

**Social workers' views of the implementation
process of the Courage community engagement
programme**

L Velempini

 **orcid.org 0000-0002-7008-7645**

Mini-dissertation submitted in partial fulfilment of the
requirements for the degree *Master of Social Work in
Child Protection* at the North-West University

Supervisor: Dr Hanelie Malan

Examination: September 2019

Student number: 23064692

DECLARATION

I, Linda Velepini, declare herewith that the dissertation titled:

Social workers' views of the implementation process of the Courage community engagement programme

which I submit to the North-West University in compliance/partial compliance with the requirements for the degree Master of Social Work, is my own work; it is according to the requirements of language editing; all sources used or cited are indicated and acknowledged by means of full references; and it has not already been submitted to another university.



Signature

Date: 25 November 2019

DECLARATION BY LANGUAGE EDITOR

DR AMANDA VAN DER MERWE

(DLitt et Phil)

ACCREDITED LANGUAGE PRACTITIONER • GEAKKREDITEERDE TAALPRAKTISYN

(Afrikaans-English/English-Afrikaans)

SATI MEMBER NO • SAVI-LIDNR. 1000547

8 Johannes Dreyer St, Potchefstroom, 2531, RSA • Tel/Fax +27 (0)18 2943319 • Cell +27 (0)82 7414003 • amanda@languageworx.co.za

22 November 2019

Ms L Velempini
Social Work
NWU
Potchefstroom Campus
POTCHEFSTROOM

Dear Ms Velempini

Language editing

This is to confirm that I edited your mini-dissertation, *Social workers' views of the implementation process of the Courage community engagement programme*, and that I indicated the necessary grammatical corrections.

Please contact me if there are any queries or if I can be of further assistance.

Yours sincerely



A van der Merwe

PREFACE

This dissertation has been done in article format according to the 2018 General Academic Rules of the North West University. The article complies with the requirements of the journal, *Children and Youth Services Review*.

INSTRUCTIONS TO THE AUTHORS

Manuscript in article format

Children and Youth Services Review (CYSR) is an interdisciplinary forum for critical scholarship regarding service programs for children and youth.

Types of Paper

The journal publishes full-length articles, current research and policy notes, and book reviews. There are no submission fees or page charges. Submissions will be reviewed by the editor, Duncan Lindsey.

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

Manuscript:

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if colour should be used for any figures in print

Graphical Abstracts / Highlights files (where applicable)

Supplemental files (where applicable)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

Article structure

Essential title page information

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
- **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**
- **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent

address') may be indicated as a footnote to that author's name. The address at which the author did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Subdivision - numbered sections

Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and cite the source. Any modifications to existing methods should also be described.

Theory/calculation

A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly, for tables and figures: Table A.1; Fig. A.1, etc.

ACKNOWLEDGEMENTS

I would like to express my heartfelt gratitude towards the following people:

- My supervisor, Dr Malan, for her support and perfect guidance.
- My husband, Mthulisi Velempini, and children, Brahan, Kganya, Loyiso and Shalom, for their encouragement, love and technical support.
- Dee Blackie, the founder of the Courage Programme, for her guidance and permission to conduct the research.
- The participants who made the study possible.
- To my sister Sithembinkosi Dingani, who provided support and assistance.
- To my mother, Hlengiwe Dingani, for her prayers and always believing in my abilities to succeed.
- The almighty heavenly Father for His courage, strength and wisdom to begin and finish this study.

ABSTRACT

Title: Social Workers' Views of the implementation process of the Courage Community Engagement Programme

The South African child protection system seems unintegrated. This situation makes it difficult for the government departments and NGOs to combat child protection challenges and it is reported that child abuse and neglect are escalating in South Africa. The South Africa's Child Care and Protection Policy (2018) and chapter 8 of the Children's Act (No. 38 of 2005 as amended) provide for the implementation and resourcing of primary prevention and early interventions. Implementation of programmes has been predominantly focussing, on reducing child poverty through social assistance programmes, especially the child support and foster care grants. Community-based interventions have potential to contribute significantly toward addressing maltreatment of children. The aim of this study is to explore and describe the views of social workers on the implementation process of the Courage Child Protection Community Engagement Programme.

To achieve the aim of the study an evaluation of programme implementation was essential because without it, there are risks of not identifying or misinterpreting the meaning of negative results. A qualitative research approach was utilised to gain a better understanding on implementation evaluation through a literature review. The researcher also utilised telephone interviewing guided by an interview schedule that provided insight into the views of social workers who implemented the Courage Community Engagement Programme. The sample included 10 social workers who implemented the Courage Programme and are employed in the child protection field.

The study therefore contributes to the existing knowledge and practices with regards to community programme implementation processes. It helps practitioners gain information regarding programme implementation that can be utilised as part of programme improvement.

Section A of the dissertation focuses on the orientation of the research, which encompasses the background and aim of the research, the contextualisation, the problem statement, research methodology and ethical implications. Section B contains the literature review and the background of the Courage Programme. Section C is presented in the form of an article and the findings are critically discussed and substantiated through relevant literature. The last part of

the dissertation focuses on the evaluation of the study, the limitations, recommendations and conclusion.

Key terms: Programme; Community engagement programmes; Implementation evaluation in South Africa

TABLE OF CONTENTS

| | |
|---|------|
| DECLARATION | ii |
| DECLARATION BY LANGUAGE EDITOR | iii |
| PREFACE | iv |
| ACKNOWLEDGEMENT | viii |
| ABSTRACT | ix |
| SECTION A: RESEARCH ORIENTATION | 1 |
| 1.1 INTRODUCTION | 1 |
| 1.2 CONTEXTUALISATION AND PROBLEM STATEMENT | 1 |
| 1.3 CONTRIBUTION OF THE STUDY | 4 |
| 1.4 AIMS AND OBJECTIVES | 5 |
| 1.5 RESEARCH METHODOLOGY | 6 |
| 1.5.1 Research approach and design | 6 |
| 1.5.2 Population and sampling | 8 |
| 1.5.3 Process of sample recruitment | 10 |
| 1.6 DATA COLLECTION | 11 |
| 1.7 TRUSTWORTHINESS | 13 |
| 1.8 DATA ANALYSIS METHODS | 15 |
| 1.9 ETHICAL ASPECTS | 16 |
| 1.9.1 Informed consent | 16 |
| 1.9.2 Potential risks and benefits | 17 |
| 1.9.3 Probable experience of participants | 17 |
| 1.9.4 Confidentiality and anonymity | 18 |
| 1.9.5 Storage and archiving of data | 19 |
| 1.9.6 Distribution of results | 20 |
| 1.9.7 Legal authorisation | 20 |
| 1.10 CHOICE AND STRUCTURE OF REPORT | 20 |
| 1.11 REFERENCES | 22 |
| SECTION B: LITERATURE REVIEW | 27 |
| 2.1 INTRODUCTION | 27 |

| | | |
|---|--|----|
| 2.2 | IMPLEMENTATION SCIENCE | 29 |
| 2.3 | COMPONENTS OF PROGRAMME IMPLEMENTATION | 29 |
| 2.3.1 | Programme adherence | 30 |
| 2.3.2 | Dosage..... | 31 |
| 2.3.3 | Quality of delivery | 31 |
| 2.3.4 | Participant responsiveness | 32 |
| 2.3.5 | Programme differentiation | 32 |
| 2.4 | THE IMPORTANCE OF PROGRAMME IMPLEMENTATION | 33 |
| 2.5 | FACTORS THAT IMPACTING UPON PROGRAMME DELIVERY | 33 |
| 2.5.1 | Organisational characteristics..... | 34 |
| 2.5.2 | Community characteristics | 34 |
| 2.5.3 | Programme characteristics | 35 |
| 2.5.4 | Facilitator characteristics | 35 |
| 2.5.5 | Adaptations..... | 36 |
| 2.6 | THE COURAGE PROGRAMME..... | 36 |
| 2.7 | CONCLUSION | 38 |
| 2.8 | REFERENCES | 39 |
| SECTION C: JOURNAL ARTICLE | | |
| SOCIAL WORKERS' VIEWS ON THE IMPLEMENTATION PROCESS OF THE COURAGE CHILD PROTECTION | | |
| COMMUNITY ENGAGEMENT PROGRAMME..... | | |
| | ABSTRACT | 42 |
| 3.1 | INTRODUCTION | 43 |
| 3.2 | AIM AND OBJECTIVE..... | 43 |
| 3.3 | RESEARCH METHODOLOGY..... | 43 |
| 3.3.1 | Research approach and design | 43 |
| 3.3.2 | Population and Sampling | 44 |
| 3.3.3 | Data collection | 44 |
| 3.3.4 | Data analysis | 44 |
| 3.3.5 | Ethical aspects..... | 45 |
| 3.4 | RESEARCH FINDINGS | 45 |
| 3.4.1 | Theme 1: Adherence | 46 |
| 3.4.1.1 | Sub-theme 1: Details of content coverage | 47 |

| | | |
|---|--|----|
| 3.4.1.2 | Sub-theme 2: Duration/frequency of intervention | 48 |
| 3.4.2 | Theme 2: Programme characteristics | 49 |
| 3.4.2.1 | Sub-theme 1: Intervention complexity | 49 |
| 3.4.2.2 | Sub-theme 2: Visual aids..... | 50 |
| 3.4.2.3 | Sub-theme 3: Flexibility and adaptability | 51 |
| 3.4.3 | Theme 3: Implementation factors..... | 51 |
| 3.4.3.1 | Sub-theme 1: Facilitators' expertise | 51 |
| 3.4.3.2 | Sub-theme 2: Participants responsiveness | 53 |
| 3.4.3.3 | Sub-theme 3: Cultural diversity | 54 |
| 3.4.3.4 | Sub-theme 4: Financial implications..... | 54 |
| 3.4.4 | Theme 4: Macro-level implications | 55 |
| 3.4.4.1 | Sub-theme 1: Formation of partnerships / networking..... | 56 |
| 3.4.4.2 | Sub-theme 2: Programme adoption | 57 |
| 3.4.5 | Theme 5: Process-outcome linkages | 57 |
| 3.5 | CONCLUSION AND RECOMMENDATIONS | 58 |
| 3.6 | REFERENCES | 60 |
| SECTION D: SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS..... | | 63 |
| 4.1 | INTRODUCTION | 63 |
| 4.2 | SUMMARY | 63 |
| 4.2.1 | Theme 1: Adherence..... | 63 |
| 4.2.2 | Theme 2: Programme characteristics | 64 |
| 4.2.3 | Theme 3: Implementation factors | 64 |
| 4.2.4 | Theme 4: Macro-level implications..... | 65 |
| 4.2.5 | Theme 5: Process-outcome linkages. | 65 |
| 4.3 | LIMITATIONS OF THE STUDY | 65 |
| 4.4 | RECOMMENDATIONS..... | 66 |
| 4.5 | CONCLUSION | 66 |
| 4.6 | REFERENCES | 68 |
| ANNEXURES | | 69 |
| 1. | ANNEXURE A: HREC ETHICAL APPROVAL | 69 |
| 2. | ANNEXURE B: INVITATION | 71 |
| 3. | ANNEXURE C: INTERVIEW SCHEDULE | 72 |

4. ANNEXURE D: INFORMED CONSENT 73
5. ANNEXURE E: LETTER OF GOODWILL..... 76

LIST OF TABLES:

Table 1.1: Trustworthiness13
Table 3.1: Themes and sub-themes45

SECTION A: RESEARCH ORIENTATION

1.1 INTRODUCTION

Section A presents a brief background to the study and details of the research methodology followed. This section also outlines the structure of the study and provides information on the consideration of ethics principles, such as confidentiality, conflicting rights, informed consent and voluntary participation.

1.2 CONTEXTUALISATION AND PROBLEM STATEMENT

Implementation of community programmes predominantly focuses on reducing child poverty through social assistance programmes. Such programmes often include child support grants; child-headed household grants; foster care grants; and care dependency grants. All these form part of the government's strategies to provide social assistance to underprivileged communities in an attempt to adequately meet their basic needs (Makoae, Roberts & Ward, 2012:4). These programmes may contribute positively towards reducing child maltreatment through reducing potential stress on households, but they do not directly impact on preventing child maltreatment (Makoae *et al.*, 2012: 1).

Early interventions are imperative to combat the challenges of child protection and the results of those challenges. September (2006:S66) points out that the child protection service delivery structures and programmes differ within the respective state departments and also among private welfare agencies. September (2006:S71) points out that there is a need for communities to take collective responsibility to protect children and efforts have to be made to realise successful prevention of child maltreatment within a community context. The Human Sciences Research Council (2012) found that South Africa scored lower with regard to child maltreatment prevention readiness than other developing countries. The study concluded that while evidence-based child maltreatment interventions were necessary for reducing harm, injury, exploitation and inadequate care of children, these were insufficient for ensuring successful implementation of preventive measures (Makoae *et al.*, 2012). Community-based interventions have potential to contribute significantly toward addressing maltreatment of children, whilst community member involvement in direct service planning and delivery may be a viable alternative for supporting formal welfare services (September, 2006:S70). Wessels (2009:1) also found that community mobilisation has become a common approach in designing responsive programmes to identify

child protection risks, to mobilise communities on aspects pertaining to child protection and to provide local support and action.

In response to the findings pertaining to the low level of readiness of the South African community to prevent child maltreatment and child protection issues, as experienced in most communities, the “Courage Child Protection Community Engagement Programme” (the Courage Programme) was developed (Nagel, 2016). The Courage Programme was developed and introduced as a potential neighbourhood-based intervention with the focus on enhancing community knowledge regarding child protection issues. The motive for this initiative is to improve the gate keeping functions of child protection systems in communities.

The “Courage Programme” was developed in a partnership between the National Adoption Coalition of South Africa and Föräldralösa Barn, the Swedish foundation for children without parental care, using the market segmentation model (Blackie, The Business of Brands Institute, 2015). Makoae, Ward and Dawes (2009:14) points out that what makes programmes of significance is that it focusses on proactive and preventive solutions, which is of necessity when dealing with child maltreatment issues. Such a programme needs to focus on important aspects such as enhancing community members’ knowledge to recognise children’s rights and create awareness of child protection issues; and to identify and prioritise child-related challenges. It also needs to identify resources to deal with those challenges and to empower community members to work in partnership with key role players to find practical solutions, such as community forums which deal with child-protection issues (Makoae *et al.*, 2009).

Wessels (2009:1) emphasises that despite the child-focused approach of communities groups, there is at present “*a lack of evidence about the effectiveness, cost, scalability, and sustainability of community-based child protection groups*”. This lack of evidence-based intervention strategies hinders not only accountability, but also the ability to reflect on the effectiveness of such interventions. Van Dijiken, Stams and de Winter (2016) substantiate the above by arguing that lack of evidence also impedes efforts to obtain funding that is needed to support child protection and well-being, to advocate effectively on behalf of the children and to promote the most effective practices and policies. Van Dijiken, *et al.* (2016:149) argue that due to an increase in child maltreatment, there is a need to examine the potential of community-based programmes that target the problem-solving and helping process in the community. The Human Sciences Research Council (2012), with reference to Child Maltreatment Prevention Readiness Assessment, states that in the South African context, children are likely to be placed

in programmes that have not been evaluated or of which the effectiveness is unknown. When implemented correctly, community-based programmes are regarded to have the potential to strengthen the socialisation quality of the social environment, which is a necessity to promote the well-being of children and which might in turn prevent maltreatment of children (Van Dijken *et al.*, 2016:149). Van Dijken, *et al.* (2016:151) conclude that scientific literature generally shows that community-based interventions targeting neighbourhood processes are promising for future interventions, but they emphasise a need for further studies to establish such programmes' effectiveness. Klassen *et al.* (2000:84) confirm this and point out that community-based interventions are dependent on how the outcomes are interpreted and on the role that the environment plays (Van Dijken, *et al.*, 2016:156).

The Courage Programme's philosophy is intended to empower social workers or community members with specific knowledge and strategies regarding how to identify, train and mobilise other community members and structures and prepare these to prevent and respond actively and appropriately to child protection issues. The Courage Programme is thus an example of a community-based child protection prevention programme that relies on knowledgeable and informed champions whose responsibility it is to implement the programme in a target community. Implementation, or the transfer of acquired knowledge and skills to the target community, is a daunting task that is difficult to achieve. Therefore, the present study intended to explore the views that social workers trained in the Courage Programme have on the implementation process they followed regarding the transfer of the programme to the target community. These views provided the researcher with a more accurate picture pertaining to the interpretation of the relationship between the programme and its intended outcomes. This might provide more insight, which in turn may generate valuable information that could guide future implementation strategies for this programme.

A programme's lack of success can be attributed to any number of programme-related reasons, including poor programme design, poor or incomplete programme implementation, and/or failure to reach sufficient numbers of the target audience (Dusenbury, *et al.*, 2003; Duerden & Witt, 2012:2). This study was interested in investigating concepts such as the relationships among programme adherence, process factors, implementation quality, and perceived programme success (Scheirer, 1994). For the purpose of this study the researcher relied on literature to identify five components of process evaluation that are **contingent to quality programme implementation**, and that would be the focus of this study:

- **Programme adherence** is concerned with whether the programme is being delivered as intended, according to the original programme design. Elliott and Mihalic (2004:47-53) point out that true programme fidelity is not easily achieved, often because programme implementers change or adapt the programme content during actual implementation.
- **Implementation process** includes the programme receivers' engagement, programme implementers' use of feedback, goal attainment, and programme implementers' familiarity with the programme receivers.
- **Programme dosage** refers to the effort by the programme implementer to follow the required time prescribed for a programme's implementation as well as the size of the target audience as process factors, because this might affect the quality of implementation (Johnson *et al.*, 2010:S14-S21).
- **Macro-level implementation** refers to the importance of the engagement of different community stakeholders (Zani & Cicognani, 2010:55-69), clientele population needs as well as the environment assessment (Stewart, 2008:32).
- **Process-outcome linkage** – Process evaluation provides insight and can inform programme developers and implementers about the linkages between processes and outcomes according to the standardised manual and the variety of implementations in real human service settings based on the same manualised plans (Harachi *et al.*, 1999:711). The above model of process evaluations monitors and evaluate the fidelity of interventions and can provide an in depth understanding of factors that lead to the success or failure of implementing complex interventions (Fitzgerald, Geaney, Kelly, Mc Hugh & Perry, 2016).

Thus, without a clear understanding of the difficulties that can arise when replicating previously successful programmes, practitioners would lack information regarding how best to implement the programme and the degree of integrity needed to produce the outcomes of the intended programme.

1.3 CONTRIBUTION OF THE STUDY

It has value to explore how a programme is implemented, even without any evaluation of the programme outcome. Some programmes have unsuccessful outcomes simply because they are not implemented properly (Rubin & Babbie, 2016:287). Rubin and Babbie caution that without an assessment of whether and how a programme got implemented, evaluators may erroneously abandon effective programmes. Without a process of programme implementation, the risks exist

that the meaning of negative results would not be identified or that it would be misinterpreted; and that it may not be possible to tell whether a programme is being implemented as planned (Rubin & Babbie 2016:288).

As pointed out in the contextualisation, literature suggests that there is lack of evidence on the implementation processes in terms of cost-effectiveness and sustainability to ensure that child-maltreatment interventions in communities achieve the desired and intended outcomes. This lack of evidence impedes accountability and makes it difficult to define effective practices, to develop appropriate inter-agency guidance for practitioners, and to strengthen the quality of practice. This study responds to this need and it would add value to the existing knowledge and practices with regard to community programme implementation processes. Gaining insight into social workers' views regarding the implementation of the Courage Child Protection Community Engagement Programme may help practitioners gain practical knowledge necessary for programme implementation, which in turn can be utilised as part of a comprehensive programme improvement model. The findings may also provide programme funders with insight to make important decisions pertaining to programme structure and its funding.

Research question

This study wants to answer the following research question:

- *What are the views of social workers trained in the Courage Child Protection Community Engagement Programme regarding the implementation process of this programme?*

1.4 AIMS AND OBJECTIVES

The general aim of this research study is to explore and describe the views of social workers on the implementation process of the Courage Child Protection Community Engagement Programme.

Objective:

- To explore the views of social workers on the implementation process of the Courage Child Protection Community Engagement Programme.
- To describe the implementation process that the social workers followed.

1.5 RESEARCH METHODOLOGY

1.5.1 Research approach and design

According to Babbie and Rubin (2011:245) the term *research design* can refer to all the decisions made in planning and conducting research, including decisions about measurement, sampling, how to collect data, and logical arrangements designed to permit certain kinds of inferences. Research design explains how the research is going to be executed from the start until its accomplishment. A design (Babbie & Mouton, 2011:74) is thus a template that makes it easy to structure the research.

For the research in this study, a pure qualitative research approach was utilised. De Vos *et al.* (2011:308) describe the qualitative research approach as an approach to gain a better understanding of the phenomenon, rather than attempting to explain it, in a natural setting that is sensitive to the people and places that are being observed, rather than using a controlled measurement. Qualitative research enables the researcher to probe and understand, and to record the feedback of the participants, which is valuable during interviews and the data analysis process. In line with a qualitative research approach, the researcher utilised an explorative and descriptive research method (Rubin & Babbie, 2010:133) to explore and describe the views of social workers who completed training in the Courage Programme, regarding their implementation process of the programme. The programme's objectives are to enhance the community's knowledge on the rights and needs of children, to identify and prioritise child protection challenges, to implement child protection strategies and identify resources to deal with challenges; to form partnership with key role players in the community; and to mobilise grassroots committees, such as child protection forums, to deal with child protection issues. According to Rubin and Babbie (2016:288) the evaluation of programme implementation are concerned with whether a programme is being implemented as planned. Rubin and Babbie (2016:288) further argue that without assessing whether and how the programme got implemented, evaluators can be in danger of abandoning some effective programmes.

Fouché and de Vos (2011:106) point out that an exploratory research method is undertaken when more information is needed concerning a new area of interest or when researchers want to understand a certain situation better. Qualitative descriptive studies offer a comprehensive summary of an event in the everyday terms of those events. Researchers conducting qualitative

descriptive studies seek descriptive validity, or an accurate account of events (Sandelowski, 2003:1366). This method presents a picture of specific details of a situation and focuses on reflection questions (Fouché & De Vos, 2011:96). The participants in this study would describe how they implemented the programme, what shortcomings they experienced during the implementation and what recommendations they can advise. Patton (2002:162) argues that if a process of ongoing adaptation to local conditions characterises the programme implementation, then the methods used to study the implementation should correspondingly be open-ended, discovery-oriented and capable of describing developmental processes and programme changes. Qualitative methods are ideally suited to the task of describing such programme implementation (De Vos *et al.*, 2011:463). Because it is impossible to anticipate in advance how programmes would adapt to local conditions, needs and interests, it is impossible to anticipate what standardised quantities could be used to capture the essence of each programme's implementation (De Vos *et al.*, 2011:463).

Ginsberg (2001:157-158) is of the opinion that descriptive designs are useful when the intention of a study is to gain an accurate description of programme activities. These designs examine association or correlation between a programme and its outcomes. A descriptive research design would be suitable for this study, as this type of design offers a clear road map for research to be able to answer the research question accurately, objectively and economically (Kumar, 2014:122).

The researcher planned to utilise internet-based methods of interviewing, such as Skype and Face Time. Skype is a free Voice-over the Internet Protocol (VoIP) system to collect data. Skype and FaceTime provide the researcher with the ability to interview research participants by means of video or audio calls (Lo Iacono, Symonds & Brown, 2016:1). Users can Skype from computer to computer or from a computer to a phone. Skype was the original method to be utilised for data collection because it is recommended as a complementary interviewing tool to face -to face interviewing (Lo Iacono *et al.*, 2016:1). Due to the internet connectivity issues with most participants, the interviews were held telephonically instead of via skype. The researcher used questions in the interview schedule as a guide to obtain information from participants with regard to their views on the process they followed to implement the Courage Programme; their views regarding the community's knowledge to take responsibility for child protection issues; their views regarding any shortcomings concerning the implementation of the programme; and any recommendations they had to offer. This method of data collection was convenient for this study as the researcher could gather data from widely dispersed populations without leaving the

office (De Vos *et al.*, 2011:187). The participants in the study were social workers from different geographical locations in South Africa who were trained as trainers in the Courage Programme. Interviewing was chosen as a research method because it increases the reliability of the research and it makes it possible to clarify complex issues. Rather than asking respondents to read questionnaires and enter their own answers, the researcher asked questions orally and recorded the participants' response. Interviewing took place in an overall interviewing context by way of open-ended questions.

Before the research commenced, the researcher obtained permission from the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU – 00010-18-S1) (Annexure A). Goodwill permission was also obtained from the developer of the Courage Programme, Mrs D. Blackie, to study the implementation process of the Courage Child Protection Community Engagement Programme (Annexure E).

1.5.2 Population and sampling

The *population* refers to all the people related to the research focus who can provide answers to questions (Morgan & Sklar, 2012:69) – thus, individuals who are selected for the intended study.

Since the launch of the Courage Programme in 2015 in South Africa, the developer and presenters of the programme presented 22 “Train the Trainer Courage Workshops”, during which a total of 118 people have been trained. The aim was to empower child protection officers, including social workers, police, medical practitioners, teachers, parents and caring community members, to start addressing child protection challenges in communities. The workshops were held at various towns and cities in South Africa that were conveniently central for the trainees to attend. The Courage training is a one-day training which runs for about 6 hours to 8 hours. It is a simple program with clear instructions to be followed by the facilitator. There are no follow up sessions scheduled once implementation is done. All professionals working with children both in the public and private sector are targeted to engage in the Courage training.

A *sample* comprises elements or a subset of the population considered for actual inclusion in the study. It can also be viewed as a subset of measurements drawn from a population in which the researcher is interested (Strydom, 2011:223-224). The sample in this study is based on the knowledge of the selected population, its elements, and the purpose of the study.

This type of sampling is called *purposive sampling* (Babbie, 2014:200). A qualitative research approach typically involves purposeful sampling and is based entirely on the judgement of the researcher (Strydom, 2011:232). According to Silverman (2000:104), purposive sampling allows researchers to choose a study in which they are interested. Since this study focusses on the social workers' views regarding the implementation of the Courage Programme, only social workers in the field of child protection who completed the training and implemented the programme were included, because they were in a better position to give feedback on how they implemented the programme.

The social workers who attended the training were situated at different social work organisations in the different provinces of South Africa. An advertisement was emailed to the database of people who were trained in the Courage programme. The list comprised of 118 people and only those who responded were recruited. They were selected because they had certain characteristics in common which related to the topic of the study, their knowledge gained on the implementation of the Courage Programme as well as their training in community work models: hence, they had an understanding of working with community members and seemed to be better equipped to train other role players in communities regarding child protection challenges. As pointed out by Weyers (2011:6), community work is a method of social work that consists of the various processes and helping acts of the social worker that are targeted at the community system, with the purpose of bringing about required social change.

Although the sample may be diverse in demographic characteristics, its homogeneous nature enabled the researcher to reach data saturation (Guest, Bunce & Johnson, 2006). The motivation for including social workers from the different provinces was to allow geographical variation in inputs. The social workers presented the Courage program to community members at least once but were free to implement the program as much as they could. Findings of this study are not intended to be generalised outside the population itself but to provide a more in-depth understanding of the implementation process of the Courage Programme.

1.5.2.1 Sample inclusion criteria

The researcher contacted the participants on the database of the Abba organisation who completed the Courage training and who responded to the invitation regarding the research, indicating that they wanted to participate in the research, and who met the criteria for inclusion. The following inclusion criteria were set:

- Social workers who completed the Courage training programme since it was launched in 2015;
- social workers working in the field of child protection who were employed by different welfare organisations;
- social workers who implemented the Courage Programme;
- participants had to be fluent in English, as the programme was presented in English and the interviews would be conducted in English;
- participants could be either male or female; and
- participants had to have access to Skype or Face Time as a medium of communication.

1.5.2.2 Sample exclusion criteria

The researcher excluded the following persons:

- Attendees who completed the Courage training who are not social workers working in the field of child protection; and
- social workers who did not consent to participate in the research project.

1.5.3 Process of sample recruitment

The *recruitment* of a sample is defined as a method of accessing the population (Brink, Van der Walt & Van Rensburg, 2006). The researcher contacted the developer of the Courage Programme (Mrs D. Blackie) and obtained goodwill permission to explore the views of the social workers in question regarding the implementation process of the Courage Programme (Annexure E). The researcher also sent an invitation (Annexure B) of the intended study via e-mail to the developer and presenter of the Courage Programme. An invitation was also sent to Abba organisation, which presents and facilitates trainer workshops of the Courage Programme. Abba Specialist Adoptions and Social Services (Abba) is a national designated and accredited child protection organisation that provides a comprehensive spectrum of child protection services and services related to adoption in all nine provinces.

The presenters of the Courage Programme acted as independent gatekeepers and were asked to distribute the invitation regarding the research to all the social workers on their data base who completed the training on the Courage Programme. Those who were interested to participate in the study could contact the independent person (the gatekeeper) for further information. The independent person was trained to consider all the ethical aspects, as well as the inclusion and

exclusion criteria, and he/she contacted the participants and explained the aim of the study to those who responded to the invitation and gave them 5 days to consider participation.

The researcher included in the sample only those social workers who completed the Courage training and who responded to the invitation. Before the researcher scheduled an appointment for the interview, she again explained the purpose of the research, how the research would be recorded, how the information would be stored, and how it would eventually be destroyed. The researcher gave participants the opportunity to raise any questions about the study or any procedures that would be used. This was done all done telephonically. Thereafter the independent person allowed the participants to sign the file-transferred informed consent form in the presence of a witness. In this written informed consent form, the participants also consented to the recording of the telephone interview. Participants then returned the signed informed consent form to the researcher via e-mail.

1.6 DATA COLLECTION

The intent of the research was to explore and describe the views of the social workers regarding the implementation process of the Courage Programme. Qualitative research allowed the researcher to collect rich data from various participants with different perspectives which would contribute to a greater depth of insight into how they evaluated the implementation of the programme. Interviewing is the predominant mode of data or information collection in qualitative research (De Vos *et al.*, 2011:342). An individual interview is an interview which allows the object of the study to speak for him-/herself, rather than to provide the respondents with a battery of the researcher's predetermined hypothesis-based research questions (Babbie & Mouton, 2011:53). For the purposes of this study, the researcher utilised telephone interviews to collect data from the participants.

Because the participants in this study were situated in different provinces, the use of Skype or Face Time interviews were viewed to be the best choice for data collection (Carter, 2011). However, due to internet connectivity problems experienced by most participants with Skype, telephone interviews were used instead. The reported advantages of the use of the telephone for research include that a researcher reaches geographically dispersed respondents; data collection is economical (decreased cost and travel); and interviewer safety is enhanced (Novik, 2008). Interviewer safety means that the interviewer will not be exposed to any power imbalances with the participants. Telephone interviews are cheap, and require only a handset

and the privacy of the researcher's office, whilst the participant can be at a venue of their choice, with no disturbances. Telephone calls allowed the researcher to interview the participants at a time that suited their schedule. Markham (2008:255) further suggests that the benefits of using telephone and other communication programmes as a method of data collection, especially in place of face to face interviews, definitely outweigh the drawbacks. The conversations can be also recorded and observed with less intrusion than during face- to-face interviews (Hooley, Wellens & Marriott, 2012).

Participants who agreed to be interviewed were entered into the researcher's telephone contact list. Appointments with the participants were sent via an e-mail and reminders were set on the phone for the researcher.

At the beginning of the call the researcher reminded the participants that the interview would take approximately 30-45 minutes; that the interview would be recorded; that the participant could stop the interview at any time; how the interview data would be protected; how participants' confidentiality would be protected; and how and when recordings would be destroyed. The researcher made use of free telephone-based recording software, which allowed the interviewer to record the audio conversation, with both parties captured in the recording. The digital recordings were transcribed by the researcher into Word-format text files. The data appeared only in electronic format and all files were stored on the supervisor's password-protected computer. At completion of the study, digital recordings would be deleted and electronic data would be stored at the office of the Compres research entity for a period of five years.

The researcher made use of an interview schedule as a way of collecting information. Burke and Miller (2001:2) recommend that the researcher should have a list of interview questions before collecting data. The interview schedule, a written form of questionnaire, would guide the interviews but would not be rigid (Greeff, 2011:296). A literature study was done to guide the researcher to understand the construct at hand before compiling the questions for the interview schedule (Strydom, 2011:352). The researcher took the five components of process evaluation that are **contingent to quality programme implementation**, into consideration. These components are: programme adherence; implementation process, intended dosage, macro-level implication, and process-outcome linkage (Duerden & Witt, 2012). The interview schedule

(Annexure C) was formulated in such a way that the views of social workers regarding the process of implementation of the Courage Programme could be explored.

Burke and Miller (2001:2) find it useful to communicate the interview questions beforehand to the participants. Participants need time to reflect and think about their responses, and this way ultimately yield more thick, rich descriptive data from participants. The researcher e-mailed the interview schedule to the participants beforehand to reduce the possibility of discomfort or anxiety because of uncertainty about the questions to be asked. It is not expected that the line of questioning would be beyond the participant’s normal, everyday experiences, or that the nature of the topic should be removed from the participants’ personal circumstances – hence, the contribution of the participant is about his/her professional activities or functions and the risk for participants is therefore considered low.

Once all the raw data were collected it was transcribed by the researcher into Word format text files for data analysis. The data were then checked by the supervisor for accuracy, as part of monitoring. The data only appeared in electronic format and files were stored on the researcher’s password-protected computer. After completion of the study, data would be transfer to the Compres research entity to be stored for five years.

1.7 TRUSTWORTHINESS

Trustworthiness is an important aspect of qualitative research, and credibility is the primary criterion when evaluating qualitative research (McMillan, 2011:277). Guba’s model for Trustworthiness of qualitative research was utilised as a guideline to ensure validity during this study. Four strategies for ensuring trustworthiness, namely credibility, transferability, dependability and confirmability, are summarised in table format in Table 1.1 (Schurink, Fouché & De Vos, 2011:419-421).

Table 1.1: Trustworthiness

| Epistemological standards | Strategies | Application |
|---------------------------|---|--|
| Truth Value | Credibility is defined as the extent to which data, data analysis and conclusions are believable and trustworthy (McMillan, 2011:277). The | Truth value is usually obtained by using the strategy of credibility and the criteria of prolonged engagement; |

| | | |
|--------------------|---|--|
| | <p>goal is to demonstrate that the research was conducted in a manner to ensure that the phenomena were accurately identified and described.</p> | <p>reflexivity of the researcher; triangulation; member checking; peer examination/ group discussion; authority of the researcher; and negative case analysis (Botma <i>et al.</i>, 2010:233). The researcher made use of Skype computer-based recording software which allows the interviewer to record the video conversation, with both parties captured in the recording. Once all the raw data were collected it would be transcribed by the researcher into Word format text files that would be checked by the supervisor for accuracy as part of monitoring.</p> |
| <p>Consistency</p> | <p>Dependability: “Reliability is the extent to which what is recorded as data is what actually occurred in the setting that was studied,” according to McMillan (2011:278). The procedure is described in detail in order to ensure reliability, although it must be kept in mind that each situation is unique and this implies that even if the research data is reliable or replicable, it still needs to be adapted to individual needs in the social context (Schurink <i>et al.</i>, 2011:419).</p> | <p>The researcher ensured that the research process is logical, well documented and audited. This entails the interview transcripts and data analyses in a folder that enables retrieval as evidence. The supervisor would be the main auditor who would ensure that the proper procedures have been followed.</p> |

| | | |
|---------------|--|--|
| Applicability | According to Trochim and Donnelly (cited in Kumar, 2014:219) transferability refers to the degree to which the results of qualitative research can be generalised or transferred to other contexts or settings. | The researcher gave a dense and thick description of the data collected from the participants, to ensure transferability. Transferability allows the collected data to be compared across different contexts (Rubin & Babbie, 2010). The researcher attempted to sufficiently describe the evaluation of the participants on the process of implementation of the Courage Programme. |
| Neutrality | Confirmability according to Trochim and Donnelly (cited in Kumar, 2014:219) refers to the degree to which the results could be confirmed or corroborated by others. | The researcher kept detailed records on the findings so that it could be retrieved and validated on request. The supervisor acted as auditor of the data and went through the analysis and interpretation of the data to prevent research bias and support confirmability. |

1.8 DATA ANALYSIS METHODS

Braun and Clarke (2006:87) point out that data analysis does not follow a linear process – it can be flexible and can consist of circular phases. Data analysis in qualitative research involves preparing and organising the data for analysis, then reducing the data into themes through a process of coding and condensing the codes, and finally representing the data in figures, tables, or a discussion (Creswell, 2014:180). Neuman (2006:459) indicates that the focus of researchers in qualitative data analysis should be to “organize specific details into a coherent picture”. The researcher has considered the five components of process evaluation (programme adherence, implementation process, intended dosage, macro-level implication, and process-

outcome linkage) that are contingent to quality programme implementation when the data are organised.

The researcher manually analysed the data and made use of Tesch's eight steps, as indicated by Creswell (2014:198):

- The first step involves organising the data and transcribing the interviews.
- The second step requires immersion in the data, which includes reading the collected data multiple times, which would lead to the development of themes.
- The researcher would select go through all the transcribed documents and ask: "What is it all about?"
- The researcher would complete it for several informants, and then put a list of all topics and similar cases together. The topics would be formed into columns and grouped as major "unique topics" and minor, less significant topics.
- Next, the researcher would code all data into categories.
- The next step involves reviewing the coding and generating themes to include in the data analysis.
- The researcher would then select narrative passages to describe the developed themes.
- Finally, the researcher would interpret and report the findings.

Code numbers helped the researcher to guard against unauthorised persons accidentally recognising or identifying participants. The privacy of research participants was further protected by not capturing or reporting personal information unless it was necessary for the study.

1.9 ETHICAL ASPECTS

1.9.1 Informed consent

Ethics are an important aspect in this study. Only persons who gave their written informed consent (Annexure D) participated in the study and were included in the sample. The participants were informed about the study and they were given a choice as to whether they wanted to participate or not. The participants were not forced to participate in the study and could withdraw from the study at any point and their right to self-determination of their participation was respected. All those participating in the research were competent to understand their choices.

The social workers who attended the training workshop did it in their own capacity and, they thus did not need the consent of their employers to participate in the study. The researcher contacted the presenters, Abba, of the Courage programme that act as gatekeepers, to distribute the invitation to all individuals in their data base. An independent person contacted the social workers who responded to the invitation and who indicated that they would participate in the study. At the end 13 responded but the study was conducted with 10 participants. They were not given any remuneration, they only had to lose their valuable time.

1.9.2 Potential risks and benefits

It is important to weigh the potential risks and benefits that a study might hold for the individual participants, before the study commences. A *risk* is a potential form of harm, discomfort or inconvenience (Brink *et al.*, 2006). Harm in social research includes physical discomfort, emotional distress, and humiliation or embarrassment. It is the researcher's primary responsibility to make sure that participants are in no way harmed as a result of participating in the study (Wagner *et al.*, 2012). In minimising harm in the study, the researcher took the following precautions:

- Treat all information as confidential and ensure that each participant's identity is treated as confidential;
- refer participating social workers for counselling if they experience any discomfort after being asked questions about how they implemented the programme;
- the researcher did not coerce the participants to participate in the study; and
- the researcher made use of telephone interviews as a means of data collection, at a time and place that were private and convenient for the participant; thus the environment would not harm the researcher or participants.

1.9.3 Probable experience of participants

In research, a basic rule is to prevent participants from experiencing any form of harm or suffering (Strydom, 2011) – this includes physical and psychological harm. There is much less possibility of harm resulting from research in the social or human services than from biomedical research. This study would pose no risk for the participants, but also no direct benefits. The

indirect benefit would be a contribution to the scientific knowledge of the field of social work; and the findings might also provide programme funders with insight to make important decisions pertaining to programme structure. The potential benefit outweighed the potential risk and/or harm. The participants were informed in advance of what they could expect from the study and how the study could affect them. The whole process was approached sensitively, and in doing so the researcher gave consideration to the fact that each individual participating in the research would have different experiences (Rubin & Babbie, 2016). The researcher explained to the participants that their contribution and recommendations might contribute towards ensuring that the Courage Programme could be implemented successfully.

The participants could become bored or tired during the process of data collection, which required the participant to participate in a 30-45 minutes' telephone interview which would be recorded. The interview experience might evoke emotions and thoughts of failure by the social worker if he/she felt that he/she had not implemented the Courage Programme to his/her satisfaction. This could result in reducing participants' self-esteem or it could leave them a sense that they were not as smart as some of the others. The researcher made certain that each participant understood that even if the participant felt that he/she had not implemented the programme satisfactorily, he/she could still contribute valuable information on improving the implementation process. However, some participants experienced the interview to be beneficial in that they got the opportunity to clarify issues on the implementation process of the programme. The researcher ensured that the questions were not threatening to the participants and that the only goal was to gather data to answer the research question as set out in the proposal. If debriefing were needed or requested, the researcher would request the services of social workers from the surrounding welfare organisations to provide debriefing sessions immediately after the interviews.

No incentive or reimbursement would be offered to the social workers, since the interviews would be conducted telephonically and there would be no costs involved for the participants except for their time.

1.9.4 Confidentiality and anonymity

Qualitative research participants have the right to privacy, and the right to request anonymity (Seidman, 2006). While the internet offers a sense of freedom and anonymity to the participant and the researcher, it is not always possible, because qualitative researchers generally know who the participants are, and anonymity in real-life settings is almost impossible. However,

participants have the right to the assurance of reasonable data security, even though interviews are being conducted using the Internet. Arranging a telephone Skype interview requires the researcher to contact the participants via e-mail to obtain their cell phone numbers, and to arrange to call on a date and time that are convenient for both the researcher and the participant. Participants who agree to be interviewed would be entered into the researcher's telephone contact list. It is possible to track conversations, locations and identities on the internet. The researcher is, however, quite concerned with keeping individuals' information confidential, including the data. To address these types of issues, the researcher would clearly explain the possibility of security breaches to the participants and would create dummy Skype accounts with dummy e-mail addresses for the participants in an effort to protect their privacy.

Microsoft (Skype, 2013) explains its policy for Skype as follows: "*Skype uses well-known standards-based encryption algorithms to protect Skype users' communications from falling into the hands of hackers and criminals. In so doing, Skype helps ensure user's privacy as well as the integrity of the data being sent from one user to another.*" With Skype the participant always has the option to turn off the video conferencing and to continue audio only; and/or to stop the interview at any time. Thus, participation in the interview is entirely voluntary.

Anonymity was ensured by separating any personally identifying information from the research data through the use of numeric or other special codes. Code numbers were used to help guard against unauthorised persons accidentally recognising or identifying participants. The privacy of research participants is further protected by not capturing or reporting personal information unless it was necessary to the study. The transcribed data was in electronic format only and all files were stored on the researcher's password protected computer, from where it would be transferred to Compres research entity for storage after completion of the study.

1.9.5 Storage and archiving of data

Whether sensitive or not, all research data would be kept in locked cabinets or files for a period of five years and until no longer needed, and then destroyed. Material to be protected included names of respondents, mailing lists, and transcripts of interviews. Digital recordings would be deleted and electronic data would be stored at the Compres Research Office of the School of Psychosocial Behavioural Sciences of the NWU.

1.9.6 Distribution of results

After completion of the study and the finalisation of the data analyses the researcher would write a research report. The results of the data would be made public in an article, so that the participants and other social workers could form partnerships with key role players to develop child care forums. The researcher would also provide feedback to the developer of the Courage Programme and would provide formative information that could be used to make adaptations and improvements to the programme for future implementation.

1.9.7 Legal authorisation

The researcher is a registered social worker and is bound by the code of ethics set out by the South African Council for Social Service Professions (SACSSP). The researcher has a Bachelor degree in Social Work and is working in the field of child protection. She has also completed her modules for the Master's Degree in Child Protection, which includes a module on research methodology. In October 2016, the researcher completed a course on conducting research interviews at the School of Psychosocial Behavioural Sciences, North-West University, Potchefstroom Campus. The course included a theoretical component and a practical component. The researcher completed both components and acquired the necessary theoretical knowledge and skills to conduct interviews. The researcher was assisted by a supervisor, Dr Malan. She is currently running the Child Protection Master's Degree Programme at the North-West University, Potchefstroom Campus.

The researcher requested permission to conduct the research from the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University, Potchefstroom Campus. She also requested permission from the developer of the Courage Child Protection Community Engagement Programme to gain the views of social workers regarding the implementation of the programme.

1.10 CHOICE AND STRUCTURE OF REPORT

An article format was chosen to meet the requirements for the degree *Master of Social Work: Child Protection*. In order to meet the criteria of the Child and Youth Service, the article must consist of an introduction, problem statement, aims of the research and the research methodology that would be used.

The dissertation is structured as follows:

Section A: *Introduction and research orientation*. This section provides the contextualisation and introduction to the study.

Section B: *Literature review*. This section provides a literature review

Section C: *Article – Social workers’ views on the implementation process of the Courage Child Protection Community Engagement Programme*.

Section D: *Overall summary of research, including the conclusion, recommendations and limitations*.

Section E: *Annexures*.

1.11 REFERENCES

- Babbie, E. & Mouton, J. 2011. *The practice of social research*. Oxford: University Press.
- Babbie, E. 2014. *The basics of social research*. 6th ed. Belmont Wadsworth: Cengage Learning.
- Babbie, E. & Rubin, A. 2011. *Research methods for social work*. 7th edition. USA: Brooks/Cole.
- Blackie, D. 2014. *Sad, bad and mad: Exploring child abandonment in South Africa*. Johannesburg: University of the Witwatersrand. (Dissertation – MA of Anthropology)
- Blackie, D. 2015. *Courage Child Protection Community Engagement Programme*. Johannesburg. South Africa.
- Blackie, D. 2015. *The Business of Brands Institute*. Johannesburg. South Africa.
- Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C.D. 2010. *Research in health sciences*. Cape Town: Clyson.
- Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, 3:77-101.
- Brink, H., van der Walt, C. & van Rensburg, G. 2006. *Fundamentals of Research Methodology for Healthcare Professionals* (3rd ed.). Pretoria: Juta.
- Burke, L.A. & Miller, M.K. 2001. Phone Interviewing as a Means of Data Collection: Lessons Learned and Practical Recommendations. *Forum: Qualitative Social Research. Volume 2, No. 2, Art. 7 – May 2001*.
- Cater, J. K. 2011. Skype a cost-effective method for qualitative research. *Rehabilitation Counselors & Educators Journal*, (2011) 4:10–17.
- Cicognani, E. & Zani, B. 2010. An instrument for measuring parents' perceptions of conflict style with adolescents. The "when we disagree" scales. *The European Journal of Developmental Psychology*. 2010; 7:390–400.
- Creswell, J.W. 2014. *Research design: qualitative, quantitative & mixed methods approaches*. 4th ed. Thousand Oaks: Sage.

De Vos, A.S., Strydom, H., Fouche, C.B., Delport, C.S.L. 2011. Research at grass roots: for the social sciences and human service professions. 4th ed. Pretoria: Van Schaik Publishers.

Duerden, M.D. & Witt, P.A. 2012. Assessing Program Implementation: What It Is, Why It's Important, and How to Do It. *Journal of Extension, Febr. 2012, Vol 50, No.1 Article Number 1 FEA4.*

Dusenbury, L., Brannigan, R., Falco, M. & Hansen, W. B. 2003. A review of research on fidelity of implementation: Implications for drug abuse prevention in school settings. *Health Education Research, 18(2), 237-256.*

Elliot, D.S. & Mihalic, S. 2004. Issues disseminating & replicating effective prevention programmes. *Prevention Science, Vol. 5 (47-53).*

Fouché, C.B. & de Vos, A.S. 2011. Formal formulations. (*In de Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. Research at grass roots: for the social sciences and human service professions. 4th ed. Pretoria: Van Schaik Publishers. p. 96-100).*

Ginsberg, L.H. 2001. Social work evaluation: principles and methods. Boston: Allyn and Bacon.

Greeff, M. 2011. Information collection: Interviewing. (*In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2011. eds. Research at grass roots: for the social sciences and human service professions. 4th ed. Pretoria: Van Schaik Publishers.*)

Guest, G., Bunce, A. & Johnson, L. 2006. How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods 18:59. DOI: 10.1177/1525822X05279903.*

Harachi, T.W., Abbott, R.D., Richard, F., Catalano, K.P. & Flemming, C.B. 1999. Opening the black box: using process evaluation measures to assess implementation and theory building. *American Journal of community Psychology, 1999.*

Hooley, T., Wellens, J. & Marriott, J. 2012. What is Online research?: Using the Internet for social science research. New York: Bloomsbury Academic.

Johnson, C.C. Yen- Ling Lai, Rice, J., Rose, D. & Webber, L.S. 2010. Using Process evaluation to describe implementation of a worksite well program. *J Occup Environ Med. 2010 Jan; (52) S14-S21.*

Klassen, T. P., MacKay, J. M., Moher, D., Walker, A. & Jones, A. L. 2000. Community-based injury prevention interventions. *The Future of Children*, 83-110.

Kumar, R. 2014 *Research Methodology: A step by step guide for beginners*. 4th ed. Thousand Oaks: Sage.

Lo Iacono, V., Symonds, P. & Brown, D.H.K. 2016. 'Skype as a Tool for Qualitative Research Interviews'. *Sociological Research Online*, 21(2)12. <http://www.socresonline.org.uk/21/2/12.html>

McMillan, J.J. 2011. *Educational research: fundamentals for consumers*. 6th ed. Reading, Mass.: Addison Wesley.

Makoe, M. 2014. *Safeguarding South Africa's future: The need for integrated prevention programmes in child protection*. Cape Town: Human Sciences Research Council. https://www.researchgate.net/publication/265217036_Safeguarding_South_Africa%27s_future_The_need_for_integrated_prevention_programmes_in_child_protection

Makoe, M., Roberts, H. & Ward, C. L. 2012. *Child Maltreatment Prevention Readiness Assessment: South Africa*. Cape Town: Human Sciences Research Council Report.

Makoe, M., Ward, C. & Dawes, A. 2009. Suffer the children: Child maltreatment in the Western Cape. *HSRC Review*, 7(2) 6-7.

Markham, D. 2008. *Qualitative Research*. Thousand Oaks: Sage Publications.

Morgan, B. & Sklar, R.H. 2012. Sampling and research paradigms (in Maree, J.G ed. *Complete your thesis or dissertation successfully: practical guidelines*. Cape Town: Juta, p. 68 – 80.)

Nagel, N. 2016. Building courageous communities to protect our children. *Cape Times*, 27 May 2016.

Neuman, W.L. 2006. *Social Research Methods: Qualitative and Quantitative approaches*. 6th ed. Boston: Allyn & Bacon Pearson.

Novik, G. 2008. Is There a Bias Against Telephone Interviews in Qualitative Research? *Res Nurs Health*. 2008 Aug; 31(4): 391–398.

Patton, M.Q. 2002. *Qualitative research and evaluation methods*. 3rd ed. Thousand Oaks: Sage.

Rubin, A. & Babbie, E.R. 2010. *Essential Research Methods for Social Work* (2nd ed.). Belmont: Brooks/Cole, Cengage Learning.

Rubin, A. & Babbie, E. 2016. *Essential Research methods for Social work* (4th ed.). Belmont: Cengage Learning.

Sandelowski, M. 2003. Toward a metanalysis of qualitative findings on motherhood in HIV positive women. *Research in nursing and Health*, Vol 26, number 2.

Save the Children. Child protection strategy 2013-2015. UN Secretary-General's study on Violence against Children.

Scheirer, M. A. 1994. Designing and using process evaluation. (*In Handbook of Practical Program Evaluation*. Wholey, J. S., Hatry, H. P. & Newcomer, K. E. (eds.), Jossey-Bass, San Francisco, Calif, USA.)

Schurink, W., Fouché, C. B., & De Vos, A. S. 2011. Qualitative Data Analysis and Interpretations. (*In De Vos, A. S., Strydom, H., Fouché, C.B. & Delport, C.S.L. (eds.), Research at Grass Roots. To the Social Sciences and Human Service Professions*, 4th ed. Pretoria: Van Schaik.p. 397-423).

September, R. L. 2006. The progress of child protection in South Africa: *International Journal of Social Welfare*.

Seidman, I. 2006. *Interviewing as qualitative research: A Guide for Researchers in Education and Social Sciences*. Columbia University: Teachers College Press.

Silverman, D. 2000. *Doing qualitative research: A practical handbook*. Thousand Oaks, CA: Sage.

Stewart, F. 2008. *Horizontal inequalities and conflict: An introduction of some hypotheses*. Basingstoke: Palgrave Macmillan Publishers.

Strydom, H. 2011. Sampling in the quantitative paradigm. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. Research at grass roots: for the social sciences and human service professions. Pretoria: Van Schaik p. 222-235).

Skype. 2013. Security. Retrieved on April, 4, 2018 from <http://www.skype.com/en/security/>

Travis, W.J., Heyman, R.E., Smith Slep, A.M. 2015. Fighting the battle on the home front: Prevention & intervention of child maltreatment for the military family: *Child Abuse & Neglect*, 47(2015), 114–123.

Van Andel, H., Grietens, H., Strijker, H., Van De Gaag, R.J. & Knorth, E.J. 2010. Searching for Effective for foster children under stress: a meta: analysis. *Child & Family Social Work*, 17(2):1-7.

Van Dijken, M.W., Stams, G.J.J.M. & de Winter, M. 2016. Can community-based interventions prevent child maltreatment? *Children and Youth services Review* <http://www.sciencedirect.com/science/article/pii/S0190740915301213> [Accessed: 30 April 2016].

Wagner, C., Kawulich, B. & Garner, M. 2012. Doing Social Research: A global context. Mc Graw Hill: Higher Education.

Wessels, M. 2009. What are we learning About protecting children in the community? An inter-agency review of evidence on Community-based child protection mechanisms: Executive summary. London: Save the children. July 28, 2009.

Weyers, M.L. 2011. The theory and practice of Community Work: A southern African Perspective (2nd ed.). Potchefstroom: Keurkopie.

World Health organisation. 1999. Report on the consultation on child abuse prevention. World Health Organisation: Geneva. Document WHO/HSC/ PVI/99.1 Available Online: <http://whqlibdoc.who.int/hq/1999/aaa00302.pdf> [Accessed: 24 June 2016].

SECTION B: LITERATURE REVIEW

2.1 INTRODUCTION

In the past, much emphasis was placed on programme evaluation which focuses on outcome achievement rather than on factors that are necessary to successfully implement programmes. There are a number of prevention programmes but few of them have undergone thorough implementation evaluation to understand their effects. Most programmes rarely evaluate how a programme is implemented and instead focus on demonstrating outcome achievement. It is now recognised that evaluation should not only address questions about what has been implemented, and how much, but also questions about how and why certain outputs have been achieved. No matter how well a programme is designed, its effectiveness is largely dependent upon how it is implemented (Dusenbury, Brannigan, Hansen, Walsh, & Falco, 2005:62). Implementation evaluation can thus be very useful, both to gain a better understanding of programme effects (or lack thereof) and to identify key ingredients to prioritise for future implementations. Durlak and Dupre (2008:13) points out that evidence-based programmes are not inherently effective; rather, it is well-implemented evidence-based programmes that are effective.

It has value to explore how a programme is implemented, even without any evaluation of the programme outcome. Some programmes have unsuccessful outcomes simply because they are not implemented properly (Rubin & Babbie, 2016:287). Rubin and Babbie caution that without an assessment of whether and how a programme got implemented, evaluators may erroneously abandon effective programmes. Without a process of programme implementation, the risks exist that the meaning of negative results would not be identified or that it would be misinterpreted; and that it may not be possible to tell whether a programme is being implemented as planned (Rubin & Babbie, 2016:288).

Many primary prevention programmes and positive youth development programmes have been developed and implemented in Europe to address the growing adolescent development problems, such as substance abuse, mental health problems, and school violence (Das, Salam, Arshad, Finkelstein & Bhutta, 2016; Griffin & Botvin, 2010). A number of school-based prevention programmes have been successfully implemented to reduce children's risks to substance abuse and delinquency. In India, a programme for preventing the use of tobacco has seen a reduction in learners who smoke (Gingiss, Roberts-Gray & Boerm, 2006). However, in

South Africa programmes are being developed but not evaluated or tested in terms of whether their outcomes are achieved or not. The Courage community engagement programme was developed in partnership with the National Adoption Coalition of South Africa and Föräldralösa Barn, the Swedish foundation for children without parental care, using the market segmentation model (Blackie, The Business of Brands Institute, 2015). The Courage Programme is an example of a community-based child protection prevention programme that relies on knowledgeable, informed champions whose responsibility it is to implement the programme in a target community. However, numerous programmes are not successful due to poor implementation (Gingiss, Roberts-Gray & Boerm, 2006:197).

The philosophy of the Courage Programme intends to empower social workers or community members with specific knowledge and strategies to identify, train and mobilise other community members and structures, and to prepare these to prevent and respond actively and appropriately to child protection issues. Although social development supports content such as the Courage Programme, many factors can hinder the successful implementation of programmes. According to Durlak and Dupre (2008:344), factors such as human and financial resources, and community-level factors such as public policies and funding, can influence programme implementation, which in turn can impact on the outcomes.

Morgan *et al.* (2016:68) argue that the factors of implementation are influenced by how a programme is delivered by the implementers. It is therefore important to examine the experiences of the social workers who conduct the intervention or implement the programmes because the success or failure of a programme is largely dependent on the process of implementation. Quality, or how a programme is delivered, is also known to impact upon programme outcomes and participant engagement (Pettigrew *et al.*, 2015). Researchers have found it difficult to explain how and why implementation succeeds or fails, but implementation science has now progressed towards the use of theoretical approaches to provide answers. Lion *et al.* (2006:317), however, agree that defining the causal relationships between the factors intervening during the implementation of a programme and the outputs remain a difficult task.

In this section the researcher provides an overview of implementation science, key components that promote quality implementation and adequate replication of the programme, namely programme adherence, implementation process, intended dosage, macro-level implication, and process-outcome linkage. The importance of programme implementation and factors impacting

upon programme delivery will be discussed, with specific reference to the evaluation of the implementation of the Courage Programme.

2.2 IMPLEMENTATION SCIENCE

Implementation science is defined as a scientific study of methods into routine practice to promote the transfer of knowledge so as to improve the quality and effectiveness of services (Savignac & Dunbar 2014:2). Gagnon, Franz, Garst and Bumpus (2015) describe implementation research as “the scientific inquiry into questions concerning implementation – the act of carrying an intention into effect”.

Lion *et al.* (2006:314) argue that implementation encompasses everything that occurs between programming and the production of results. Therefore, it represents the ongoing or ‘process’ dimension of a programme, since it sits between goal-setting at the outset of programming and eventual outputs. On the other hand, Lion *et al.* (2006:317) also argue that there is no single implementation process that can be utilised by implementers neither is there any defined and codified implementation process that the different stakeholders are required to follow. There is no ideal implementation process, as opposed to a ‘bad’ one, and whatever modes are adopted during the implementation process, a series of factors affect the outputs and thus the achievement of the objectives. Implementation evaluation asks about the practical lessons that emerge from putting a new project into action. A project rarely proceeds without hindrance, and lessons learned during implementation help organisations to identify whether an approach may need to be modified and what critical next steps are required.

Implementation science therefore attempts to address the significant knowledge gap between interventions that research has shown to be effective, and their delivery to communities and translation into practice; particularly in low- and middle-income countries. Implementation science examines the gap between research and practice as well as individual, organisational and community influences surrounding the implementation process.

2.3 COMPONENTS OF PROGRAMME IMPLEMENTATION

In recent years there has been increasing attention to implementation evaluation, but studies are lacking to describe how well programmes are implemented, as well as what factors hinder or promote effective implementation (Lee, 2008:1048). To understand a programme’s effectiveness, it is critical to look into the implementation factors that drive outcome

achievement (Morgan *et al.*, 2016:67). Prevention science has evolved to the point where understanding the implementation process and the factors that support it is essential to the field's continued growth (Mihalic, 2004). Several studies on the implementation of school-based prevention programmes identify a number of components that should be included to get a full picture of the implementation process. Implementation evaluation involves five components, namely programme adherence, implementation process, intended dosage, macro-level implication, and process-outcome linkage. However, Berkel (2011:25) infers that these dimensions of implementation are related and cannot function independently to influence outcomes. Hence, a number of authors have suggested that it is essential to measure a number of components to get a full understanding of implementation evaluation. Durlak and Dupre confirm that prior studies focused only on one dimension, and therefore failed to unravel the relationship between the different dimensions. Recent studies have moved beyond outcomes and rather focus on assessing factors tied to programme implementation. In the Bridge-It system of Gingiss *et al.* (2006:198), the more clearly the key components of the programme are explained (e.g., dosage, activities, etc.) and the more training and technical assistance are available, the more those responsible for the programme would be able to focus on the key components associated with a high-quality implementation and promote an adequate replication of the programme.

2.3.1 Programme adherence

According to Durlak and Dupre (2008:329), programme adherence deals with whether the programme is being delivered as intended according to the original programme design. It is an important factor affecting the quality of programme implementation. True programme fidelity is not easily achieved because programme implementers often change or adapt the programme content during actual implementation, whether intentionally or otherwise. Studies have shown that a number of preventive programmes do not follow the prescribed programme content entirely and adaptation is often made for specific target groups.

The research literature on drug abuse prevention provides substantial empirical evidence that indicates that a number of school-based programmes are effective in preventing or reducing substance abuse among adolescents. Project TND is one of the few science-based substance abuse prevention programmes that target senior high school-aged youth. The success of research-based prevention programmes like Project TND depends, in large part, on fidelity of implementation. Broadly defined, fidelity of implementation refers to the degree to which

programme providers implement the programme as intended by programme developers (Dusenbury, Brannigan, Falco, & Hansen, 2003). One of the primary reasons why research on fidelity of implementation is important in a prevention intervention trial, is that it often helps to explain why interventions succeed or fail (Dusenbury *et al.*, 2003). Evidence that experimental conditions were implemented with high fidelity give the researcher greater confidence that observed differences in programme outcomes are due to differences in the content of the programme conditions rather than a failure to implement any of the conditions as planned.

In a recent study of 34 effective prevention programmes, only 21% examined whether quality of implementation was related to outcomes (Domitrovich & Greenberg, 2000). The purpose of this paper was to introduce, illustrate and discuss implementation evaluation in a youth recreation context, as measures of outcome achievement often fail to explain why a programme is effective or ineffective. Durlak (2015) points out that evidence-based programmes are not inherently effective, but that it is rather *well-implemented* evidence-based programmes that are effective. Thus, it is important for evaluation research to move beyond outcomes and to focus on assessing factors tied to programme implementation. Evaluation tools and techniques that attend to multiple factors are necessary to understand youth recreation programmes as a developmental context.

2.3.2 Dosage

This represents the amount of a provided service received by a participant. A well-designed programme can have differing levels of success, depending on the quality and quantity of implementation. According to Gagnon *et al.* (2015), *dosage* may include the number of educational sessions implemented, the length of each session, or the frequency with which programme techniques were implemented. Thus, if only a portion of a programme was delivered as designed, it is reasonable to anticipate that only a portion of the desired outcomes (if any) would be achieved. However, if a programme's content is present but lacks high quality delivery as intended by programme designers, implementation value and corresponding outcomes can, and often do, suffer (Mihalic, Fagan & Argamaso, 2008).

2.3.3 Quality of delivery

Quality of delivery deals with the manner in which the programme was delivered. *Quality of Programme Delivery* is the manner in which a facilitator, volunteer, or other worker delivers a programme (e.g., skill in using the techniques or methods prescribed by the programme,

enthusiasm, preparedness, and attitude) (Gagnon *et al.*, 2015).

2.3.4 Participant responsiveness

Participant responsiveness measures how engaged and involved participants are in programme activities. Participant responsiveness may influence outcomes and quality of programme implementation, and “the less enthusiastic participants are about an intervention, the less likely the intervention is to be implemented properly and fully” (Carroll *et al.*, 2007:3). If participants are not responsive to a programme or the programme facilitator, or are unable to engage with the programme for other reasons, this may influence a facilitator’s programme delivery and compromise the quality of programme implementation.

Participant responsiveness diminishes the effects of fidelity and mediates quality and adaptations. In other words, no matter how well a programme is designed and delivered, participants’ level of engagement is likely to affect whether outcomes are achieved or not.

Berkel (2011:24) confirms that participant responsiveness is the level of participation and enthusiasm which can be measured by the number of sessions attended and by active participation. The facilitators expertise and their high engagement to their work influences participant responsiveness.

2.3.5 Programme differentiation

Programme differentiation identifies the unique characteristics of the programme (when the programme’s reliability is distinguished from others). Programme differentiation is defined as identifying unique features of different components and identifies those elements that are essential for the success of the program (Carroll *et al.*, 2007:4).

The measurement of programme differentiation is vital for assessing aspects of fidelity that are related to immediate outcomes. Programme differentiation helps to evaluate the essential elements of effective programmes because it allows for determining whether each component of the programme changed its respective targeted immediate outcomes. One main immediate outcome objective is to assess whether or not a programme has adequately communicated its content matter to participants.

2.4 THE IMPORTANCE OF PROGRAMME IMPLEMENTATION

The importance of implementation is clear: programmes delivered with high quality implementation tend to produce positive outcomes more consistently.

A study of the implementation process could improve the validity of intervention findings and could help to explain for what specific reason interventions succeed or failed. Despite evidence of the importance of implementation evaluation in prevention science, evaluations still focus on programme outcomes without considering how the programme observed the results (Lion *et al.*, 2006:315). Implementation evaluation helps researchers to describe programme components and how they are related to programme fidelity. Duerden and Witt (2012:2) notes that without clear understanding of implementation processes, difficulties are bound to arise when replicating previously successful programmes because of lack of information regarding how best to implement the programme. The collection of implementation data allows researchers to more accurately determine the components of the programme responsible for observed changes. An assessment of implementation increases the quality of evaluation findings because it provides insights into how programmes work and why they succeed or fail, rather than just focusing on outcomes. Gaining knowledge regarding implementing programmes can answer some of the thorny questions, like:

- Why does a model programme not always obtain the same results?
- What factors influence the implementation conditions?
- How can consistency in results be maintained across various replication sites?

Hence, implementation research is needed to account for the complexities of the systems in which interventions are implemented, because other approaches often fail to address these. Results of implementation research will support evidence-based policymaking that can build robust programmes to improve services.

It is essential to identify factors that predict the likelihood of implementation success and develop better strategies to achieve more successful implementation.

2.5 FACTORS THAT IMPACT UPON PROGRAMME IMPLEMENTATION

According to Gagnon *et al.* (2015:7) there are several factors which can contribute to effective programme implementation. These include the characteristics of the organisation providing the

programmes (e.g., leadership and decision-maker buy-in and funding, organisational staffing structure), community-level characteristics (e.g., funding and political atmosphere), programme characteristics (e.g., culture for which it was developed versus culture to which it is being delivered, the context the programme is being delivered in, sources necessary to deliver the programme), and the characteristics of the programme facilitators. Fagan and Mihalic (2003: 235) observed that “much attention has focused on identifying effective research-based programmes whilst not much has been said about implementation processes”. In contrast, there has been much less awareness of the factors needed to successfully implement such programmes, even though successful implementation is not guaranteed by adopting a best practice programme. On the other hand, research has shown that there are other factors which can influence the successful implementation of programmes, including human and financial resources, and community-level factors such as public policies and funding. Saunders, Evans and Josh, (2005:34) argue that a programme’s lack of success could be attributed to any number of programme-related reasons, including poor programme design, poor or incomplete programme implementation, and/ or failure to reach sufficient numbers of the target audience.

Factors that may influence implementation vary and their presence or absence can affect the quality of implementation. For the purpose of this study, a number of these factors are discussed below.

2.5.1 Organisational characteristics

Organisational characteristics and leadership influence the quality of programme implementation. With regard to the implementation guide, Savignac and Dunbar (2014) found that programme implementation quality was visibly predicted by the level of administrative and managerial support provided by organisational staff. This support can include the overall process of programme implementation, such as logistics, financial matters and personnel issues. Durlak and Dupre (2008) confirm that for a programme to be successfully implemented, an organisation should provide support to facilitators and show commitment at multiple levels within and outside an organisation.

2.5.2 Community characteristics

An important consideration regarding programme implementation relates to the characteristics of the community in which a programme is delivered. The quality of implementation can be affected if a programme which was designed specifically for a particular group of people is

delivered in a different community. Due to cultural mismatch, the implementation of the programme is likely to suffer. According to Savignac and Dunbar (2014), when a community is not ready for a programme, community stakeholders may be disinterested in the programme. Gagnon *et al.* (2015:72) agree that a programme's successful implementation in a community relates to the context for which it was designed, versus the context in which it is currently being delivered (urban versus rural).

2.5.3 Programme characteristics

The characteristics of a programme may also influence levels of programme implementation. If a programme is too complex, too lengthy, or inappropriate for the population being served, the likelihood of a programme being delivered may be small (Savignar & Dunbar, 2014). If a programme is too simple, however, those who are delivering it, may change it to make it less boring.

Programmes with clear processes and outcomes are easier to implement and less likely to result in low-quality implementation (Mihalic, Irwin, Elliott, Fagan, & Hansen, 2004). In other words, programmes with attractive activities are preferred.

2.5.4 Facilitator characteristics

Individuals who are presenting programmes, greatly influence the way programmes are implemented. Facilitators and their related characteristics which include programme-specific training, programme buy-in, level of experience in facilitating groups, and overall competency can significantly impact upon the quality of programme delivery. The level and quality of training offered to programme facilitators have been shown to be positively associated with quality implementation. In a study of substance abuse prevention programmes, Little *et al.* (2013) found that comprehensive training had a positive impact on implementation. In contrast, inconsistent or poor training negatively impact upon a facilitator's ability to implement a programme as designed. Savignac and Dunbar (2014) emphasise that adequate training is essential, and that everyone involved in replicating a new programme should participate and should know how, with whom and where the new programme is used.

According to Gagnon *et al.* (2015:74) facilitator buy-in can have a profound effect on both programme implementation and outcomes. *Facilitator buy-in* is the level of motivation a

facilitator has to facilitate, his/her belief in the goals of a programme, his/her attitude about a programme, and his/her level of agreement that the programme will be successful.

Effective implementation increases a programme's likelihood of success and leads to better results for participants.

2.5.5 Adaptations

Adaptations to programmes are common practice in the study of implementation. A programme may be adapted without affecting its key components or compromising the expected results. Some adaptations, however, are risky and affect the key components of a programme. An intervention cannot always be implemented fully in the real world, and local conditions may require it to be flexible and adaptable. An adaptation occurs when the facilitator changes, adapts, adds to, or omits material from the programme as developed by programme designers. There are two basic forms of programme adaptation: changing the programme content and changing the programme delivery mode (Mowbray *et al.*, 2003). Changing the programme content involves adding or omitting material. Changing the programme delivery mode involves delivering the same content with changes based on factors such as the audience or environment. Prevention researchers have expressed much concern that facilitators' adaptations would reduce effectiveness. However, facilitators also recognise the importance of adapting programmes to make them culturally relevant for diverse audiences (Berkel, 2011:26).

2.6 THE COURAGE PROGRAMME

The **Courage Child Protection Community Engagement Programme** (the Courage Programme) was developed and introduced as an example of a neighbourhood-based intervention to enhance a community's knowledge of child protection issues. The Courage Programme was developed in partnership between the National Adoption Coalition of South Africa and Föräldralösa Barn, the Swedish foundation for children without parental care (<http://www.couragechildprotection.com/presentations.html>). The developer of the above-mentioned programme used the market segmentation model to develop the programme (Blackie, The Business of Brands Institute, 2015) and presented the research and community engagement work at the Nordic Adoption Councils conference in the Faroe Islands. The Adoption Centrum Sweden then approached her to develop the training on abandonment and adoption into a more holistic child protection programme, addressing all issues relating to the abuse, exploitation and neglect of children. The Courage Programme is uniquely placed to drive

goal 16.2 of the United Nations' Sustainable Development Goals as adopted in August 2015, namely to end abuse, exploitation, trafficking and all forms of violence against and torture of children by 2030.

Courage is a user-friendly, picture-based toolkit developed by Trainiac (<http://trainiac.com/>) that strengthens the target audience – for example, child protection organisations, community members, families, children and youth (especially those at risk) – in terms of their knowledge, attitudes and skills, to identify and solve the child protection challenges that they may encounter.

This programme focuses on proactive and preventive solutions, whereas many child protection programmes are reactive and only serve to solve problems that already exist, as mentioned before. Because no studies have yet been tested in South Africa to confirm their efficiency, the evaluation of programmes is imperative. The Courage Programme is aligned with global, African and South African children's rights declarations, and it also makes it very practical and easy to implement the South African Children's Act (Nagel, 2016).

The aim of the Courage Programme is to train trainers in any child protection organisation, community or family to enhance understanding in child protection issues. Social workers are trained in the method (community work as method) and thus are better equipped to train other role players in child protection challenges. Community forums should be formed and should consist of a fair representation of relevant role players in communities.

The Courage give practical tools to the trainee to develop a child protection strategy that: Recognises the rights and needs of all children, helps to identify where they are being abused or overlooked and assist communities and individuals to develop and implement simple, yet effective child protection strategies to resolve child protection challenges encountered, by using the courage toolkit.

The Courage Programme also focuses on empowering people to make informed decisions and to work in partnership with others to find practical solutions, using picture-based maps, visual guides and processes designed to assist their conversations. The programme's toolkit consists of a facilitator's guide/manual to hold workshops; a lesson plan overview; posters, community maps and a series of interactive training materials (child protection cards) to help participants to recognise the rights and needs of children, to identify and prioritise child protection challenges in any community, and then shows how to develop strategies and identify resources to deal with those challenges.

Pilot sessions of this programme were run with child protection organisations and individuals in South Africa, Zambia and Lesotho in May 2015 to refine the programme. Since its launch in South Africa during Child Protection Week 2015, “train the trainer workshops” have been conducted with child protection officers, organisations and communities in South Africa, with the aim of empowering child protection officers, including social workers, police, medical practitioners, teachers, parents and caring community members to start to address the child protection challenges that they experience around them in their communities (Nagel, 2016).

2.7 CONCLUSION

In this section the researcher provided an overview of implementation science, key components that promote quality implementation, importance of programme implementation and factors impacting upon programme delivery. The Courage Programme was also discussed.

The collection of implementation data is an essential feature of programme evaluation. More information is needed on which factors influence implementation in different community settings, and how. Implementation processes could improve the validity of intervention findings and help to explain for what specific reasons an intervention succeeded or failed. Several authors have suggested that multiple components need to be measured in order to achieve a comprehensive picture of implementation processes and fidelity. It is difficult to tell whether a particular programme would be successful or not in a specific population, unless the population itself invests in the implementation of the intervention. According to Jaycox *et al.* (2006:321) intervention implementers must agree to some monitoring of the intervention, to ensure that the programme is implemented as intended. Fidelity to the programme’s description or manual should also be monitored. It has been noted in several studies that true programme fidelity is not easily achieved, because programme implementers often change or adapt the programme content during implementation, whether intentionally or otherwise.

In the next section (section C), the researcher will discuss the research method that was used, the population and sampling, the collection and recording of data, as well as the analysis of the data and the findings.

2.8 REFERENCES

- Berkel, C., Mauricio, A. M., Schoenfelder, E., & Sandler, I. N. 2011. Putting the pieces together: An integrated model of program implementation. *Prevention Science*, 12(1), 23–33.
- Blackie, D. 2015. *Courage Child Protection Community Engagement Programme*. Johannesburg. South Africa.
- Berkowitz, S.J. 2003. Children exposed to community violence: The rationale for early intervention. *Clinical Child and Family Psychology Review*, December, 6(4), 293–302.
- Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J. & Balain, S. 2007. A conceptual framework for implementation fidelity. *Implementation Science* 2007, 2:40. doi:10.1186/1748-5908-2-40
- Das, J.K., Salam, R.A., Arshad, A., Finkelstein, Y. & Bhutta, Z.A. 2016. Interventions for Adolescent Substance Abuse: An Overview of Systematic Reviews. *The Journal of Adolescent Health*. Oct; 59(4 Suppl): S61–S75. doi: [10.1016/j.jadohealth.2016.06.021](https://doi.org/10.1016/j.jadohealth.2016.06.021)
- Domitrovich, C. E. & Greenberg, M.T. 2000. The study of implementation: Current findings from effective programs that prevent mental disorders in school-aged children. *Journal of Educational and Psychological Consultation*, 11(2), 193-221.
- Duerden, M.D. & Witt, P.A. 2012. Assessing Program Implementation: What It Is, Why It's Important, and How to Do It. *Journal of Extension*, Febr. 2012, Vol 50, No.1 Article Number 1, FEA4.
- Durlak, J. & Dupree, E.P. 2008. Implementation matters: A review of research on the influence implementation on program outcomes and the factors affecting implementation. *Community psychol* 2008, (41) 327-35.
- Dusenbury, L., Brannigan, R., Falco, M. & Hansen, W. B. 2003. A review of research on fidelity of implementation: Implications for drug abuse prevention in school settings. *Health Education Research*, 18(2), 237-256.
- Elliot, D.S. & Mihalic, S. 2004. Issues in Disseminating and Replicating Effective Prevention Programs. *Journal of Prevention Science*, March 2004(Vol 5) number 1.

Fagan, A.A. & Mihalic, S.F. 2003. Strategies for enhancing the adoption of school-based prevention programs: Lessons learned from the Blueprints for Violence Prevention Replications of the Life Skills Training Program. *Journal of Community Psychology*, 31, 235-253.

Gagnon, R.J., Franz, N.K., Garst, B.A., & Bumpus, M.F. 2015. Factors Impacting Program Delivery: The Importance of Implementation Research in Extension (2015). *Education Publications*. https://lib.dr.iastate.edu/edu_pubs/12

Gingiss, M.P., Roberts-Gray, C. & Boerm, M. 2006. Bridge-It: A system for Predicting Implementation Fidelity for School Based Tobacco Prevention Programs. *Society for Prevention Research*, 2006:197-207.

Griffin, K.W. & Botvin, G.J. 2010. Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents. *Child Adolesc Psychiatr Clin N Am*. 2010 Jul; 19(3): 505–526. doi: 10.1016/j.chc.2010.03.005

Jaycox, L.H., MacCaffrey, D.F., Ocampo, B.W., Shelly, G.A., Blake, S.M., Peterson, D.J., Richmond, L.S. & Kub, J.E. 2006. Challenges in the Evaluation and Implementation of school Based Prevention and Intervention Programs on Sensitive Topics. *American Journal of Evaluation Sept 2006 (Vol 27) number 3:320-336*.

Lee, T.Y. 2008. A case study on the Implementation of a Positive Youth Development Program Project (P.A.T.H.S. in Hong Kong) Learning from the experimental Implementation Phase. *The scientific World Journal*, 2008:1047-1062.

Little, M.A., Sussman, S., Sun, P. & Rohrbach, L.A. 2013. The effects of implementation fidelity in the Towards No Drug Abuse dissemination trial. *Health Education*, 113(4), 281–296.

Lion, C., Martini, P. & Volpi, S. 2006. Evaluating the Implementation Process. Thousand Oaks: Sage Publications

Elliott, D. S., & Mihalic, S. 2004. Issues in disseminating and replicating effective prevention programs. *Prevention Science*, 5(1), 47–53.

Mihalic, S., Irwin, K., Elliot, D., Fagan, A. & Hansen, D. 2004. Blueprints for violence prevention (NCJ 204274). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Mihalic, S., Fagan, A. & Argamaso, S. 2008. Implementing the Life Skills Training drug prevention program: Factors related to implementation fidelity. *Implementation Science* 2008, 3:5. doi:10.1186/1748-5908-3

Nagel, N. 2016. Building courageous communities to protect our children. *Cape Times*, 27 May 2016.

Morgan, C., Sibthorp, J. & Browne, L.P. 2016. Moving Beyond Outcomes: An Applied Example of Implementation Evaluation in a Youth Recreation Program. *Journal of Park and Recreation Administration (Vol 34) number 4:66-81*.

Mowbray, C. T., Holter, M. C., Teague, G. B., & Bybee, D. 2003. Fidelity criteria: Development, measurement, and validation. *American Journal of Evaluation, 24(3), 315– 340*.

Pettigrew, T.F. & Smith, H. 2015. Advances in relative deprivation theory and research. *Social Justice Research, 2015, (Vol 28) number 1*.

Rubin, A. & Babbie, E. 2016. *Essential Research methods for social work (4th ed)*. Mason, OH: Cengage Learning fourth edition.

Savignac, J. & Dunbar, L. 2014. *Guide on the Implementation of Evidence Based Programs: What do we Know so far?* Research Report Canada.

Saunders, R. P., Evans, M. H. & Josh, P. 2005. Evaluation and Practice. Developing a Process-Evaluation Plan for Assessing Health Promotion Program Implementation: A How-To Guide. *Health Promotion Practice, April 2005 (Vol. 6) No. 2:134-147*.

Skara, S., Rohrbach, L., Sun, P. & Sussman, S. 2005. An evaluation of the fidelity of implementation of a school based drug abuse prevention program: Project Toward no drug abuse (TND). *Journal of Drug Abuse (Vol 35) No. 4:305-329*.

SECTION C: JOURNAL ARTICLE

SOCIAL WORKERS' VIEWS ON THE IMPLEMENTATION PROCESS OF THE COURAGE CHILD PROTECTION COMMUNITY ENGAGEMENT PROGRAMME.

ABSTRACT

The National Child Care and Protection Policy and the Children's Act promote prevention and early intervention. However, the South African child protection system is not functioning well, partly due to the loss of traditional childcare mechanisms in communities. Community mobilisation has become a common approach in designing responsive programmes to identify child protection risks, to mobilise communities on aspects pertaining to child protection, and to provide local support and action. The Courage Child Protection Community Engagement Programme was developed as a community-based prevention programme. It focusses on enhancing community members' knowledge with regard to identifying child protection issues; identifying resources to deal with these challenges, and empowering communities to work in partnership with other role players to find practical solutions for child protection. It thus provides viable support to formal welfare services. This programme trains social workers and community members and equips them with specific knowledge and strategies to mobilise communities in terms of preventing and responding actively and appropriately to child protection issues. Evaluation of any programme is necessary for the programme to be accountable, and to reflect on its effectiveness and its limitations. The aim of this study was to explore and describe the views of social workers trained in the Courage Programme on the implementation process of the programme. Concepts such as the relationships among programme adherence, process factors, implementation quality, and perceived programme success were investigated. A qualitative research approach was followed, using interviews as a method of data collection. The study would present insights pertaining to the relationship between the programme implementation and its intended outcomes and future implementation strategies.

Key words: implementation evaluation, community engagement programme, programme

3.1 INTRODUCTION

A number of prevention programmes have monitored implementation evaluation. Kam *et al.* (2003:2) reported that programmes to reduce substance abuse, violence in schools and delinquency, for example, have shown that variability in the quality of implementation of these programmes is related to programme outcomes. Programmes are evaluated to measure their effectiveness but the conditions which may lead to their success are usually not investigated. Implementation evaluation examines what the programme is and how it is delivered to the programme receivers. Many factors like programme characteristics, facilitators and participants' responsiveness and the context in which the programme is delivered, can hinder successful implementation. Implementation evaluation is important because it clarifies why interventions are successful or not.

3.2 AIM AND OBJECTIVE

The general aim of this research study is to explore and describe the views of social workers on the implementation process of the Courage Child Protection Community Engagement Programme (the Courage Programme).

3.3 RESEARCH METHODOLOGY

3.3.1 Research approach and design

The researcher utilised a pure qualitative research approach since it was the most appropriate to explore the experiences and perceptions of the participants. De Vos *et al.* (2011:308) describe the qualitative research approach as an approach to gain a better understanding of the phenomenon, rather than attempting to explain it, in a natural setting that is sensitive to the people and places that are being observed, rather than using a controlled measurement. Qualitative research enables the researcher to probe and understand and to record the feedback of the participants, which is valuable during interviews and the data analysis process. A qualitative approach was chosen in this study because it focuses on in-depth understanding of the social workers' perceptions regarding the implementation process of the Courage Programme.

3.3.2 Population and Sampling

The population in this study were social workers situated in all the nine provinces of South Africa, who were working in various organisations in the field of child protection and who completed the Courage Programme training. The target population and the sample were based on the knowledge of the population, its elements and the purpose of the study. This type of sampling is called purposive sampling (Babbie, 2014:200). Qualitative studies normally focus on relatively small samples and in-depth exploration of phenomena. Purposive sampling was used for this study because it allowed the researcher to select participants who are well informed about the phenomena – in this study the sample was social workers with knowledge of the implementation of the Courage Programme.

3.3.3 Data collection

Data was collected by means of telephone semi-structured interviews with 10 social workers who were situated in nine different provinces of South Africa, working in the field of child protection. Telephone interviews were chosen because it is known to reduce cost and travel, and it can also reach geographically dispersed participants during research. The telephone interviews were recorded with the permission of participants. An interview schedule was formulated in such a way that the views of social workers regarding the process of implementation of the Courage Programme could be explored. The questions in the interview schedule functioned as a guide that directed the discussion and also allowed for a flexible flow of the dialogue. In what ways did you adhere to the specifications of the Courage Programme regarding how it should be implemented? What factors helped you to implement and what distracted you to implement? Were you able to implement all the facets of Courage as planned? In what ways do you think the programme was adopted by the community? The researcher considered the five components of process evaluation that were contingent to quality programme implementation, to develop questions which could answer the research question.

3.3.4 Data analysis

The researcher manually analysed the transcribed recorded data from the telephone interviews and made use of Tesch's eight steps in the coding process, as indicated by Creswell (2014:198). Telephone interviews were conducted with 10 social workers who completed the Courage Programme training. Themes and sub-themes were identified.

3.3.5 Ethical aspects

Ethical issues arise from our interaction with other people, other beings such as animals and the environment, especially where there is a potential for harm or a conflict of interests (Strydom 2011:113). Research should be based on mutual trust, acceptance, cooperation, promises, well-accepted conventions and expectations amongst all parties involved in research projects (Strydom 2011:113). Babbie (2014:62) states that persons involved in social science research need to be aware of the general guidelines shared by researchers about what is proper and improper conduct during scientific enquiries. The researcher kept in mind research ethics that were developed to protect the participants from abuse (Bless & Higson-Smith, 2006:140). The study was approved by the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences of the North-West University, Potchefstroom Campus (**NWU-00010-18-S1**). Informed consent forms were signed by the participants. The researcher was aware of the importance of avoiding potential harm or risks to the participations. The participants were informed that their participation was voluntary and that they were free to withdraw from the study at any time. No information was withheld from the participants and they were advised about maintaining levels of confidentiality and anonymity. The identities of participants were protected by using a unique numbering code for them (1-10). Participants were informed that the telephone interviews would be recorded and that they had the right to object. It was also explained to participants how the information they provided, would be protected. In order to establish trustworthiness, the researcher employed four constructs identified by Lincoln and Guba: credibility, transferability, dependability and confirmability (Schurink *et al.*, 2011:419-42). According to Schurink *et al.* trustworthiness is regarded as the ability of qualitative research to generate findings that are dependable, credible and reliable. For this study the use of well-established research methods and supporting literature ensured trustworthiness.

3.4 RESEARCH FINDINGS

The participants in this study were 10 social workers trained as facilitators in the Courage Child Protection Community Engagement Programme (the Courage Programme) who presented the programme to community members. The participants' views regarding the implementation process of this programme were explored. The researcher analysed the data collected from the interviews, using the components of the quality programme implementation as themes. The responses of the participants and direct quotes were given to reflect themes and sub-themes. Data from literature were used to substantiate the findings.

Table 3.1 reflects the five components of programme implementation as themes and also identify sub-themes that emerged from the data:

Table 3.1: Themes and sub-themes

| |
|---|
| Theme 1: Programme Adherence Sub-theme 1: Details of content coverage Sub-theme 2: Duration / frequency of intervention |
| Theme 2: Programme Characteristics Sub-theme 1: Intervention complexity Sub-theme 2: Visual aids Sub-theme 3: Flexibility and adaptability |
| Theme 3: Implementation factors Sub-theme 1: Facilitators expertise Sub-theme 2: Participants' responsiveness Sub-theme 3: Cultural diversity Sub-theme 4: Financial implications |
| Theme 4: Macro level implications Sub-theme 1: Formation of partnerships / networking Sub-theme 2: Programme adoption Sub-theme 3: Process outcome linkages |
| Theme 5: Process-outcome linkage |

3.4.1 Theme 1: Adherence

Adherence refers to how closely the implementation matches operational expectations. Strict adherence to implementation guidelines as intended by programme developers is defined as fidelity or integrity (Dusenbury *et al.*, 2003:238). Adherence is further defined by Dusenbury *et al.* as the implementation of particular guidelines consistently with how the programme was designed (2003:241). Carroll *et al.* (2007:9) describe adherence as fundamentally the bottom

line of measuring implementation fidelity. According to Gagnon *et al.* (2015:69) programmes delivered with high quality implementation tend to produce positive outcomes more consistently than those delivered with low implementation fidelity. The first theme to be discussed emerged from understanding in what ways the participants were able to adhere to the specifications of the Courage Programme regarding its implementation. The responses of the participants indicate that a step-by-step approach was stipulated in the guidelines to implement the Courage Programme. Participants reported that it was a requirement to follow the guidelines during the implementation process and there was therefore a high level of programme adherence. Carroll *et al.* (2007:9) confirm that well-planned interventions have been found to produce higher levels of adherence than less well-structured interventions therefore specificity enhances adherence. In other words, to increase the chances of successful implementation fidelity, the programme must be followed and delivered as designed.

According to the responses of the participants below, it seems that they adhered to the guidelines of programme implementation as given to them during the Courage Programme training.

Participant 05: *“It was a matter of going through the guidelines that were stated in the manual.”*

Participant 04: *“I followed all the instructions which were given to me during the training that was provided.”*

It was evident that the participants understood what they were supposed to do, since they attended the training and the trainers’ manual gave clear instructions on what to do. Carroll *et al.* (2007:8) indicate that adherence is an essential component to measure implementation fidelity. They further state that if there were complete adherence regarding the content, frequency and coverage prescribed, then successful implementation is likely to be achieved. On the contrary, adherence may not necessarily require all components of an intervention to be implemented for a programme to achieve its goals.

3.4.1.1 Sub-theme 1: Details of content coverage

Adherence relates to content and dose of the intervention which is received by the participants (Hasson, 2010:2). Programme receivers are meant to receive all the content of the programme as stated or prescribed in the manual or guidelines. The content of this programme is based on

enhancing community members' knowledge to recognise the rights and needs of children and create awareness on child protection issues. The Courage Programme toolkit consists of a facilitator's manual on how to hold workshops; a lesson plan overview; posters, community maps; and a series of interactive child protection training materials. A number of participants described the programme as too detailed and **participant 07** remarked:

“There is too much information, there is a lot to get through sometimes the facilitators get overwhelmed by the amount of work and a little time”.

3.4.1.2 Sub-theme 2: Duration/frequency of intervention

Adherence is measured in terms of the dosage received. Duration of the intervention represents the amount of a provided service received by the participants. Participants need to be exposed to enough of the intervention for it to have an effect which can be measured by the number of contact hours. The Courage Programme is an early intervention programme which focuses on improving child protection in communities and to prevent child maltreatment. It takes about six hours to present this intervention to a group, depending on the participants. The facilitator can use his/her own discretion to decide on the duration of the programme. According to the information gathered from the participants, the duration of the intervention is not sufficient to cover all the different aspects of the programme material, for example:

Participant 05: This programme should not be a once off programme, children or participants need to hear it consistently and engage regularly in such programmes, but it would take time before you can see the results.

Participant 02: My workshop took about 6 hours, but we did not cover even half of the information, the manual is too detailed hence it is difficult to go through everything.

The participants were all very clear about the insufficient interaction time allocated for the engagement. The intended dosage is not specified in the guidelines provided. The participants had to use their own discretion to determine this. According to the implementation guide for evidence-based programmes, insufficient time for programme activities has been a challenge in the implementing of programmes (Savignac & Dunbar, 2014: 17). For a programme to be successful, participants must have enough time to process the information. Durlak and Dupre (2008:17) points out that more time is necessary to conduct complicated interventions properly, but the quantity of time to allow for an intervention depends on the complexity of the programme.

The size of the group and frequency of engagements (number of sessions) also affect the dosage of a programme. The group constitutes of community members and stakeholders who deal with children. The responses from some of the participants are indicated below:

Participant 04: *“This programme should not be a once off programme children need to hear it constantly and engage regularly in such programmes but it would take time before you can see the results.”*

Participant 02: *“If I really wanted them to understand I think we should have more sessions like follow up, not even one or two at least more implementable strategies.”*

Participant 07: *“Sometimes you do some components of the programme because you run short of time.”*

3.4.2 Theme 2: Programme characteristics

The distinguishing characteristics of the Courage Programme are those features which make it unique and different from other prevention programmes. The Courage Programme has readily available manuals, tools and guides for implementation. It is designed to suit any community because of its flexibility. Programme characteristics may influence the level of programme implementation (Gagnon *et al.*, 2015:73). This theme is discussed according to the three sub-themes that emerged from the data. These sub-themes include intervention complexity, visual aids and flexibility and adaptability.

3.4.2.1 Sub-theme 1: Intervention complexity

Intervention complexity refers to how detailed or simple the intervention is. This is one of the characteristics of the programme which determines whether a programme can be successfully implemented or not. Research has found that simple but specific programmes can be easily implemented, whereas complex and vague interventions are less likely to be implemented with high fidelity (Carroll *et al.*, 2007:5). Gagnon *et al.* observe that if a programme is too lengthy, too complex or inappropriate for the population being served, the likelihood that the programme will be delivered as designed, is very small. If programmes are too simple, however, the presenters of the programme may modify it to make it more interesting and to engage participants (Gagnon *et al.*, 2015:73).

The content of the Courage Programme is well designed but according to the participants, they found it difficult to implement all the facets of the programme:

Participant 02: *“My workshop took around about 6 hours, but we did not cover even half of the information the manual is too detailed hence it is difficult to go through everything.”*

Participant 07: *“There is too much information there is a lot to get through sometimes the facilitators get overwhelmed by the amount of work and a little time”.*

Hence, despite the prescribed step by step approach, the participants still had difficulty to implement the programme. The trainers reported that they found it difficult to complete the content at a given time, because there was too little time and too much information. As a result, trainers rushed through the sessions and did not adequately achieve the programme goals.

3.4.2.2 Sub-theme 2: Visual aids

Visual aids supplement words with pictures, charts or any other visual information. They play a vital role and serve as communication and teaching aids in a learning environment, providing participants with information. According to Cohen and Demchak (2018:84) the use of pictures and tools can increase the levels of participation and social interaction within peers. The Courage Programme uses picture-based empowerment cards and community maps with colourful pictures, along with guidelines for the facilitator on how to use it. A number of participants indicated that the programme is user-friendly and has readily available material to use for the implementation of the programme:

Participant 02: *“The visual aids, thus the materials that we were using with colourful pictures were helpful and people were able to relate to the topic and themes. The materials are understandable the participants can be able to see what you are trying to say and also the tasks in the guide are simplified.”*

Participant 04: *“It is very visual which help children to buy into what was happening and the pictures are appealing.”*

Participant 01: *“When using the posters in the guide the attendees participated in the discussions. The use of worksheets found on the website prompted the discussions and answered questions that we had without directly asking someone why*

they are not doing their job. Thus it removed the threatening manner of communication as we could just talk about the issues that we struggle with.”

3.4.2.3 Sub-theme 3: Flexibility and adaptability

The level of the programme’s adaptability to suit a particular context is known as *flexibility*. The Courage Programme was designed to suit any kind of environment. According to the participants it can be adapted and implemented in accordance with cultural sensitivity and the context in which the programme is implemented. The programme is not rigid, but allows presenters to make necessary changes. Gagnon *et al.* (2015:75) confirm that an intervention cannot be implemented fully, because local conditions may require it to be flexible and adaptable. Adaptation occurs when programme presenters omit, add or change certain material of the programme. Although it is crucial to implement programmes as they were designed, it is also necessary to adapt programmes to suit local conditions (Gagnon *et al.*, 2015:75). The local conditions for the type of audience the programme is intended for can entail the cultural context, the level of education of the program receivers and the enthusiasm of program implementers.

3.4.3 Theme 3: Implementation factors

According to Atikins and Federico (2017:1725), effective implementation can be achieved by gaining knowledge on factors that can be barriers of successful implementation. They further suggested that the implementation process is complex since it involves a number of factors, like the client, worker, programme setting, resources and practice approach. Below, factors that the participants identified as having either a positive or a negative impact on the implementation process, are discussed. These include the facilitators’ expertise, participants’ responsiveness, cultural diversity and financial implications. Research in drug abuse prevention also provides evidence that key elements of high fidelity include teacher training, organisational characteristics, programme characteristics and facilitators’ characteristics (Dusenbury *et al.*, 2003:237).

3.4.3.1 Sub-theme 1: Facilitators’ expertise

Facilitators’ experience influences how facilitators implement programmes. According to Gagnon *et al.* (2015:74) quality implementation and achievement of positive programme outcomes correlate with the level of motivation of the facilitator. As the implementers of interventions in prevention science, frontline social workers play an important role in determining

what is implemented (Atkins & Federico 2017:1725). Hence their behaviour and attitude are considered as key to sustaining quality implementation. The level of experience of a facilitator can influence how he/she presents the programme. Facilitators who are experienced, are likely to be more confident and comfortable to present in a group (Gagnon *et al.*, 2015:74). Training of facilitators enhances their competency and confidence in delivering programmes:

Participant 02: *“For you to be able to implement the Courage Programme you must understand it well. If I was not trained on the Courage it was going to be difficult to implement it.”*

The way the programme is delivered, can influence the outcomes of programme implementation. If the content of an intervention is delivered badly, it may affect the fidelity of programme implementation. Facilitator training is very important, as it equips the programme implementers to deliver the programme in a better way (Savignac & Dunbar, 2014:15). Some participants felt overwhelmed by the information and allocation of time to deliver the content of the programme. Participant 03 indicated that he was motivated to try to do something new, since it was part of his studies and he had to do his best. Other remarks included:

Participant 07: *“There is too much information there is a lot to get through sometimes the facilitators get overwhelmed by the amount of work and a little time.”*

Participant 03: *“I was not able to implement everything I used my creativity since there were a lot of materials to use.”*

Savignac and Dunbar (2014:18) point out that provision of extensive training, support and material to those implementing the programme, is a requirement for quality delivery. It is therefore crucial for the facilitators to have the appropriate skills of facilitation in order to receive more positive response from the participants. However, even if facilitators implement the programme well, the response from the programme receivers ultimately has an impact on the effectiveness of the programme (Morgan *et al.*, 2016:70). The program receivers' responses are informed by how they understood the information that was presented to them. Finally, there also appears to be a relationship between facilitator competency and quality programme implementation.

3.4.3.2 Sub-theme 2: Participants responsiveness

Participant responsiveness may influence the outcomes and quality of programme implementation, and *“the less enthusiastic participants are about an intervention, the less likely the intervention is to be implemented properly and fully”* (Carroll et al., 2007:9). The participants indicated that the level of engagement of the programme receivers played a major role in programme implementation. In other words, the participants’ response during the presentation of the Courage Programme can positively or negatively impact upon the outcomes of the programme. This is reported by the participants below:

Participant 04: *“We couldn't keep it too long because the ages of the children was a distraction for me, we had to keep everything basic. It was not the programme itself but the participants.”*

Participant 02: *“The fact that my participants are not educated they don't really understand what you are expecting from them they will give you overall answers or what they think you want to hear. My participants were demotivated.”*

Participant 03: *“Pace of learning is totally different depending on the audience because I found that with the group of teenage girls the time was short compared to the other community members and also their interest differs.”*

Participant 05: *“The participants knew each other as they were coming from the same community.”*

The fact that the participants were familiar with each other contributed positively to the implementation of the programme, because it made communication much easier.”

If participants are not responsive to a programme or the programme facilitator or are unable to engage for other reasons with the programme, this may influence a facilitator’s programme delivery and compromise the quality of programme implementation (Century, Freeman & Rudnick, 2008). The developmental level of participants both cognitively and emotionally contributes to the participants’ responsiveness to the intervention.

3.4.3.3 Sub-theme 3: Cultural diversity

Morgan *et al.* (2016:68) argue that if a programme does not match the cultural context, it is difficult to engage with the participants. A cultural mismatch occurs when a programme had been designed for a certain community but is delivered to a different community. For example, the Courage Programme is written in English but it is delivered to communities who do not speak English fluently, or at all:

Participant 05: *“Those who cannot read at all, it is difficult for them to understand because the programme is written in English but it was up to me as the facilitator to make them understand. The programme was developed with tools and use pictures and symbols, but it was not enough to be understandable for some of the programme receivers. Therefore, facilitators need to be trained to be flexible during implementation.”*

Participant 02: *“The language element is a problem, most of them speak foreign languages so I had to explain to them and also use an interpreter.”*

Participant 02: *“The culture aspect since my engagement was on a sensitive topic of adoption, so people have strong attachments to their culture norms.”*

Morgan *et al.* (2016:72) identify context as another factor that affects the successful implementation of a programme. If the context for which a programme was designed differs from the context in which it is being delivered, the implementation will be less successful, for example when an urban programme is taken to a rural context.

3.4.3.4 Sub-theme 4: Financial implications

When a programme is being implemented in different contexts, the cost of the implementation needs to be established in order to determine whether it is cost-effective. According to Dusenbury *et al.* (2003:240), barriers to effective implementation include the lack of time, money and other resources. The developer of the Courage Programme made the programme, the training manual, visual aids and toolkit available for free on the internet <https://www.couragechildprotection.com/> to make it easier to use the programme and to promote a continuous rollout of the programme.

For the successful implementation of the programme there should be a supply of training materials and manuals, and although the developer made the Courage Programme freely available, there are still cost implications attached to presenting the programme, such as the cost of printing the material. This can be a challenge, especially because the majority of organisations rendering welfare services in South Africa are non-governmental organisations (NGO's) and financially struggling to survive, as they mostly depend on government funding to implement programmes. The costs of having to run a programme might not be practical, as indicated by participants: Although the cost of implementing the programme might be expensive it is more beneficial in comparison with the cost of secondary intervention.

Participant 03: *“The main challenge is that the resources cost a lot of money but there's a lot of potential with using the courage programme.”*

Participant 02: *“It was adopted at some stage but because of our financial state in our organisation we discontinued.”*

Participant 10: *“I had to use a lot of money to download and print the materials for the training.”*

3.4.4 Theme 4: Macro-level implications

It is important that different community stakeholders should engage in the programme. All participants indicated that the implementation of the programme facilitated the formation of new partnerships in the community. It is imperative that all professionals working with children – such as health care professionals, police, social workers, teachers, doctors and nurses – engage in basic child protection training, so that they can gain the necessary knowledge to identify and respond to child maltreatment. Section 110 of the Children's Act (Act 38 of 2005) stipulates that suspected child abuse must be reported to child protection organisations, the department of Social Development or the police. Child protection organisations, like Child Welfare or Childline, are designated to render child protection services to ensure the safety of children.

Below, macro-level implications are discussed in the sub-themes of formation of partnerships, programme adoption, and outcomes linkage.

3.4.4.1 Sub-theme 1: Formation of partnerships / networking

Networking and collaboration can be used to tackle the problems of child protection in communities. Child protection interventions in South Africa have generally been carried out as a separate, stand-alone function rather than being integrated with other social welfare activities or with sectors such as health and education (Schmid, 2010:2107). The participants indicated that with the implementation of the programme, they were able to form partnerships with different stakeholders. The programme created awareness of the child protection challenges in the communities, and it was also very educative in developing different strategies for dealing with child protection issues:

Participant 07: *"[It] gives people a lot of confidence to deal with really difficult stuff, child protection challenges, it gives people context, the value of the programme allows you take local knowledge and apply it and also gives a lot of knowledge and information."*

Participant 01: *"The other positive factor was that all people who were invited attended, actually most of them attended and we also had a nice venue where we met with the group of stakeholders they were eager to learn about child protection, they responded to it and improve their relationships with the role players in the child protection sector."*

Participant 04: *"It was people from different areas in the community especially the ones from the island who invited me to come and implement the programme."*

Participant 06: *"The community invited me to reach out to them using the Courage Programme so now I am planning to go to the schools so that I can work with some of the children who are having behaviour problems."*

Participant 01: *"We can use it to strengthen our fundamental relationships and we were invited to do it at school."*

Participant 07: *"I don't think every community would adopt the whole programme but some elements, even if it's just thinking differently about the problems that they are addressing."*

3.4.4.2 Sub-theme 2: Programme adoption

The programme was well received in the communities because it is user-friendly and flexible. It was designed in such a way that it can fit any community. The participants indicated that the programme was adaptable, and it was easy to omit or add information according to their group:

Participant 01: *“I planned specifically for my group of people who were invited, the information which was not for my role players I took it out. I didn’t use all of the information because I specifically invited the role players in my community.”*

Participant 09: *“since I had a group of children I could not take too much time with them we just focused on the community map only.”*

Participant 08: *the material on the courage programme is easy to follow I now use it with my individual clients during counselling.*

3.4.5 Theme 5: Process-outcome linkages

Process-outcome linkages may be used to determine whether the programme was implemented as intended, to ascertain why outcomes were achieved or not (James Bell Association, 2007:2). The intervention was meant to improve the participants’ skills, attitude and behaviour regarding child protection challenges. Participants were asked to talk about their implementation outcomes thus far, and they reported that the programme:

- *gives people a lot of confidence to deal with really difficult child protection challenges;*
- *gives people context, the value of the programme allows one to take local knowledge and apply it to local issues;*
- *provides a lot of knowledge and information;*
- *empowers people who perform a caring profession, like social workers;*
- *is very innovative, it is designed to help both implementers and trainees to think strategically about different problems;*
- *promotes valuable partnerships and collaboration with other external networks; and*
- *promotes networking with different stakeholders, which is important for obtaining valuable information.*

Partnerships and coordination with other external networks are centrally important at all stages of the implementation process. Linkages with different stakeholders are useful for resource sharing and for coming up with solutions to confront child protection issues:

Participant 01: *“We are in the process of linking with the court and the police, we opened a trauma centre where children can give statements regarding their abuse, neglect, maltreatment and, this all came from implementing the Courage Programme. We are also having a court preparation area for vulnerable children”.*

Participant 10: *“.. the idea of forming partnerships is not easy people are used to working in silos.”*

3.5 CONCLUSION AND RECOMMENDATIONS

The above findings were supported by the views of the participants on the implementation process of the Courage Child Protection Community Engagement Programme (the Courage Programme). Findings of this study confirm that community-based interventions have the potential to address child protection challenges. Hence, the implementation evaluation of programmes is essential to understand why programmes are successful or unsuccessful. Implementation evaluation is imperative to ensure effective programme delivery by programme designers, programme implementers and researchers.

It is concluded that the implementation factors may impact negatively or positively on the implementation process and fidelity. These factors interact with each other, and the absence or presence of each factor impacts on fidelity. The knowledge or identification of the essential factors which can contribute to effective implementation, is crucial. Fidelity – which is the strict adherence to the guidelines during the implementation process – is associated with successful implementation. However, the programme characteristics also play an important role in implementing the programme while attempting to achieve positive outcomes. Programmes should be designed with flexibility to fit in different contexts and to be adapted according to different situations. The programme in question was designed such that it is user-friendly and can be implemented at low cost, because the training material is available freely on the internet. Nevertheless, it is not possible to implement all the facets of the programme without a sufficient budget and sufficient time.

In summary, it is recommended that the implementation of the programme by other role players must also be evaluated. The outcomes of the programme should also be evaluated, to determine whether it makes a difference in the community.

In Section D, the researcher provides a summary of the research, addresses limitations, makes recommendations for further studies, and formulates conclusions.

3.6 REFERENCES

Acts see South Africa.

Atkins, P. & Frederico, M. 2017. Supporting implementation of Innovative social work practice. What factors really matters? *British Journal of social work*, 2017:1723-1744.

Babbie, E. 2014. The basics of social research. 6th ed. Belmont Wadsworth: Cengage Learning.

Bless, C. & Higson-Smith, C. 2006. Fundamentals of social research methods: An African perspective. 3rd ed. Lansdowne: Juta.

Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J. & Balain, S. 2007. A conceptual framework for implementation fidelity. *Implementation Science* 2007, 2:40. doi:10.1186/1748-5908-2-40

Century, J., Rudnick, M. & Freeman, C. 2008. Accumulating knowledge on elementary science specialists: A strategy for building conceptual clarity and sharing findings. *National Association for Research in Science Teaching*, (Vol. 17) No. 2:31-44).

Cohen, A. & Demchak, M. 2018. Use of visual supports to increase task independence in students with severe disabilities in inclusive educational settings. *Education and training in autism and developmental disabilities*, 53(1) 89-99.

Creswell, J.W. 2014. Research design: qualitative, quantitative & mixed methods approaches. 4th ed. London: Sage.

De Vos, A.S Strydom, H, Fouche, C.B, Delport 2011. Research at grass roots: for the social sciences and human service professions. 4th ed. Pretoria: Van Schaik Publishers.

Durlak, J. & Dupree, E.P. 2008. Implementation matters: A review of research on the influence implementation on program outcomes and the factors affecting implementation. *Community psychol*, 2008, 41:327-350.

Dusenbury, L., Brannigan, R., Falco, M. & Hansen, W. B. 2003. A review of research on fidelity of implementation: Implications for drug abuse prevention in school settings. *Health Education Research*, 18(2), 237-25.

Gagnon, R. J., Franz, N. K., Garst, B. A., & Bumpus, M. F. 2015. Factors Impacting Program Delivery: The Importance of Implementation Research in Extension. *Education Publications. Paper 12*. https://lib.dr.iastate.edu/edu_pubs/12

Gingiss, M.P., Roberts-Gray, C. & Boerm, M. 2006. Bridge-It: A system for Predicting Implementation Fidelity for School Based Tobacco Prevention Programs. *Society for Prevention Research, 2006:197-207*.

Hasson, H. 2010. Systematic evaluation of implementation fidelity of complex interventions in health and social care. *Implementation Sci. 5: 67, 2010*. doi:10.1186/1748-5908-5-67

James Bell Associates. 2007. Evaluation Brief: What's the Difference? Understanding Process and Outcome Evaluation. Arlington, VA. October 2007.

Jaycox, L.H., MacCaffrey, D.F., Ocampo, B.W., Shelly, G.A., Blake, S.M., Peterson, D.J., Richmond, L.S. & Kub, J.E. 2006. Challenges in the Evaluation and Implementation of school Based revention and Intervention Programs on Sensitive Topics. *American Journal of Evaluation, Sept. 2006 (Vol 27), No. 3:320-336*.

Kam, C., Greenberg, M.T. & Walls, C.T. 2003. Examining the role of implementation quality in school based prevention using the PATHS curriculum. Promoting Alternative Thinking Skills Curriculum. *Prev Sci. 2003 Mar; 4(1):55-63*.

Mihalic, S. 2004. The importance of implementation fidelity. *Emotional and Behavioral Disorders in Youth, 4, 83-105*.

Morgan, C., Sibthorp, J. & Browne, L.P. 2016. Moving Beyond Outcomes: An Applied Example of Implementation Evaluation in a Youth Recreation Program. *Journal of Park and Recreation Administration (Vol 34) number 4:66-81*.

Regan, M. E. 2009. Implementation and Evaluation of a youth violence prevention program for adolescents. *National Association of school of nurses (Vol 25) number 1 27-33*.

Savignac, J. & Dunbar, L. 2014. Guide on the Implementation of Evidence Based Programs: What do we Know so far? *Research Report Canada*.

Schmid, J. 2010. A History of the Present: Uncovering Discourses in (South African) Child Welfare. *The British Journal of Social Work, Vol. 40, No. 7 (OCTOBER 2010), pp. 2102-2118*.

Schurink, W., Fouché, C.B. & de Vos, A.S. 2011. Qualitative data analysis and interpretation. (In de Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. Research at grass roots: for the social science and human services professions. 4th ed. Pretoria: Van Schaik. p. 419-421).

South Africa. 2005. Children's Act 38 of 2005. Pretoria: Government Printers.

Strydom, H. 2011. Ethical aspects of research in the social sciences and human service professions. (In de Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. Research at grass roots: for the social sciences and human service professions. Pretoria: Van Schaik. p. 113-132).

SECTION D: SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

4.1 INTRODUCTION

Section C provides an overview of the study, with the main focus on evaluating the findings with regard to the research questions and aim of the study. The research design, methods of data collection, data analysis procedures and trustworthiness of the findings are discussed. This section also provides a summary, discussion of the limitations of the study and recommendations for future research, as well as the conclusion.

4.2 SUMMARY

The general aim of this research study was to explore and describe the views of social workers (as participants in this study) on the implementation process of the Courage Child Protection Community Engagement Programme (the Courage Programme). The following research question guided this study:

- *What are the views of the participants trained in the Courage Child Protection Community Engagement Programme regarding the implementation process of this programme?*

The aim is to indicate what you want to achieve and the objectives should specify how you want to achieve the aim. Most of the responses that the participants gave points out that the specifications on the Courage Program help them during the implementation process. Therefore, the objectives were reached. The research question was answered as all the participants were able to articulate their views regarding the implementation process of the Courage Program.

The following themes were discussed:

4.2.1 Theme 1: Adherence

The participants understood the specified guidelines which helped them to implement the programme. The step-by-step approach made it easy for participants to adhere to the specifications and to stick to the concept of child protection. The details of the content that was

covered, were complex. The process was flexible and adaptable, however, a high level of adherence was obtained. The participants had to use their own discretion regarding the frequency of the engagement, as this was not stipulated in the guidelines. Community engagement programmes play an important role in responding to child protection issues, since they can be presented by non-specialists. To achieve high fidelity, programme implementers need to plan for more sessions when presenting the programme. Sufficient time must be budgeted for programme receivers or trainees to acquire the necessary knowledge.

4.2.2 Theme 2: Programme characteristics

The programme was designed in such a way that it could be delivered in any environment. The programme is very action-orientated and it empowered the attendees to use their creativity and vision towards issues of child protection. The programme is also unique and positive, as it allows the child to remain the main focus rather than the problem. The visual aids and the programme material are very helpful, because it generates discussions and it provides the programme receivers with tools and the necessary terminology to communicate their problems. However, the training manuals are written in English, and many communities who are not comfortable with English, will struggle to understand it, unless the presenters are specifically trained to overcome this problem. The programme can furthermore be easily integrated into existing services.

4.2.3 Theme 3: Implementation factors

In order to understand a programme's effectiveness, it is important to consider the implementation factors that drive the achievement of outcomes. Factors that may influence implementation vary, and their presence or absence can affect the quality of implementation. Factors that were identified as crucial during the implementation process, include participant responsiveness, culture diversity, quality delivery and financial implications. According to Gagon *et al.* (2015:77) the process of implementation evaluation makes it possible for practical data to be discovered, for instance whether the programme is culturally appropriate, whether the participants are engaged or not, and whether there is sufficient time to deliver all components.

The quality of programme delivery could affect the level of engagement of the programme receivers, and vice versa. If the programme receivers are less enthusiastic about an intervention, their low level of engagement automatically affects implementation quality. The participants in this study considered cultural sensitivity as a fundamental aspect because all communities are

different and unique. Financial support is also necessary for the successful implementation of programmes, and a lack of financial resources will lead to good programmes being discarded. To overcome this problem, social workers should therefore include the implementation of this programme in their annual budget so that they can be able to weigh the cost of rendering the prevention programme versus intervention services.

4.2.4 Theme 4: Macro-level implications

It was evident that the establishing of partnerships between different stakeholders to deal with child protection is a challenging task, because groups and organisations tend to work in isolation. Many child protection issues were identified of which communities were not aware. They gained valuable knowledge and information that could change their attitude and behaviour regarding child protection problems. Networking with stakeholders promoted interest in replicating the programme in different settings. The programme was adopted in most communities, although it was not always possible to present it as a whole in some communities, due to time limitations.

4.2.5 Theme 5: Process-outcome linkages.

Process outcomes can either be immediate, short term or long term. It was difficult to determine whether the outcomes were achieved or not, because no evaluation was carried out after presenting the programme. The programme was delivered only to that particular group once, and it is therefore impossible to determine behaviour change. Follow-up engagements need to be planned to achieve positive outcomes.

4.3 LIMITATIONS OF THE STUDY

The researcher experienced a number of limitations during this research study.

Originally the researcher planned to use Skype or Face Time interviews as a data collection method, but due to internet connectivity problems experienced by some of the participants, the researcher conducted telephone interviews with 10 social workers.

Only social workers who implemented the Courage Programme were included in the study and other role players were excluded. This is a limitation, as other implementers of the Courage Programme can add valuable information regarding implementation evaluation of the programme, and can thus add value to implementation science.

The sample size and number of participants that took part in the study were small and can be regarded as a limitation. The data obtained cannot be viewed as representative of all social work professionals and cannot, therefore, be generalised.

Lack of time for delivering the programme was also a limitation, because change cannot happen after one intervention. Follow-up sessions with the participants should be scheduled.

4.4 RECOMMENDATIONS

A sound understanding of how the quality of fidelity may be improved is crucial for the implementation evaluation processes. Based on the findings of this research, the following recommendations are made in order to enhance the quality of research on implementation evaluation:

- Researchers should measure all five dimensions of fidelity in order to provide a comprehensive picture of programme fidelity.
- Further research is needed to identify and confirm factors which influence and promote fidelity of implementation.
- The involvement of other role players is imperative and can enhance service delivery to children. There is a need for evaluating programme implementation by other role players as well. It is also recommended that other stakeholders must be trained in the programme and then evaluated to determine whether they gained sound knowledge on child protection matters and were able to transfer the information to the community.
- Gogan *et al.* (2015:79) suggest that implementation standards which specify an appropriate criterion for effective implementation should be developed. Thus, the expertise of the facilitator, the facilitator-participant ratio, the frequency and duration of interventions, and the specific content of programmes should be evaluated.
- The outcomes of the programme should also be evaluated, to determine whether it makes a difference in the community – for example, in terms of community members' attitude and knowledge concerning child protection issues.

4.5 CONCLUSION

The objectives of the study were to explore and describe the views of social workers trained in the courage Child Protection Community Engagement Programme on the implementation

process they followed. The researcher also conducted a literature study concerning the implementation evaluation of programmes. Insight into social workers' views regarding the implementation of the Courage Child Protection Community Engagement Programme may help practitioners to gain practical knowledge which is necessary for programme implementation, which in turn can be utilised as part of a comprehensive programme improvement model. A qualitative approach was followed and telephone interviews were conducted with 10 social workers.

The results indicate that the establishment of the key implementation factors is essential, as it is associated with better programme results and high programme fidelity. Five components of Programme implementation were identified, namely programme adherence, implementation process, intended dosage, macro-level implication, and process-outcome linkage. However, it is not clear whether all five types of fidelity must be present for a programme to achieve its goals.

Social workers agreed that detailed instruction manuals or guidelines have a potential to enhance the fidelity of implementation, and it was confirmed that the level of implementation affects the outcomes obtained in programmes.

4.6 REFERENCES

Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J. & Balain, S. 2007. A conceptual framework for implementation fidelity. *Implementation Science* 2007, 2:40. doi:10.1186/1748-5908-2-40.

Gagnon, R. J., Franz, N. K., Garst, B. A., & Bumpus, M. F. 2015. Factors Impacting Program Delivery: The Importance of Implementation Research in Extension. Education Publications. Paper 12. https://lib.dr.iastate.edu/edu_pubs/12

ANNEXURES

ANNEXURE A: HREC ETHICAL APPROVAL



Dr H Malan
Social Work
COMPRES

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 269-1111/0222
Web: <http://www.nwu.ac.za>

Health Sciences Ethics Office for Research,
Training and Support

Health Research Ethics Committee (HREC)
Tel: 018-265 2291
Email: Wayne.Towers@nwu.ac.za

29 August 2018

Dear Dr Malan

APPROVAL OF YOUR APPLICATION BY THE HEALTH RESEARCH ETHICS COMMITTEE (HREC) OF THE FACULTY OF HEALTH SCIENCES

Ethics number: NWU-00010-18-S1

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the Health Research Ethics Committee (HREC) secretariat.

Study title: Social workers' view of the implementation process of the Courage community engagement programme

Study leader: Dr H Malan

Student: L Velempini-23084882

Application type: Single study

Risk level: Minimal (monitoring report required annually)

Expiry date: 31 August 2018 (monitoring report is due at the end of August annually until completion)

You are kindly informed that after review by the HREC, Faculty of Health Sciences, North-West University, your ethics approval application has been successful and was determined to fulfil all requirements for approval. Your study is approved for a year and may commence from 29/08/2018. Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation. A monitoring report should be submitted two months prior to the reporting dates as indicated i.e. annually for minimal risk studies, six-monthly for medium risk studies and three-monthly for high risk studies, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECMon@nwu.ac.za. Annually, a number of studies may be randomly selected for an internal audit.

The HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the HREC, Faculty of Health Sciences prior to implementing these changes. These requests should be submitted to Ethics-HRECApply@nwu.ac.za with a cover letter with a specific subject line indicating, "Amendment request: NWU-XXXXXX-XX-XX". The letter should include the title of the approved study, the names of the researchers involved, the nature of the amendment/s being made (indicating what changes have been made as well as where they have been made), which documents have been attached and any further explanation to clarify the amendment request being submitted. The amendments made should be indicated in **yellow highlight** in the amended documents. The e-mail, to which you attach the documents that you send, should have a specific subject line indicating that it is an amendment request e.g. "Amendment request: NWU-XXXXXX-XX-XX". This e-mail should indicate the nature of the amendment. This submission will be handled via the expedited process.

Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form to Ethics-HRECincident-SAE@nwu.ac.za. The e-mail, to which you attach the documents that you send, should have a specific subject line indicating that it is a notification of a serious adverse event or incident in a specific project e.g. "SAE/Incident notification: NWU-XXXXXX-XX-XX". Please note that the HREC, Faculty of Health Sciences has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.

The HREC, Faculty of Health Sciences complies with the South African National Health Act 61 (2003), the Regulations on Research with Human Participants (2014), the Ethics in Health Research: Principles, Structures and Processes (2015), the Belmont Report and the Declaration of Helsinki (2013).

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECApply@nwu.ac.za.

Yours sincerely



Prof Wayne Towers
HREC Chairperson



Prof Minnie Greeff
Ethics Office Head

Current details: (2020600) Gr1My Drive\ Research and Postgraduate Education\1.5 Ethics\NWU-00010-18-0116_1.5.4.1_AU_NWU-00010-18-01_29-08-2018.docx
29 August 2018

File reference: 01.5.4.1

ANNEXURE B: INVITATION



SOCIAL WORKERS VIEWS OF THE IMPLEMENTATION PROCESS OF THE COURAGE PROGRAMME

Do you want to be part of a research study regarding / the implementation process of the Courage programme?

Please take some time to read the information presented on this note to help provide you with guidance regarding the intended study.

Kindly note that your participation is entirely voluntary and you are free to choose not to participate

You are approached to take part in this study because:

- + You are a social worker who completed the Courage Programme
- + You are working in the field of child protection
- + You have access to Skype or Face time as medium of communication
- + You must also be fluent in English
- + You will not be able to take part in this research if you are not working in the field of child protection and did not implement the Courage programme.

What is this research study all about?

- + To explore your views regarding the implementation process of the Courage Programme

What will your responsibilities be?

- + You will be expected to participate in an interview on Skype or face time
- + The interview will only take a maximum of 30-45 minutes of your time

What will happen if you experience some form of discomfort as a direct result of you taking part in this research study?

- + The researcher will provide you with contact details of a social worker of a respective organisation that will provide counselling.

For further information

You can contact the researcher at 0713189903/0718118176 /lvelempini@gmail.com

ANNEXURE C: INTERVIEW SCHEDULE

SEMI-STRUCTURED INTERVIEW SCHEDULE

The following schedule will be utilized to structure the semi-structured skype interviews with the participants of this research. The purpose of the semi-structured interviews is to explore the views of social workers regarding the implementation of the Courage community engagement programme. The interviews will be done in English. **Questions**

When reflecting on the training content, such as: needs and rights of children; different developmental phases of children; challenges that make children more vulnerable; strategies to address the challenges; information on forming partnership with key role-players in the community and how to develop child protection forums –

1. During your implementation of the Courage programme, in what ways did you adhere to the specifications of the Courage programme regarding how one should implement it? (Adherence)
2. What factors positively helped you in implementing the programme, and what factors distracted you from implementing it fully? (Implementation factors)
3. Were you able to implement all the facets of the courage programme as planned? In what ways were you unable to implement all facets of the programme? (Dosage)
4. In what ways do you think the programme was adopted by the community and how widely do you think the programme was adopted in the target community? (Macro level)
5. Tell us about the outcomes of your implementation process thus far? (Process outcome)

Thank you for your cooperation.

L. Velepini

ANNEXURE D: INFORMED CONSENT



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: <http://www.nwu.ac.za>



INFORMED CONSENT FOR SOCIAL WORKERS TO PARTICIPATE IN A SKYPE INTERVIEW FOR RESEARCH PURPOSES

TITLE OF THE RESEARCH STUDY: Social workers' views of the implementation process of the Courage programme.

ETHICS REFERENCE NUMBERS: NWU-00010-18-S1

PRINCIPAL INVESTIGATOR: Dr. Hanelie Malan

POST GRADUATE STUDENT: Linda Velempini

ADDRESS: 31 Kiaat street, Flora Park Polokwane

CONTACT NUMBER: 0713189903

You are being invited to take part in a **research study** that forms part of a master's degree in social work. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

How will we protect your confidentiality and who will see your findings?

- Anonymity will be ensured by creating dummy Skype accounts with dummy email addresses for the participants and separating any personally identifying information from the research data through the use of numeric or other special codes. Code numbers will be used to help guard against unauthorized persons accidentally recognizing or identifying programme participants.
- The skype interviews will be recorded for data analysing purposes. At completion of the study all digital recordings will be deleted.
- The transcribed data will appear only in electronic format and all files will be stored on the supervisor's password protected computer, from where it will be made available to the researcher for analysis purposes. At completion of the study, digital recordings will be deleted and electronic data will be stored at the COMPRES office for a period of five years.

What will happen with the findings?

- The information you shared with the researcher will be written in a report and published in an article format. No one will use the information that you shared with the researcher for any other purpose.
- The data can be used for any other study, however, if any other person would like to use the information for other reasons than that of this study, such a person will need to get permission in writing from the North West University Ethics Committee.
- At completion of the study, digital recordings will be deleted and electronic data will be stored at the COMPRES office for a period of five years.

How will you know about the results of this research?

- As soon as the research is completed and the researcher completed the research report, the researcher will send you a summary feedback report with the findings, via e-mail.

Will you be paid to take part in this study and are there any costs for you?

- There will be no costs involved for you, and you will not be paid for taking part in the study.

Is there anything else that you should know or do?

- You can contact the researcher, Linda Velepini, at 0713189903 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent
Declaration by researcher

.....
Signature of witness

I (*name*) declare that:

- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of researcher

.....
Signature of witness

ANNEXURE E: LETTER OF GOODWILL



Enquiries: **LINDA VELEMPINI**
Phone: **0152912061**
0713189903
Email: lvelempini@gmail.com

TO : MRS. D. BLACKIE & ABBA ADOPTIONS

FROM : MS. L. VELEMPINI
SOCIAL WORKER

DATE : 10 APRIL 2018

SUBJECT : REQUEST FOR PERMISSION TO ACCESS DATABASE FOR PARTICIPANTS TRAINED IN THE COURAGE PROGRAMME

I hereby request permission to gain access to your database for participants who were trained in the Courage Programme since the launch in 2015. I am currently studying towards a Master's degree in social work (Child Protection) at the North West University.

I am interested in completing a study entitled "**Social workers views of the implementation process of the Courage Programme**". The aim of this study is to explore the implementation process used by trained participants in the Courage Child Protection Community Engagement Programme.

The study will be conducted in form of Skype or Face time interviews. The targeted areas include all the provinces of South Africa until data saturation has been reached. The gains for participating in this study will be contributing to the evaluation of the Courage Programme. The only risk factor identified by the researcher is that the interview experience might provoke emotions and thoughts of failure by the social worker if they feel that they have not implemented the Courage Programme to their satisfaction.

Anonymity of the participants' findings will be protected and their privacy respected by having passwords kept only on the supervisor's computer. The results will be kept confidential. Only the researchers and developers of Courage will be able to look at the findings

This project will be conducted under the supervision of study leader Dr. Hanelie Malan (018 299 1676) who is a lecturer at North West University Potchefstroom campus under the social work faculty. Your approval to access the database will be greatly appreciated.

Upon completion of the study, the researcher will provide feedback to the developers of the Courage Programme.

If you require any further information, please do not hesitate to contact me.

Yours in service

Linda Velempini