work in the context of a high-income country, comment that using paraprofessionals, as opposed to professionals, is often seen as more cost-effective. They suggest that, realistically,

programmes are unlikely to save money when using paraprofessionals, especially when serving high-risk families. This is because recruiting, training and retaining competent and effective paraprofessional staff requires significant expenditure of resources, including time and money.

Nevertheless, the use of paraprofessionals may be a particularly suitable and necessary option for low-resourced countries, such as South Africa, which have few trained professionals, including social workers and psychologists, available to deliver programmes. Although most evidence-based programmes, such as Triple P, insist that facilitators be professionals, evidence suggests that using paraprofessionals can be an effective alternative. For example, a randomised controlled trial of a peer-led parenting intervention delivered in a socially deprived community found that this type of intervention can significantly reduce behaviour problems in children and improve positive parenting (Day, Michelson, Thomson, Penney, & Draper, 2012). The results of the trial compared favourably with conventional professional-led interventions. Furthermore, the intervention had a low dropout rate which may suggest that a peer-led approach is an acceptable means of delivering parenting support to families who may not otherwise engage in mainstream services.

Despite whether professionals or paraprofessionals are used, programme strength is improved if the facilitator recruitment and training processes “address the importance of cultural competency, including empathy, responsiveness to families and respect for individual differences” (University of Delaware, n.d.). In addition, the likelihood that implementation will be of a high quality is increased if facilitators are culturally matched with groups of parents (UNODC, 2009). Facilitators should also be able to communicate in the parents’ home language so as to avoid potential language barriers.

According to the UNODC guide mentioned earlier (2009), facilitator training should include, at a minimum, information on the concepts underlying the programme; the mechanics and content of the programme; ways to enhance participant recruitment and retention; facilitation skills; as well as content on ethics, confidentiality and how to handle sensitive situations. The guide also recommends that training emphasise the importance of monitoring and evaluation processes to programme success and explain how to collect necessary data. A barrier to implementing these processes is that facilitators may believe that continuous monitoring and evaluation will be used to assess them and not to improve the programme (UNODC, 2009). They may also view collecting monitoring data as unnecessary additional work that takes up time that

could be used to implement the programme (Whitehall, Hill, & Koehler, 2012). As a result, programmes may benefit from setting aside time and resources to dispel these fears as well as explain what is expected of facilitators.

Lastly, the guide suggests that training should develop facilitators' cultural sensitivity. As previously discussed, cultural sensitivity is particularly relevant in multi-cultural settings as well as in situations where facilitators are of a different cultural background to participating parents. Webster-Stratton (2009) underlines that there are no facilitators free of cultural bias. She recommends, therefore, that facilitators examine their own underlying prejudicial beliefs and attitudes. This process may require some training to be conducted effectively.

Aside from adequate training, the provision of adequate support together with ongoing and effective supervision increases the likelihood that facilitators will implement the programme as intended (Nation et al., 2003). Supervision has been shown to be successful in the form of sessions with an on-site supervisor, site visits by programme developers and through regular telephone or online support (UNODC, 2009). Although home visiting programmes are not a focus of this study, Small and colleagues (2009) found that clear illustrations of the importance of staff training and supervision appear within the literature on this intervention type. For example, the Nurse Family Partnership programme, which has a track record of effectiveness (Olds, 2006), is set up in such a way that home visitors meet regularly within teams to discuss clients and receive ongoing supervision. Other evaluations of home visiting programmes that have not demonstrated equally strong results have reported inadequate training and supervision of home visitors.

Monitoring and evaluation. Programmes are more likely to be effective if they develop a culture of evaluation by incorporating monitoring and evaluation processes throughout their duration (Thornton et al., 2002). The identification and analysis of the mistakes made during programme development and implementation allows for the programme to be improved at each step (Louw, 2000) and may assist in strengthening its ultimate impact (Swanepoel & de Beer, 2006). Monitoring should focus on both programme process as well as outcomes. Process monitoring is “the systematic and continual documentation of key aspects of program performance that assess whether the program is operating as intended or according to some appropriate standard” (Rossi et al., 2004, p. 171). Outcome monitoring, on the other hand, is “the

continual measurement of intended outcomes of the program, usually the social conditions it is intended to improve” (Rossi et al., 2004, p. 171).

Aside from internal monitoring and evaluation processes, external evaluations of both a formative and summative nature are central to effective programmes. Formative evaluations are intended to generate information for guiding programme improvement, while summative evaluations have the purpose of generating information on programme effectiveness (Scriven, 1991). According to Louw (2000), many programmes have undergone external evaluation of an inferior quality or no evaluation at all. Reasons for this may include the high cost of evaluation in terms of time and money, potential consequences of unfavourable results to programme survival, or a lack of understanding of the importance of evaluation (Louw, 2000). Furthermore, programme staff are often sceptical of the evaluation process (Taut & Alkin, 2003) and may mistrust the reduction of rich experience to data points (Whitehall et al., 2012). These issues can make the evaluator’s task of conducting an evaluation a difficult one.

Programmes would benefit from gaining an understanding of the importance of monitoring and evaluation to programme success. Formative evaluations must be conducted as they are central to programme improvement. Information generated from such an evaluation may relate to the need for the programme or to design, implementation, impact, or efficiency (Rossi et al., 2004). It is also critical that summative evaluations are conducted as they indicate whether a programme leads to positive, substantial and long-lasting effects. In addition, the investment of resources into programmes is justified by the assumption that they will produce positive outcomes (Rossi et al., 2004). As a result, programme developers and staff are expected to use resources effectively and efficiently as well as produce intended outcomes. There is also an ethical responsibility to provide parents with effective services.

Due to the nature of summative evaluations, they may influence significant decisions affecting the future of the programme (Rossi et al., 2004). These include decisions relating to the continuation of the programme, resource allocation and whether the programme should be restructured or not. Therefore, summative evaluations should generate information that is credible under scientific standards. The gold standard for summative evaluation is the randomised controlled trial. Such evaluations are especially pertinent in the case of the replication of programmes in settings different from those in which the original test of the programme occurred (UNODC, 2009). However, they are expensive to conduct, especially

within the context of low- and middle-income countries (Ward, Dawes, & van der Merwe, 2011). In cases where they are not viable, other suitable rigorous, independent evaluation methods should be considered.

In cases where there has been no or limited external evaluation, it would be necessary to conduct an evaluability assessment. This is “a systematic process that helps to identify whether a programme is in a condition to be evaluated, and whether an evaluation is justified, feasible and likely to provide useful information” (United Nations Development Fund for Women, 2009). Although evaluability assessment does not have a sufficient standard of evidence to demonstrate effectiveness or describe implementation, it is a valuable tool for identifying whether or not programmes are likely to achieve desired outcomes in their current form (Leviton, Khan, Rog, Dawkins, & Cotton 2010). In addition, evaluability assessment allows for the clarification of programme design, the exploration of programme reality and, if necessary, assistance in redesigning programmes to ensure that they are evaluable (Wholey, 2004). It can also prevent costly evaluations from being conducted when programme theory is not plausible or when the programme still needs to develop improved activities (Leviton et al., 2010).

Wholey (2004), the original developer of the evaluability assessment, outlined six steps for conducting this process. These steps involve the intended users of evaluation information; clarifying the intended programme; investigating programme reality; reaching agreement on needed changes in activities or goals; exploring alternative evaluation designs; as well as agreeing on evaluation priorities and intended uses of evaluation information. According to Leviton and colleagues (2010), this description of steps is too linear. They instead view evaluability assessment as “a cyclical, iterative process that builds understanding of the program design, the underlying program logic model or theory of change, opportunities for useful evaluation, and potential program improvement” (p. 217). Despite the approach taken, evaluability assessment can be a particularly useful process.

Programme scalability and implementation. If high-quality programmes are scaled-up successfully, a greater number of parents may benefit from them. According to the Society for Prevention Research (2004), a programme can be deemed ready for broad dissemination if it has evidence of efficacy and effectiveness and meets a set of standards. These standards include that the programme must have materials and services that facilitate going to scale (i.e., manuals, training and technical support), provide clear cost information, and have monitoring and evaluation tools so that adopting agencies can monitor and evaluate how well the intervention works.

Prinz and Sanders (2007) propose that additional standards need to be considered if programmes wish to take a population approach. These include evidence of flexibility, ease of accessibility, cost efficiency and practicality at a population level. The authors outline a range of considerations for successful population level dissemination, such as the necessity of the programme being culturally appropriate. They also stress the need for good communication between key stakeholders including programme staff, evaluators, aligned services, programme recipients and the media.

The likelihood of successful scaling-up is increased if issues around population heterogeneity, intervention design heterogeneity and service context heterogeneity are taken into account (Welsh, Sullivan & Olds, 2010). Population heterogeneity refers to the scaled-up programme no longer targeting a specific group, but instead serving a more universal population. This may lead to variation in estimates of intervention effects depending upon the populations with which the intervention is tested. Secondly, intervention design heterogeneity, which refers to the heterogeneity of design features of the scaled-up intervention, as opposed to the original model, is associated with an increased likelihood of lowered programme fidelity and poor quality implementation. When an evidence-based programme is scaled-up, fidelity generally decreases as the programme is expanded beyond its tightly controlled environs. It is no longer controlled by the original programme developers and well-trained staff and, as a result, critical implementation and process issues that underlie successful implementation and delivery may be overlooked.

Lastly, service context heterogeneity refers to the programme being implemented in a variety of settings, as opposed to a homogenous setting. Insufficient service infrastructure in the various settings can be a major problem when scaling-up programmes. Therefore, programmes

must be disseminated in a way that considers the resources available to those working at various implementation sites. Sanders and Murphy-Brennan (2010) underscore the need for an “ecological fit” between the design features of the programme itself (i.e., duration, cost of delivery, quality of materials, availability of manuals and client materials) and the broader organisational context within which practitioners work. This significantly influences service providers’ capacity to accept new evidence-based programmes.

A useful framework to use when implementing evidence-based programmes is the Consolidated Framework for Implementation Research (CFIR). This framework identifies five broad domains which need to be taken into account when striving for successful programme implementation. These domains involve the characteristics of the intervention itself; the broader setting in which the intervention is implemented; the inner setting; characteristics of individuals involved in implementation; and the implementation process (Williams et al., 2011). This framework offers an overarching typology to promote the development of implementation theory and also to provide information about implementation strategies which are effective across multiple settings (Damschroder et al., 2009).

Williams and colleagues (2011) used the CFIR to investigate the strategies used by various programmes in implementing alcohol screening and brief interventions in primary care settings. Although this area is different to parenting, information gained from this research can inform prevention interventions more broadly. Firstly, under the domain ‘characteristics of the intervention’, adaptability was identified as the most necessary characteristic for successful implementation. Connections with external policies and incentives, as well as networking, were noted as the most predominant implementation strategies under the domain ‘outer setting’. Within ‘inner setting’, access to knowledge and information, available resources and having set goals and receiving feedback, were considered the most central. In terms of ‘characteristics of the individual’, solid training to prepare staff to implement the intervention was seen as essential. Lastly, under the domain ‘process of implementation’ all programmes reported in-depth planning of efforts to implement the intervention, all of which were executed.

Fixsen, Blase, Naoom, and Wallace (2009) also contribute to the literature on implementation. They underline that “the goal of implementation is to have practitioners use innovations effectively” (p. 533). In order to achieve this, high-fidelity practitioner behaviour is created and supported by core implementation components, which are also known as

“implementation drivers”. According to the authors, these components are: staff selection, pre-service and in-service training, ongoing coaching and consultation, staff evaluation, decision support data systems, facilitative administrative support, and systems interventions. It is clear that efforts to implement programmes successfully, especially on a large scale, require much careful planning and consideration.

Conclusion

Parenting programmes have led to a range of positive outcomes, including the prevention of behavioural and emotional problems in children (Sanders, 1999), child maltreatment (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009) and later delinquency and violence (Buka & Earls, 1993). It would therefore be highly beneficial if they were made widely available to parents, especially to those at risk. Since South Africa has especially high rates of child maltreatment and violence, parenting programmes are a particularly necessary preventative intervention.

There is, however, little research on parenting programmes within South Africa and other low- and middle-income countries from which to draw. Instead, the majority of high-quality research is conducted within high-income countries. Still, a set of best practices associated with effective programmes can be extracted from this research. Broadly speaking, programmes strength is generally increased if programmes are tailored to the needs of the target population; theory-driven; have sufficient intensity and dosage; utilise well trained and well supervised facilitators; and incorporate monitoring and evaluation processes into their practices. An understanding of these practices enables the identification of programmes which may be more likely to achieve positive outcomes, and can inform the development of effective programmes. This is needed in South Africa since there is a lack of data on the quality of local parenting programmes.

This study responds to the need to identify, as far as possible, the range of parenting programmes in South Africa and investigate their design and evaluation practices. Not only will this study highlight the current state of local programmes, but may lead to the identification of high-quality programmes which could be scaled-up successfully. This information is invaluable when considering the provincial or national roll out of programmes in South Africa.

METHOD

Study Participants: Inclusion and Exclusion Criteria

Parenting programmes developed internationally or in South Africa were included in this study, provided that they were currently being implemented in South Africa. They could be located within the commercial or non-profit sector. Since programmes needed to be generally available to parents, those being trialled in a purely research context were excluded. Programmes included are those designed to reduce negative parenting, teach positive parenting strategies or improve parent-child attachment and relationships. They contain specific parenting components or curricula aimed at changing general parenting knowledge, attitudes or skills.

Parenting programmes that address specific physical or mental health issues or conditions, such as HIV/AIDS and disability, and within which some parenting advice or support may be given, were excluded. This is because these programmes may contain specific content which may not be appropriate for a more universal application. Also, their primary goal may not be the improvement of parenting or parent child relations, which is the focus of this study. For the same reason, home visitation programmes were also excluded.

Group-based programmes were included in the sample, while self-directed (e.g., stand-alone parenting DVDs) programmes were excluded. Group-based programmes were focused on due to the need to reach as many parents as possible as efficiently as possible. Also, these programmes enable parents to draw on support from the group. This is particularly relevant as parents who are isolated from others are at a greater risk of maltreating their children (DePanfilis, 1996). Relevant programmes which formed part of a broader intervention were included in the sample provided that their impact could be separately assessed. For example, while home visitation programmes as a whole were excluded, a group-based series of parenting workshops which was a component of such a programme was included.

Throughout this paper, a 'parent' refers to any person who provides care or support for a child or youth in a home or family context. This typically refers to biological parents, but also includes step-parents, foster and adoptive parents, and other family members, such as grandparents. This broad definition is particularly necessary in South Africa as, according to recent figures, almost one quarter of children (24%) live with neither of their biological parents (Statistics South Africa, 2011). Only one third (34%) of children consistently live with both of

their parents, while 39% lived with only their mother and 4% exclusively with their father (Statistics South Africa, 2011).

Recruitment Process

This study received ethical clearance from the Department of Psychology at the University of Cape Town. The first step in recruiting programmes into the study was the development of a database of parenting programmes in South Africa. This process began by using a non-probability sampling technique, known as convenience sampling, to recruit programmes. Through following up on suggestions made by key informants in the parenting sector and locating programmes via the Internet, a number of programmes were identified.

On several occasions, programmes located via the Internet were no longer being implemented. Instead, many of the programme developers now provided one-on-one advice to parents within a private practice setting, either as psychologists or social workers. Additionally, it appeared that some programmes developed by large organisations were disseminated without any record-keeping measures in place. For example, a programme developed by a government department was contacted via telephone. The contact person did not know whether the programme was currently being implemented or not, and could not provide the contact details of a trained facilitator.

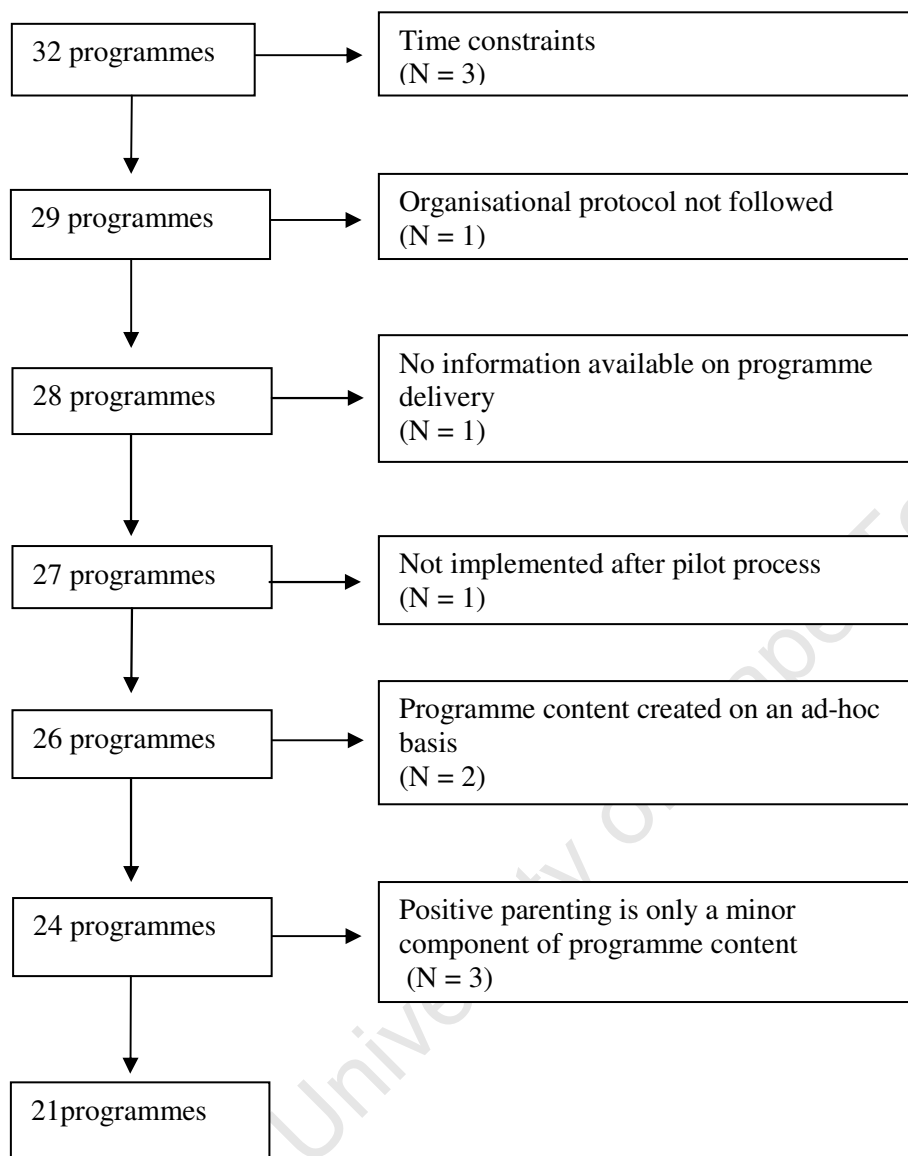
Programmes identified through convenience sampling, which could be reached telephonically or via email, were asked to suggest other programmes that met the inclusion criteria. This technique is a form of chain-referral sampling, known as snowball sampling. This process led to the identification of 32 parenting programmes throughout the country. It also enabled useful dialogue between the researcher and experts within the parenting sector. Of the 32 identified programmes, 21 programmes met the inclusion criteria for the study and were willing to participate (See Appendix A for brief descriptions of included programmes).

Flow Chart 1 depicts how the final sample of 21 programmes was established. Of the 11 programmes which were excluded from the study, three programmes chose not to participate due to time constraints. One programme withdrew after the programme director discovered that a staff member had agreed to an interview without organisational approval. The reason for the director's unwillingness for the programme to participate in the study is unknown. In addition, one programme, which used to be delivered in a group format by the programme developer, is now only available as a DVD set. This set can either be self-administered or used as a resource

for group parent training. The programme developer could provide no information about programme participants or programme implementation and as a result the programme was excluded.

Although still delivered by some trained facilitators, one programme was a pilot intervention and, due to funding shortages, is no longer formally implemented. Even though there is no available training, the programme materials are obtainable on request. Two programmes were excluded as the content was not formalised. Rather, it was selected on an ad-hoc basis to suit the needs of parents as they arose. Three programmes were excluded because they placed insufficient emphasis on reducing negative parenting, teaching positive parenting strategies or improving parent-child attachment and relationships. These programmes tended to focus on early literacy and numeracy as well as child development.

Figure 1. Flow diagram showing the number of included and excluded programmes.



Instruments

Structured interviews were used to gain information on participating programmes. The interview schedule (Appendix B) included questions based on the University of Delaware guide for measuring the fit between parent education and support groups with best practices (University of Delaware, n.d.) and the Children's Workforce Development Council's (CWDC) Parenting Programme Evaluation Tool (PPET) (CWDC, n.d.). These are both expert-compiled 'check-lists' for measuring fit with best practice. They have been developed according to

international standards of best practice in the delivery of early intervention and prevention programmes.

The main focus areas of the interview included:

- needs assessment;
- programme design and content;
- facilitator training, supervision and delivery;
- monitoring and evaluation; and
- replicability and scalability.

The interview schedule was only available in English. It was piloted with two programmes in order to ascertain whether the included questions elicited the desired information. After the pilot phase, additional questions were added to the interview schedule. These included questions relating to programme cost, languages used in programme materials and for facilitation, and so forth. Piloting also allowed for the identification of questions which participants found unclear or difficult to answer.

In addition, a measurement metric (Appendix C) was created to assess participating programmes' fit with best practices. This metric incorporated practices mentioned in the University of Delaware guide (University of Delaware, n.d.) and the PPET (CWDC, n.d.), both mentioned above. Other practices, which are not specifically referred to in these documents, but are frequently highlighted in the parenting programme literature, are also reflected in the metric.

Interview Procedure

Programmes which met the inclusion criteria for the study were contacted either via telephone or email. This communication included a description of the study purpose and procedure. Participants were told that involvement in the study would require that they participate in an interview and provide the researcher with their programme materials. These included any programme manuals, hand-outs and DVDs. Participants were also told that they would receive a copy of the final report.

If a programme was willing to participate, a time-slot for the interview was scheduled. Thereafter, participants were emailed the interview schedule for review. This was necessary as relevant information often had to be collected from various staff members prior to the interview. In two cases, there was little communication between programme staff. As a result, multiple interviews had to be conducted to obtain the necessary data.

Prior to beginning the interview, participants were required to sign a consent form (see Appendix D and E). The researcher went through the form with the participant to make certain that they understood what participation in the study would entail for them and the represented programme. For telephonic interviews, participants could sign the form and return it to the researcher via fax or email. Alternatively, the researcher could sign the form on their behalf when they provided verbal consent.

Interviews were conducted in English either telephonically or in person, depending on where the programme was situated relative to the researcher. Twelve interviews were conducted in person, while nine were conducted telephonically. Due to a potential language barrier, one participant who did not speak English fluently requested that she complete the interview schedule independently and return it to the researcher.

Each interview took between one hour and three hours and was usually conducted in one session. Some interviewees, due to time constraints, requested that the interview be conducted over two shorter sessions. Once the interview was complete, the typed up interview schedule was returned to the participant for comment. This allowed the participant to add any further information to the schedule, or modify any information the researcher may have misunderstood. If additional information was required from participants some time after the interview, this was requested either telephonically or via email. However, not all participants responded to these requests.

If programme materials were available in electronic copy, participants typically sent them to the researcher via email. In other cases, materials were received in hard-copy. In cases where programmes were either out of driving distance from the researcher or where electronic copies were unavailable, a courier service collected the materials.

Data Analysis

Data generated from the interviews was analysed predominantly using frequency counts as well as thematic analysis. The received programme materials were reviewed against the UNODC guide to implementing family skills training programmes for drug abuse prevention (UNODC, 2009). As mentioned earlier, the provided recommendations can also be applied to parenting programmes more broadly (See Appendix F for a list of these criteria).

The readability of programme materials was also assessed. This was done by calculating the Flesch Readability Ease Score and Flesch-Kincaid Grade Level of randomly selected

passages of text found in the programme materials. The Flesch Readability Ease scores are positioned on a 100-point scale, with higher scores indicating easier text (Flesch, 1948). This score is calculated by assessing the average sentence length in words, average word length in syllables, average percentage of 'personal words' and average percentage of 'personal sentences' in the document. The Flesch-Kincaid Grade Level, on the other hand, indicates the academic grade level of the text.

As mentioned above, a metric was created to assess participating programmes' fit with best practices. Information gained from the interviews and programme materials was used to rate programmes against this metric. In order to validate the programme ratings generated by the researcher, an independent rater rated a sample of programmes using the metric. The rater was given training on the metric in order to ensure that she understood the concepts used. Interrater-reliability was calculated using Cohen's Kappa (Cohen, 1960).

Within this thesis, the names of participating programmes have been anonymised. The reason for doing so was that this thesis aims to strengthen the parenting sector, and does not want to promote competition between programmes. However, when each programme receives their copy of the report, it will highlight their name instead of their allocated pseudonym. This allows each programme to view comments which may be useful to them.

Limitations

The absence of a comprehensive database of parenting programmes in South Africa made it difficult to determine how reflective the sample was of the actual number of programmes in the country. Although programme recruitment was extensive, there may have been programmes, especially those operating on a small-scale, that were overlooked. There were also some programmes which were reluctant to participate in the study. Typically, the identified reason for this was time constraints.

The amount of data generated by the interviews varied considerably between programmes and depended on the interaction between the duration of the interview and the programme's understanding of design and evaluation terminology. Typically, a considerable amount of data was gained from programmes that could commit to a lengthier interview and which had a good understanding of the necessary terminology. Conversely, programmes that only had an hour in which to conduct the interview and that had little understanding of the necessary terminology tended to generate less data. In the case of the latter, certain information may have been omitted

during the interview. This may have affected the programme's rating of their fit with best practices. Furthermore, programmes which did not provide their materials for review were not rated on these criteria. Therefore, these programmes may have been allocated a deflated rating.

RESULTS

Programme Distribution

Three participating programmes (14%; Programme A, Programme M, Programme N) were developed internationally and are thus available in many countries worldwide. In terms of provincial distribution within South Africa, three programmes (14%; Programme C, Programme L, Programme S) were available nationally. Two thirds of the programmes ($n = 14$; 67%) were available in more than one province, while the others were only available within one province or community (Table 1, p. 34). The Western Cape ($n = 16$; 76%), followed by Gauteng ($n = 11$; 52%), had the most programmes, while the Eastern Cape and the Northern Cape ($n = 4$; 19% respectively) had the least. The greater number of programmes found in the Western Cape may be due to the researcher being based in this province and, therefore, being able to tap into more networks there.

Thirteen programmes (62%) were located within the non-profit sector, while eight (38%) were commercially run. Three of the commercially run programmes (14%) developed in South Africa have also been implemented internationally. These programmes typically serve South African expatriates living in other countries. Programme E, which is widely disseminated in South Africa, has also been delivered by trained facilitators in Australia, New Zealand, Namibia and Dubai. Another locally-developed programme (Programme R) also had trained facilitators operating in Namibia. In addition, Programme Q has been delivered in Holland and the Caribbean. Two other programmes (Programme H, Programme O) were in the process of establishing delivery sites overseas.

There were considerably more urban-based ($n = 16$; 76%) than rural or mixed urban and rural-based programmes ($n = 5$; 24%). There appeared to be few programmes in deeply rural areas which met inclusion criteria for the study. Parenting programmes in these areas tended to have an Early Childhood Development (ECD) focus and served parents of children from birth to six years. These programmes took a more holistic approach and placed emphasis on topics such as nutrition, safety, as well as early literacy and numeracy, with positive parenting usually being a small programme component.

Table 1

Distribution of Programmes by Province (N = 21)

Province	No. of programmes (%)	Programmes per province	Population size in 2010 (millions)*	No. of children in 2010 (millions)*
Western Cape	16 (76%)	Programme A; Programme C; Programme D; Programme E; Programme F; Programme G; Programme H; Programme I; Programme J; Programme K; Programme L; Programme M; Programme N; Programme O; Programme S; Programme Q	5.5	1.8
Gauteng	11 (52%)	Programme A; Programme B; Programme C; Programme D; Programme E; Programme H; Programme L; Programme N; Programme O; Programme S; Programme T	10.8	3.3
Kwa-Zulu Natal	8 (38%)	Programme A; Programme C; Programme D; Programme E; Programme L; Programme G; Programme S; Programme U	10.6	4.7
Free State	6 (29%)	Programme C; Programme D; Programme E; Programme L; Programme R; Programme S	2.9	1.1
Limpopo	6 (29%)	Programme C; Programme D; Programme E; Programme L; Programme R; Programme S	5.3	2.3
Mpumalanga	5 (24%)	Programme C; Programme E; Programme L; Programme R; Programme S	3.6	1.5
North-West	5 (24%)	Programme C; Programme D; Programme L; Programme R; Programme S	3.5	1.3
Eastern Cape	4 (19%)	Programme C; Programme N; Programme L; Programme S	6.7	2.7
Northern Cape	4 (19%)	Programme C; Programme E; Programme L; Programme S	1.2	0.4

* Note. Statistics South Africa. (2011). *General Household Survey 2002 – 2010*. Pretoria, Cape Town: Statistics South Africa.

However, two ECD focused programmes, one based in a rural setting (Programme U) and the other in both urban and rural settings (Programme F), had a significant positive parenting component and were thus included in the sample. The latter consisted of a series of parenting workshops which formed part of a broader home visitation programme. These workshops were attended by parents enrolled in this home visitation programme as well as by other parents from communities served by the organisation. The two ECD programmes are different from those forming the majority of the sample and will therefore be discussed somewhat separately from the others.

Programme Reach

It is not possible to provide figures on reach because most programmes had no reliable data on this, and could only provide estimate figures. This was often due to a lack of information available at the time of the interview, especially for programmes which operated on a larger scale. Another reason was that programmes did not track attendance rates or did so haphazardly. A lack of reliable data on reach impacts the evaluability of a programme. The concept of evaluability will be discussed later. Despite the absence of figures on reach, it can be assumed that within each province the reach of these programmes is relatively small when compared to the number of families who could potentially benefit from them.

Needs Assessment

Programmes in the sample reported that they implicitly believed that there was a need to implement parenting interventions to provide parents with parenting knowledge and skills. Many programmes identified a need to intervene within the parent-child relationship to address broader problems, such as child abuse and neglect ($n = 5$; 24%; Programme C, Programme F, Programme P, Programme T, Programme K), the breakdown of marriage and the family ($n = 3$; 14%; Programme D, Programme M, Programme O), poor school performance and dropout ($n = 1$; 5%; Programme R), interpersonal violence ($n = 1$; 5%; Programme S) and insecure attachment ($n = 1$; 5%; Programme A).

Participants were asked how they identified a need for the programme and whether a formal needs assessment had been conducted. Despite the importance of a formal needs assessment in ensuring that a programme is based on an accurate situational understanding, only five programmes (24%) had had one conducted. These programmes utilised various assessment methods, including focus group discussions (Programme C). According to one participant

(Programme S), a needs assessment is often conducted in response to pressure from funders, who generally require comprehensive proposals which clearly highlight how need was identified.

Programmes which had not conducted a needs assessment often relied on informal contact with communities as a means of assessing need. One participant (the director of Programme H) did not see the necessity in conducting a formal needs assessment as he believed that the need for parenting interventions is clearly evident in society. This viewpoint indicates that the full usefulness of needs assessment may not be understood. Needs assessment is not only useful in establishing that there is, in fact, a need for intervention. It also enables the restructuring of established programmes to provide information about what services are needed and how they might best be delivered. Furthermore, the process can assist in examining whether programmes are responsive to the current needs of the target population and highlight areas for improvement (Rossi et al., 2004).

Target Population

Programmes must have a clearly defined target population so that the intervention can be designed to adequately address the needs of presenting parents. In addition, they should have explicit screening processes in place to ensure that suitable parents are recruited into the programme (CWDC, n.d.); University of Delaware, n.d.). Recruitment and retention rates are likely to be increased if barriers to accessing and participating in programmes are addressed.

Programme classification. As discussed earlier, preventive interventions can be universal, selective, or indicated in nature (Mrazek & Haggerty, 1994). Almost all programmes in the sample classified themselves as universal, understanding the term as meaning that any parent could participate. It appeared, however, that the majority of programmes were, in fact, selective – serving parents whose risk of developing problems was above average. For example, thirteen programmes (62%) served parents from low SES backgrounds and from contexts in which risk factors such as substance abuse were present. Also, as one participant (Programme Q) stated, most parents who seek to enrol in a parenting programme are already experiencing some difficulties with child management. One programme (Programme T) in the sample was indicated in nature, serving first time offenders of child physical abuse.

Three programmes, alongside serving parents who attended on a voluntary basis, also served parents who had been mandated by the court or family advocates. In alignment with best practice, they had considered the stigma associated with this group and had thought through how

best to serve them (University of Delaware, n.d.). For example, one programme (Programme K) assessed the attitudes, knowledge and skills of these parents before deciding on whether to include them in the group-based programme or to refer them to individual counselling:

Our organisation and programme is non-judgemental. We look at where each person is at in terms of their parenting attitudes, knowledge and skills. We often suggest that mandated parents do the one-on-one counselling instead of the group programme. Mandated parents often feel negative about being mandated, and group work may therefore not be the best for them or the rest of the group.

Programme R, which does not currently serve court-mandated parents, commented that the amendments to the Children's Act (No. 41 of 2007) may result in parents being mandated to their programme. According to the Act, co-holders of parental responsibilities may agree on a parenting plan which determines the exercise of their respective responsibilities and rights in relation to the child. In preparing a plan, parents must seek the assistance of a social worker, psychologist, or suitably qualified person. This plan can then be included in a court order to which parents must adhere. The organisation that created Programme R commented that their parenting programme may be included in this plan.

Five participants (24%) felt that their programme may, in fact, be inappropriate for court-mandated parents. One participant stated that he “[does] not believe that the programme would be appropriate for mandated parents as they will not be internally motivated to participate in the programme”. However, Rooney (2001), a scholar within the field of counselling, proposes that while court-mandated or involuntary participants tend to be resistant, outcomes can be improved if there is congruence between their own concerns and those of external sources of pressure. Furthermore, programmes that emphasize personal motivation for success through persuasion methods have shown to be effective in generating strong participation even with mandated participants (Riccio & Hasenfeld, 1996). These programmes are more likely to foster long-lasting changes through self-attribution (i.e., participants coming to see changes as being for their own benefit rather than a means to avoid punishment or attain rewards) than those based primarily on compliance. Building on this, dropout rates appear to decrease when involuntary participants feel acknowledged and understood by facilitators and when information central to their concerns is discussed (Thomas & Caplan, 1999). There is literature, therefore, to suggest

that mandated parents can engage positively in parenting programmes if appropriately engaged in the programme.

Screening process. Only three programmes (14%) within the sample utilised formal screening processes. These programmes conducted screening via completing intake forms or having structured conversations with parents. Most programmes felt that since they were open to all parents, screening processes were unnecessary. As an alternative to entry screening, programmes encouraged the referral of parents, who appeared to be presenting with problems outside of the scope of the programme's expertise, to appropriate organisations or professionals.

If she [the facilitator] notices that the parents are presenting with a problem that is outside of the work that she does, she will refer to parents to the appropriate organisation.
(Programme I)

If we notice that we will not be able to handle the parents due to, for example, mental health problems or child abuse, we will refer them to other sources of assistance.
(Programme A)

All participants reported that facilitators could identify problems outside the scope of their programmes and make appropriate referrals using established referral networks. However, in many cases, programme staff either reported that facilitators were not trained to do so, or did not include this in their training materials. In addition, only a few programmes (e.g., Programme K) had a list of referral resources which facilitators could access when required. Some programmes (e.g., Programme A, Programme B, Programme H, Programme K, Programme Q) did, however, have the capacity, or were based in organisations with the capacity, to offer parents individual counselling if required, and this provided an automatic referral route. This was typically conducted by registered social workers, psychologists, life coaches, or lay counsellors.

During parent training, the facilitator may pick up that someone is struggling and not benefitting from the group sessions. The facilitator would then suggest one-on-one counselling. (Programme K)

Group size. Most programmes ($n = 18$; 86%) trained parents in groups of 20 parents or fewer (see Table 2, p. 40). Participants felt that a smaller group size enabled “a safe learning environment” (Programme O) that encouraged “more sharing of personal experience and attention from the facilitator” (Programme G). There appears to be little literature indicating the ideal group size for parenting programmes, or psycho-educational programmes more broadly. However, a small group size would be more likely to encourage parents to engage in interactive learning strategies (e.g., role-playing) within sessions than a larger group size. It may also make it easier for facilitators to monitor attendance rates and follow-up on parents who have missed sessions. The participating programme which was delivered to groups of approximately 60 parents took a more didactic approach, which may lend itself better to a larger group size.

Table 2

Group Size Used by Programmes (N = 21)

No. of participants per group	No. of programmes (%)
1-10	7 (33%)
11-20	11 (52%)
21-30	2 (10%)
31-40	0 (0%)
41-50	0 (0%)
51-60	1 (5%)

Characteristics of target population. Programmes in the sample served parents from various SES backgrounds and with children of different ages (See Table 3, p. 43). However, programmes tended either to serve parents from very low SES backgrounds or those from upper middle to upper SES backgrounds. During the participant recruitment process, several informal programmes serving parents located between these socio-economic brackets were located. These programmes were typically delivered by school counsellors and psychologists and discussed content which was based only on the needs of presenting parents. Due to the informal nature of these programmes, they were excluded from the study.

A well-established programme (Programme R) commented on how their target population has changed over the past few years:

When the programme was established in 1992, the focus was directed at the domestic worker. Over the last couple of years, due to the democratic dispensation and the changing environment in which we find ourselves, the group composition changes. Most of the group leaders now have a need to share the basic parenting skills with grannies looking after their grandchildren, foster parents and teenage pregnant mothers.

Many programmes stressed the need for all caregivers to have access to parenting support, regardless of their background. Building on this, five commercially run programmes serving largely middle to upper SES white parents hoped to expand their reach to serve a broader range of parents in terms of SES and racial groups. That being said, very few of them had taken measures to do so. One programme (Programme E) did, however, offer non-profit organisations discounted fees for facilitator training, while another (Programme B) provided certain of these organisations with free sessions.

There were some commonalities between programmes serving low SES and higher SES parents in terms of the risk factors experienced by the children of the targeted parents. These included addressing child behavior problems and the use of inappropriately harsh discipline. However, identified risk factors within low SES groups included violence, substance abuse, child abuse and neglect, and poor school performance, while factors within high SES groups included family breakdown, stress and attachment disorders.

Programmes served predominantly female participants, with there being a clear absence of male participants. This was particularly true for those that served parents from low SES

backgrounds. This may be due to the high number of single mothers in low SES communities. A further reason for this discrepancy may stem from the common viewpoint that child-rearing is women's work and not the responsibility of men. For instance, one programme (Programme K) found that some female caregivers did not want their male partners to participate as they believed parenting to be their domain. A rural-based programme (Programme U) also found that the legacy of the migrant labour system forced men to leave rural areas in search of employment in urban areas, leaving women to care for the children.

The discrepancy between male and female participation is a common problem internationally. Numerous reviews of parenting programmes, which serve parents of children with behaviour problems, have revealed that most participants are females (Fletcher, Freeman, and Matthey, 2011). In order to increase male participation, three programmes (14%; Programme G, Programme M, Programme K) in the sample had run "fathers only" groups. In addition, Programme C contained a session on "being a good dad".

Programmes wishing to include fathers need to consider how relevant their programme content is for this group. This is stressed by Fletcher and colleagues (2011) who indicate that the research underpinnings of programme content typically stem from studies of mothers and their children. It would, therefore, be unsurprising if some aspects of the resulting programmes were unsuited to fathers. The authors go on to explain that there appear to be no reports of systematic adaptations of programmes to make them better suited for fathers attending with mothers. However, several examples of father-targeted programmes highlight recommendations on how to do so. Firstly, these include recognising and addressing the different needs and interests of fathers as opposed to mothers (Ghate, Shaw, & Hazel, 2000). Secondly, having males as co-facilitators of mixed groups or solo leaders for fathers' groups (Fletcher et al., 2011) and, lastly, recognising that fathers' preference for active learning can boost engagement and learning, especially via sport-related activities with their children (Fabiano, 2007).

In the case of two-parent families, Mockford and Barlow (2004) recommend that both parents participate in the programme. They highlight that the attendance of only one member of a two-parent family may result in various difficulties in implementing new parenting strategies. These include problems in engaging partners, changing their partner's established habits and finding time to parent together. The use of new parenting strategies by one parent could result in conflict as the partner may not approve of the new strategies. This concern was raised by one

participant (Programme P):

Some mothers challenge their partners on parenting issues which often leads to domestic violence. This highlights the need to get both parents involved.

Moran and colleagues (2004) highlight that some practitioners maintain that parenting groups should generally not include both partners, as this can influence the dynamics of the group for other participants, and may lead to the airing of personal conflicts. As a result, these practitioners prefer that couples be accommodated separately. The authors emphasize that, at present, there is no robust evidence to support either viewpoint.

University of Cape Town

Table 3

SES of Parents Served, Cost Implication of the Programme, and Targeted Child-age (N = 21)

Programme	SES	Cost Implication	Child-age (years)
Programme A	Middle, Upper	Charge	0 – 18
Programme B	Middle, Upper	Charge	2 - 12
Programme C	Low	Free	0 - 18
Programme D	Middle, Upper	Charge	0 - 18
Programme E	Middle, Upper	Charge	0 -12
Programme F	Low	Free	0 - 6
Programme G	Low, Middle	Free/Charge*	0 - 18
Programme H	Middle, Upper	Charge	2 - 18
Programme I	Low	Free	2 -18
Programme J	Middle, Upper	Charge	0 - 12
Programme K	Low, Middle	Free/ Charge**	0 - 21
Programme L	Low, Middle, Upper	Free/ Charge**	0 - 18
Programme M	Low, Middle, Upper	Free/ Charge**	0 - 18
Programme N	Middle, Upper	Charge	0 - 18
Programme O	Low, Middle, Upper	Free/ Charge**	0 - 18
Programme P	Low	Free	0 - 18
Programme Q	Middle, Upper	Charge	4 - 16
Programme R	Low	Charge***	0 - 18
Programme S	Low, Middle	Free	8 -14
Programme T	Low, Middle	Free	0 - 18
Programme U	Low	Free	0 - 6

Note. *The programme is free to parents that have children living at the organisation. External parents are required to pay a fee to attend the programme. However, if the organisation is able to obtain sponsorship, this fee will be waived. ** These programmes are often “commissioned” by other community organisations that cover the costs, so that there is no charge to parents. But, in the case of programmes that also serve parents from higher SES backgrounds, these parents are charged a fee. *** Parents are required to pay a fee of R10 (R5 for very low SES parents) for the programme manual to foster a sense of ownership.

Addressing barriers to accessing programmes. Unfortunately, dropout was a problem experienced by most programmes consisting of more than one session, and was highest among those serving low SES parents. These programmes typically reported dropout rates of between 13.33% and 33.33%. One programme (Programme O), however, experienced growth in the number of participants during the course of the programme:

We have a very low dropout rate, if any at all. We actually experience the opposite effect as we end up with more parents joining due to word of mouth... We have had cases where parenting groups start with 12 parents and end with 25 parents. Other parents see the changes in their friends and family and then also want to be a part of the group.

Dropout is a major obstacle to the success of parenting programmes (Orrell-Valente et al., 1999). As a result, most participating programmes had considered ways of addressing barriers to accessing and participating in programmes. For example, programmes serving low SES parents were typically delivered in community resources, such as churches or school halls, within the communities in which targeted parents reside. Through locating themselves within served communities, the barriers of financial cost and those associated with the use of public transport were largely avoided. Due to funding constraints, these programmes were unable to cover parents' transport costs to get to the programme venue. Transport difficulties were not considered a barrier to participation by programmes targeting middle to upper SES parents, as it was assumed that these parents had access to private transport.

Childcare was not provided by any of the programmes. However, Programme U was delivered at times when young children were in their aligned crèches. Childcare had been provided by one programme (Programme O) in the past, but it was too costly to sustain. This programme viewed a lack of childcare as a major problem, especially for lower SES parents. In order to avoid this barrier, programmes serving lower SES parents were generally delivered during the week, at times during which children would be at school. However, this approach had disadvantages in that parents who were employed during this time were typically unable to access the programme. Two programmes (Programme O, Programme T) addressed this problem by issuing letters to participants' employers highlighting the importance of their employees' attendance:

We issue a letter for working parents to give to their employer. This letter asks for permission for the parent to take time off work. Parents have to show their employers their programme certificate to prove that they attended the programme. This technique has worked well and employers usually allow their staff to take off so that they can participate in the programme. (Programme O)

Programmes serving middle to upper SES parents did not experience a lack of childcare as a barrier to participation, as most of these parents could afford babysitters, or were able to leave their children in the care of a family member or friend. As a result, they were often delivered during evenings or on weekends, as parents were generally employed during the week. In the case of children needing care, one programme (Programme E) noted that facilitators often chose to work in pairs, presenting modules alternatively, with one facilitator minding the children. Although this approach is innovative, it may be impractical for programmes which have a shortage of facilitators.

Another way to reach employed parents is to deliver programmes in the workplace. A controlled evaluation of Triple P as a work-site intervention revealed that delivering 4 two-hour group sessions of parenting training, alongside four individual telephone consultations, led to increased parental confidence in performing tasks in both the home and work environment (Martin & Sanders, 2003). It also resulted in reduced levels of dysfunctional parenting practices. This type of intervention can have major benefits for employers, potentially increasing employee performance, morale and retention (Williams & Alliger, 1994).

Intensity and Dosage

Participating programmes varied considerably in terms of intensity and dosage (See Table 4, p. 48). However, most of them consisted of numerous sessions of a few hours each with the time between sessions typically being one week. One programme (Programme F) conducted sessions once per month. Many participants felt that conducting numerous weekly sessions was beneficial as it enabled parents to focus on a few key skills at a time, and encouraged them to put their new skills into practice:

I think it is important to have numerous shorter sessions within a programme as opposed to a one-day full day session. This allows parents to focus on a few key skills in each session. They can then focus on these for a week, before moving onto a new set of skills.
(Programme Q)

There are so many relatively new skills taught on the course that parents sometimes react to meeting weekly. A week does not seem to give them enough time to integrate the ideas and practice the skills. There is something in these parents' objections. When facilitators experimented with meeting at longer intervals, however, less seemed to happen between sessions and parents invariably requested weekly meetings again. The impetus of regular meetings seems to be a valuable part of the learning process. (Programme M)

Furthermore, one programme stated that sessions should not be more than two weeks apart in order to encourage group bonding:

It is difficult to achieve group bonding if meetings are more than two weeks apart. Weekly sessions are preferable. (Programme R)

Group bonding should be encouraged as the social support which may develop from it may assist parents in feeling less isolated and more empowered (Webster-Stratton & Taylor, 2001). Most participants ($n = 19$; 90%) stated that parents received social support through engaging with other parents and the facilitator or facilitators in the group:

The group format of the programme assists in creating and strengthening bonds between participants. Parents who go on to form, and take part in, support groups often form stronger social support networks. (Programme K)

One programme consisted of several stand-alone sessions of approximately one hour each (Programme C). This programme found that this shorter format was more accessible to low SES parents than lengthier programmes. This was based on feedback from the piloting of a parenting programme, which revealed that, due to time constraints, parents found it difficult to attend a programme consisting of multiple lengthy sessions. This shorter format also enabled facilitators to reach parents who may not have otherwise participated in a parenting programme. They mentioned, for example, that two facilitators had reached a group of male taxi drivers and had spoken with them about fatherhood. The programme highlighted that this was "particularly significant as this group is fairly inaccessible and are unlikely to attend a formalised parenting programme".

As mentioned earlier, a shorter programme format is also used by Selected Triple P, which consists of three 90-minute seminars, with each seminar delivered either as a stand-alone

intervention, where parents participate in only that seminar, or as part of an integrated series, where parents attend all three seminars over several weeks (Sanders et al., 2009). This intervention has led to positive outcomes for both parents and children. A major benefit of shorter interventions, aside from being cost-effective, is that participation requires minimal time commitment from parents (Sanders et al., 2009). This is particularly important when considering issues around retention, as time constraints were identified as a key reason for drop out by many participating programmes, especially those serving lower SES parents:

The commitment to seven sessions, Saturdays and evening training, may be too much and too difficult for parents. (Programme K)

Yes, we do experience dropout. This is most likely due to time constraints – many parents find it difficult to commit to an eight week programme. (Programme M)

In order to avoid low attendance due to time-constraints, three programmes (Programme E, Programme G, Programme L) could be condensed into a fewer number of hours if requested:

The programme consists of one session of six hours. Sometimes, if requested by an organisation, the programme can be condensed into a three hour session. (Programme L)

Although reducing a programme's dosage may increase its accessibility to parents, it may lead to the omission of valuable content or opportunities for parents to practice newly acquired skills. In addition, it may reduce opportunities for parents to form positive relationships with facilitators and other parents (O'Connor, Small, & Cooney, 2007). This may have an extensive impact on the effectiveness of the programme.

Table 4

Programme Intensity and Dosage (N = 21)

Programme	No. of sessions	Length of session (hours)	Total no. of hours
Programme S	11	3.5	38.5
Programme P	9	3.5	31.5
Programme N	8	3.0	24.0
Programme K	7	3.0	21.0
Programme E	8	2.5	20.0
Programme O	5	4.0	20.0
Programme U	10	2.0	20.0
Programme T	10	2.0	20.0
Programme Q	4 or 7*	2.5	17.5>10.0
Programme I	6	2.7	16.0
Programme M	8	2.0	16.0
Programme D	4	3.0	12.0
Programme G	6	2.0	12.0
Programme F	10	1.0	10.0
Programme A	3	3.0	9.0
Programme B	2	4.0	8.0
Programme J	3	2.5	7.5
Programme R	7	1.0	7.0
Programme L	1	6.0	6.0
Programme H**	1	3.0	3.0
Programme C	- ***	1.0	6.0>1.0

Note. * Programme Q offers two programmes based on the same theoretical framework, “Alternatives to saying No” and “Building your child’s self-esteem”. The former consists of four sessions, while the latter consists of seven sessions. ** An additional one-on-one “family” session is offered to parents of teenagers where the teenager attends with their parents. *** Each session stands alone. Parents can attend as many sessions as they choose from the six topics.

Participants were asked if their programme included follow-up sessions after programme completion. Incorporating such sessions has been shown to assist parents in maintaining the positive outcomes gained from the programme (Eyberg et al., 1998). One participant highlighted that funders are becoming increasingly aware of the benefits of follow-up and are requesting that it be incorporated into programmes. Despite this, formalised follow-up sessions were offered by three programmes (14%; Programme H, Programme P, Programme S). Two programmes (10%; Programme G, Programme T) had run follow-up sessions in the past, but had discontinued them due to low attendance:

We used to have follow-up sessions. We would run these sessions in the evenings. They would begin a few weeks after the completion of the programme, and take place once per month. Here, parents discussed what works for them, challenges and so forth. These sessions have fallen away due to a lack of response from parents. This is probably because many parents are at work or do not have the time. (Programme G)

In the past we had follow-up after three months and again after six months. We stopped doing this as no participants were attending these sessions. (Programme T)

In lieu of formalised follow-up sessions, four programmes encouraged parents to form ongoing support groups. These were generally informal and not guided by a trained facilitator. In the case of Programme O, a parent selected by the parenting group undergoes a brief training workshop on how to be a support group leader.

This programme is a stand-alone programme and does not generally include follow-up. Some groups of parents start their own independent support groups [without a facilitator] after the programme has terminated. Some of these informal support groups become more formal and make use of a facilitator. (Programme K)

We do not have formal follow-up. However, we do encourage parents to meet again after the formal programme has ended. We do not facilitate these meetings. (Programme M)

The parenting group becomes a support group after the formal programme has ended. Parents identify who will lead them. These parents receive a three to four hour training workshop. We try to follow up and mentor each group every three months. The frequency of support group meetings depends on the group, but groups tend to meet once per week. (Programme O)

There is, however, little evidence of effectiveness for this type of “unsupervised” group. This may be because objective evaluation of the benefits and limitations of self-help intervention is technically difficult (Lieberman & Bond, 1978), partly because few support groups keep written attendance records. However, the self-help groups run by Parents Anonymous in the USA, which are led by a volunteer professional and co-led by a participating parent selected by the group, have been shown to be effective in reducing child abuse (Lieber & Baker, 1977).

Four of the programmes which served middle to upper SES parents used the Internet as a follow-up tool. One programme (Programme Q), for example, distributed monthly follow-up emails for four months after programme completion to “help parents keep present in terms of their new skills, so that they do not fall back into their old habits”. Another programme (Programme E) had an interactive online forum where parents could post questions or comments.

Although the use of the Internet as a follow-up tool is innovative, rates of Internet access in South Africa remain low. In 2010, only 12.3% of the total population had Desktop Internet access (<http://www.itu.int/ITU-D/icteye/>). However, an increasing number of people can access the Internet via their mobile phones, with approximately 39% of urban and 27% of rural South Africans having access to this technology (World Wide Worx, 2011). Although the levels of Internet access are increasing, perhaps a more viable alternative for follow-up is via text messaging as approximately 80% of South Africans have access to a mobile phone (Arthur Goldstuck, personal communication, 8 March 2012).

Programme Theory

Programme strength is increased if a programme is based on a sound theoretical framework that has evidence for being effective when working with the targeted population (University of Delaware, n.d.). This framework should guide implementation and be reflected in programme content. Programmes that are guided by empirical research and a clearly articulated programme theory have been shown repeatedly to be more effective than those based on common sense and good intentions (Small et al., 2009).

Theoretical underpinnings. The theoretical bases of participating programmes were fairly broad, with many having been shaped by the programme developers’ own experiences of working with families. Summaries of participants’ descriptions of the theoretical underpinnings and assumptions that provide the basis for their programme goals are provided in Table 5 (p. 55). In addition, brief descriptions of programme content are provided to display how theory has been

bridged into practice.

Some programmes appeared to take a behavioural approach – this approach is based on social learning theories and is strongly influenced by behaviour modification principles (Lamont, 2008). Programme H and Programme G are examples of programmes which took this approach. Authors such as James Dobson¹ were commonly referred to by participants as influencing their behavioural design. Fewer programmes (e.g., Programme A, Programme N) took a purely relational approach, which places emphasis on parental awareness, understanding and acceptance of children’s feelings (Lamont, 2008).

Many programmes, such as Programme K, incorporated both behavioural and relational components. These programmes typically drew on the works of authors such as Dorothy Briggs², Haim Ginott³ as well as Faber and Mazlish⁴. It should be noted here that while most programmes made use of the ideas of well-known authors in the parenting field, only some of them provided the necessary references in their materials. Among those which did contain references, one programme (Programme S) provided a comprehensive list of resources, including books, formal documents and websites at the beginning of each chapter of their facilitator’s guide. The content of these resources was clearly reflected in the corresponding parent manual.

Aside from their choice of intervention theory, nineteen programmes appeared to be strengths-based, as opposed to deficit-based. This approach, which assumes that parents enter a programme with a set of strengths capable of further development, has shown success in promoting family wellness and preventing child maltreatment (MacLeod & Nelson, 2000). According to one programme, “parents also learn from one another...each parent brings their own skills to the group” (Programme K). In order to enhance learning, many programmes ($n = 15$; 71%) included group discussions in which parents could share their own parenting experiences. This enabled parents to feel supported in their parenting role through realising that they were not alone in experiencing parenting difficulties. Furthermore, many participants commented that parents’ social skills were likely to improve through group engagement:

¹ Dobson, J. C. (1978). *Dare to discipline*. Bantam Doubleday Dell.

² Briggs, D. C. (1988). *Your child’s self-esteem*. Three Rivers Press.

³ Ginott, H. (1965). *Between parent and child*. Macmillan.

⁴ Faber, A., & Mazlish, E. (1999). *How to talk so kids will listen & listen so that kids will talk*. New York, NY: Avon books.

This is one of the main focus areas of the programme. Through encouraging parents to share thoughts and feelings with the group and to talk about important issues, we believe that we increase the ability of parents to socialise both inside and outside of the group. (Programme R)

Generally, programmes realised that parents require more than knowledge to change their attitudes and behaviours. As a result, the majority utilised various interactive techniques within sessions, rather than relying too heavily on didactic teaching as the predominant change mechanism. For example, 18 programmes (86%) used role-playing to provide parents with opportunities to practice parenting strategies. Between-session homework tasks, which were used by eight programmes (38%), also encouraged parents to implement their newly acquired skills, with an opportunity to reflect on the outcome at the next session.

Participating programmes tended to have similar short- to medium-term goals, which included increasing the use of positive discipline techniques as well as improving parental confidence and sense of social support. Most participants also identified an improved parent-child relationship as a central programme goal. The ultimate goal varied between programmes, with reductions in rates of child abuse and neglect commonly being mentioned. Three participants commented that programme participation has led to improved outcomes in other areas of parents' lives, such as their career. For example, the director of Programme Q stated that parents had reported improved workplace relationships through implementing the communication strategies covered during sessions.

Although most participants could confidently list desired programme goals, it appeared that some had difficulty explaining how short-term goals related to longer-term goals. In other words, the processes which took place between these goals were sometimes not clearly expressed. Furthermore, some participants hesitated substantially after being asked about their programme goals. This may suggest that they had not previously given sufficient thought to what it is that their programme is trying to achieve.

Building on this, while some programmes could articulate their programme theory clearly, it appeared that many had not adequately considered how their theoretical framework would relate to programme content and goals. In their review of divorce education programme materials, Geasler and Blaisure (1998) found a similar discontinuity between theory and practice.

They suggest that materials could be improved through a clearer articulation of the theoretical framework that underlies choices of topics and teaching strategies.

Evaluators can support programmes in articulating their programme theory more clearly through assisting programme staff in “explaining more clearly what it is that makes their intervention work” (Louw, 2000, p.66). Assessing programme theory is particularly useful as it can reveal if a programme is based on weak or incorrect reasoning, and can assist programmes in creating a more realistic programme theory (Rossi et al., 2004).

Rossi and colleagues (2004) suggest that if a programme’s theory is implicit, the evaluator would need to review a range of programme documents, conduct interviews with various stakeholders and observe the implementation of programme activities. From the information generated from these processes, the evaluator should be able to draw out and express the programme theory. The authors add that the evaluator should confirm with programme stakeholders that the generated description of programme theory meaningfully and accurately describes the “programme as intended”.

Creating logic models is a particularly useful way in which to document programme theory. As mentioned earlier, a logic model depicts the assumed associations between programme activities and desired outcomes and should be based on empirical evidence (Small et al., 2009). It is not static and can and should be adjusted as experience with and knowledge about the programme increases (Butchart, Harvey, Mian, & Fürniss, 2006). The process of creating a logic model enables all involved individuals and groups, such as programme staff and participants as well as board members, to engage in discussion about the programme (Butchart et al., 2006). The various perspectives provided in such a discussion can enhance the logic model and clarify different expectations for the programme (Butchart et al., 2006).

Concept mapping has also been used to clarify underlying programme theory. This is a multistep process that assists in articulating and defining concepts and their interrelationships via group processes, such as brainstorming and sorting, statistical analyses as well as group interpretation of the conceptual maps produced (Rosas, 2005). Concept mapping can assist in the translation of complex conceptual ideas and relationships into more simple and easily understood visual representations or “concept maps”, forming the basis of programme theory (Rosas, 2005).

To summarise, programmes often took mixed approaches to working with parents. The majority of programmes were strengths-based and used interactive learning techniques. Few

programmes had a clearly articulated programme theory. Programmes would be improved by extracting their underlying programme theory through the development of logic models and concept maps.

Table 5

Theoretical Underpinnings, Programme Content and Programme Goals (N = 21)

Programme	Theoretical underpinnings	Key content areas	Programme goals
Programme A	The programme proposes a philosophy of child-rearing that focuses on attachment-style parenting, non-punitive discipline, and healing from stress and trauma. Through learning how to share emotions with others, parents experience the power of releasing emotion. Through this experience, they become more responsive to the emotional needs of their children and are more tolerant of crying and raging. This encourages healthy child development and fosters secure attachment between parent and child.	Unknown as materials were not received for review.	Parents understand the importance of crying and raging and have a greater tolerance of these actions; Parents understand their child's needs at the various developmental stages; Parents do not use corporal punishment and other forms of punitive discipline (i.e., time-out); Improved attachment between parent and child; Reduced rates of child abuse and neglect.
Programme B	The first component of the programme is based on human behaviour principles, adult learning principles, life-coaching and life skills. It encourages parents to live lives of wisdom and mastery, and thus be positive role models to their children. The programme draws on the work of Dr John Demartini, a human behaviour specialist from the USA. The second component takes a child-centred approach and places emphasis on filial play therapy. Through learning how to apply powerful life-skills and parenting techniques, parents are able to bring out the best in their children.	Establishing parental values; Understanding familial fear and guilt; Understanding human character traits; Learning the basic principles of a positive parent-child relationship; Implementing play therapy techniques; Setting limits in the home; Encouraging your child; Explaining death to your child; Understanding children's reactions following trauma.	Parents implement positive parenting techniques; Parents have an improved understanding of family dynamics; Parents are able to let go of fear and guilt; Improved parent-child relationship; Parents of children aged between two and ten years can implement play therapy techniques; Children experience increased self-esteem and confidence.

Programme	Theoretical underpinnings	Key content areas	Programme goals
Programme C	<p>The programme is based on direct experience with parents and children. It assumes that very few parents want to hurt their children and that they often just do not have the skills necessary to parent effectively. The programme holds that if parents learn the skills to parent positively, they will do so. As a result, the programme offers one-hour stand-alone information sessions on key parenting issues. These sessions occur within naturally occurring groups, such as in clinic waiting rooms.</p>	<p>Being a good dad (includes importance of fathers, how to be a good dad etc.); Getting the best out of your child (includes importance of house rules, patience, self-esteem etc.); Talking to them (includes praising your child); Talking about sex with your child; Teaching them (includes encouraging resilience etc.); Developmental milestones from birth to pre-school.</p>	<p>Outcomes for each topic are slightly different, but the general aim is to enhance parenting capacity; Reduced rates of child abuse.</p>
Programme D	<p>The programme draws from various fields such as positive psychology, social psychology, cognitive-behavioural therapy, neuro-linguistic programming, life-coaching and theories of emotional intelligence. It aims to empower parents and stimulate their personal development. Through this, parents become more present in their interactions with their children.</p>	<p>Understanding the key ingredients for success and happiness (i.e., social skills, communication skills); Understanding the risk factors faced by children (i.e., technology, bad eating habits) and protecting children from them; Understanding the damage caused by negative thinking; Understanding the importance of family meetings and learning how to conduct them; Establishing structure within the home; Learning the importance of being a good role model to your child; Learning relaxation techniques and the importance of positive leisure time.</p>	<p>Outcomes are unique to each parent, but the general aim is to establish routine for families by instilling good family values (i.e., good behaviour, good eating habits); Parents have a greater self-awareness; Parents are able to understand children's needs.</p>

Programme	Theoretical underpinnings	Key content areas	Programme goals
Programme E	<p>The programme challenges the idea that one discipline approach is effective for all children. It believes that parents need to understand their children's temperament, and discipline accordingly. Through this, parents can form closer relationships with their children, and children feel more supported. The programme has a strong biblical component. The temperament classifications were developed by the programme founder after finding that other temperament classifications did not group traits in a way that made sense to her. Through observation and interviews with individuals with very unique profiles, she developed subsets of characteristics that she believed to be the core of the four temperament types. These profiles have been informed through her training in the DISC Theory of Marston and have gone through standardising and validity processes with the Human Sciences Research Council.</p>	<p>Readiness for parenting; Understanding parenthood as discipleship; Establishing norms and values in the family; Fostering resilience in children; Establishing and maintaining a long-term perspective towards raising children; Establishing rules, routine, responsibility, rituals and respect; Understanding different temperaments and identifying your own and your child's temperament; Establishing authority as a parent; Implementing positive discipline for each temperament; Understanding the developmental stages of children and how to adapt your parenting style accordingly; Types of misbehaviour and how to discipline accordingly.</p>	<p>Parents understand the concept of temperaments and are able to identify their own as well as their child's; Parents are able to implement positive discipline strategies appropriate for their child's temperament; Parents have increased confidence in their parenting role; Children are more obedient and feel supported in the home.</p>
Programme G	<p>This programme takes a behavioural approach and is strengths-based. It assumes that behaviour is learnt and, therefore, can be unlearnt. New, alternative behaviours can replace previous ones.</p>	<p>Unknown as materials were not received for review.</p>	<p>Parents feel motivated to be good parents; Improved parent-child relationship and stronger family bonds; Children display less disruptive and aggressive behaviour; Parents experience more satisfaction in their parenting role.</p>

Programme	Theoretical underpinnings	Key content areas	Programme goals
Programme H	This behavioural programme is based on social learning theory and is influenced by parent management training. It assumes that there must be mutual trust and understanding between parent and child and that the parent must have authority in the home.	Learning practical techniques to teach children to take responsibility (i.e., setting up rosters, house rules and positive discipline strategies, such as time-out).	Improved child behaviour and attitude; Children take responsibility for their actions; Reduced sibling rivalry; Improved school performance; Calmer home environment; Reduction in number of children being prescribed medication to manage their behaviour.
Programme I	The programme is based partly on Programme K. Programme staff has shaped the programme using information from conferences and personal experiences. The programme assumes that to be a good parent, one has to be empowered through having a positive self-esteem and self-understanding. Once empowered, parents can relate more positively to their children.	Reflecting on your own childhood; Understanding unconscious factors that affect misbehaviour; Building your child's self-esteem; Giving descriptive praise and "I-messages"; Recognising risk behaviours; Learning about substance abuse.	Parents experience personal growth; Parents can foster the development of their children's self-esteem and confidence; Parents behave more positively towards their children; Improved parent-child communication; Child feels more supported by the parent.
Programme J	The programme is based largely on the programme developer's direct experience with parenting experts, television shows on parenting and her experience as a pre-school principal. It also draws on the work of various parenting authors, such as James Dobson and John Maxwell. The programme assumes that parents need to be empowered to regain their authority in the home through acquiring new parenting knowledge and skills.	Learning about healthy nutrition for your child; Fostering sensory integration; Learning how to implement positive discipline skills (i.e., time-out); Understanding different temperaments; Learning age-appropriate expectations.	Parents are empowered to regain their authority through using positive discipline; Parents have a greater emotional understanding of their children and spouses; Improved marriages through parents learning to spend quality time with one another.

Programme	Theoretical underpinnings	Key content areas	Programme goals
Programme K	<p>The programme adopts an eclectic approach to parenting and parent empowerment which draws on a variety of theoretical views. It is dynamic and receptive to feedback from parents and adaptive in response to societal changes. The programme is largely based on the STEP (Systematic Training for Effective Parenting) programme. It has, however, been adapted to better suit South African parents by replacing some concepts that they had difficulty with. For example, the concept of democratic parenting was replaced with assertive parenting. The programme also draws on many other theories and approaches, including the work of Erikson, Maslow, Bettelheim and Biddulph. The programme also draws from literature on violence prevention, poverty and parenting, and so forth.</p>	<p>Understanding children's behaviour and feelings; Building children's self-esteem; Learning how to be assertive and engage co-operation; Understanding the importance of positive discipline; Implementing the problem-solving model; Understanding where our values come from, and respecting the values of your children; Conducting a family meeting.</p>	<p>Parents understand stages of child development; Parents understand the importance of positive discipline; Parents use positive discipline techniques; Parents are able to build their child's self-esteem; Parents have improved problem-solving ability; Parents are able to hold effective family meeting; Reduction in child maltreatment rates.</p>

Programme	Theoretical underpinnings	Key content areas	Programme goals
Programme L	<p>The programme has a strong biblical component and is based on a combination of three programmes: Boundaries (USA); No Apologies (developed by Focus on the Family); Drug-Proof your Kids (Australia). The programme is based on the acronym of Assurance (Acceptance; Spiritual grounding; Setting Boundaries; Unconditional love; Responsibility; Affirmation; Nearness; Character; Emotional Security). It believes that through providing parents with knowledge about the stages of child development and practical parenting techniques will encourage positive parenting and enable parents to steer their child away from risky behaviours.</p>	<p>Understanding the stages of child development; Understanding the different parenting styles; Learning the importance of accepting your child, spiritual grounding, setting boundaries, (and learning the skills to set boundaries), unconditional love (and how to show it), responsibility, affirming your child, nearness to your child (and how to communicate effectively with him or her), establishing good character in your child, and providing emotional security to your child; Understanding the pathways to substance abuse; Understanding the dangers of pornography addiction and learning how to steer your child away from pornography; Learning how to encourage sexual abstinence until marriage; Understanding the meaning of “bullying”, and how to help a bullied child.</p>	<p>Parents are more confident in their parenting role; Parents implement positive parenting skills; Parents are able to identify risky behaviours in their children; Parents have a greater sense of support in their parenting role.</p>
Programme M	<p>This programme is one of nine modules developed by the Family Caring Trust in Dublin. It assumes that parents need to learn how to encourage good behaviour, handle difficult behaviour as well as manage testing and manipulation fairly and non-punitively. This enables peaceful co-existence and increases children’s ability to enjoy life and develop and maintain a healthy self-esteem. The more parents create an emotionally and spiritually enriched environment for their children, the more likely it is that children will develop into responsible, emotionally mature adults who are able to sustain healthy, long-term relationships.</p>	<p>Understanding children’s behaviour; Learning how to become a responsible parent (including giving your children responsibilities); Learning how to encourage your child; Learning how to listen effectively (including recognising feelings, active listening); Communicating about problems; Learning how to discipline children positively (including teaching children the consequences of their actions); Solving problems as a family (including family meetings, how to form family values); Learning mood and coping skills (through relaxation activities).</p>	<p>Parents are more respectful, encouraging and forgiving towards their children; Parents have improved listening skills; Parents can implement positive discipline techniques; Parents are better listeners and communicators; Children display improved school performance; Reductions in family breakdown.</p>

Programme	Theoretical underpinnings	Key content areas	Programme goals
Programme N	<p>This relationship-based programme is based on Carl Rogers' work on client-centred psychotherapy. The founder of Programme N, a psychologist, believes that children's behaviour is motivated by their underlying needs and that certain behaviour may be unacceptable to parents. The programme holds that parents must learn how to communicate to their child that his or her behaviour is unacceptable to them and, simultaneously, guide the child to find alternative behaviours that are acceptable to parents, instead of focusing on punishment.</p>	<p>Learning how to use active listening and I-messages; Learning how to problem-solve effectively and view conflicts in terms of underlying needs; Learning how to handle value collisions.</p>	<p>Improved communication within the family; Parents can identify problem ownership correctly, Parents can help their children to resolve their own problems; Parents no longer use an authoritarian approach to control their children; Parents can resolve problems democratically, Parents can effectively confront their children's values and resolve value conflicts respectfully; An improved parent-child relationship.</p>
Programme O	<p>The programme believes that through increasing self-esteem and sense of pride, individuals will experience improved communication and their values, character and discipline will be strengthened. This will enable safer homes and communities. The programme is based on four pillars: parents' role and responsibility as a positive parent; affirmation and self-esteem at home; effective communication at home; and values and discipline at home</p>	<p>Learning how to take ownership of one's role and responsibility as a parent; Learning the importance of positive self-esteem and how to build a healthy self-esteem in oneself and one's children; Learning how to communicate effectively (including how to conduct family meetings); Learn the importance of a healthy value system in the home and how to establish one; Learning about the importance of self-discipline; Learning how to implement positive discipline techniques.</p>	<p>Parents can take ownership of their role and responsibility as a parent; Parents have an improved self-esteem and can develop their children's self-esteem; Parents have improved communication skills; Parents can create a healthy value system at home; Parents can implement positive discipline techniques; Parents have a greater support network.</p>

Programme	Theoretical underpinnings	Key content areas	Programme goals
Programme P	<p>The programme is based on Programme K and has the same theoretical underpinnings. However, it has placed additional emphasis on enhancing family identity and pride, through taking family portraits and hosting a family day at the end of the programme. This is done because of the high rate of family dysfunction within the served community.</p>	<p>Unknown as materials were not received for review.</p>	<p>Parents are more aware of themselves and their role as a parent; Improved parent-child communication; Parents treat their children with greater respect; Parents play a central role in the lives of their children; Reduction in rates of child maltreatment.</p>
Programme Q	<p>The programme draws largely from the programme developer's own experiences of working with parents and children as a pre-school teacher and life-coach. It also draws on the works of authors such as Haim Ginott and Faber and Mazlish. It assumes that children are able, competent and have a right to their own worldview. Parents need to support their children without clashing with them. The programme holds that parents need to learn how to implement boundaries in a way that does not crush their child's spirit. Through improved self-understanding and communication skills, parents can foster their child's healthy development.</p>	<p>Alternatives to saying No: Learning how to set boundaries; Learning how to empower children through giving them choices; Learning how to problem-solve with your child and enhance their own problem solving abilities; Learning how to give descriptive praise.</p> <p>Building children's self-esteem: Learning the importance of expressing one's feelings and how to encourage children to do so; Learning about the ways in which we acknowledge behaviour at different child-ages; Learning how to listen for emotion in children and help them deal with their emotions; Learning how to engage cooperation; Learning how to move from punishment to guidance; Learning how to assist children with their own problem solving; Learning how to foster independence in your child.</p>	<p>Parents feel supported in their parenting role; Parents have improved problem-solving abilities; Parents are more confident and feel empowered to parent positively; Parents have improved communication skills and a more positive attitude (both within and outside of the home environment); Calmer home environment; Children have increased confidence, improved co-operation, and greater clarity on what they want and their ability to ask for it.</p>

Programme	Theoretical underpinnings	Key content areas	Programme goals
Programme R	The programme focuses on providing parents with basic parenting knowledge and skills, while they gain support from a group environment. The programme has a strong emphasis on improving parents' emotional intelligence through greater self-understanding.	Learning about the other parents in the group; Learning how parenting responsibilities have changed over generations and about the challenges faced by today's society; Learning about balanced care; Learning about the different parenting styles; Learning about physical care for strong child; Learning about loving care for a happy child; Learning how to create learning opportunities for your child; Learning how to develop a conscience for a responsible child (i.e., being a good role model); Additional topics include: HIV/AIDS, discipline and respect, money and grants, children and sex, abuse etc.	Parents have a set of positive parenting skills; Parents have a greater emotional intelligence.
Programme S	The programme is based on Programme K and has the same theoretical underpinnings. It has, however, added additional content on violence prevention, HIV/AIDS, sexuality, alcohol abuse and social grants.	Understanding you child's behaviour; Listening to your child's feelings; Building your child's self-esteem; Communicating with your child; Encouraging self-discipline (i.e., how to implement positive discipline techniques); Building a family (i.e., family meetings); Talking about sexuality; Stopping alcohol abuse and preventing violence; Dealing with child abuse; Learning about social grants.	Parents have improved parenting skills; Parents are more present in their interactions with their children; Improved parent-child communication; Parents talk to their children about sex, violence, HIV/AIDS and alcohol; Children live in happier homes.
Programme T	The programme assumes that parents see the way that they were parented as the way that they should raise their own children. It is based on the idea that the cycle of negative parenting can be broken to make way for more positive parenting. This is done through providing parents with positive parenting skills and a sense of support and guidance from others.	Learning mood and coping skills; Learning about the stages of child development; Understanding the importance of positive discipline.	Parents have improved mood and coping skills (i.e., anger management); Parents use positive parenting techniques; Parents have an improved self-esteem and feel more supported; Reductions in child abuse rates.

Programme	Theoretical underpinnings	Key content areas	Programme goals
<i>ECD programmes</i>			
Programme F	The programme aims to empower parents by providing them with parenting knowledge and skills as well as an increased sense of social support. Through being empowered, parents can interact more positively with their children. The programme is continuously adapted to meet the needs of targeted communities. The programme draws on the work of theorists such as Piaget, Vygotsky and Erikson.	Understanding that parents are precious; Learning how to communicate with your child; Understanding your child's behaviour; Learning about children's physical, social, emotional and mental development; Positive discipline (including establishing rules, implementing effective discipline for both younger and older children); Thinking about your child's future.	Parents have a more positive attitude towards parenting; Parents are better role models for their children; Parents use positive discipline techniques; Parents have cleaner and safer homes for their children; Parents tend to their children's appearance.
Programme U	The programme believes that parents are the most important people in a child's life and that they have a dramatic impact on children's developmental potential. As a result, the programme aims to provide parents with effective child-rearing skills to help them raise healthy, happy and intelligent children.	Learning about parenting and parenthood (including child development, children's rights, importance of play); Learning about nutrition, health and hygiene, protection and safety, play, education, children with special needs, documents etc; Learning about creating a healthy and safe environment, coping with sick children and talking to children about illness, building a child's self-esteem; Learning about language development, adult/child communication and how play benefits language development; Learning about intellectual development and how to enhance it; Learning about children's relationships, feelings and values, identifying emotions in children and learning how to build emotionally strong children, the importance of close family bonds; Learning about the prevention of child abuse, understanding the importance of positive discipline, family values, HIV/AIDS and positive living, and community support	Parents have an understanding of their children's developmental needs; Parents understand children's rights as stated in the Children's Rights Charter; Strengthened parent-child relationship; Parents understand the importance of play and participate in child play; Parents are able to create and provide health and nutritional requirements for children; Parents have an increased knowledge of HIV/AIDS treatment, care and counselling.

Programme content. This section will discuss the content areas of the 18 programmes (86%) that made their materials available for review. The reasons for three programmes not submitting their materials varied. One programme had what they termed “copyright concerns”, even though many of the other received materials were copyrighted and therefore could not be used without their permission. Furthermore, one programme’s (Programme P) materials were still in development; while another programme’s (Programme A) materials needed to be sourced from overseas which posed challenges with time deadlines. As mentioned earlier, programme content found in programme materials was reviewed against criteria provided in the UNODC guide to implementing family skills training for drug abuse prevention (UNODC, 2009) (See Appendix F for a list of these criteria).

All programmes contained some content which taught parents to be responsive to their children’s needs and emotions, as well as to their own (See Table 6, p. 67). For example, twelve programmes (80%) assisted parents in expressing their feelings and emotions appropriately, and teaching their children how to do so too. In addition, the same number taught parents how to provide positive attention and praise. Nine programmes covered the stages of child development, which included content on age-appropriate expectations. They generally thought that an understanding of these stages would lead to parents having more realistic age-appropriate expectations of their children.

In addition, many programmes placed emphasis on parental self-regulation and included activities which encouraged the development of parental self-awareness, self-esteem and improved problem-solving ability. Evidence-based programmes, such as Triple P, which include self-regulation activities, have shown to be effective in enhancing parental knowledge, skills and confidence (Sanders, 1999).

Content on providing structure was not as evident as that on how to be responsive (See Table 7, p. 68). Two thirds of programmes ($n = 10$; 67%), most of which took a predominantly behavioural approach, included content on age-appropriate positive discipline methods, such as how to teach children about the consequences of their behaviour. Furthermore, some programmes covered the different discipline styles (i.e., authoritarian parenting, permissive parenting and democratic parenting) and encouraged discussion on this topic.

Significantly few programmes included content on monitoring children ($n = 2$; 13%) and supporting them in achieving their goals ($n = 2$; 13%). However, six programmes (40%) included

content on issues which may be present or develop within the family or community, and how to protect children. These included issues such as substance abuse and child abuse. Interestingly, no programmes taught parents how to protect children from involvement in parental arguments and help them understand the reasons behind them. There was also little emphasis placed on teaching parents how to become involved in their children's school and studies and the community. In addition, no programmes directly taught parents how to monitor and assist children in school and with their homework. However, the lack of content on this topic is not surprising as only two programmes (Programme H, Programme M) identified improved school performance as a goal.

Many programmes, especially those which adopted a somewhat relational approach, placed emphasis on teaching parents communication skills, with the majority including some element of active listening. Furthermore, six programmes (40%) taught parents how to conduct family meetings. However, no programmes overtly taught parents how to define responsibilities and tasks among family members by listening to each other. Some programmes included content on talking to children about topics such as alcohol and drugs, relationships and sexuality. Few programmes contained information on setting limits and providing structure for family life, including setting long-term goals for the family. However, three programmes emphasised the importance of spending quality time with the family.

Table 6

Teaching Parents to be Responsive (N = 15)

Programme component	No. of programmes (%)
Recognising and expressing feelings and emotions appropriately	12 (80%)
Using positive attention and praise	12 (80%)
Displaying affection and empathy	11 (73%)
Developmentally-appropriate expectations	9 (60%)
Identifying and modelling appropriate behaviour	7 (47%)
Mood and coping skills	3 (20%)
Responsive play skills	2 (13%)

Six programmes mentioned that they tried to make parents aware of and connect them to external forms of social support:

Seeing as the programme is church-based, we connect parents to the church and its resources. (Programme M)

We also ask partner organisations to let us know if there are any community resources in the area, which parents can access. We will then highlight these resources to parents. (Programme L)

We talk about accessing community resources, developing community networks and creating parenting forums. (Programme U)

However, only three programmes (Programme I, Programme S, Programme U) contained this information in their materials, with two of them having included the contact details of various community organisations. Programmes should connect parents to external support services as it provides a continuum of care and may decrease social isolation.

Three programmes serving lower SES parents contained content on accessing social assistance and grants. For example, Programme S provided comprehensive information on how

to access various support grants, apply for an identity document, create an affidavit, as well as become involved in advocacy activities. Many programmes relied on facilitators to discuss accessing community resources with parents if necessary, as this information did not appear in their materials. No programmes offered ancillary services, such as job skills training.

Table 7

Teaching Parents to Provide Structure (N = 15)

Programme component	No. of programmes (%)
Age-appropriate positive discipline methods	10 (67%)
Establishing rules and values	7 (47%)
Deciding on core issues on child-rearing, parenting style and family life and putting them into practice	7 (47%)
Identifying and dealing with possible problems or problem situations in the family or community	6 (40%)
Managing family conflicts, solve arguments and demonstrate forgiveness	6 (40%)
Identifying and building on own strengths as a parent	3 (20%)
Monitoring children's whereabouts, activities, friends, school and academic performance	2 (13%)
Supporting children in reaching their goals	2 (13%)
Providing structure for family life	2 (13%)
Protecting children from involvement in parental arguments	0 (0%)

The two included ECD programmes contained content on child development - covering physical, emotional, intellectual and moral development. In addition, both programmes included content on communicating with your child, positive discipline and values. One of the programmes (Programme F), however, placed greater emphasis on understanding children's

behaviour, and also included content on “loving yourself as a parent”. The other programme (Programme U) provided information on children with special needs and children’s rights. It also taught parents how to strengthen their support network and access support grants. In reviewing materials, it was found that one programme which served high SES parents of children aged 0 to 12 years, only had materials for parents of children from birth to six years. This programme covered nutrition, temperaments, positive discipline techniques, communication skills and sensory integration.

Two programmes (Programme K, Programme R), serving low SES parents, found that some parents experienced the programme content as emotionally distressing. One of these programmes (Programme K) stated that “parents may not be ready to deal with difficult issues in their lives” and the programme “may remind them of their childhood or how they are raising their children, and this may be too much for them to deal with”. Parents who drop out because content is too emotionally distressing may be deterred from participating in future parenting interventions due to fear of further distress.

Programme S had an innovative way of assisting parents in overcoming difficult feelings which may emerge during sessions. It encouraged parents to identify a “power object” which they could bring to sessions. Examples of such an object include a stone, a ring, or a piece of soft material. This object serves to remind parents of the strength within them, despite what thoughts, feelings or memories may come up during sessions.

Overall, programmes varied considerably in terms of content. However, most programmes contained some content on teaching parents to be responsive and to provide structure. Content on monitoring children and supporting them in achieving their goals appeared to be somewhat lacking. Naturally, there were differences in the content of programmes serving high SES parents, as opposed to those serving low SES parents. For example, the former was much more likely to contain information relating to the influence of technology, such as mobile phones and video games, on children, than the latter.

Programme Materials

Programme content itself is central to programme effectiveness, as is the way in which it is delivered through appropriate materials. Participating programmes varied in the choice of materials used. This was generally due to the characteristics of the target population (i.e., literacy levels) as well as the cost of producing the materials. Half of the programmes which allowed their materials to be reviewed ($n = 9$; 50%) had a parent manual which parents received at the first session. Four programmes (22%) used parenting hand-outs as an alternative to a parent manual and provided parents with the appropriate notes at the beginning of each session. Programme K, in order to accommodate parents with various literacy levels, had created two sets of notes – a comprehensive set for literate parents and a shortened set more suitable for parents with lower literacy. In terms of grade level, the former was suitable for parents with Grade 9, while the latter was suitable for parents with Grade 6. Readability statistics of written materials are displayed in Table 8 (p. 73). These statistics were based on passages of text which were selected at random.

One internationally-developed (6%) and two locally-developed (11%) programmes had published books on their parenting approach. Two of these programmes used the book in lieu of a manual, while one programme used it in addition to a manual. Multimedia approaches were used by two programmes to disseminate information. Programme E used locally-produced DVDs within sessions alongside a manual, while Programme G used video footage. The latter, however, was not received for review.

Posters and leaflets were used by five programmes (28%) with four of them using these materials in conjunction with a manual. Programme C used only posters and flyers, which appeared to be particularly appropriate and cost-effective choice of materials to use with stand-alone sessions. Programme R, in addition to a manual, had 39 leaflets on various topics, including HIV/AIDS, domestic violence and positive discipline. They were designed so that the facilitator could tailor the programme to meet the needs of presenting parents by selecting the most applicable flyers. Most programmes serving low SES parents were aware that parents may have low literacy levels. Therefore, their materials tended to include descriptive pictures, a large font size and simple language. One programme (Programme O) even encouraged illiterate parents to ask their children to read them the manual. They felt that this encouraged dialogue

between parent and child around parenting issues. The reviewed posters and leaflets had the lowest grade levels and highest readability scores, which indicated that they were likely to be the most suitable for parents with low literacy (Table 8, p. 73).

All received materials were available in English, with eight programmes (38%) having materials available in Afrikaans. African languages were the least represented, with only six programmes (29%) offering materials in one or more African language. Programme C had materials available in 7 of the 11 official South African languages, namely English, Afrikaans, Zulu, Xhosa, Sotho, Sepedi and Tswana. Funding dried up before the materials could be translated into the remaining languages. However, through their experience in the field, they found that the abovementioned languages provided a reasonable range. Similarly, another programme (Programme S) which had materials in English, Afrikaans, Zulu and Sotho, found that this range of languages enabled the programme to be accessible to parents with other home languages. For example, they found that Xhosa and Ndebele speaking parents had been able to engage successfully with the Zulu materials. It must be noted that these programmes provided facilitation in participants' home-language.

One participant stressed the importance of correct translation of programme materials. This participant had noticed discrepancies in the materials that had been translated from their programme's original materials in English. This is problematic as incorrect translations can seriously threaten programme fidelity. Therefore, it is recommended that the translations be verified via back-translation, which should be conducted by someone blind to the original material (Chapman & Carter, 1979).

Two sets of programme materials were of a low quality, in that they were unstructured, incoherent and appeared to be "works in progress". These programmes did, however, mention that they were in the process of adapting and improving their materials. Due to time constraints and funding shortages, this process was taking longer than expected. Furthermore, spelling and grammar errors were also noticed in many of the materials. In sum, programmes should work towards developing materials which are comprehensive and coherent, and which will allow others to implement the programme successfully in new and independent settings.

In concluding this section, it must be said that although the content of materials may indicate what a programme intends to cover, implementation of the programme may deviate from this plan. For example, topics which appear in materials may be inadequately addressed

during sessions or associated activities (i.e., role-playing) may receive an insufficient time allocation or may be omitted completely by facilitators. Louw (2000) expresses this concern by stating that “as programme personnel may have espoused theories of action and theories-in-use, so we can expect discrepancies between the programme-as-designed and the programme-as-delivered” (p. 67). This reflects the need to conduct process monitoring to establish whether the programme is being implemented as intended (Gallant & Maricka-Tyndale, 2004). Process monitoring will be discussed further into this paper.

University of Cape Town

Table 8

Readability of Printed Programme Materials

Programme	Flesch Readability Ease Scores*	Flesch-Kincaid Grade Level**
<i>Programme manuals (N = 9)</i>		
Programme D	52.3	10.3
Programme N	59.1	9.6
Programme S	63.8	8.8
Programme E	60.8	8.1
Programme M	70.2	7.2
Programme B	70.8	7.1
Programme R	80.2	3.9
Programme Q	82.6	5.6
Programme O***	Unknown	Unknown
<i>Parenting hand-outs (N = 4)</i>		
Programme I	53.7	8.9
Programme T	54.3	8.1
Programme K (Full notes)	55.5	9.0
Programme K (Shortened notes)	70.4	6.3
Programme U	79.3	5.6
<i>Books (N = 3)</i>		
Programme L	57.1	10.3
Programme J	71.3	7.3
Programme N	Unknown	Unknown
<i>Posters and leaflets (N = 4)</i>		
Programme C	83.7	4.5
Programme U	81.9	4.1
Programme R	83.9	3.9
Programme U	Not enough text	Not enough text

Note. *Flesch Readability Ease scores are positioned on a 100-point scale, with higher scores indicating easier text (Flesch, 1948). This score is calculated by assessing the average sentence length in words, average word length in syllables, average percentage of 'personal words' and average percentage of 'personal sentences' in the document.

The Flesch-Kincaid Grade Level has a range between grade 0 and 12. * Programme materials were briefly reviewed at the programme's offices and there was not an opportunity to calculate readability statistics.

Programme Facilitators and Training

Programmes are more likely to be implemented successfully if facilitators are sensitive and competent as well as receive adequate training, support and supervision (Nation et al., 2003). In terms of educational attainment, five participating programmes (24%) required that facilitators have an academic degree or diploma in a social science field. These were largely programmes serving middle to upper SES parents, or those which hired registered social workers. Six programmes (29%) required facilitators to have achieved Grade 12, while one programme (5%) required a minimum of Grade 9. Many of the remaining programmes only required facilitators to have basic literacy levels.

This revealed that many programmes relied on paraprofessionals as facilitators. One participant stated that their facilitators were “not expected to be ‘experts’ or to give any input because the input comes from the Facilitator’s Guide and the Participant’s Guide” (Programme M). Programmes stressed the need for facilitators to “be on the same level” (Programme I) as parents in terms of educational attainment and socio-economic background, so that they are more credible and approachable. The literature suggests that matching facilitators and parents from similar SES backgrounds may enable the facilitation of rapport between these two groups (Orrell-Valente et al., 1999).

Participants required that facilitators have previous experience working with children and families ($n = 11$; 52%), strong communication skills ($n = 11$; 52%), enthusiasm ($n = 4$; 19%) as well as an ability to take initiative ($n = 3$; 14%). Less commonly mentioned characteristics included empathy ($n = 2$; 10%) and being respected within the served community ($n = 2$; 10%). Programmes generally preferred it if facilitators were parents themselves, as they believed that being a parent increased understanding of parenting difficulties and enabled facilitators to draw from their own child-rearing experiences. It appears, however, that programme effectiveness does not increase when facilitators are parents themselves (Matthew Sanders, personal communication, 25 July, 2011).

All participants realised the importance of culturally matching facilitators with groups of parents, and most programmes had attempted to match facilitators and parents. Funding shortages were considered a barrier to hiring additional facilitators with the same cultural demographics as parents (Programme I).

It is important to communicate with parents in a language that they feel comfortable with. (Programme C)

We try, as best as possible, to match implementers and the parent group in terms of language and culture. (Programme L)

Building on this, one participant (Programme P) highlighted the necessity of facilitators having a thorough understanding of the targeted community:

Ideally it is best to have facilitators from the community so that they can better connect with the parents. If someone would like to be a facilitator and they are not from the community, they would need to have a good understanding of the community before they would be allowed to work with parents. In our experience, classism is an issue within the groups and also between the group and the facilitator.

There appears to be little literature investigating the characteristics that parents like facilitators to have. This information may shed light on how to select and train facilitators to enhance participant retention and participation.

Facilitator training. While selecting competent facilitators is essential, quality training is also vital to successful programme implementation. Effective training increases the willingness of facilitators to implement the programme as intended (UNODC, 2009). Training was provided by two thirds ($n = 14$; 67%) of the programmes in the sample. Programme A, based in the USA, only conducted training via correspondence, while the other programmes offered face-to-face training, or a choice of either face-to-face or online training (Programme E).

Seven programmes (Programme B, Programme H, Programme I, Programme J, Programme P, Programme Q, Programme T) did not experience a need to provide training, which they stated was due to their small-scale nature. These programmes were typically delivered by the programme developer themselves and, in some cases, one additional facilitator. Despite no available training, these programmes were generally willing to provide guidance to other organisations wanting to implement the programme:

We have no formal training resources in place as we have not yet been approached in this way. We would be happy to share our materials with other organisations. We are a very open organisation and believe it is important to share our resources. (Programme I)

Currently, there are no training resources in place. If someone wanted to implement the programme elsewhere, I would be happy to consult with them and train them myself. (Programme B)

In order to reach a broader population, while maintaining programme fidelity, one participant (Programme Q) planned on taking his programme to scale via the Internet, rather than face-to-face work.

My focus is not on taking this to scale via face-to-face work. Through using the Internet, I can reach many parents and the quality of the programme is ensured. (Programme Q)

Programme delivery via the Internet would negate the need to train additional facilitators as well as improve the convenience of the programme and reduce the cost of delivery to parents. Evidence suggests that online parenting programmes can be effective. For example, an evaluation of Online Triple P – which consists of eight modules with interactive exercises and brief videos – found that, when compared to a waitlist control group, the programme was effective and was associated with large effect sizes on key variables such as child behaviour, dysfunctional parenting, and parenting confidence, that were similar to group-based delivery (Sanders, Joachim, & Turner, 2011 as cited in Sanders, 2012).

The duration of facilitator training varied considerably between programmes. For example, one programme offered a once-off training session of a few hours, while others offered training consisting of numerous weekly sessions (See Table 9, p. 77). Furthermore, three programmes (14%; Programme E, Programme K, Programme N) required trainee facilitators to participate in the programme before they could become certified facilitators. This requirement was intended to increase facilitators' understanding of programme rationale, mechanics and content.

Eight of the programmes (44%; Programme F, Programme K, Programme M, Programme N, Programme O, Programme S, Programme R, Programme U) that made their materials available, had either a training manual or a facilitator's guide or both. In some cases, these two materials were combined into one comprehensive document. Reviewing these training materials revealed the following focus areas: programme content ($n = 8$; 100%); facilitation skills ($n = 6$;

75%); programme rationale ($n = 4$; 50%); handling difficult group dynamics ($n = 4$; 50%); handling sensitive situations (i.e., personal difficulties of participants) ($n = 3$; 38%); self-awareness as a facilitator ($n = 2$; 25%); administration and reporting ($n = 2$; 25%); and providing links to other resources (i.e., teaching aids, books, websites) ($n = 2$; 25%). These content areas corresponded with most of the minimum requirements outlined by the UNODC (UNODC, 2009). However, little focus was placed on effective ways of recruiting and retaining families.

Table 9

Type and Duration of Facilitator Training (N = 14)

Programme	Type of training	Duration of training
Programme A	Correspondence	No specified duration
Programme D	Face-to-face	2- day training (plus 6 pre-course modules)
Programme E	Face-to-face/online	2.5-day training/ online in own time
Programme F	Face-to-face	6 week-long modules over 6 months
Programme K	Face-to-face	11 weekly 3-hour sessions
Programme M	Face-to-face	2-day training
Programme N	Face-to-face	Regular sessions over 1-2 years
Programme O	Face-to-face	5-day training
Programme R	Face-to-face	4-hour training
Programme U	Face-to-face	3 5-day modules
Programme C	Face-to-face	Unknown
Programme G	Face-to-face	Unknown
Programme L	Face-to-face	Unknown
Programme S	Face-to-face	Unknown

Although these programmes placed emphasis on facilitation skills, there was little focus in the training materials on how to conduct role-plays, group discussions and other interactive learning techniques. This should be covered in training to enhance the likelihood of the programme being implemented as intended. Furthermore, facilitators must be able to read situations and understand when parents are feeling confident with certain parenting strategies. A

few programmes (e.g., Programme M, Programme S) had, however, outlined topics and provided recommended time allocations for interactive learning techniques.

Despite not being apparent in many training materials, all participants saw the necessity of facilitators being able to handle issues of diversity, including differences in race, class, gender, religion, sexual orientation and disability (University of Delaware, n.d.). Additionally, they all believed that their facilitators were able to do so. One programme (Programme S) commented on the importance of training facilitators in diversity issues:

Many of the social workers are conservative and religious and, therefore, need to be trained in diversity issues. They are trained to deal with parents that are different from themselves and to leave their issues outside and jump out the box so to speak. The facilitator's job is to make sure that parents do not feel judged and can share and explore within the group. However, we didn't really deal with sexual orientation in the training.

In contrast, two participants representing programmes (Programme R, Programme T) which also utilise social workers as facilitators believed that social workers are already trained to deal with diversity issues and, thus, do not need to be re-trained on these issues:

These types of issues are often raised in the professional lives of social workers and they are, therefore, knowledgeable on how best to deal with diversity. Therefore, these types of differences are not directly referred to in the training materials. (Programme R)

A strategy that could assist in determining who is likely to be a skilled facilitator is to train many more facilitators than are required (UNODC, 2009). This enables a programme manager to use training practice sessions to observe the future facilitators and select the best from among them. However, in low- and middle-income countries, such as South Africa, training many more staff than required may not be financially viable. Programme S, which is delivered across South Africa via the Family and Marriage Association of South Africa (FAMSA), utilised a similar, but potentially more cost-effective strategy, training facilitators in pairs. This strategy presumably enables on-the-job training where the less skilled facilitator can learn from the more skilled one.

Branches were asked to send two employees to be trained to deliver the programme. Ideally, they would be qualified social workers but some branches sent people who were not social workers but who they had worked with and felt were experienced enough to do it. Before training, the facilitators were asked about their qualifications and experience, and some of them were not skilled. That is one reason why they were trained in twos.

Two programmes (Programme K, Programme R) also provided training to external organisations wishing to implement their programme in new and independent settings. Insufficient funding was identified by two other programmes (Programme C, Programme S) as a barrier to doing so:

If we don't raise enough money, we can't provide the support that we want to. We need to raise money to provide the logistical and administrative support to upscale the programme and allow further implementation. (Programme S)

Facilitator supervision. In addition to providing quality training, facilitators must have access to ongoing support and supervision (UNODC, 2009). Two thirds of the programmes ($n = 14$; 67%) had support and supervision structures in place, most of which were regular and ongoing:

We have regular debriefing and supervision. Within supervision, we discuss challenges that came up during sessions, as well as innovative ideas relating to the content and delivery of the programme. (Programme C)

Trainers can come to me if they have any questions or if there is a problem. Individual supervision takes place every week to two weeks, depending on experience of the trainer. (Programme G)

Although there was a preference for regular supervision, some programmes utilised various non-traditional methods to support facilitators. For example, Programme D, after having provided a set period of supervision, connected new facilitators with a “buddy” who could offer them support. The “buddy” was a more experienced facilitator who matched the new facilitator in terms of what the programme described as “personality type”.

Programme O utilised ad-hoc telephonic supervision to supplement fairly infrequent individual supervision. This was part of a mentor system which allowed facilitators a finite number of telephone calls to the mentor, should they require additional support. The participant

felt that allowing a limited number of telephone calls prevented facilitators from contacting the mentor unnecessarily and fostered independence. However, a potential concern with this approach is that it may prevent facilitators from seeking advice or support when there is, in fact, a serious concern. Four programmes relied solely on ad-hoc supervision (Programme A, Programme E, Programme M, Programme N). This was typically utilised when facilitators had queries about programme content or if they wanted to discuss a particular situation which occurred in a session.

Supervision and support of external facilitators. Two programmes provided training to external organisations wishing to implement the programme in new and independent settings. In terms of supervision offered to these external organisations, one programme (Programme R) utilised what Sanders and Murphy-Brennan (2010) term the “train and hope” approach. This occurs when the programme disseminator provides initial training with little or no post-training consultative support. The programme had, however, attempted to gather facilitators together from external organisations. Unfortunately, this was unsuccessful due to facilitators’ time and travel constraints:

We have tried to organise group sessions with group leaders where they can share their experiences with one another. This is unfortunately a big challenge. It is difficult to get people to attend such a meeting because they must come from afar or must fit it into their work programme.

Conversely, the other programme (Programme K) had a comprehensive mentoring and support programme available to external facilitators who had completed initial training. This programme had a strong focus on capacity-building and consisted of four main components. These were quarterly forum meetings which enabled facilitator networking; refresher training on skills covered in the training sessions and on other related parenting topics; organisational consultation which focused on the parenting intervention being embarked on; and telephonic and email support pre-, mid-, and post-programme implementation.

One participant, who had taken part in this mentoring and support programme, saw it as both useful for “adopted” organisations as well as for the host organisation itself:

They offer monthly group support sessions in which you can reflect on challenges which have come up during programme implementation. These sessions are not mandatory. These sessions are also useful to [Programme K], as they receive valuable feedback on how their programme is being implemented in a range of contexts and communities. (Programme P)

This programme's training and support structures conformed most closely to the guidelines set out by the PPET (CWDC, n.d.), when compared to the other included programmes. However, there is a clear absence of content which educates organisations on the importance of evaluation, and how to implement monitoring and evaluation processes to ensure programme fidelity. According to the PPET, good quality parenting programmes should contain a well-developed package of training and implementation support that would enable the programme to be replicated with fidelity in new and independent settings.

Monitoring and Evaluation

Programmes are strengthened by developing a culture of evaluation as it enables them to be continuously improved and their effectiveness can be tested. This involves including monitoring processes throughout the duration of the programme, as well as conducting both formative and summative evaluations. Unfortunately, there was a significant absence of this type of culture among participating programmes.

Monitoring programme process. Process monitoring is useful for facilitating effective programme management by generating regular feedback on how effectively the programme is performing its critical functions (UNODC, 2009). Feedback enables improvements to be made in programme design and delivery, and may provide stakeholders with regular assessments of programme performance. Funders often require this type of feedback as a prerequisite for further funding.

In order to monitor programme process, 12 programmes (57%), mostly those within the non-profit sector, required facilitators to submit reports after each programme cycle. These reports tended to include data on the number of programme participants, dropout rates, participants' demographics, and descriptions of programme delivery in terms of content, teaching techniques and so forth. Typically, these reports were accompanied by questionnaires completed by parents, in which they evaluated the quality of the provided services. These questionnaires were usually completed at the end of the programme. However, two programmes (Programme K, Programme S) required parents to complete questionnaires at the middle and end

of the programme, and in the case of one programme (Programme I), at the end of each session.

These questionnaires were typically completed individually and anonymously. If a group was largely illiterate, the facilitator would instead lead a discussion with parents on their experience of the programme. The facilitator would then compile a report on the generated feedback. This technique had potential dangers in that social desirability response bias may have led to participants providing untruthful programme feedback. Moreover, facilitators may have misinterpreted feedback. In almost all cases, reports and feedback were analysed and reviewed by programme management. In addition, most participants mentioned that the generated data informed programme improvement.

One programme experienced difficulty in monitoring programme process as process data from the various implementation sites was not received regularly:

They are supposed to send these and their own evaluation reports to us, but they are arriving in dribs and drabs and the process is not working smoothly. There is no dedicated person at the moment responsible for collecting data.

The above quote also points to the need to ensure that staff members have the capacity to conduct monitoring processes and are aware of the importance of doing so. As discussed earlier, staff may believe that continuous monitoring and evaluation will be used to assess them and not to improve the programme. They may also view collecting monitoring data as unnecessary additional work. As a result, programmes should not only teach facilitators how to collect necessary monitoring data, but also make certain that they understand that the purpose of monitoring is to improve the programme and not to assess them.

Inefficient monitoring processes can lead to programme developers having misconceptions of programme process. For example, while one of the developers of a participating programme stated that they had a high attendance rate, programme staff based at various implementation sites commented that they experienced problems with recruiting participants. This highlighted the importance of communication between programme developers and implementers regarding programme implementation.

Some programmes used parent evaluation questionnaires as their only means of process monitoring. Many of these programmes did not have a systematic technique for collecting and analysing this data. For example, one participant (Programme A) stated that their programme had

an evaluation form, but facilitators did “not use it all of the time”. Additionally, in the case of most programmes, the facilitator or more senior staff member reviewed parents’ comments and made changes where they felt it necessary.

Few participants had no formal monitoring processes in place. One such participant (Programme Q) stated that:

This is one area of my programme which is not strong. I resist and resent evaluation forms, as I do not see their value.

Earlier in the interview, this participant mentioned that he tried to create an environment in which parents felt comfortable to suggest changes to the programme. It is likely that he felt that incorporating evaluation forms would create an unwanted rigid structure to the programme and may be intrusive to participants. However, there are other less “rigid” ways of collecting information, such as focus group discussions, which could be used as an alternative to formal questionnaires.

The perception that evaluation is intrusive or annoying to programme participants was investigated by Whitehall and colleagues (2012). The authors investigated practitioner concerns about administering evaluations within the context of a family strengthening programme and compared those with self-reported attitudes of the parents who completed evaluations. They found that participants were significantly less likely to find the evaluation process intrusive, and more likely to hold positive beliefs about the evaluation process, than practitioners expected. This suggests that incorporating monitoring and evaluation processes into sessions would most likely not create the uncomfortable feeling which was expected by the above mentioned participant.

Monitoring programme outcomes. Although outcomes and impacts are normally considered as a final stage of the programme and its evaluation, they can be monitored from earlier in the life of the programme (Louw, 2000). Most participating programmes only assessed outcomes at the end of the programme. They typically relied on direct observation, post-programme word-of-mouth reports, or self-report via evaluation forms, focus groups, or interviews, as the means for assessing if desired programme outcomes had been achieved.

Four programmes (19%) had, however, used pre-post programme questionnaires to assess

outcomes. In all these cases, the post-test was administered solely at the last session. As a result, only the achievement of proximal outcomes could be assessed, with no means of measuring distal outcomes and impacts. The pre-post programme questionnaires included general questions relating to parenting satisfaction and the parent-child relationship.

One programme (Programme T) utilised established measurement scales in their questionnaires. These scales included the Rosenberg Self-esteem Scale (Rosenberg, 1965), Children's Empathic Attitudes Questionnaire (Funk, Fox, Chan, & Curtiss, 2008), Aggression Questionnaire (Buss & Perry, 1992) and the Post-Traumatic Stress Disorder Scale (Blake et al., 1990). Unfortunately, due to funding shortages, the generated data from these questionnaires was not analysed, and was simply stored in a database for future analysis:

Currently, we do not know if our expected outcomes have been achieved. We currently ask parents to fill in a pre- and post-test questionnaire. This questionnaire contains various psychological scales focusing on anger management, impulse control, self-esteem, parenting, and social problem-solving. At this point, we have not used this information to measure outcomes. It is hoped that this will be done in the future.

Another programme (Programme C), which also used a pre-post programme questionnaire, highlighted that this type of measure was not the most reliable and effective way of measuring outcomes. This programme had identified a more effective way of doing so, but this was not implemented due to funding shortages:

Parents fill in a questionnaire before the session and after the session. The questionnaire relies on self-report. The implementers often have to help parents who are illiterate or less literate to complete the form. We believe that this type of self-report is not the most reliable way of assessing programme success... Ideally, we would like to have explored levels of corporal punishment in areas before the programme was implemented and after the programme was implemented. It would be more reliable if we spoke to children about this. Unfortunately, due to a lack of funding, we have been unable to implement this measure.

External evaluation. There was a clear absence of external evaluation amongst participating programmes. Louw (2000) comments that a lack of evaluation data is one reason why it is difficult to develop more effective interventions in developing countries. Only two programmes had been externally evaluated (Programme F, Programme R). However, Programme F was not evaluated independently as it was a component of a broader home visiting programme.

Unfortunately, neither of the externally evaluated programmes made their evaluation reports available to the researcher.

Most participating programmes, especially those within the non-profit sector, appeared to have a positive attitude towards external evaluation and commented that funding shortages were the main reason why it had not been conducted. This positive attitude is extremely valuable as an evaluation will not be useful if “it is seen as something threatening and punitive or as a trial to be endured and the forgotten” (Louw, 2000, p.60). Participants stated that they would use the findings of external evaluations to improve the programme if necessary. In addition, eight participants stated that they would use them to seek further funding or report to donors:

If we did have an evaluation of the programme, I would like to have the results published. It would be good to be able to show our donors that our programme is successful.
(Programme G)

If the programme was to be formally evaluated, we would use the generated feedback to improve the generated feedback to improve the programme. We would also use the report to seek funding. (Programme C)

Although formative evaluations are necessary as they are central to programme improvement (Rossi et al., 2004), summative evaluations are in the most critical need of being conducted as they generate information on programme effectiveness (Scriven, 1991). Summative evaluations are particularly necessary in resource scarce contexts such as South Africa, where resources cannot be wasted on programmes which are not effective. Furthermore, as discussed, the investment of resources into programmes is justified by the assumption that the programme will produce positive outcomes (Rossi et al., 2004). As a result, programme developers and staff are expected to use resources effectively and efficiently and actually produce these intended outcomes.

Although the randomised controlled trial is the gold standard for summative evaluations, it may not be financially viable for programmes in South Africa and other low- and middle-income countries. Therefore, other suitable rigorous, independent evaluation techniques that generate information that is credible under scientific standards should be considered. These techniques are known as quasi-experimental as they lack the random assignment to conditions that is the

hallmark of true experiments. In other words, the “intervention” group is not compared with a set of “controls” that are presumed to be similar to participants in critical ways (Rossi et al., 2004).

Programmes that have been evaluated should be encouraged to share their evaluation findings within the public domain, despite whether findings are positive, negative, or equivocal. This would contribute to the knowledge base on prevention programmes, and would enable a greater understanding of what works and what does not work under certain circumstances and with various target populations (Moran et al., 2004). This would prevent resources being wasted on setting up interventions that cannot be delivered effectively (Moran et al., 2004).

Evaluability assessment. Since most participating programmes had not been formally evaluated, it is particularly necessary to discuss evaluability assessment. As discussed, this is a brief preliminary study conducted by an evaluator to determine whether a programme is evaluable (i.e., whether a formal evaluation would be useful and feasible). Wholey (2004) identifies four criteria which programmes must meet in order to be called “evaluable”. Firstly, agreement is required between evaluators and intended users on programme goals, objectives, information priorities and intended uses of programme performance information. This enables those designing evaluations to focus on answering questions that are relevant to policy and management decisions.

Secondly, programme goals and objectives must be plausible, with there being some likelihood that they will be achieved. If they are unrealistic due to reasons such as insufficient resources having been allocated to programme activities or poor programme implementation, it may be beneficial for key programme staff to change programme resources, activities, or objectives before conducting a formal evaluation. Thirdly, it must be possible for relevant performance data to be obtained at reasonable cost. It is also necessary that there are sufficient programme records displaying, for example, baseline data, how many people attended as well as who attended and who dropped out. Lastly, there must be agreement among the intended users of the evaluation results as to how the information will be used (Wholey, 2004).

Conducting an evaluability assessment is a multifaceted task which requires a fairly substantial amount of contact with programme staff and other key stakeholders. Although calculating evaluability ratings of participating programmes is beyond the scope of this study, a few comments relating to evaluability can still be made. For example, the majority of participating programmes appeared to have a clear conception of their goals. But, as discussed

earlier, there was often little clarity on the theoretical framework used. For the most part, programme goals and objective appeared to be plausible. However, some programmes may experience difficulty in achieving their goals, due to reasons such as insufficient dosage or inappropriate content.

Programmes within the non-profit sector tended to have more feasible measures of key programme inputs, programme activities, programme outputs and programme outcomes, than commercially run programmes. As touched on earlier, this may partly be due to the former generally having to submit monitoring information to donors. Lastly, almost all participants mentioned that they would use the evaluation results to improve programme performance. It must be said, however, that a few stated that they would only adjust the programme if they saw the changes as necessary. For these participants, it appeared that there was little understanding of the importance of continually modifying the programme to serve the target population better.

While many programmes did not appear to be evaluable as yet, an evaluability assessment could assist them in reaching a point where they are evaluable. This is done through assisting programmes in clarifying their design, exploring programme reality and redesigning the programme or modifying it where necessary (Wholey, 2004). An evaluability “checklists” may be a useful tool for programme developers and evaluators alike. These checklists typically break down the discussed evaluability criteria into smaller components for investigation. An example of such a checklist is that developed by Stone (2006), which asks questions relating to a programme’s history, ownership, stakeholders, purpose, design, conditions, as well as monitoring and evaluation.

Rating Fit with Best Practices

Throughout this study, best practices for parenting programmes and the utilisation of these practices by programmes have been broadly discussed. As mentioned, the use of best practices is likely to lead to improved outcomes and, therefore, programmes should include them in their design and practice. A metric was created which could be used to provide an estimate of how closely participating programmes fit with best practices (See Appendix C). This metric combined best practices identified in the University of Delaware guide for assessing fit with best practice (n.d), the PPET (CWDC, n.d.) as well as other literature reflected in the literature review.

Information gained via the interviews and programme materials was used to generate ratings of programmes’ fit with best practices. The rating for each programme is displayed in

Table 10 (p. 89). In order to validate these ratings, an independent rater rated a sample of five programmes using the metric. This sample included programmes which were rated as having a strong fit with best practices, as well as those which were rated as having a weaker fit with best practices. The independent rater was given training on the metric in order to ensure that she understood the concepts used. The interrater- reliability was found to be Kappa = 0.62 ($p < 0.001$), which is considered a good level of agreement (Altman, 1991; Landis & Koch, 1977). As a result, the original ratings were used.

However, it was necessary to consider the areas of disagreement between the original ratings and those generated by the independent rater. Reviewing both sets of ratings revealed that disagreement most frequently occurred within the monitoring and evaluation section of the metric. As a result, more comprehensive explanations of these criteria were added to the metric. It was particularly important to clarify these criteria so that programmes could use this metric to assess themselves, with the rating being more or less accurate.

The ratings revealed that programmes within the non-profit sector tended to have a greater fit with best practices when compared to those which were commercially run. This was partly because the former tended to have training and supervision structures in place. Many of the commercially run programmes and smaller non-profit programmes were implemented by one or two facilitators and training structures were unnecessary. Non-profit programmes were also more likely to have some type of monitoring and evaluation process in place. Lastly, they also appeared to have thought through their theoretical framework more thoroughly than many of the commercially run programmes. This may partly be because the former generally had to compile comprehensive proposals and reports for funders that most likely included information on programme design and goals.

Programmes with lower ratings were not necessarily “inferior” to highly-rated programmes. Instead, these programmes incorporate less of the practices which have been associated with programme effectiveness. Since no programmes have conducted summative evaluations, it is not possible to comment on which are more effective than others. Only preliminary assumptions can be drawn as to which programmes would be more likely to achieve desired outcomes.

Table 10

Programmes' Fit with Best Practices

Programme	Rating (%)
Programme S	91/122 (74.59%)
Programme K	84/122 (68.85%)
Programme C	81/122 (66.39%)
Programme O	78/122 (63.93%)
Programme R	75/122 (61.47%)
Programme E	72/122 (59.01%)
Programme M	68/122 (55.73%)
Programme T	66/122 (54.09%)
Programme G	62/122 (50.08%)
Programme P	62/122 (50.08%)
Programme D	61/ 122 (50.00%)
Programme I	60/122 (49.18%)
Programme L	58/122 (47.54%)
Programme Q	57/122 (46.72%)
Programme A	53/122 (43.44%)
Programme N	52/122 (42.62%)
Programme B	50/122 (40.98%)
Programme H	46/122 (37.70%)
Programme J	43/122 (35.34%)
<i>ECD programmes</i>	
Programme U	95/122 (77.86%)
Programme F	73/122 (59.83%)

Scalability

Shapiro, Prinz, and Sanders (2010) underline the necessity of scaling-up high-quality programmes when saying that “unless evidence-based programs are deployed by a wide range of providers and used by a significant portion of the population, the impact on the population will remain quite limited because relatively few parents are exposed to the intervention” (p. 223). None of the participating programmes were at the point where they could be scaled-up successfully. While some programmes (e.g., Programme B, Programme J) are unlikely to ever be practical at a population level, others (e.g., Programme C, Programme K, Programme O, Programme R, Programme S, Programme U) may become scalable provided that they have evidence of efficacy and effectiveness, materials and services that facilitate going to scale as well as provide clear cost information (Society for Prevention Research, 2004). They must also have monitoring and evaluation tools which can be used by adopting agencies to assess how well the intervention works in new settings (Society for Prevention Research, 2004).

As discussed, no participating programme currently has evidence of efficacy and effectiveness. The need for programmes to conduct rigorous summative evaluations cannot be stressed enough. Programmes have an ethical responsibility to provide effective services to parents. Moreover, the investment of resources into programmes is justified by the assumption that they will produce positive outcomes (Rossi et al., 2004). Resources, especially within a resource scarce setting such as South Africa, cannot be wasted on ineffective programmes. While there is no specific reason to assume that programmes reviewed here are ineffective, without summative evaluations we have no evidence of effectiveness.

Most programmes did not have training and supervision procedures which would facilitate going to scale. Programme K had the most comprehensive and promising procedures in place to train, support and supervise facilitators. Programmes such as Programme E, Programme K, Programme N, Programme S, and Programme U had materials which appeared to be the most suitable for potential scaling-up. However, few of these programmes had recommendations for regular and ongoing supervision, minimum facilitator qualifications, and processes for ensuring fidelity as well as for assessing agency readiness. According to the PPET (CWDC, n.d.), this information should be included in a training implementation package to ensure that the programme can be replicated with fidelity in new and independent settings.

Clear cost information was not provided by many programmes. It was often unclear whether programmes withheld this information because they simply did not have it or because they did not want to share this information. One programme (Programme R), which was located within a large non-profit organisation, found it difficult to calculate the cost of the programme. The organisation employed social workers to deliver the programme as part of their total workload, and had not calculated how much of their time was being used on the programme. Of the programmes which did provide cost information, most of them were able to explain how the total cost of the programme was reached. These programmes typically included costs relating to facilitation fees, programme materials, stationary, mileage and venue. Unfortunately, no programmes had evaluated whether they were cost-effective. The estimated cost of each programme calculated on a per parent basis is displayed in Table 11 below.

Table 11

Programme Cost per Parent

Programme	Cost per parent
Programme N	R3400
Programme H	R1100 – R2450
Programme B	R1800
Programme Q	R1600
Programme A	R1350
Programme E	R350 – R750
Programme G	R600
Programme K	R570

Lastly, as mentioned, programmes tended to be lacking in monitoring and evaluation processes, and those that had these processes in place often commented that they were not being properly implemented. However, programmes such as that run by Programme C appeared to have an efficient monitoring and evaluation system, which involved regular and ongoing reviews of programme process by more senior staff members. Unfortunately, a lack of funding has thus far prevented them from conducting external evaluation.

CONCLUSION

This study set out to explore the range of parenting programmes available in South Africa, and investigate their design and evaluation practices. Through in-depth interviews with programme staff and through reviewing programme materials, it was possible to gauge the extent to which local programmes incorporate best practices in these areas. The set of best practices discussed throughout this study was extracted from both the scientific and grey literature on these programmes and prevention programmes more broadly. Programmes are more likely to achieve positive outcomes if these practices are incorporated into their design and delivery. It is acknowledged that adding some of these practices may depend on additional resources which may not be available, especially within low-resourced settings. However, it may be possible to eliminate components which have been associated with less effective programmes – potentially leading to the cutting of some programme costs.

The key findings of this study were as follows:

1. The majority of programmes ($n = 18$, 86%) available in South Africa are developed locally and are more likely to be located in urban areas. While there appeared to be a general shortage of parenting programmes across the country, there was a clear lack of programmes in rural areas, with ECD-focused programmes being more common. While ECD programmes are essential, parenting programmes which focus on strengthening the parent-child relationship, child behaviour management and so forth, are also needed in these areas.
2. Few participating programmes ($n = 5$, 23%) had conducted a formal needs assessment. This is of concern as they provide an accurate situational understanding and assess whether there is, in fact, a need for the intervention. They also enable the assessment of whether programmes are responsive to the current needs of the target population and highlight areas for improvement (Rossi et al., 2004).
3. Considerably few participating programmes ($n = 3$, 14%) had formal screening processes in place to ensure that appropriate parents enter the programme. Instead, programmes referred parents to more specialised services or organisations if they noticed that they were not benefiting from the programme. This being said, few programmes trained facilitators to identify problems outside the scope of their work or even had referral

resources. Therefore, it is recommended that programmes implement screening processes as well as educate facilitators on how to identify parents who may require referral. It would also be beneficial if programmes provided facilitators with referral resources.

4. Dropout was a problem experienced by most programmes consisting of more than one session, and was highest among those serving low SES parents. These programmes were, however, actively trying to reduce dropout rates through delivering the programme within served communities and at times convenient for parents. Programmes reported that they did not have funds to provide childcare and cover parents' travel costs to get to the programme. Research on parental preferences relating to facilitators, programme content and so forth, may generate information that could lead to increased parental engagement in the programme and prevent dropout.

5. In terms of programme content, programmes should be careful when placing too much emphasis on the parent's own childhood or current difficulties as it may lead to emotional distress and consequent dropout. It may be beneficial for programmes to conduct careful preparatory work including preliminary meetings and "taster" courses (Social Care Institute for Excellence, 2009). These may result in parents feeling more confident ahead of the programme. In addition, facilitators may be able to identify parents that may experience the programme as distressing and could offer these parents additional support or refer them to more appropriate services (i.e., one-on-one counselling).

6. In order to achieve desired outcomes, it is necessary that programmes have sufficient intensity and duration. Most participating programmes consisted of numerous sessions of a few hours each, with very few ($n = 3$; 14%) offering follow-up sessions. It is recommended that programmes include follow-up sessions after programme completion as this has been shown to assist parents in maintaining positive programme effects (Eyberg et al., 1998).

7. Programmes are more likely to be effective if they are based on explicit and empirically sound theoretical frameworks. Of concern is that many participating programmes did not appear to have a clearly articulated and empirically sound programme theory. Programmes may therefore benefit from constructing a logic model, which illustrates the assumed associations between programme activities and desired outcomes. Developing a logic model is particularly useful as it allows for discussion between stakeholders and reflection on the programme as a whole (Butchart et al., 2006).

8. Programmes would be strengthened if they drew on the available evidence base on parenting programmes and other prevention programmes to create a plausible programme theory. This being said, there is a need to build this evidence base within low- and middle-income countries through conducting summative evaluations on local programmes, testing cultural adaptations of imported and local programmes and investigating cultural conceptions of parenting and parenthood. Developing a solid evidence base from which programme developers and policy makers can draw is essential for the development of effective programmes.

9. Programmes predominantly relied on paraprofessional staff. Although most evidence-based programmes from high-income countries utilise professionals as facilitators, evidence suggests that using paraprofessionals can be an effective alternative. It is also a viable option for low-resourced countries, such as South Africa, which have few trained professionals available to deliver programmes.

The majority of participating programmes may benefit from implementing more comprehensive training, support and supervision procedures. Some programmes in the sample used innovative approaches to supervision, such as connecting new facilitators with more experienced facilitators who could provide them with support and guidance. Programmes may like to try these approaches, with evaluators testing whether they are effective or not.

10. The likelihood of programme success is increased if programmes include monitoring and evaluation processes. The inclusion of monitoring processes allows a programme to be improved at each step through the identification and analysis of the mistakes made during programme development and implementation (Louw 2000). This may assist in strengthening its ultimate impact (Swanepoel & de Beer, 2006). Evaluation enables programmes to know whether they are effective at achieving desired goals or not. Through evaluation feedback, programmes can adjust their programme where necessary.

Within the sample, there was a general lack of these processes, particularly external evaluation. A recommendation would be for funders to commission the development of a toolkit that outlines how to conduct monitoring and evaluation processes. Additionally, it may be beneficial to offer workshops on these processes to programme staff. It is suggested that these workshops be delivered by an expert in monitoring and evaluation

who educates programme staff about the importance of evidence-based programming, and how to establish sound programme monitoring systems. They could also discuss the necessity of having a programme externally evaluated prior to roll out, and what to expect from this process. The act of bringing programme staff together may also be useful as they understand best the challenges to implementing monitoring and evaluation processes. Through enabling discussion amongst this group, solutions to some of the challenges may be found.

In order to gain a better understanding of what works and does not work in prevention interventions, evaluation results should be shared within the public domain. Moran and colleagues (2004) highlight that because programme staff and funders are aware of the potential impacts of evaluation results, they often require that research reports, which will be available publically, emphasise positive results and side-line negative or equivocal ones. They explain that this should be discouraged as it prevents valuable learning that can be gained from examining reasons for failure. They stress that by understanding the causes of negative results and establishing whether they are due to implementation failure or other factors can prevent resources from being wasted on setting up interventions that cannot be delivered effectively.

11. Programmes that have not yet been evaluated may gain from conducting an evaluability assessment, which determines whether a formal evaluation would be both useful and feasible. There is, however, a need for researchers in the area of evaluation to establish greater clarity on the concepts of evaluability and evaluability assessment as the literature in this area is fairly underdeveloped. When referring to evaluability assessment within the public health field, Leviton and colleagues (2010) state that despite its merits it is largely invisible and underutilised. They further state that it is not even discussed in some of the commonly used evaluation textbooks. This emphasises the need to conduct more research in this area as well as educate evaluators on the utility and importance of evaluability assessment.

12. It appears that most programmes do not currently have the capacity or financial resources to conduct evaluations. Therefore, programmes may benefit from linking with local government and research institutions that may be able to offer assistance in conducting exploratory, formative and summative evaluations. Some universities in South

Africa (e.g., Rhodes University, University of Cape Town (UCT)) are placing significant emphasis on community engagement project. For example, UCT runs the Knowledge Co-Op which acts as a bridge between society and the University and mediates between the two to jointly reformulate questions into manageable projects that can be completed by students (Schmid, 2010 as cited in Penfold & Goodman, 2011). This initiative is based on the “science shop” model which “involves a working relationship between knowledge-producing institutions, such as universities, and citizen groups that need answers to relevant questions” (Bunders & Leydesdorff, 1987 as cited in Penfold & Goodman, 2011).

13. In order to reach a significant number of parents, it is essential that high quality programmes be scaled up. When planning efforts to implement programmes on a large scale, programmes are more likely to be effective if consideration is given to issues around population heterogeneity, intervention design heterogeneity and service context heterogeneity (Welsh, Sullivan & Olds, 2010).

Although no reviewed programmes were currently scalable, there were some that may be effective at a larger scale provided that they meet the standards for broad dissemination outlined by the Society for Prevention Research (2004). These standards include that the programme must have evidence of efficacy and effectiveness, materials and services that facilitate going to scale (i.e., manuals, training and technical support), provide clear cost information, and have monitoring and evaluation tools so that adopting agencies can monitor and evaluate how well the intervention works. A recommendation is that donors support programmes that show this potential by providing them with funding to conduct summative evaluations.

Strengthening the parenting sector in South Africa should be the priority of practitioners, policy-makers, researchers and government agencies alike. One recommendation which would require effort from a range of stakeholders would be to create and maintain a comprehensive database of parenting programmes. Farr, Dawes, and Parker (2003) also made this recommendation in their review of South African youth violence prevention and peace education programmes. They suggested that creating a database would not only facilitate communication and the sharing of ideas and research between various stakeholders, but would provide a means to monitor and more systematically evaluate existing programmes. A database or network would

also provide a platform on which to translate programming research into accessible recommendations for programmes. An example of a network within the parenting sector is the Parenting in Africa Network (www.parentinginafrica.org) which brings together organisations with a focus on promoting positive parenting in Africa. However, only three programmes (Programme C, Programme K, Programme O) in the sample were part of this network.

IN SUMMARY

Parenting programmes have been shown to lead to a broad range of positive outcomes for both parents and their children. Through enabling safe, stable and nurturing relationships between parents and children, they may also lead to long-term benefits such as reductions in mental health issues in adulthood and reduced rates of delinquency and violence. As a result, the implementation of high quality programmes which are easily accessible to parents are an imperative. This is particularly necessary for South Africa, since it experiences extremely high rates of child maltreatment and other violence.

There appear to be far too few available programmes in South Africa, with only a small percentage of parents having access to them. Although the reviewed programmes appear to have the best of intentions, some lack a solid theoretical base. It is essential for effectiveness that programmes are based on empirical research and align with the best practices discussed throughout this thesis. In order to facilitate this, it is necessary to construct an evidence base from which programme developers and policy makers can draw insights into what works and what does not work in terms of prevention programming. This is essential for the development of effective programmes which will have lasting benefits for parents and their children. In sum, there are an array of parenting programmes in South Africa that are doing their best to support parents in their parenting role. This thesis aims to strengthen their work.

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APPENDICES

Appendix A: Programme Descriptions

1. Programme A

A developmental psychologist founded Programme A in the USA in 1990. Programme A is currently available in 17 countries worldwide. It aims to provide parents with the skills necessary to raise competent, compassionate, non-violent and drug-free children. The programme is against the use of corporal punishment and other forms of punitive discipline, such as time-out. Instead, it teaches parents more peaceful ways of interacting with their children. It believes that through learning how to share emotions with others, parents experience the therapeutic nature of releasing emotion. From this, they become more responsive to their children's emotional needs and are more tolerant of their crying and raging. This philosophy encourages healthy child development, an improved parent-child relationship and secure attachment.

Facilitator training occurs via correspondence from the USA, with certification having to be renewed every two years. In South Africa, the programme predominantly attracts white English-speaking parents of middle to upper SES, who are seeking parenting techniques which do not involve separation or harsh discipline. The programme typically consists of three sessions of three hours each. It is recommended that participating parents purchase the programme founder's books via Programme A's website as their content corresponds with that covered in the sessions. There are separate workshops for parents of babies, toddlers, children of primary school age as well as adolescents. Sessions are interactive and rely heavily on role-playing. There is no emphasis on monitoring and evaluation. Facilitators rely on direct observation to determine whether desired programme outcomes are being achieved.

2. Programme B

Programme B is located within a centre which provides tradition psychotherapy as well as workshops and events on various topics, including parenting. Through her private practice as a psychologist, the founder of the centre noticed a clear need to provide parents with the necessary skills to raise children successfully. As a result, she developed Programme B of which she is the sole facilitator. This programme predominantly serves white, English-speaking mothers from

upper SES backgrounds that have children aged between 2 and 12 years. The programme also serves parents who have been mandated to attend by family advocates.

The programme is mainly didactic and consists of two four-hour sessions that take place during a one-month period. The first session is parent-focused and is based on human behaviour and adult learning principles, life-coaching and life-skills. It is based largely on the work of Dr John Demartini, a human behaviour specialist from the USA. The second session takes a child-centred approach and places emphasis on filial play therapy. The goals of the programme include that parents implement positive parenting techniques, have an improved understanding of family dynamics, as well as an improved relationship with their children. Through parents achieving these goals, children are likely to experience increased self-esteem and confidence. The programme conducts no monitoring and evaluation. Written testimonials from parents are the only form of feedback received on programme outcomes.

3. Programme C

The organisation in which Programme C is located is a non-profit that aims to protect children from violence and create a culture of children's rights in South Africa. Through their work with children, the organisation realised that the role of parents cannot be overlooked, as most child abuse cases occur within the home. In 2008, a donor invited the organisation to join a lobby to ban corporal punishment. The organisation stressed that before corporal punishment can be banned, parents need to be educated on positive discipline. As a result, they agreed to support the lobby provided that a parenting programme was implemented.

From this, the organisation piloted a parenting programme consisting of numerous formalised sessions for low SES parents. Feedback from the pilot indicated that time constraints prevented many parents from committing to a lengthy programme and this severely impacted attendance. The organisation realised that in order to increase reach, they needed to create a programme with a shorter format which could be easily accessible to parents. In developing the revised programme, they consulted with parents and children from both urban and rural areas and asked them what they thought should be covered in a parenting programme. Using this information, the organisation developed a set of posters and pamphlets that matched the identified topics.

The programme serves parents within naturally occurring groups, such as clinic waiting rooms and church groups. This increases the programme's accessibility as parents can access the

programme without having to make time for it above other daily tasks. The programme is delivered by well trained and well supervised interns based at various delivery sites across the country. These facilitators initiate a session once a small group of parents forms. The session begins with a general conversation about parenting, and then requires parents to select one of the available topics for discussion. Each session stands alone and is roughly one hour in duration. Parents are able to attend as many sessions as they choose. This prevents parents from experiencing a sense of failure if they cannot attend a series of formalised sessions.

In terms of monitoring and evaluation processes, parents are required to complete a pre- and post-test questionnaire. Facilitators have to submit a report after each session, which includes these questionnaires, a process note on the content of the discussion, as well as a register. This information is documented and filed at the organisation's office. The national office has conducted a content analysis of the generated feedback. There has been no external evaluation of the programme due to funding shortages.

4. Programme D

Programme D is located within an organisation that offers a range of personal development programmes that inspire growth and motivate living. There are 16 franchises located across South Africa. Among the programmes offered is Programme D. This programme draws from various fields such as positive psychology, social psychology, cognitive-behavioural therapy, neuro-linguistic programming, life-coaching and theories of emotional intelligence. The programme is run over four weekly sessions of three hours each. It is delivered by facilitators who are well trained by the programme developer.

Programme content includes teaching parents about the key ingredients for success and happiness, the risk factors faced by children (i.e., technology, bad eating habits) and how to protect children, as well as understanding the damage caused by negative thinking. Furthermore, it includes content on the importance of family meetings, positive leisure time and being a good role model to your child. The programme aims to empower parents and stimulate their personal development. Through this, parents become more present in their interactions with their children and are therefore able to understand their children's needs better. It also aims to assist parents in establishing routine in the home by instilling good family values.

The programme conducts process and outcome monitoring. There has been no external evaluation of this programme.

5. Programme E

Programme E was founded after the success of the programme founder's book on parenting. This commercially run programme is also available in New Zealand, Australia, Dubai and Namibia. It predominantly serves white, middle to upper SES parents of children aged 0 to 12 years. Since the programme has a strong biblical component, most participating parents are Christian.

The programme stresses that parents should use discipline techniques that correspond with their child's temperament. The temperament classifications used by this programme were developed by the programme founder after finding that other classifications did not group traits in a way that made sense to her. Through observation and interviews with individuals with unique profiles, she developed subsets of characteristics that she believed to be the core of the four temperament types. These profiles have been informed through her training in the DISC Theory of Marston and have gone through standardizing and validity processes with the Human Sciences Research Council.

The programme aims to provide parents with an understanding of temperaments and the ability to identify their own as well as their child's. It also aims to provide parents with the skills necessary to implement positive discipline strategies appropriate for their child's temperament. Through participating in the programme, parents are more likely to experience increased confidence in their parenting role. Additionally, their children are more likely to have increased obedience and feel more supported.

Typically, the programme is delivered over eight weekly sessions of two and a half hours each. Parents learn through watching and discussing the seven Programme E DVDs, doing practical exercises in the parenting manual, role-playing and group-work. Ice-breakers and experiential learning moments are used to illustrate temperament clashes and communication principles. Parents can also purchase a range of parenting tools (i.e., CDs, books, discipline charts) via the Programme E website.

Facilitator training is available face-to-face or via correspondence. Before facilitators can be accredited, they have to complete an examination which aims to test their practical application of the content to real parenting questions and scenarios. There is no formal supervision process in place. However, there are regional managers who oversee the facilitators operating in their

designated area. All questions and concerns are communicated to the regional managers, who report bimonthly to the head office.

Monitoring is conducted via an evaluation form completed by parents at the end of the programme. Each facilitator can design their own evaluation form, provided that it contains questions relating to content, facilitation and the venue. Facilitators send these to the head office where a data analyst analyses the information and adds it to the database. This information is reviewed by the programme founder. The programme has not conducted external evaluation.

6. Programme F

Programme F is located within a development organisation which strives to enable transformation in South Africa by responding to the needs of children, families and marginalized communities. This is done through innovative, integrated and sustainable ECD interventions. One of their projects is a home visitation programme. A component of this programme is a series of ten one-hour parenting workshops. These workshops are delivered by a group of home visitors and take place on a monthly basis. Parents who participate in the home visitation programme, as well as other parents from the served communities, can participate in the workshops.

The workshop series aims to empower parents by providing them with parenting knowledge and skills as well as an increased sense of social support. Through being empowered, parents can interact more positively with their children. The content focuses on understanding that parents are precious, learning how to communicate with your child, understanding your child's behaviour and how to implement positive discipline techniques, learning about children's physical, social, emotional and mental development, and thinking about your child's future.

Through participating in the programme, parents are likely to have a more positive attitude towards parenting and strive to be better role models for their children. Parents are also more likely to implement positive discipline techniques, keep their homes cleaner and safer for children, and to tend to their children's appearance. The broader home visitation programme, in which the parenting workshops fall, has been formally evaluated. However, the parent workshops have not been evaluated independently.

7. Programme G

Since the establishment in 1958 of the organisation in which Programme G is located, there has been a clear need to support parents in managing their children's behaviour. As a result, Programme G was developed. This programme is mandatory for parents of children living at the

organisation, but it is also available externally to other current parents, those planning on having children and those who work with children. It predominantly serves participants from low SES backgrounds.

The programme consists of six sessions of two hours each, with sessions being delivered once or twice per week. It can, however, be delivered over a few consecutive days. The organisation is often commissioned to run the programme for the Department of Social Development, who will specify the desired session intensity. The first hour of each session is based on theory, while the second hour involves role-playing and viewing video vignettes of parenting behaviours.

This programme takes a behavioural approach and is strengths-based. It assumes that behaviour is learnt and, therefore, can be unlearned. New, alternative behaviours can replace previous ones. Expected programme outcomes include that parents feel motivated to be good parents, there is improved parent-child relationship and stronger family bonds. Children are also more likely to display less disruptive and aggressive behaviour.

Only the organisation's staff can receive facilitator training. The programme conducts process and outcome monitoring. No external evaluation has been conducted.

8. Programme H

As an educational psychologist, the founder of Programme H noticed that when assessing children many of them displayed common characteristics, such as a tendency to opt out, low confidence, a lack of boundaries and low self-esteem. He realised that was a correlation between dependency and low self-esteem. As a result, he developed Programme H – a parenting programme which deals with this relationship. This programme takes a behavioural approach and aims to empower parents to facilitate their children's own independence. This is done by providing children with choices, but teaching them about the consequences of their choices.

Programme H initially consists of a predominantly didactic one three-hour workshop - offering "We're No Angels" for parents of children aged up to 12 years and "Rebels with Causes" for parents of teenagers. The latter includes an additional one-on-one session with each family where all rules and structures are mediated by the facilitator. This session takes place shortly after the parents have attended the workshop.

The content of the one-hour session involves the teaching of practical techniques to teach children to take responsibility (i.e., setting up rosters, house rules, and positive discipline

strategies such as time-out). Expected programme outcomes include improved child behaviour and attitude, reduced sibling rivalry, improved school performance, and a reduction in number of children being prescribed medications such as Ritalin to manage their behaviour.

The programme conducts minimal process monitoring. There has been no external evaluation of the programme.

9. Programme I

Programme I is located within a youth-focused organisation. The organisation noticed that they also need to work with parents to shift their attitudes and approach to life. The organisation strongly believes that it is essential to empower parents to contribute meaningfully to their children's lives. Many of the parents within impoverished communities believe that, because of their financial insecurity, they are "bad" parents to their children. Through Programme I, the organisation aims to shift this belief to enable more supportive, loving and affectionate parent-child relationships.

The programme consists of six weekly sessions. The first five sessions are each three hours in duration, while the last session is one hour in duration. The programme is based partly on Programme K. However, programme staff has shaped the programme using information from conferences and personal experiences. The programme contains content on reflecting on one's childhood, understanding unconscious factors that affect misbehaviour, building your child's self-esteem, providing descriptive praise, give "I-messages", recognising risk behaviours and learning about substance abuse. Through participating in this programme, parents are likely to experience personal growth and increased self-esteem. They are also more likely to be able act more positively to their children. There is likely to be improved parent-child communication and children are more likely to feel more supported by their parent.

Currently, there is no training available for other practitioners or organisations wishing to implement the programme. Process and outcome monitoring is conducted. There has been no external evaluation of the programme.

10. Programme J

The founder and sole facilitator of Programme J identified a need for her parenting workshops through her experiences as a pre-school principal and parent. She believes that parents often have no authority in the home which leads to many negative outcomes for parents and their children. Her workshops are designed to empower parents by giving them "permission

to parent”. Through this empowerment, family dynamics are expected to undergo much positive change. The programme consists of three sessions of two hours. Content focuses on healthy nutrition for your child, sensory integration, positive discipline skills, temperaments, and age-appropriate expectations. There are no monitoring and evaluation processes in place. Aside from this workshop series, the programme founder also facilitates other interactive workshops and offers key note addresses on various topics.

11. Programme K

Programme K was born from a need identified by Child Welfare for parenting interventions to prevent child abuse and neglect. The programme mainly serves parents from low SES backgrounds with children aged 0 to 21 years. The programme also serves parents who have been mandated by the courts. It consists of seven weekly sessions of three hours each.

The programme adopts an eclectic approach to parenting and parent empowerment which draws on a variety of theoretical views. It is dynamic and receptive to feedback from parents, and adaptive in response to societal changes. The programme is largely based on the STEP (Systematic Training for Effective Parenting) programme. It also draws on the works of theorists such as Erikson, Maslow, Biddulph and Bettelheim. Programme content includes understanding children’s behaviour and feelings, building children’s self-esteem, learning how to be assertive, engage co-operation and problem solve effectively, and understanding the importance of positive discipline. Some of the expected programme outcomes include parents having an understanding of the stages of development, understanding the importance of and implementing positive discipline techniques, and parents having the ability to build their child’s self-esteem.

The programme is delivered by well trained and well supervised staff. There is also a comprehensive “train the trainers” programme which aims to equip professionals, community leaders of NGOs and religious organisations, parent bodies and community workers who already have some experience working with adults and who wish to become more involved in parenting work in their communities. Once this has been completed, the Mentoring and Support programme is offered.

Process and outcome monitoring is conducted. There has been no formal evaluation of the programme.

12. Programme L

Programme L is located within a non-profit organisation which has been serving families in Africa since 1992. Using Christian principles, they provide care, support, encouragement and guidance to families at every stage of life. Through working with families, the organisation noticed a need for a parenting intervention to assist parents in their parenting role. From this, Programme L was developed. The programme is based on the acronym of Assurance (Acceptance; Spiritual grounding; Setting Boundaries; Unconditional love; Responsibility; Affirmation; Nearness; Character; Emotional Security).

Programme L is based on a combination of three programmes: Boundaries (USA); No Apologies (developed by Focus on the Family); Drug-Proof your Kids (Australia). The programme aims to assist parents in steering their children away from high risk behaviour, such as substance abuse. It serves a wide range of parents and teachers from low to upper SES backgrounds and from various racial groups and cultures. The programme consists of one six-hour session. If requested by an organisation, it can be condensed into one three-hour session. There are no monitoring and evaluation processes in place.

13. Programme M

Programme M is located within a church-based organisation which identified a need for a parenting programme through their work in parishes. More specifically, a need was identified via a two-way connection with parents and parish workers. Parents often approach parish workers about problems within the family and parish workers are able to approach parents to ask them about their needs. Programme M is one of nine modules developed by the Family Caring Trust in Dublin. It consists of eight weekly sessions of two hours each. The programme mainly serves parents from low and middle SES backgrounds.

The programme assumes that parents need to learn how to encourage good behaviour, handle difficult behaviour, and manage testing and manipulation fairly and non-punitively. This enables peaceful co-existence and increases children's ability to enjoy life and develop and maintain a healthy self-esteem. If parents create an emotionally and spiritually enriched environment for their children, it is more likely that children will develop into responsible, emotionally mature adults who are able to sustain healthy, long-term relationships.

The programme is delivered by well trained facilitators. However, these facilitators receive no formal supervision. Process monitoring is conducted.

14. Programme N

Programme N was created by a psychologist in 1962. This relationship-based programme is based on Carl Rogers' work on client-centred psychotherapy. The developer argued that children's behaviour is motivated by their underlying needs, and their behaviour may be unacceptable to parents. The programme holds that parents must learn how to communicate to their child that his or her behaviour is unacceptable to them and, simultaneously, guide the child to find alternative behaviours that are acceptable to parents, instead of focusing on punishing or misbehaviour.

The programme consists of eight weekly sessions of three hours each. When participating in the programme, parents learn how to conduct active listening and I-messages, problem-solve effectively, view conflicts in terms of underlying needs and handle value collisions. Likely outcomes of the programme include improved communication within the family, parents no longer use an authoritarian approach to control their children and can resolve problems democratically, and parents can effectively confront their children's values and resolve value conflicts respectfully.

Programme N was brought to South Africa in 1981. It was translated into Afrikaans and has been regularly revised to keep up to date with societal changes. In 1998, Kreatiewe Ouerskap (Creative Parenting), from which Programme N operates in South Africa, was founded. The programme is delivered by well trained facilitators. However, there are no formal supervision structures in place. The programme conducts process monitoring. There has been no external evaluation conducted on the programme.

15. Programme O

The founder of Programme O believes that through increasing self-esteem and sense of pride, individuals will experience improved communication and their values, character and discipline will be strengthened. This will enable safer homes and communities. The programme is delivered over five weekly sessions of four hours each and is based on four pillars: parents' role and responsibility as a positive parent, affirmation and self-esteem, effective communication, as well as values and discipline. Expected outcomes include that parents are able to take ownership of their role and responsibility as a parent; parents have an improved self-esteem and can develop that of their children; parents have improved communication skills and can create a healthy value system at home. The programme is delivered by well trained

facilitators who go through the facilitation programme, which is run over five days and ends with a written examination.

The parenting group becomes a support group after the formal programme has ended. Parents identify the parent that they would like to lead them. This parent receives a three to four hour training workshop and is followed up every three months. The frequency of support group meetings depends on the group, but groups tend to meet once per week. If parents have access to the Internet, they are emailed a parenting toolkit on a bi-weekly basis, which consists of parenting tips. Support group leaders who do not have Internet access can collect printed versions of these toolkits.

The programme conducts process monitoring. There has been no external evaluation of this programme.

16. Programme P

Programme P is located within a non-profit organisation which aims to promote the rights and protection of children in South Africa through providing direct services to children and families. Their work includes primary, secondary and tertiary prevention approaches to various issues, including child sexual abuse, corporal and humiliating punishment, as well as child offending. The organisation's parenting programme is a component of a broader project which seeks to offer a comprehensive and sustainable community-based response to child maltreatment.

The programme is run over nine weekly sessions of approximately three and a half hours each. The programme is based on Programme K, with facilitators having also gone through Programme K's training and support programmes. As a result, the theoretical framework of the programme is fairly similar to Programme K's programme. However, it has placed additional emphasis on enhancing family identity and pride, through taking family portraits, and hosting a family day at the end of the programme. This is done because of the high rate of family dysfunction within the served community. Likely outcomes include greater parental self-awareness, improved parent-child communication and parents showing their children a greater level of respect.

The programme conducts both process and outcome monitoring. However, no external evaluation has been conducted on the programme.

17. Programme Q

The founder of Programme Q believes that parenting is one of the most important tasks we have as human beings, yet parenting skills are not innate; they have to be learned. He believes that parents need assistance in learning how to support their children. As a result, he started running parenting workshops which seek to educate parents on how to parent effectively without crushing their child's spirit. Two of his programmes are "Alternative to Saying No" and "Building Children's Self-esteem". The former consists of four sessions and the latter seven sessions of two and a half hours each. The programme serves predominantly white parents from middle to upper SES.

Both programmes draw largely from the programme developer's own experiences of working with parents and children as a pre-school teacher and life-coach. It also draws on the works of authors such as Haim Ginott as well as Faber and Mazlish. The programmes assume that children are able, competent and have a right to their own worldview. Parents need to support their children without clashing with them. Through improved self-understanding and communication skills, parents can foster their child's healthy development. There are no monitoring and evaluation processes in place.

18. Programme R

The organisation in which Programme R is located is a welfare organisation which aims to provide social services to individuals and families and empower them to improve their quality of life. The organisation runs Programme R which serves parents from low SES backgrounds. The programme focuses on providing parents with basic parenting knowledge and skills as well as social support through interaction with other parents and a facilitator. The programme has a strong emphasis on improving parents' emotional intelligence through greater self-understanding.

The programme is delivered over seven weekly sessions of one hour each. It is mainly delivered by qualified social workers who receive training in Programme R. These social workers receive supervision via the broader organisation. There is also training available for external practitioners who would like to deliver the programme. These practitioners are not provided with supervision. The programme conducts both process and outcome monitoring. The programme was externally evaluated in 2010.

19. Programme S

At the end of 2006, the organisation in which Programme S is located decided that they wanted to tackle interpersonal violence. The organisation chose parenting as the way in which to intervene. This choice was born from the WHO 2007 recommendations on violence prevention, which identified improving the relationship between parent and child as one of the ten proven ways of preventing violence. Furthermore, after conducting a formal needs assessment, parenting was identified as a key area on which to focus. Research revealed that most of the challenges faced by young people emanate from the way they have been raised.

From this, the organisation collaborated with FAMSA and Programme K to create a programme which could be implemented nationally via the organisation's clubs. These clubs are located at various schools across South Africa and serve children aged between 8 and 14 years. The parenting programme supports parents of children involved in these clubs. The programme is based on Programme K.

However, sections on violence prevention, HIV/AIDS, sexuality, alcohol abuse and social grants have been added. Through participating in the programme, parents become more skilled and equipped to deal with parenting issues. Participants are encouraged to learn new skills to help children reach their potential.

The programme consists of 11 weekly sessions of between three and four hours each. It is delivered by social workers who have received training via the organisation. Supervision is provided by the FAMSA branch for which they work. Process and outcome monitoring is predominantly conducted by FAMSA branches. The organisation is currently discussing implementing a structure where they have control over monitoring and evaluation processes.

20. Programme T

The organisation in which Programme T is located is a non-profit organisation dedicated to ensuring abused children are protected and rehabilitated. It provides therapy, counselling, assistance, love, comfort, safety and ongoing support to abused children. The organisation also works with parents and communities, empowering them with knowledge and skills to prevent child abuse. The organisation offers Programme T for first-time offenders of child physical abuse. A need for the programme was first identified by the court prosecutors who approached the clinic about developing a programme for these offenders. They did not want first time

offenders to go through the entire trial process. Instead, they wanted them to participate in a mandated programme to assist them with anger management and positive discipline.

The programme mainly serves parents of low and middle SES. It consists of ten weekly sessions of two hours each and is delivered by qualified social workers that receive regular supervision. The programme assumes that parents see the way that they were parented as the way that they should raise their own children. It is based on the idea that the cycle of negative parenting can be broken to make way for positive parenting. This is done through providing parents with positive parenting skills and a sense of support and guidance from others. Likely programme outcomes include parents having improved mood and coping skills, increased self-esteem, and the ability to use positive parenting skills.

The programme uses pre-and post-test questionnaires to assess outcomes. However, information from these questionnaires has not yet been analysed.

21. Programme U

The organisation in which Programme U is located was established in 1984 as a non-profit ECD resource and training organisation. The organisation works towards a vision of assisting parents from disadvantaged communities to provide for their young children with access to quality ECD programmes that promote the holistic development, health and welfare of the child. The organisation's parenting programme, Programme U, addresses the need to educate parents on children's rights and needs as well as the importance of basic principles of health and nutrition, overall development and other key issues affecting children.

The programme consists of ten weekly sessions of two hours each. The training is constructed in a practical way that includes hands-on activities, such as role-plays, drawing activities, rhymes and group discussions. The programme believes that parents are the most important people in a child's life and that they have a dramatic impact on children's developmental potential. As a result, it aims to provide parents with effective child-rearing skills to help them raise healthy, happy and intelligent children.

The programme is delivered by well trained and well supervised facilitators. Process and some outcome monitoring is conducted. There has been no external evaluation of this programme.

Appendix B: Interview Schedule



Interview Schedule

A Study of Parenting Programmes in South Africa

Interview number:

Date of interview:

Organisation/ programme name:

Name of Director:

Name of interviewee:

Physical Address:

Postal Address:

Email address:

Telephone number:

1. How was a need for the programme identified?

- 1.1. What problem is your programme trying to address?
- 1.2. How did your organisation identify a need for this programme?
- 1.3. Has a formal needs assessment been conducted?

2. Who is the programme designed for and for what level of need?

- 2.1. Who is the programme designed for (description of target population/ classification of the programme)?
- 2.2. Do you get any parents mandated to your programme? If so, how do you handle this group of parents?
- 2.3. Roughly how many parents do you serve per month? How many parents start the programme? How many drop out?
- 2.4. What are the risk factors experienced by the infants, children and/or youth in the target population? How did you identify these?
- 2.5. What is the process for screening if parents are suitable for participation in the programme?
- 2.6. What change is likely when parents participate in the programme?
- 2.7. Is the programme a replication of an effective programme/does it use components and practices of effective programmes? Tell me what those are. Or is it something you have developed yourself? How did you go about doing that?
- 2.8. Are childcare facilities available while parents participate in the programme?

3. What is the content of the programme and how do you deliver it?

- 3.1. What is the theoretical framework or assumptions that the programme is based on?
- 3.2. Is the programme tailored to the different developmental needs of children? Or is the same set of materials used for all ages targeted by the programme?
- 3.3. *What* do parents learn during the course of the programme (content of sessions)?
- 3.4. *How* do parents learn during the course of the programme (e.g., role-plays, videos)?
- 3.5. What is the duration of the programme?
- 3.6. Do you offer follow-up sessions as part of the programme?

- 3.7. What time of day and on which days of the week do you run the programme? Do you experience any challenges with running the programme on these days and at these times?
- 3.8. Where is the programme physically located and delivered? Why does it take place there?
- 3.9. What resources are available to enable other practitioners to deliver the programme?
- 3.10. Do parents have opportunities for input about their needs, interests, and expectations?
- 3.11. Do parents have to pay to participate in the programme or is it free? If they pay, how much are they charged, and how did you arrive at that figure?
- 3.12. Does the programme assist parents in developing their own social skills?
- 3.13. Does the programme assist parents in building a network of social support (connecting parents to religious centres, family groups etc.)?
- 3.14. Does the programme content involve educating parents on how to access community resources (e.g., social grants)?
- 3.15. Does the programme content incorporate social problems, such as substance abuse or domestic violence, faced by the community in which you work?
- 3.16. What languages are used in your materials and for facilitation?
- 3.17. How many parents are in one parenting group?

4. How do you train and support other practitioners to use the programme most effectively and consistently in new and independent settings?

- 4.1. How many programme facilitators does your programme have?
- 4.2. Does your programme rely on volunteers or paid staff to deliver the programme?
- 4.3. What level of experience and qualification do facilitators need to run the programme?
- 4.4. What criteria do you use when hiring implementers?
- 4.5. Please describe the background of your programme facilitators (race, class, language, culture).
- 4.6. What training is available to instruct facilitators to be able to deliver the programme in new and independent settings?
- 4.7. Are facilitators trained to deal with difference in race, class, gender, geographic location, religion, sexual orientation, physical or intellectual disability among parents? Does this appear within the training materials?

4.8. Are facilitators equipped to identify problems that are outside the work that your programme does (such as family/child/mental health/social problems)? Does this appear within the training materials? Do you have a referral network?

4.9. Please describe the support and supervision of facilitators.

4.10. What mechanisms are available to support organisations wishing to implement the programme in their area?

4.11. Do you network with other organisation doing similar work to you?

5. What is the effect of the programme on the targeted outcomes?

5.1. What do you expect as programme outcomes (what is achieved by the end of the programme?)

5.2. How do you know if these outcomes have been achieved? Are there indicators of these outcomes?

5.3. What method/s do you use to measure outcomes (i.e., direct observation, self-report)? And at what stage/s of the programme do you measure outcomes?

5.4. Who collects information on outcomes (people internal/external to the programme?)

5.5. Is money budgeted for the evaluation of the programme?

5.6. Has your programme been formally evaluated? If yes, would it be possible to please have a copy of the formal evaluation write-up? If not, if your organisation had an evaluation and some feedback came from this, how would you work with this?

5.7. Is there agreement within your organisation on how the information gained from an evaluation will be used? Does your organisation use the generated feedback from the evaluation to modify the programme? (this is only applicable if you have had a formal evaluation)

5.8. Before, or at the beginning of the programme, is information collected from the presenting group of parents on their knowledge, attitudes, and/or behaviours that are the focus of change?

5.9. While in progress, is the programme evaluated to determine the degree to which implementation of the programme matches the programme plan?

5.10. Is the success in reaching programme goals measured and documented at the end of the programme?

5.11. Are parents given the opportunity to assess the quality of the provided services? If so, is the generated feedback used to modify the programme?

5.12. What is the last contact that you have with parents who have gone through the programme?

Appendix C: Fit with Best Practices Metric

- **The need for the programme is documented.**

	2	1	0	N/A
1. The current problem is clearly stated.				
2. The programme has conducted a formal needs assessment.				
3. The programme provides a clear description of the target population.				
4. The desired outcome is clearly stated.				
5. The programme addresses known risk factors and specific needs of the target population.				
6. The knowledge parents need is identified.				
7. The needed change in parental attitude is identified.				
8. The needed change in parental behaviour is identified.				
9. The programme is appropriately timed in order to achieve desired outcomes.				

- **The needs of the participants are understood and will be addressed.**

	2	1	0	N/A
10. There is a clear screening process in place to make sure that the correct parents are entering the programme.				
11. If a programme serves parents with children of different ages, they tailor the programme to the different developmental needs of children.				
12. Parents have the opportunity for input about their needs interests and expectations.				
13. To the extent possible, the programme is adapted to address the needs, interests, and expectations of participants.				
14. The programme is strengths-based and not deficit-based.				
15. The programme plan is culturally sensitive and recognises differences within groups as well as between groups.				
16. The programme is run at times convenient for parents.				
17. The programme is easily accessible to parents.				
18. The programme has childcare facilities for children while parents participate.				
19. The choice of delivery method takes into account the abilities of the target population.				
20. The programme recognises that participants who are mandated to attend may feel stigmatized and describes how those feelings will be addressed.				

- **Goals, milestones, programme content, and strategies are based on recommended practices.**

	2	1	0	N/A
21. The programme is based on explicit and sound theoretical frameworks that have evidence for being effective when working with the targeted population.				
22. The programme plan reflects an understanding of infant, children, and/or adolescent development.				
23. The programme plan reflects an understanding of how parenting practices influence infant, child, or adolescent development.				
24. This programme is a replication of an effective programme or uses components and practices of effective programmes. <i>(It has demonstrated effectiveness in bringing about change in knowledge, attitudes, and behaviour with this type of audience; or it has appropriately adapted for this audience)</i> OR This programme is innovative with evaluation results showing that it is effective. <i>(It is based on appropriate theoretical perspectives that are expected to bring about the desired change in knowledge, attitudes or behaviour with this audience. To determine if these changes occur, the programme plan must include provisions for intense evaluation, and more evaluation until the desired effectiveness is achieved).</i>				
25. Programme planning recognises the influences of other relationships and the community on the child and family.				
26. The strategies are flexible and are adapted to the strengths, interests, and needs of the individual parents.				

27. Programme materials reflect cultural, linguistic, geographical, racial and ethnic diversity of the target population.				
28. The programme offers follow-up sessions.				
29. The programme assists parents in building their own social skills.				
30. The programme assists parents in building a network of social support (i.e., connecting them to other organisations, religious centres)				
31. The programme educated parents how to access community resources (i.e., social grants)				
32. The programme incorporates social problems, such as substance abuse or domestic violence, faced by the targeted community.				
33. Programme content includes case studies which highlight experiences of vulnerable and culturally diverse families.				
34. The programme networks with other organisations doing similar work.				

- **Programme goals are clearly stated and are realistic for the audience within the time frame of the programme.**

	2	1	0	N/A
35. The goals reflect an understanding that participants' interactions with their child may not change simply because they gain knowledge or have a change in attitudes.				
36. The goals reflect an understanding that the level of intensity necessary to produce the desired change varies according to the issue(s) being addressed and the characteristics of the participants. (<i>Parenting beliefs which drive parenting practices are deeply</i>				

<p><i>placed, and often unconsciously held. They arise from many influences related to the parent, childhood experiences with his/her parents, socioeconomic status, and other environmental factors. Participants may not want to change their beliefs; and, when they do, it may take a considerable amount of time and effort to bring about changes in beliefs and translate this into practices.)</i></p>				
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• 37. Necessary and appropriate mileposts for reaching goal(s) have been identified. *(Mileposts are measured by the question: What degree of change in what knowledge, attitude or behaviour is expected to be made by whom by when? The markers are usually sequential in nature. For example, to reach a goal of more developmentally supportive parent-child interaction for a parent who believes in harsh discipline, the sequence of mileposts for the parent might be: (a) understanding why harsh discipline is harmful to development, (b) wanting to change one's style of discipline, (c) learning about new styles of discipline, (d) practicing new skills, (e) and employing more appropriate discipline. To reach a goal of improving parenting practices by developing a stronger network of mutual support, the mileposts might be (a) understanding the importance of positive mutually supportive relationships, (b) wanting to change patterns of isolation, (c) making a positive connection with a supportive individual or group, (d) testing the benefits of support from others, and (e) using support to improve one's capacity to function more effectively in the parenting role.)*

2	1	0	N/A
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- **The programme is tailored to the audience.**

	2	1	0	N/A
38. Appropriate activities have been identified to help participants reach identified milestones.				
39. Learning techniques and environments are based on participant preferences and learning styles gleaned from participant surveys or recommended practices.				
40. Special attention is given to both realistic recruitment and retention issues, such as the number, timing, and location of sessions. The programme should run at provide sufficient intensity and dosage to effect change.				

- **Staff members are well-trained, well supervised, and culturally competent.**

	2	1	0	N/A
41. The decision to use professionals and/or paraprofessionals is based on the understanding of factors such as how effective each has shown to be with the participant audience, training and supervision needs, turnover rates, and costs.				
42. Facilitator training fosters cultural sensitivity.				
43. Facilitators are trained to deal with issues of diversity.				
44. Facilitators are trained to identify problems that are outside the work that the programme does.				
45. Facilitators are taught how to communicate effectively with parents, and how to deal with difficult group dynamics and sensitive situations.				
46. Facilitators are trained on the programme content as well as the rationale behind the programme.				

47. Facilitators are trained how to recruit and retain families.				
48. Facilitators are trained in administration and reporting techniques.				
49. Facilitators are provided with regular and ongoing supervision.				
50. Staff supervision and support is appropriate to assure that the planned programme is well implemented.				
51. Hiring policies address the importance of cultural competency, including empathy, responsiveness to families, and respect for individual differences.				
52. Training policies address the importance of cultural competency, including empathy, responsiveness to families, and respect for individual differences.				
53. The programme developers have created a comprehensive training programme to ensure that the programme can be faithfully replicated in new and independent settings. The training implementation package should include recommendations for ongoing supervision, minimum practitioner qualifications, processes for ensuring fidelity and processes for assessing agency readiness.				

- **While in progress, the programme will be evaluated to determine the degree to which implementation matches the plan.**

	2	1	0	N/A
54. The degree to which participants' needs, interests and expectations are being met will be assessed on an ongoing basis.				

55. The plan is continually evaluated and updated to be responsive to participants' needs within the context of the philosophy and goal(s) of the programme and recommended practices.				
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- **Plans to assess the effectiveness of the programme are realistic, practical, and appropriate.**

	2	1	0	N/A
56. Before, or at the beginning of the program, information will be collected on the knowledge, attitudes, and/or behaviours that are the focus of change, using a method that will not deter parent participation. <i>(Paper-and-pencil questionnaires to assess knowledge, attitudes, and behaviours may be threatening to some audiences at any time and may be an immediate deterrent to further participation when used during the first meeting. Some alternate methods of gathering baseline information are (a) providers' reports on individual meetings with participants, (b) providers' reports from group discussions, (c) participants writing stories at the beginning and end of the program, (d) individual portfolios, and (e) journals documenting progress.)</i>				
57. The intervals for collecting information about outcomes are appropriate for the length of this programme and the number of mileposts being tracked.				
58. The degree of success in reaching the goal(s) is measured and documented at the end of the programme.				
59. Participants are given the opportunity to evaluate				

the quality of the programme. <i>(This information can be gathered through focus groups, feedback forms, family stories, or other methods.)</i>				
60. If resources have been provided for long-term evaluation, there is a plan to follow up with participating families after the intervention ends to assess how well gains acquired during the programme have been maintained or if effects may have occurred sometime after the programme ended.				
61. Methods of collecting information are appropriate for this programme. <i>(Collecting information in multiple ways (such as observation and self-report) provides more reliable findings. When using standard measures, careful attention must be given to choosing one's that (a) are designed to measure the specific change(s) that is/are the focus of the programme and (b) are appropriate for the audience.)</i>				

Total: _____ /122

Appendix D: Consent Form for Face-to-Face Interviews



Department of Psychology
University of Cape Town

CONSENT FORM

Consent to participate in a research study

Dear Sir/Madam,

A Study of Parenting Programmes in South Africa

Study Purpose:

You are being invited to participate in a research study being conducted at the University of Cape Town. The purpose of the study is to investigate a sample of South African parenting programmes and understand their practices in programme design and evaluation.

Study Procedures:

If you decide to participate in the study, you will be required to participate in a face-to-face interview. The interview is expected to take about two hours. You will also be asked to send the interviewer your programme materials.

Possible Risks:

There are no direct risks to you in participating in this study.

Possible Benefits:

There are no direct benefits to you in participating in this study, but we hope that information gained in this study will be useful to the parenting field. We will send you a copy of our final report, which may have recommendations that are helpful to your organisation.

Alternatives:

You may choose not to participate in the study, and this decision will not have any repercussion for you or the organisation which you are representing.

Voluntary participation:

Participation in this study is completely voluntary. You are free to refuse to any question/s. If you decide to participate, you are free to change your mind and discontinue participation at any time without any repercussions for you or for the organisation which you are representing.

Confidentiality:

Any reports or publications about the study will not identify you personally but will refer to the organisation which you are representing.

Questions:

Any study-related questions or problem should be directed to the following researchers:

Miss Inge Wessels - 083 554 1791

Dr Catherine Ward (Principal Investigator) – 021 650 3422

If you have any questions or complaints about the study, you may phone the UCT Department of Psychology on 021 650 3417.

I have read the above and am satisfied with my understanding of the study, its possible benefits, risks and alternatives. My questions about the study have been answered. I hereby voluntarily consent to participation in the research study as described. I have been offered copies of the two-page consent form.

Signature of participant

Date

Name of participant (printed)

Witness

Appendix E: Consent Form for Telephonic Interviews



Department of Psychology
University of Cape Town

CONSENT FORM

Consent to participate in a research study

Dear Sir/Madam,

A Study of Parenting Programmes in South Africa

Study Purpose:

You are being invited to participate in a research study being conducted at the University of Cape Town. The purpose of the study is to investigate a sample of South African parenting programmes and understand their practices in programme design and evaluation.

Study Procedures:

If you decide to participate in the study, you will be required to participate in a telephonic interview. The interview is expected to take a maximum of 2 hours. You will also be asked to send the interviewer your programme materials. You will be sent a stamped envelope for this purpose.

Possible Risks:

There are no direct risks to you in participating in this study.

Possible Benefits:

There are no direct benefits to you in participating in this study, but we hope that information gained in this study will be useful to the parenting field. We will send you a copy of our final report, which may have recommendations that are helpful to your organisation.

Alternatives:

You may choose not to participate in the study, and this decision will not have any repercussion for you or the organisation which you are representing.

Voluntary participation:

Participation in this study is completely voluntary. You are free to refuse to any question/s. If you decide to participate, you are free to change your mind and discontinue participation at any time without any repercussions for you or for the organisation which you are representing.

Confidentiality:

Any reports or publications about the study will not identify you personally but will refer to the organisation which you are representing.

Questions:

Any study-related questions or problem should be directed to the following researchers:

Miss Inge Wessels - 083 554 1791

Dr Catherine Ward (Principal Investigator) – 021 650 3422

If you have any questions or complaints about the study, you may phone the UCT Department of Psychology on 021 650 3417.

I have read the above and am satisfied with my understanding of the study, its possible benefits, risks and alternatives. My questions about the study have been answered. I hereby voluntarily consent to participation in the research study as described. I have been offered copies of the two-page consent form.

Signature of participant

Date

Name of participant (printed)

Witness

Appendix F: Criteria Used to Assess Programme Content

Content and Skills for Parents

Teaching parents to be responsive

Parents should learn and practise how to:

- (a) Display affection and empathy appropriately to each other, their children and other people;
- (b) Use positive attention and praise, consistent with desirable behaviour that has been communicated clearly to the child (see rules and structure). This meant telling children they are behaving well at appropriate times;
- (c) Appropriately express their feelings and emotions, talk about their own and their children's feelings and emotions, and help their children to recognise their feelings and emotions;
- (d) Identify and model behaviour that corresponds to the values and norms they want to transfer to their children;
- (e) Learn new coping, resiliency and anger-management skills to avoid further stress, use fair conflict strategies and eliminate verbal and physical fighting;
- (f) Use responsive play skills, that is, how to let the children lead the play and learn to manage the child while they lead the play;
- (g) Have expectations that are appropriate to the age and developmental level of their children.

Teaching parents to provide structure

Parents should learn and practise how to:

- (a) Use age-appropriate discipline methods, including how to teach children about the consequences of their behaviour;
- (b) Establish clear rules and values for appropriate behaviour and how to help children understand the rules and values of the family and community;
- (c) Recognise possible problems and problem situations in the family and in the community (Internet use, media, neighbourhood environment, and so forth) and how to protect their children;
- (d) Recognise what their good qualities as parents are and build on these qualities;

- (e) Reach agreement with each other on core issues of child-rearing, parenting style and family life and put them into practice or, in the case of a single parent, consciously decide on core issues by themselves;
- (f) Monitor children's whereabouts, activities, friends, school and academic performance;
- (g) Support children in reaching their goals that parents and children think are important and praise them for doing so;
- (h) Manage conflicts in the family, solve arguments and demonstrate forgiveness;
- (i) Protect children from involvement in parental arguments and help them understand the reasons for parental arguments;
- (j) Provide structure for the family life in general (having meals together at certain times of the day, establishing time for going to bed, and so forth).

Teaching parents to become involved in their children's school and studies and in the community

Parents should learn and practise how to:

- (a) Monitor and assist their children in the school and with their homework;
- (b) Cooperate and communicate with the school and recreation and health centres in the community on matters involving their children.

Content and Skills for Families

To interact together, families should learn and practice how to respond, attend to and encourage each other in a more positive manner by being more sensitive and using rewards and praise.

To acquire communication skills, families should learn and practise how to:

- (a) Listen to each other;
- (b) Organise family meetings to discuss important issues;
- (c) Discuss how to define responsibilities and tasks among family members by listening to each other;
- (d) Calmly discuss difficult topics such as alcohol, drugs, relationships and sexuality.

To set limits and provide structure for family life, families should learn and practise how to:

- (a) Solve problems together using the various methods and skills learned during the programme;
- (b) Use developmentally appropriate disciplinary methods for the actions of each family member;

- (c) Stay consistent and fair in discipline practices for each family member;
- (d) Provide appropriate feedback to each other.

To maintain goals for the future of the family, families should learn and practise how to:

- (a) Use community resources effectively and decrease social isolation by, for example, forming relationships with other families and making contact with support services (health, social welfare, job centres, community groups, and so forth);
- (b) Plan and organize for future family life;
- (c) Develop and understand a shared set of values;
- (d) Spend time together and plan common activities.

University of Cape Town