

Rising to the challenge: Towards effective parenting programmes

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Good caregiving for children – especially in the early years – is fundamental not only to each individual child’s well-being and development, but also to realising a safe and productive South Africa in line with the National Development Plan. Parenting support – including parenting programmes – is a crucial element of an essential package of early childhood development (ECD) services (see the essay on pp. 26 – 33).

The term “parenting programme” is applied to a range of interventions in South Africa, including efforts to improve parents’ knowledge of young children’s development, their stimulation for early learning, their management of children’s behaviour, and their relationships with their children.

This essay focuses on programmes that provide support around child behaviour management and parent–child relationships, and addresses the following questions:

- Why are parenting programmes important?
- What kinds of parenting programmes are needed in South Africa?
- How are parenting programmes best delivered?
- How can the quality of parent training programmes in South Africa be improved?

Why are parenting programmes important?

In the early years of life, children are dependent on their parents’ to have their needs met – to be fed, to be cleaned and clothed, to be nurtured, to be stimulated, and to be kept safe. Children whose needs are met in these areas are well prepared to succeed at school, to have good relationships with others, and, in the long run, to become productive adult members of society.¹ By contrast, child abuse and neglect – the most serious forms of poor parenting – have been shown to increase the body’s stress response so that the development of children’s brains and other organs are harmed, and to increase the risk for physical and mental illnesses, as well as other problems such as delinquency.² Supporting parents to be effective therefore saves costs in the long term – costs to the health system in treating illnesses, costs to the criminal justice system in dealing with crime, and a loss in tax revenue (as adults who were abused as children may not achieve their full working capacity).³

Caregiving incorporates not only practical tasks, such as providing adequate nutrition, but also providing affection, stimulation and appropriate discipline. Sound child behaviour

management (including non-violent discipline), encouragement of positive relationships within the family and beyond, and helping to build the child’s sense of self-worth and competence, are key. Good parenting is responsive.⁴ In order to respond appropriately, parents need to know what to do (for instance, when the child needs comforting or when s/he has broken a rule), and what not to do (such as using harsh forms of discipline such as beatings), and to be able to do these things consistently.

This is a tall order for any parent at the best of times, but many caregivers in South Africa are parenting under extreme conditions. Poverty,⁵ exposure to violence,⁶ health conditions such as HIV,⁷ as well as single parenthood,⁸ are all factors that may increase the stress of parenting, and make poor outcomes for children more likely. Caregivers who have children with disabilities (including serious psychiatric disorders) often experience additional stress, particularly if their children’s behaviour is hard to manage.⁹ Unfortunately, many (if not most) parents in South Africa face exactly these conditions. Yet positive parenting (warm, affectionate parenting that provides appropriate boundaries for children without using violent discipline) can buffer the effects of risk factors, such as poverty, on children.¹⁰ Recent South African work¹¹ suggests that improving parents’ knowledge about caregiving may improve child outcomes, even in families where there has been intimate partner violence.

Internationally, parenting programmes (in which parents acquire specific parenting skills,¹² such as giving clear instructions, or using time out instead of spanking) have been shown to be effective in improving parenting and in leading to better outcomes for children.¹³ Programmes designed to improve parenting of the 0 – 9 age group have been delivered through home visits (often starting during pregnancy), group workshops, and longer courses (typically delivered once a week).

Some programmes aiming to prevent child abuse and neglect have experimented with media interventions, and found these at least to shift parenting attitudes (for instance, caregivers’ expectations about what is appropriate at different developmental stages),¹⁴ but as stand-alone interventions they are unlikely to change parent behaviour, and so are unlikely to affect child outcomes.¹⁵ More recently, programme developers have experimented with a variety of other delivery methods, such as providing internet-based information and developing smartphone “apps”.¹⁶ Although these have yet to be tested thoroughly, there is

ⁱ In this essay, the terms “caregiving” and “parenting”, or “caregiver” and “parent”, are used interchangeably as many people in South Africa are caring for children who are not their biological children. It is not the biological relationship that is important, but the quality of care that children receive. All caregivers are worthy of support.



Warm, responsive parenting lies at the heart of early childhood development.

an explosion of interest in them, particularly because most group-based parenting programmes place high demands on parents, who consequently often drop out and do not receive the full training.¹⁷ These innovative delivery methods may help to increase the accessibility of programmes for parents, reinforce key messages, and maintain contact with parents during and after the programme.

What kinds of parenting programmes are needed in South Africa?

Chapter 8 of the Children's Act¹⁸ provides for prevention and early intervention programmes, which include the development of appropriate parenting skills, and norms and standards to ensure that quality programmes are delivered. The Act aims to give effect to children's rights to care and protection,¹⁹ and places a responsibility on government to provide and fund prevention and early intervention programmes. For example, the Department of Social Development and UNICEF have developed a training package for parents and caregivers.²⁰

Parenting programmes need to be responsive to the development of the child as well as the needs of parents. Supporting parents is particularly important during pregnancy and the first two

years of life. Parents need to understand child development and the importance of early relationships, and warm and responsive care to promote positive attachment. A South African programme has demonstrated that parenting and attachment can be improved through home visiting.²¹ There is also evidence from the United States that a home-visiting programme for at-risk mothers through the first two years of a child's life can reduce the risk for child maltreatment and child behaviour problems at age 15,²² although for other home-visiting programmes the evidence is not as clear.²³

From age 18 months through age nine, group-based parent training programmes can successfully reduce child behaviour problems²⁴ and the risk of child maltreatment²⁵. Most parenting programmes aim to prevent problems before they begin. However, once serious problems such as child abuse and neglect, or delinquency, have started, more intensive programmes may be needed. These are usually directed to individual families, and not to groups of parents, and need highly trained clinicians to deliver them.ⁱⁱ

Intensive programmes are thus far more expensive to deliver than group-based programmes that can be delivered by trained lay workers and reach several families at once. Although prevention and early intervention should be a priority, there will always be some who need specialised services, no matter how much prevention is done. These intensive interventions therefore should form part of a continuum of services.

How are parenting programmes best delivered?

Parenting programmes must strive to be effective and scalable. If programmes are to meet these criteria, they must incorporate several elements.²⁶ Broadly speaking, programmes should have:

- a clearly defined target population;
- a programme design and delivery system that is tailored to the needs and cultural background of participating parents;
- a programme theoryⁱⁱⁱ that is plausible and based on evidence of what works;
- realistic and measurable goals;
- a sufficient amount of intervention;
- well-trained and well-supervised staff; and
- rigorous monitoring and evaluation processes to ensure that the programme is implemented as intended and that it is, in fact, effective.

A recent survey of 21 group-based parent training programmes in South Africa showed that they were concentrated in urban areas and that very few meet these standards^{iv} of effective practice.²⁷ Thirteen were delivered by non-profit organisations, and the remaining eight were businesses. This indicates that parenting programmes are poorly distributed and generally inaccessible to the poor. Table 7 on the next page shows the very limited supply of parenting programmes in relation to child population in each of the nine provinces.

ii For example, multisystemic therapy (an intensive family- and community-based treatment programme that focuses on addressing all environmental systems that impact on chronic and violent juvenile offenders), and functional family therapy (a short-term, high quality intervention programme conducted in a variety of settings). For more information, see www.mstservices.com and www.fftinc.com.

iii "Programme theory" refers to a statement that describes the mechanisms by which the programme goals are to be achieved.

iv While home-visiting programmes were not included in this survey, many of the same principles will apply.

Table 7: Parenting programmes in South Africa, by province, 2011

Province	Number of programmes ^a	Number of children (0 – 17) in 2010 (millions) ^b
Eastern Cape	4	2.7
Free State	6	1.1
Gauteng	11	3.3
KwaZulu-Natal	8	4.7
Limpopo	6	2.3
Mpumalanga	5	1.5
North-West	5	1.3
Northern Cape	4	0.4
Western Cape	16	1.8

Sources: a. Wessels I (2012) Parenting Programmes in South Africa: Investigating Design and Evaluation Practices. Unpublished Masters thesis, UCT;

b. Statistics South Africa (2011) *General Household Survey 2010*. Pretoria: Stats SA.

Shortcomings of programmes that participated in the survey included that:

- few programmes conducted formal needs assessments;
- few programmes based their programme content on practices shown in the literature to be effective;
- only 14 programmes provided training and supervision for programme facilitators, with the rest running the risk of inadequate programme implementation; and
- only two programmes had been evaluated by independent evaluators.

Many programmes, especially those located within the non-profit sector, experienced significant challenges in adopting some of these best practices. Scarce financial resources were noted as a barrier to implementing monitoring and evaluation processes, and to providing parents with child care and transport money (strategies that have been shown to enhance the retention of parents in programmes).

In sum, there is very little evidence of the effectiveness of parent training programmes in South Africa. Research is urgently needed to provide evidence of which programmes have the potential to be taken to scale. This will take both political will and significant funding but is essential in order to use resources effectively to achieve the intention of the Children’s Act.

A brief description of a promising programme is provided in case 8 on the opposite page. This particular programme was selected not only because it included many principles associated with programme effectiveness, but also because it is well known within the parenting sector in South Africa and provides a basis for many other programmes in the country.

How can the quality of parent training programmes in South Africa be improved?

There are several key steps that need to be taken to strengthen the field of caregiver training in South Africa:²⁸

1. The child outcomes to be targeted by parenting programmes must be clearly identified through careful survey work in the context where the programme intends to work, and the prevalence of those outcomes must also be measured. This will enable priority targets to be selected. Appropriate targets for programmes may include: the prevention of child abuse and neglect as rates appear to be high;²⁹ and cognitive stimulation which is likely to enhance school readiness³⁰ and improve children’s educational outcomes. It is important that identified targets are consistent with the cultural norms of the targeted population.
2. Interventions that may be effective must be identified – either through evaluations of existing local programmes, or by taking programmes which have proven effective elsewhere and adapting these for the South African context. Ways to integrate parenting interventions into other services, such as ECD or primary health care services, should also be explored³¹ as this may be more cost effective than stand-alone programmes. In the South African context, it is also important to explore the conditions under which paraprofessionals can deliver effective parenting interventions.
3. The effectiveness of these interventions must be established, preferably through rigorous outcome evaluations using the randomised controlled trial design. Most parenting programmes in South Africa have not yet been tested and their effectiveness must therefore be established before considering taking these to scale. The same applies to established programmes adapted from other contexts: adaptations can affect a programme’s effectiveness, and the adapted programme needs to be tested to ensure that it continues to be effective in the new context. The World Health Organisation has recently produced guidelines to help parenting programme managers understand outcome evaluations, which may be helpful.³²
4. Cost-effectiveness should be established. There is some evidence from high-income countries that investment in parenting programme reaps huge dividends in children’s healthy development.³³ Demonstrating that a programme is cost-effective may assist in arguing for the continued investment of public funds.

Conclusion

Supporting South Africa’s caregivers in the complex task of raising children to effective adulthood should be a national priority. Not only will it improve the lives of individual children and their parents, it is likely, in the long term, to contribute to the economy both through reducing the costs of poor parenting and increasing the

Case 8: Positive Parenting Skills programme, The Parent Centre

The Parent Centre is a registered non-profit organisation based in the Western Cape. They run a Positive Parenting Skills programme which predominantly serves parents from poor communities who have children aged 0 – 18 years. The programme also serves parents who have been mandated by the courts to attend. Seven weekly sessions of three hours each are delivered by well-trained and well-supervised staff.

The programme adopts an eclectic approach to parenting and parent empowerment which draws on a variety of theoretical views. It is largely based on the STEP (Systematic Training for Effective Parenting) programme, which recognises that children's behaviours are motivated by various goals and that encouragement and praise are extremely important for children. The Parent Centre programme includes content on understanding children's behaviour and feelings, building children's self-esteem, learning how to be assertive, engaging

in cooperation and problem-solving effectively, and appreciating the importance of positive discipline.

Expected programme outcomes include parents understanding the stages of child development and being able to build children's self-esteem and to apply positive discipline techniques successfully. Process and outcome monitoring is conducted. As yet there has been no formal external evaluation of the programme although this is being planned.

A comprehensive "Train-the-Trainers" programme for professionals, community leaders, religious organisations, parent bodies and community workers wanting to disseminate the Positive Parenting Skills programme is also available. Once this programme has been completed, a Mentoring and Support programme is offered to encourage sustainability.

For more information, see www.theparentcentre.org.za

number of children who become productive, tax-paying citizens. To provide the parenting support services envisaged by the Children's Act, especially for parents faced with multiple challenges, requires political will, resources and evidence of effectiveness.

Signs of political will are evident in the Department of Social Development's capacity building programme for parents³⁴ and in the White Paper on Families;³⁵ the next task is to identify quality parenting support programmes and to take them to scale across the nation.

References

- 1 Richter L (2004) *The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children*. Geneva: World Health Organisation.
- 2 National Scientific Council on the Developing Child (2005) *Excessive Stress Disrupts the Architecture of the Developing Brain*. Working paper 3. Cambridge, MA: Centre on the Developing Child, Harvard University.
- 3 Mikton C & Butchart A (2009) Child maltreatment prevention: A systematic review of reviews. *Bulletin of the World Health Organization*, 87: 353-361.
- 4 Eshel N, Daelmans B, Cabral de Mello M & Martines J (2006) Responsive parenting: Interventions and outcomes. *Bulletin of the World Health Organization*, 84: 991-998.
- 5 Barbarin OA & Richter L (2001) Economic status, community danger and psychological problems among South African children. *Childhood*, 8(1): 115-133.
- 6 See no. 5 above.
- 7 Murphy DA, Marelich WD, Armistead L, Herbeck DM & Payne DL (2010) Anxiety/stress among mothers living with HIV: Effects on parenting skills and child outcomes. *AIDS Care*, 22(12): 1449-1458.
- 8 Williford AP, Calkins SD & Keane SP (2007) Predicting change in parenting stress across early childhood: Child and maternal factors. *Journal of Abnormal Child Psychology*, 35: 251-263.
- 9 Baker BL, Blacher J, Crnic KA & Edelbrock C (2002) Behavior problems and parenting stress in families of three-year-old children with and without developmental delays. *American Journal on Mental Retardation*, 107(6): 433-444.
- 10 Conger R, Ge X, Elder G, Lorenz F & Simons R (1994) Economic stress, coercive family process, and developmental problems of adolescents. *Child Development*, 65(2): 541-561.
- 11 Moolla S (2012) *Parenting: Risk and Protective Factors for Mothers with a History of Exposure to Family Violence*. Unpublished MA thesis, Department of Psychology, UCT.
- 12 Kaminski JW, Valle LA, Filene JH & Boyle CL (2008) A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology*, 36(4): 567-589.
- 13 Mejia A, Calam R & Sanders MR (2012) A review of parenting programs in developing countries: Opportunities and challenges for preventing emotional and behavioral difficulties in children. *Clinical Child and Family Psychology Review*, 15(2): 163-175; Knerr W, Gardner F & Cluver L (2013) Reducing harsh and abusive parenting and increasing positive parenting in low- and middle-income countries: A systematic review. *Prevention Science*, 14: 352-363.
- 14 McLeod J & Nelson G (2000) Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. *Child Abuse and Neglect*, 24(9): 1127-1149.
- 15 See no. 2 above.
- 16 Jones DJ, Forehand R, McKee LG, Cuellar J & Kincaid C (2010) Behavioral parent training: Is there an "app" for that? *Behavior Therapy*, 33(4): 72-77.
- 17 See no. 16 above.
- 18 Children's Act 38 of 2005.
- 19 Preamble to the Children's Act 38 of 2005.
- 20 Department of Social Development & UNICEF (2008) *Parental/Primary Caregiver Capacity Building Training Package*. Pretoria: DSD & UNICEF.
- 21 Cooper PJ, Tomlinson M, Swartz L, Landman M, Molteno C, Stein A, McPherson K & Murray L (2009) Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: Randomised controlled trial. *British Medical Journal*, 338: b1858.
- 22 Olds DL, Eckenrode J, Henderson CR, Kitzman H, Powers J, Cole R, Sidora K, Morris P, Pettit LM & Luckey D (1997) Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *Journal of the American Medical Association*, 278(8): 637-643.
- 23 See no. 3 above.
- 24 Hutchings J, Bywater T, Daley D, Gardner F, Whitaker C, Jones K, Eames C & Edwards RT (2007) Parenting intervention in Sure Start services for children at risk of developing conduct disorder: Pragmatic randomised controlled trial. *British Medical Journal*, 334(7599): 678-682.
- 25 Prinz RJ, Sanders MR, Shapiro CJ, Whitaker DJ & Lutzker JR (2009) Population-based prevention of child maltreatment: The U.S. Triple P System Population Trial. *Prevention Science*, 10(1): 1-12.
- 26 Wessels I (2012) Parenting Programmes in South Africa: Investigating Design and Evaluation Practices. Unpublished Masters thesis, UCT.
- 27 See no. 26 above.
- 28 Ward CL, Sanders MR, Gardner F, Dawes A & Mikton C (2013) *What Do We Need to Achieve Effective Implementation of Evidence-Based Programmes in Low- and Middle-Income Countries?* Paper presented at the workshop of the Forum on Global Violence Prevention on Evidence for Violence Prevention across the Lifespan and around the World, Institute of Medicine, Washington DC, 23 – 24 January 2013.
- 29 Richter LM & Dawes ARL (2008) Child abuse in South Africa: Rights and wrongs. *Child Abuse Review*, 17(2): 79-83.
- 30 Powell C, Baker-Henningham H, Walker S, Gernay J & Grantham-McGregor S (2004) Feasibility of integrating early stimulation into primary care for undernourished Jamaican children: Cluster randomized controlled trial. *British Medical Journal* 2004, 329: 89.
- 31 Evans J (2006) Parenting programmes: An important ECD intervention strategy. Background paper for the EFA Global Monitoring Report 2007, published by UNESCO.
- 32 Wessels I, Mikton C, Ward CL, Kilbane T, Alves R, Campello G, Dubowitz H, Hutchings J, Jones L & Lynch M (2013) *Preventing Violence: Evaluating Outcomes of Parenting Programmes*. Geneva: World Health Organisation.
- 33 Kilburn MR & Karoly LA (2008) *The Economics of Early Childhood Policy: What the Dismal Science has to Say about Investing in Children*. Santa Monica, CA: RAND Corporation; Aoss S, Lee S, Drake E, Pennucci A, Klima T, Miller M, Anderson L, Mayfield J & Burley M (2011) *Return on Investment: Evidence-based Options to Improve Statewide Outcomes* (document no. 11-07-1201). Olympia: Washington State Institute for Public Policy.
- 34 See no. 20 above.
- 35 Department of Social Development (2012) *White Paper on Families in South Africa, October 2012*. Pretoria: DSD.