THE DEVELOPMENT OF A CONTEXTUALLY BASED PROGRAMME DESIGNED TO INCREASE FAMILY RESILIENCE PROCESSES FOR FAMILIES IN A RURAL COMMUNITY ON THE WEST COAST SOUTH AFRICA

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ABSTRACT

Family environments can greatly affect the prospects of the children and their succeeding generations. South Africa's socio-political history and contextual circumstances continue to affect the structure and functioning of families. However, in spite of – or perhaps because of – these factors, many families thrive in such adversity. Research has explored and identified many processes such as social support, self-efficacy, availability of resources, and family resilience, which can moderate the effects of adversity. Family resilience processes have been shown to significantly reduce deleterious consequences of adversity in families.

The aim of the present study was to develop a contextually based programme to strengthen family resilience processes in a rural community in the West Coast region of South Africa. The overarching research approach was a multi-level, mixed method participatory action research approach in the development of the programme. The study was completed in three phases that were aligned with the intervention mapping research design.

Phase 1 identified and explored family resilience needs in the rural, fishing community of Lambert's Bay. This phase's main findings informed the development of the objectives that would be focused on in the programme. To this end, an explanatory mixed methodological sequential design was implemented in this phase. All data were collected in the Afrikaans language. Therefore, the Family Resilience Assessment Scale (FRAS), used in the quantitative component, needed to be translated, adapted, piloted (with 82 participants from the community) and examined.

Participants for the larger, quantitative component of this phase (N=656) comprised female (60.2%) and male (39.8%) subjects from across the Lambert's Bay community. The results of this component informed the discussion guide for the smaller, qualitative component (n=27) which was collected using four focus groups. The primary researcher facilitated the focus

groups comprising religious leaders, community members, teachers and staff members of the non-governmental organisation involved. Phase 2 was a systematic review, which was implemented in order to identify best theoretical and practice models in family intervention development. Phase 3 was aimed at the design and development of the family resilience programme, and was completed by means of a three-round, email-based Delphi research design.

The ethics of the study are explored in detail. Ethics approval was granted by the University of the Western Cape's Higher Degrees and Senate Committees and the non-governmental organisation in Lambert's Bay. Ethics principles such as autonomy, beneficence and justice are quintessential in participatory action research. Ethics requirements such as informed consent and, where possible, confidentiality and autonomy, were ensured.

Through the three iterative phases of the study and the participatory action research approach, the Family Resilience Strengthening Programme was developed, seeking to strengthen family resilience processes. The programme was designed as a four-module, manualised, group-based programme aiming to increase family identity, communication, connectedness processes, and social and economic resources.

In addition, the findings of the study, while being cognisant of restrictive socioeconomic systems in families' lives, including families in the research process and political sphere, speak to the need for readying families for intervention participation so as to expedite the intervention's success. Finally, the study also highlights the necessity of developing a South African family resilience framework.

DECLARATION

I hereby declare that the present work entitled *The development of a contextually based programme designed to increase family resilience processes for families in a rural community on the West Coast South Africa* is my own work. It has not been submitted for any degree or examination at any other university. All the sources I have used or quoted have been indicated and acknowledged as complete references.

Serena Isaacs

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CHAPTER 1

INTRODUCTION

1.1 Background and rationale

The family is described as the most basic unit of society (Makiwane, Gumede, Makoae & Vawda, 2017). They are the primary caretakers (Rabe, 2017) and frame the developmental environment and life course for each individual (Gardiner & Iarocci, 2012). As the world changes, families are confronted with multi-faceted challenges (der Kinderen & Greeff, 2003; Lietz, 2013; Walsh, 1996, 2003, 2012, 2016). Many psychosocial (Kliewer et al., 2017) and socio-economic (Botha, Booysen & Wouters, 2017; Makiwane & Berry, 2013) challenges, such as unemployment, poverty, substance use, community violence and HIV/AIDS (Donald et al., 2017; Makiwane et al., 2017), inevitably affect the family environment. For example, a family's socio-economic challenges (low income, unemployment, inadequate housing, poor education) are associated with low changeability and flexibility in family functioning (Botha et al., 2017), children's negative socio-emotional adjustment (Coley & Lombardi, 2014), and increased risk of domestic violence and child maltreatment (Ridings, Beasly & Silovsky, 2017; Elliot, Shuey & Leventhal, 2016). The adversities or cumulative risks (Kliewer et al., 2017) described here pose a risk, and create a context, for some family units to be 'multi-challenged' (Melo & Alãrco, 2011).

Multi-challenged families are affected by numerous internal and external adversities (Melo & Alãrco, 2011), and these experiences undermine the roles that families play in their members' development (Makiwane & Berry, 2013). The family, defined here as 'social groups, related by blood (kinship), marriage, adoption or affiliation, with close emotional attachments to each other that endure over time and go beyond a physical residence' (Amoateng & Richter,

2007), experiences different types of adversity which are multi-faceted. Unemployment, HIV/AIDS, poverty and violence continue to affect family functioning (von Backström, 2015; Morison, Lynch & Macleod, 2016). The Poverty Trends in South Africa (2017) report that in 2015, poverty increased by 2.3% since 2011. Notwithstanding the positive psychosocial and socioeconomic gains in state redress after the deleterious effects and instability experienced by families during apartheid (Morison et al., 2016), South Africa remains one of the most unequal countries in the world (Maiorano & Manor, 2017).

The inequalities are more pronounced, especially in terms of material and social deprivation, depending on geographical region, such as rural areas (Casale, Lane, Sello, Kuo and Cluver, 2013; Teachman, Tredow & Chowder, 2000). The poverty gap between poorer people in rural and those in urban areas in South Africa is significantly large (Poverty Trends in South Africa, 2017). In 2015, the poverty headcount was twice as high for rural (81.3%) than the reported percentage for urban areas (40.6%). The availability of resources also tends to be sparse in rural areas, compounding the alleviation of other health and psychosocial problems (effects of HIV/AIDS, violence and substance use), which families might experience.

Although socio-economic status can influence perceived and actual family changeability and flexibility, this perception does not always affect the attachment between family members (Botha et al., 2017). This observation suggests that while it is not always possible to effect immediate change owing to unjust socio-economic structures, alcohol and drug abuse, crime, violence and other psychosocial challenges, it is possible to investigate the moderating processes that positively affect the exposure to cumulative risk (Kliewer et al., 2017). Family studies have documented the family processes that can moderate the exposure to cumulative risk such as the quality of family cohesion and flexibility (Botha et al., 2017), social support

(Ridings et al., 2016), satisfaction with family life (Frasquilho et al., 2016), and communication and problem-solving between members (Baptiste et al., 2006; der Kinderen & Greeff, 2003). Some of these processes are also integral components of the family resilience theory (Walsh, 2016).

Family resilience theory views family functioning within the context of adversity (Walsh, 2016). Moreover, family functioning refers to family processes utilised by the family over a period (Winek, 2010). The concept of family resilience has become increasingly important in family studies (Slezackova & Sobotková, 2017). Family resilience is the ability of a familial unit not only to withstand but also to rebound from adversity (Walsh, 1996; 2003; 2016). The family resilience theory, based on a developmental and eco-systemic view of families, describes key integral processes in strengthening a family's ability to weather crises or the prolonged stresses that they face and so improve family functioning: family belief systems, communication processes and organisational patterns (Walsh, 2016). Family processes can be explained as family functioning characteristics (Coyle et al., 2009). The view of family resilience does not mean that families are unaffected by adverse events (Walsh, 2012) or that families should simply 'withstand' unjust structural adversities (e.g. limited access to social services, limited employment opportunities, substandard housing etc.). However, it means that families are viewed as being capable of meeting these and other challenges effectively. It stands to reason, then, that strengthening family processes can affect family functioning positively, and can be drawn upon during crises.

Identifying and strengthening family resources has been shown to improve the family's experience in meeting their challenges (Greeff, Vansteenwegen & Herbiest, 2011; Vermeulen & Greeff, 2015; Saltzman et al., 2011). Wallerstein and Duran (2010) stress the urgency of

developing appropriate interventions, and cite some issues encountered in intervention development that inevitably affect its impact: distrust between developers and participants; distrust within under-represented communities (such as multi-challenged families in rural communities); and the often-prescribed, one-way approach to intervention development. They argue a community-based participatory approach as an effective approach in the development of interventions and thus can lead to greater intervention efficacy (Gardiner & Iarocci, 2012; Nadeau, Jaimes, Johnson-Lafleur and Rousseau, 2017; Wallerstein & Duran, 2010).

The family is often targeted as the site for intervention (Morison et al., 2016). Although gains have been made in providing access to social and mental health services, there remains a significant lack of resources for much-needed community-based services (Petersen & Lund, 2011). Similarly, Gardiner and Iarocci's (2012) study highlights the importance of community-based mental health services and found that family interventions are integral to other (individual) effective interventions. Their research proposed that focusing on family communication and cohesion could be integral to individual intervention success. Garrard, Fennell and Wilson (2017) report some of the stressors experienced by rural families as accessing necessary support and healthcare, frequent and expensive travel, increased fiscal and employment demands and familial separation. In their study, both community support and family communication intervention were found to be an essential protective element for families.

Promoting protective elements within families is the mission of *The White Paper for South African Families* (Department of Social Development, 2012). This policy, which is aligned with the 2030 National Development Plan (National Development Plan 2030, 2012).

Promotes a focus on improving healthy family life, family strengthening, and family preservation. It supports social responsibility and requires all working in the field of social development, researchers and practitioners, to adhere to these principles in the implementation of interventions, practice and research.

1.2 Problem statement

In the national South African Social Attitudes Survey (Roberts, Gordon & Struwig, 2013), 95% of participants reported that family were important in their lives. With the 'significant transformation' of South African families (Makiwane et al., 2017), particularly in their diversity (Rabe, 2017), it is interesting that there was little information on the functioning of South African families (Makiwane et al., 2017). Families in South Africa remain under-resourced, impoverished (Poverty Trends South Africa, 2017) and experiencing various psychosocial issues such as parental absence, single-income families, domestic and community violence, victimisation owing to crime, substance abuse, teenage pregnancies, abuse in all its forms, unemployment and depression (Adams et al., 2013). Rural areas particularly still experience the effects of the apartheid dispensation's migrant labour system, Group Areas Act (Mokomane, 2014) and limited access to employment opportunities; poverty; substance use; and violence (von Backström, 2015). Nevertheless, family research in South Africa can be limited in terms of focusing on the effects of family structure rather than family functioning (Rabe, 2017; Roman, 2011), within its often adverse contexts.

Research studies are increasingly identifying resilience as a key factor in protecting families from these negative outcomes (e.g. Card & Barnett, 2015; Jonker & Greeff, 2009; Lim & Haan, 2013; Masten & Monn, 2015; Saltzman, 2016). Yet many programmes implemented to improve family life are often developed outside South Africa, and thus not developed from

the same contextual circumstances and concerns (Holtzkamp, 2010). This top-down approach to intervention development can be addressed by a research approach that collaborates with those under study (e.g. Melo & Alãrco, 2011), such as participants or communities, and specifically families in a small community on the West Coast region of South Africa. Thus, the present study will extend the literature of family resilience in South Africa as well as intervention development.

1.2.1 Research question

How can families within this particular community be strengthened, given their risks and protective factors, using a family resilience perspective?

1.3 Aim and objectives of the study

The overall aim of the study was to develop a contextually based family resilience programme for families in a rural area on the West Coast of South Africa.

The objectives of the study were to:

- Assess and explore family resilience in a rural community on the West Coast in order to identify family resilience needs.
- Conduct a systematic review to identify theoretical and best practice models of family programmes implementing a family approach to strengthening families.
- Design and develop the contextually based family resilience programme for rural communities using the Delphi study method.

1.4 Dissemination of findings

The present thesis was completed by publications. Four articles have been published in international peer-reviewed journals. In other words, the findings of the present study have

been disseminated in the form of journal article publications as presented in Chapters 4–7. The publications' references are listed below.

Isaacs, S., Roman, N.V. & Savahl, S. (2018). The development of a family resilience-strengthening programme for families in a South African rural community. *Journal of Community Psychology* (In press).

Isaacs, S., Roman, N.V. & Savahl, S. (2017). An exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological study design. *Current Psychology*, doi: 10.1007/s12144-017-9722-5.

Isaacs, S., Roman, N.V., Savahl, S. & Sui, X.C. (2017). Using the RE-AIM framework to identify best practice models for family intervention development: A systematic review. *Child and Family Social Work*, doi: 10.1111/cfs.12380.

Isaacs, S., Roman, N.V., Savahl, S. & Sui, X.C. (2017). Adapting and validating the Family Resilience Assessment Scale for use in an Afrikaans rural community in South Africa. *Community Mental Health Journal*, doi: 10.1007/s10597-017-0091-1.

In addition to disseminating the results of the present study in the form of journal articles, the results of some phases of the study were disseminated at international conferences. The references are as follows.

Isaacs, S., Roman, N.V. & Savahl, S. (14 – 16 June 2017). An exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological design. Pathways to Resilience IV Conference: Global South Perspective. Century City Conference Centre, Cape Town, South Africa.

Isaacs, S., Roman, N.V., Savahl, S. & Sui, XC (27-30 May 2016). Adapting and validating the Family Resilience Assessment Scale for use in an Afrikaans rural community. International Conference on Community Psychology. Durban International Convention Centre, Durban, South Africa.

Isaacs, S. Roman, N. V. & Savahl, S. (16-19 June, 2015). Understanding family resilience in a rural community in the Western Cape: A needs assessment pilot study. Pathways to Resilience Conference Pathways to Resilience III: Beyond Nature v. Nurture. Dalhousie University, Halifax, Nova Scotia.

1.5 Thesis structure

The structure of the present thesis and the chapter titles are as follows.

Chapter 1: Introduction. This chapter describes and explains the major concepts explored further in the study. It also highlights the contextual factors affecting family life and family resilience in South Africa, and specifically the rural West Coast region. Additionally, the challenge and importance of developing an appropriate and contextually based family resilience intervention is foregrounded.

Chapter 2: Conceptual framework. The Family Resilience Theoretical Framework is discussed in depth in this chapter. The construct of 'family' is explored and expanded, highlighting nuanced biases and other issues in defining the 'family'. Thereafter the theoretical framework is explained with reference to empirical studies on family resilience processes. Finally, empirical and conceptual studies on family intervention research and intervention development are also considered.

Chapter 3: Method. A multi-level approach is utilised in this study. Three study phases are described within the framework of the intervention mapping research design and epistemological positioning of the study. This chapter provides a description and rationale of the research design, methods and procedures used in relation to the aim and objectives of the study. An exploration of the challenges encountered and how these challenges were addressed are put forward.

The subsequent four chapters are a presentation of each of the published articles addressing each of the research aims and objectives.

Chapter 4: Adapting and validating the Family Resilience Assessment Scale for use in an Afrikaans rural community (Article 1: *Community Mental Health Journal*). This chapter discusses the publication process of the above-titled article. It focuses on the instrumentation processes in assessing family resilience with the Family Resilience Assessment Scale. The article also explains the contribution by community stakeholders and fieldworkers in this research process. The published manuscript is then presented.

Chapter 5: An assessment of the family resilience needs of a rural community: An explanatory mixed methodological design (Article 2: *Current Psychology*). The focus of Chapter 5 is to address the first objective of the present study, i.e. to identify and explore the perceived needs of families, from a family resilience perspective. This object was achieved by means of a mixed methods approach. The process of having the manuscript published is also briefly outlined.

Chapter 6: Using the RE-AIM framework to identify best practice models for family intervention development: A systematic review (Article 3: *Journal of Child and Family Social Work*). In order to approach the second objective of the present study, a systematic review was implemented. The systematic review processes, the results and discussion are explained by presenting the published manuscript. Further, a reflection on the publication process is provided.

Chapter 7: The development of a family resilience programme (Article 4: *Journal of Community Psychology*). The last objective of the study is addressed in the manuscript presented in Chapter 7. Three Delphi rounds with international, local and community stakeholder experts were conducted, each round having its own aim, and implemented in order to design and develop the Family Resilience Strengthening Programme. The publication process is also described in this chapter, before the presentation of the manuscript.

Chapter 8: Discussion and conclusion. This final chapter synthesises the results, literature and theoretical implications of the findings of the study. In addition, concluding observations regarding the entire thesis, limitations and recommendations are then offered. This chapter is outlined in terms of four notions. First, in answering the aims and objectives of the study, the main findings of Chapters 4–7 are summarised. Second, the Family Resilience Strengthening Programme (FRSP)'s structure and content is explained by describing the contribution and integration of the theoretical framework, epistemological positioning and the phases of the study in the FRSP's development. Third, the study's findings are discussed in relation to the contextual, practical and theoretical implications. Lastly, the significance of the study is presented, as well as putting forth the limitations and recommendations for future studies.

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CHAPTER 2

CONCEPTUAL FRAMEWORK

2.1 Introduction

The conceptual framework of the present study is the family resilience theory. The current chapter begins with an exploration of the evolving construct of 'family' before a brief history of the development of the family resilience concept is presented. Mullin and Arce (2008) argue that even though a description or explanation of the family resilience theory is important, it is always useful to know about the processes that are utilised by resilient families. Therefore, the family resilience framework is detailed, along with the empirical literature on family resilience processes that have been studied in different family research.

The remainder of the chapter explores family resilience interventions and the theoretical and practical implications for the development of an intervention. Lastly, the implications for the development of South African family resilience intervention are considered.

2.2 The family

The construct of 'family' is multi-faceted and varies depending on the context (von Backström, 2015; Sharma, 2013). A family can be classified along several dimensions, and the challenge in defining 'family' lies in the complexity of the individual meaning that each person can place on the term (von Backström, 2015). Definitions are important as the characteristics could typically define who receives certain benefits or services (such as single- or low-income families).

One definition of family, which considers the context, risk and protective factors experienced by a group, is that of Sharma (2013). She classifies the idea of 'family' as being applied in contexts within which groups of individuals share risk or protective circumstances, a kitchen or financial resources. Sharma's (2013, p. 307) definition of 'family' is a group of two or more people who share certain socioeconomic and environmental circumstances: 'People related by marriage, birth, consanguinity or legal adoption, who share a common kitchen and financial resources on a regular basis.' This definition encompasses important issues in the context of 'family' and family functioning: that shared housing, community, society and culture contribute to shared exposure to external and internal risk and protective factors. In the same vein, the same resources or circumstances (Sharma, 2013) could also protect family members.

According to Walsh (2016, p. 33), a family includes 'a complex web of kinship ties within and across households and generations, evolving and changing over time.' Walsh (2016) asserts that when family structures vary, there are also varying constraints and resources that those families need. For example, in a single-income or single-parent family structure, that parent's level of financial stress is increased as well as their need for social support.

von Backström (2015) emphasises the emotional bonds or connectedness between members, and defines family whilst also including different family types and differences in location:

> … group of individuals connected by kinship, marriage, adoption or affiliation. Members share an emotional bond with one another that stretches beyond the

> physical residence… the family would also engage in relationships with community and the broader society and these relationships are interrelated, (p. 1).

Therefore, this definition is inclusive in the sense that it does not require family members to be in the same physical location, yet makes allowances for the emotional bond, which endures.

The *White Paper on Families in South Africa* (Department of Social Development, DSD, 2012) seems to have adopted this particular version and presents the following definition:

> A societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence. (DSD, 2012, p.3).

The White Paper has been criticised for its focus on family structure and the nuclear family ideal, whilst not adequately engaging with the concept of family diversity (Morison, Lynch & Macleod, 2016). Furthermore, it has been accused of not being inclusive of the reality of the state of the diversity of families in South Africa and prioritising a family form at the expense of family functioning (Rabe, 2017).

Both the von Backström (2015) and *White Paper on Families* (DSD, 2012) definitions stem from one which incorporates the several above-mentioned considerations. Amoateng and Richter (2007, p.14) describe families as ‘social groups, related by

blood (kinship), marriage, adoption or affiliation, with close emotional attachments to each other that endure over time and go beyond a physical residence.'

This definition incorporates the fact that individuals who consider others as family do not necessarily need to be related by blood or marriage and also do not always physically reside with one another. However, the emotional or relational bond remains.

Although research investigating the factors contributing to optimal familial functioning is not new, it is an evolving field. As the concept of family continuously evolves, so should research strategies and interventions, which is of particular importance when designing interventions in the context of South Africa.

2.3 The context of South African families

Poverty Trends in South Africa (2017) was developed as a report on the social and economic conditions in the country between 2006 and 2016. The report indicates that although there was a decline in poverty from 2006–2011, there was a subsequent increase in poverty from 2011–2015. Rural areas were also more affected by poverty than were urban areas. The report also indicates that those who are most vulnerable and affected by poverty are female, children, have no education, are black people and those from rural areas. The research context in the present study meets most of these categories.

South Africa's main form of social protection (in overcoming poverty) is through social grants (Poverty Trends in SA, 2017). There has been a significant increase in these grants from 2006 to 2016. This does not always translate into the family's knowledge of financial management.

According to Botha, Booysen and Wouters (2017), there has been limited research, particularly on family *functioning*, in South Africa. This statement is not necessarily true, however, as there are South African studies that explore family wellbeing in terms of family structure (Amoateng & Heaton, 2015) family resilience (see e.g. Greeff, Vansteenwegen, & Herbiest, 2011; Jonker & Greeff, 2009; Holtzkamp, 2010; Mullin & Arce, 2008) and family functioning (Makiwane, Gumede, Makoae & Vawda, 2017). However, Botha et al. (2017) state that theirs was the first in South Africa to study socioeconomic status and family functioning using a nationally representative sample of 2124 families across the country. Using McCubbin's Family Attachment and Changeability Index as well as composite individual, household and subjective socioeconomic status (SES) scores, they analysed the relationship between cohesion (attachment), flexibility and SES. In their study, the emotional bonds between family members defined attachment. They found that there was no relationship between SES and attachment – indicating that SES does not affect cohesion between family members. However, they did find a relationship between SES and perceptions of flexibility (levels of adaptability in relationship roles and rules).

The study by Botha et al. (2017) speaks to an important consideration in family resilience research: the significant impact of debilitating health and socioeconomic struggles (unemployment, financial instability, limited social services, the effects of HIV/AIDS and poor access to primary and specialised healthcare), crime and violence, and substance use in the lives of South African families. Seccombe's (2002) seminal paper comments on the concept of family resilience and asks whether families should be expected to be resilient without a significant structural change in these families' lives. An assumption is that circumstances such as poverty may be attributed to individuals being deficient in psychological resources and social support, and does not give meaning to those structural

factors such as inadequate education and employment opportunities and health care (Seccombe, 2002). Is resilience seen as an aid to mask the structural inequalities that so desperately need to be addressed, especially in the South African context? Seccombe (2002) believes that without a sound policy on family, interventions will only have a limited effect. Similarly, even Walsh (2016) states that local authorities should not misunderstand the family resilience theory as a means of families to overcome their circumstances by being resilient.

South African civil society, and families in particular, have experienced many changes in terms of government support. During apartheid, government policies focused on those considered superior, i.e. white people, at the expense of those considered 'non-white'. Therefore, many forms of support were provided for white people. After 1994, the democratic area ushered in various changes in the constitution as well as other forms of legislation, including a focus on the family (Mokomane, 2014). The *White Paper on Families in South Africa* passed by the South African parliament in 2013 (Rabe, 2017) offers a framework within which government officials and departments, non-governmental organisations and other civil associations work. The *White Paper on Families in South Africa* is the first policy on families to be passed as a White Paper. Interestingly, the first draft of a South African family policy was first developed in 2005, namely the *National Policy Framework for Families* (Mokomane, 2014) and was only promoted further seven years later. It encourages a focus on improving and strengthening family life in order to develop well-rounded, contributory members of society (Department of Social Development, 2012). Some have attributed the rationale behind the White Paper as being socioeconomically driven (Charles, 2013; Rabe, 2017). In other words, the focus on promoting and fostering 'stable' families encourages self-sufficient development of family members who are therefore less likely to be reliant on state funds (Charles, 2013). However, the ideological notions of

families conveyed in the White Paper (excluding, for example, homosexual families by being inclusive of heteronormative families) could have the opposite effect. Such nuances notwithstanding, South Africa is one of the few African countries to strive for a focus on promoting family wellbeing (Mokomane, 2014).

2.4 Family resilience: Toward the theory of family resilience

The proliferation of studies on family resilience has resulted in parallel research, and has syncretised this concept from three streams of research and practice: (1) individual resilience studies (e.g. Werner and Smith's seminal longitudinal study documenting the lives of 698 at-risk babies in Kauai); (2) family stress theory and coping research (e.g. McCubbin, 1979; McCubbin & McCubbin, 1988); as well as (3) the increasing focus on strengths-based, developmental psychopathology (Oh & Chang, 2014; Walsh, 2006).

Early studies on resilience focused on providing a description of the characteristics that contributed to an individual overcoming both normative and non-normative adversity (Hawley, 2000). Traditionally, resilience was viewed as a trait, or set of traits, which could 'salvage' an individual from his or her 'dysfunctional' family, and which enhanced the individual's capacity to survive a troubled family (Bermudez & Mancini, 2013; Walsh, 2012, 2006, p.4; Patterson, 2002). Therefore, families were viewed as contributing more to risk than to resilience (Walsh, 2012). Later studies (such as Werner and Smith's Kauai children's study) would show that the children of these families were not the 'ticking time bombs' prone to developmental issues that most professionals and other individuals expected (Walsh, 2012; Hawley, 2000), thus challenging not only notions of the assumed consequent-deviant child, but also the assumed dysfunctional family. Still, at this point, few studies investigated the

family as a resource in fostering individual resilience, and much less on resilience as a family-level construct.

As the initial studies on individual resilience were descriptive in nature, so were the initial studies on resilient families (McCubbin & McCubbin, 1988). Building on Rueben Hill's ABC-X and double ABC-X models, McCubbin and McCubbin (1988) later focused on trying to identify which family functioning characteristics (typologies), properties or strengths enable successful adaptation in the context of adversity. McCubbin (1979) proposed that it is not useful to view successful family adaptation as an intra-family process alone, but also to consider how the family's relationship with the wider community might influence their coping and adaptation strategy. Interfamily relational processes and the importance of context became apparent (Hawley, 2000) and, moreover, the perspective that family resilience is not merely one or a collection of traits, but is made up of processes, which are affected by various systems over time (Walsh, 1996).

Family resilience studies have seen a proliferation in research (von Backström, 2015; Becvar, 2015; Benzies & Mychasiuk, 2009; Black & Lobo, 2008). Practitioners and researchers have contributed their nuanced conceptualisations and understandings of family resilience (such as DeHaan, Hawley & Deal, 2002; Patterson, 2002; Walsh, 2003, 2006, 2016). Today, resilience is often categorised in terms of individual, family or community resilience (Card & Barnett, 2015).

2.5 Family resilience theory: About the framework

Walsh (1996, 2003, 2006, 2012; 2016) contends that a family resilience perspective both describes and explains important processes in family functioning within the context of

adversity. There are three overarching dimensions within which lie nine 'keys to resilience'. The three overarching dimensions are (1) a family's belief system (which includes **making meaning of adversity**, **valuing transcendence and spirituality** and **maintaining a positive outlook**; (2) communication processes (which include **effective problem-solving, open emotional expression**, and **sharing clear and consistent messages**); and (3) organisational patterns (which include a family's **adaptability and flexibility, social and economic resources** and **family connectedness**).

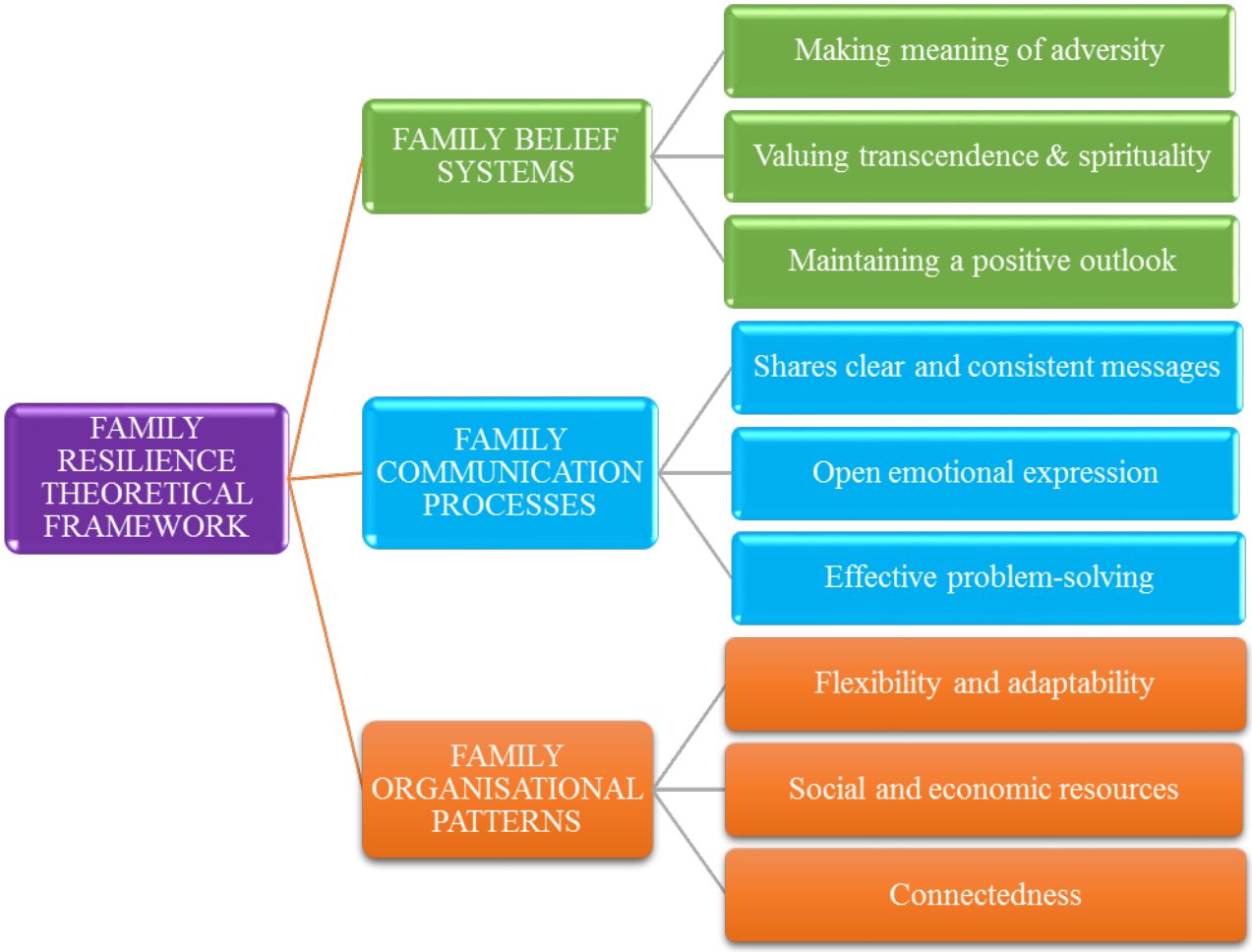


Figure 1: Description of Walsh's family resilience theory.

2.5.1 Family resilience processes

2.5.1.1 Belief systems

Belief systems include, but are not limited to, a family's ability to: maintain a positive outlook (King et al. 2006); make meaning of their adversities (Black, Santanello & Rubenstein, 2014) and their transcendental beliefs and spirituality (Walsh, 2016). These dimensions are often studied separately when investigating their influence on family functioning. Belief systems can also include the family's locus of control and their idea of causality, which can also influence what family members view as resolutions to their challenges. These belief systems are framed within social, cultural and historic roots and define members' realities (Walsh, 2006; Hawley, 2000). Identifying these beliefs and how they influence actions could be valuable in enabling family members to function better. One should, however, be cautious in assuming that all beliefs are shared and accepted by family members (Walsh, 2006) as there may be dissonance in the larger family practices and what individual members believe to be true (Brelsford & Mahoney, 2008). Therefore, an important process would be to establish any such differentiation between members' beliefs. Adversity can also change or fundamentally alter (Walsh, 2006) individual and family belief systems. King et al.'s (2006) study investigating the belief systems of parents who have a child with autism or Down syndrome, identified the significance of values and world views in parents' adaptation to their children's and families' challenges. The transmission of values is not only developed in a one-directional relationship (such as caregivers/parents to children) (Roest, Dubas & Gerris, 2009). In other words, children or adolescents might teach parents about value socialisation as well as that between parents (Roest et al. 2009).

Making meaning of adversity. According to Pakenham, Sofronoff and Samios (2004), an important task of overcoming adversity is to develop an understanding of the event; in other words, to make sense of the situation and its impact on the lives of the affected individuals. Families are best helped if they achieve a sense of coherence, and clarify the nature of their problems and available resources (Walsh, 2003). Normalising and contextualising experiences are a fundamental part of meaning-making (Walsh, 2016).

In Pakenham et al.'s (2004) study, 59 parents of children living with Asperger's syndrome in Brisbane, Australia, participated in exploring the ways in which parents make sense of and find benefit in their child's diagnosis. The analysis revealed that there was a positive association between indicators of adversity and higher levels of meaning. Sensemaking also had a buffering effect. Parents reported better adjustment, especially in terms of feelings of self-efficacy. Self-efficacy, or a sense of control and mastery, is often the first attribute to be lost during and after an adverse experience (Pakenham et al. 2004). Making sense of adversity was also linked to social support satisfaction, especially in gaining emotional support from social networks (Pakenham et al. 2004). These findings thus provide further evidence for the relational effects of belief systems. The authors conclude that making sense of adversity and finding the associated benefits (in meaningmaking) are beneficial processes that are essential to coping.

Similarly, Black et al. (2014) investigated the meaning-making processes of widows and adult children as a result of the death of their father or husband. They interviewed at least three members in each of the 34 participating families, 6 to 15 months after the death of an elderly father or spouse. Religion and its associated rights and rituals were found not to be shared in making meaning of death – although an overlapping connection between

participants' accounts was a shared sense of hope. Participants found more meaning in reflecting on their deceased loved ones' lives rather than in the death itself.

Maintaining a positive outlook. Walsh (2003) states that hope is to the spirit as oxygen is to the lungs. She refers to two central constructs in having a positive outlook: hope and learned optimism. The notion that hope is central to development and can be seen to buffer the negative effects of trauma has been identified in several studies (Isaacs & Savahl, 2014; Edwards, Ong & Lopez, 2007; Snyder, 2002). For example, King et al. (2006) found that re-envisioning a positive future can be beneficial in a family's accepting and functioning when a child is diagnosed with autism or Down syndrome; it is future-oriented and is grounded in the conviction that present problems have the potential to be overcome with a view of a better future in mind. A positive outlook must be reinforced by focusing on successful experiences and how families have managed to successfully navigate adversities (Walsh, 2003). The affirmation of families' past successes allows them to develop and maintain an optimistic outlook for their future.

Houldin and Lewis (2006) interviewed 14 patients (9 men and 5 women) who had been recently diagnosed with stage III or IV colorectal cancer. The aim was to describe their experiences of living with their diagnosis. Participants were in the first round of chemotherapy when interviews took place. Several domains were identified from the interviews that explained four major experiences: (1) framing their illness in a way that could recreate normalcy; (2) communicating with children; (3) maintaining a positive outlook of their illness; and (4) managing the suffering created by the illness (Houldin & Lewis, 2006). Essentially, the main experience was in participants trying to 'salvage their normal lives' (p.721), and part of that process was generating and maintaining positive visualisations of the future (Houldin & Lewis, 2006).

Valuing transcendence and spirituality. Valuing transcendence and spirituality also refers to finding strength and guidance in adversity (Walsh, 2003). Black et al. (2014) state that a fundamental source of a belief system is often inherited through a traditional religion. Brewer-Smyth and Koenig (2014) acknowledge that although religion and spirituality can be related to guilt and psychotic disorders, they are also associated with hope and meaning. Associated religious and spiritual practices correlate with positive outcomes (Koerner, Shirai & Pedroza, 2013). For example, Shannon, Oaks, Scheers, Richardson and Stills (2013) state that religion and spiritual beliefs can moderate exposure to adversity, such as violence. They found that daily religious and spiritual practices and beliefs can protect adolescents from the negative effects of exposure to violence.

In a pinnacle study using 20-year longitudinal data obtained from multiple informants, Spilman, Neppl, Donnellan, Schofield and Conger (2013) examined the dynamics of religiosity and the next generation's positive outcomes such as romantic relationships and parent-child interactions. They postulated that religiosity, as an enduring resource, helps in the development of positive family relationships. Spilman et al. (2013) found that (1) religiosity predicted positive marital and parenting interactions; (2) the effects of these shared belief systems were seen within and across generations; and (3) the next generation interacted more positively with their partners and children.

In a study exploring how religion, spiritual practices and roles influenced caregivers of Latino origin, Koerner, Shirai and Pedroza's (2013) results indicate that this sample relied on positive forms of religious coping that could be seen in their attachment to God (prayer, meditation and bible readings were preferred over the organised practice of institutionalised religion), and that they incorporated spiritual views into their daily lives as well as feeling a connection to their families. Similarly, in a South African study, Greeff and Loubser (2008)

explored various dimensions of spirituality in promoting family resilience in first-language Xhosa speakers. They found that religion and spirituality, practiced by their participants in ways such as using prayer, having belief in God's plan, and participating in religious activities, can be a protective and recovery resource and should be accessed in times of crises. They found that participants were transformed during times of crises and attributed much of the transformation to their belief systems.

2.5.1.2 Family organisational patterns

Walsh (1996, 2003, 2012, 2016) asserts that the way in which families are organised is important to their resilience, and is strengthened by three dimensions: (1) a family's adaptability to change, (2) their sense of connectedness (or cohesion) and (3) the family's availability and use- of social and economic resources. Organisational patterns are not focused on creating a perceived 'ideal' family structure *per se* but rather place emphasis on how a family's organisation patterns and functioning processes create and maintain a stable and cohesive environment for its members (Walsh, 2006).

Organisational patterns also refer to the flexibility of the family structure, the roles that each member plays within that structure, rules of the family and accompanying rituals (Walsh, 2016). The leader within the family unit usually stipulates the patterns of daily family functions. Moreover, these patterns, roles, boundaries, rituals and rules need to be continuously enforced. Crises such as parental divorce, death or unemployment often bring about change in routines and regular patterns. It is then that a family is most challenged to provide a safe environment that can lessen feelings of isolation or abandonment and increase connectedness for its members. Within the context of homelessness, Mayberry, Shinn,

Benton and Wise (2014) found that ensuring the continuation of routines and other family organisational activities created stable and predictable environments for children.

Adaptability: Flexibility and stability Often families undergo upheaval from adversity or crises. It is during turbulent times that families lose structure and can become disorganised. Individual family members need the space to work through various adverse events; however, they also need strong leadership within the family in order to adapt and re-establish some form of stability once again. When conflict arises, and family disorganisation (in all its forms and patterns) ensues, this could cause further 'dysfunction' and more consequent problems than the initial conflict itself.

Lindahl, Bregman and Malik (2012) argued that the literature rarely acknowledges larger family system disruptions or the effects on child and youth maladjustment, and could see examples of these problems in their study. They posited that differences in gender should also be taken into account when analysing effects. Two hundred and seventy couples (*N*=270) who had children between the ages of 6 and 12 years completed a series of questionnaires on family structure and family involvement. Parents and children later participated in a videotaped discussion of a recent family problem. They were required to identify a recent family problem, discuss the nature of this problem, and identify points of disagreements and resolutions. They found that disruptions in the family system (which may result in disengaged or dyadic disruptions) resulted, both directly and indirectly, in youth maladjustment. They also found that gender acted as a moderating variable. Boys were more likely to experience externalising symptoms (aggression, anger etc.) because of dyad imbalances, whilst girls were more likely to experience internalising symptoms (such as sadness and anxiety) owing to family disengagement. Lindahl et al. (2012) concluded that the importance of secure yet flexible boundaries within a family should not be underestimated.

In a study by Kerig (1995), the family system of relationships was assessed as seen from the perspective of each member of the family. Results show that children continually make sense of their family structures and develop attributions for their parents' marital conflict. It is not necessarily the occurring conflict that is problematic, but the manner in which it is managed (Walsh, 2006). These findings once more support the importance of defining clear boundaries between the familial subsystems (Kerig, 1995). In this way, the involvement of children in inappropriate situations, such as marital relationships, is reduced (Kerig, 1995) and other family organisational patterns such as dyad-triad dysfunction (Lindahl et al. 2012) are avoided.

Within the context of adversity, family routines and rituals may be the only means of (re)creating a stable environment that caregivers/leaders can provide for family members. In their study, Mayberry et al. (2014) interviewed 80 parents who were experiencing homeless. Mayberry et al. (2014) argue that enforcing the routines and activities of the family may be the only form of stability that parents can provide for children and also to maintain parental self-efficacy. This approach may also mitigate other unforeseen effects on family structure because of homelessness, and help to maintain a sense of belonging and connectedness (Mayberry et al. 2014).

Connectedness. When family members do not feel connected to one another, crises can bring about misunderstandings and disagreements; this in turn can lead to feelings of isolation and disengagement. The emotional and structural bond within families is often referred to as family connectedness or cohesion (Walsh, 2006).

An important dimension in family cohesion is respect for each member's individual autonomy within the family system. According to Walsh (2006), this factor is central to

increasing family connectedness: acknowledging and accepting individual differentiation. A family comprises individual members who participate both in their families and the outside world (Walsh, 2012), developing their identities, ideas, perspectives, goals and needs. These needs (individual and family) change over time and can stand in contrast to the needs of the family. One example is when a member of the family wants to move out of the home and the other family members feel resentful because there is a sick relative in need of constant care; the responsibility of care now falls on those who remain in the home. On the other hand, in enmeshed families, within which interpersonal and generational boundaries (Walsh, 2006) are blurred, members do not feel secure about asserting their own needs, which can also lead to feelings of resentment, anxiety, depression and isolation.

Perceived family connectedness or cohesion has been shown to be a protective factor for different family members in other studies. Markham et al. (2003) conducted logistic regression in a cross-sectional study with 976 seventh- to twelfth-grade students attending an alternative school. They hypothesised that the higher the perceived level of family connectedness, the lower the level of sexual risk-taking amongst girls and boys. They found that this group of students, from low-income households in Texas, engaged in low sexual risk-taking behaviour when they experienced a higher level of connectedness with their families. Girls were less likely to have pregnancies and they practised safe sex. Boys also enforced safer sex practices.

Other models of family and social connectedness have also shown the positive effect on adjustment. The social connectedness model by Law, Cuskelly and Carrol (2013) posits that parenting practices, the family climate and family structure contribute cumulatively to the overall psychological wellbeing of children. Law et al.'s (2013) study of 563 students between the ages of 9 and 16 years found that the levels of perceived family connectedness

experienced by family members was shown to be the very foundation of overall effective adjustment and social connectedness.

Social and economic resources. Families require both social and economic support for them to function adequately (Walsh, 2003). This support may be especially challenging when families live in conditions which are not structurally conducive to a socially and economically supportive environment. Social resources can be described in terms of the interpersonal support available and accessible in times of trouble.

Speer and Esposito (2000) examined the effects of changes in family functioning as indicated by the range of presenting family problems, and the academic and social outcomes on children from nursery school to elementary school. Children who experienced problems within their families' displayed significantly low academic and social competence whilst those who sought advice from social workers improved the relationship between parents and school. Furthermore, families with lessened psychosocial needs had children with higher academic and social competence (Speer & Esposito, 2000).

Leinonen, Solantaus and Punamäki (2003) investigated the dynamics of both social support and economic issues and whether these manifest differently in parenting owing to gender and family structure. The study used a nationally representative sample of 842 mothers and 573 fathers (some single-parent mother- or father-based families) from rural, semi-rural and urban areas as well as their children who completed self-report questionnaires in Finland. Using regression analysis, Leinonen et al. (2003) found that factors such as economic strain and family social support influenced the quality of parenting. However, adjustments that needed to be made because of economic changes manifested differently in men and women. Women made changes to their shopping habits whilst men worked more. As expected, single-parent

families faced more economic hardships than two-parent families; however, women (from both single- and two-parent households) found more comfort in emotional support offered from outside the home than did men. Outside social support moderated single-parent families more than two-parent families (Leinonen et al. 2003). In addition, chronic economic hardship has also been linked to mental and physical problems in adolescents as a result of family processes (Lee, Wickrama & Simons, 2013), and the effects of chronic economic hardship have been found to persist until adulthood.

Sobolewski and Amato (2005) conducted one study, using 17-year longitudinal data, investigating whether the effect of economic instability on children endures and manifests in adulthood. Their final sample consisted of 589 people in the USA who participated in a series of interviews. Low economic resources were found not only to affect interpersonal relationships between children and their family of origin, but also affect children's socioeconomic attainment. Moreover, the duration of economic instability was shown to be negatively associated with children's' psychological wellbeing. This finding confirms that the longer the exposure, the longer the perceived breakdown of familial relationships, and the more likely that children will repeat the cycle later.

2.5.1.3 Family communication processes

A family's organisational expectations and beliefs are achieved through communication (Walsh, 2016). The complexity of family organisation and subsystems can make communication between members more challenging, and vice versa; it is therefore a process of reciprocity. Communication is an essential aspect of family functioning (Bandura, Caprara, Barbaranelli, Regalia & Scabini, 2011; Banovcinova & Levicka, 2015). All verbal and non-

verbal communication carries messages or components of ‘content ‘and ‘relationship’ (Walsh, 2006). In communication, actual words are expressed as well as conveyance of the power dynamic in the relationship; for example, an older sibling telling a younger sibling to clean the dishes or some other chore. The younger sibling would be aware that the older sibling has more power in their relationship and so the chore is not necessarily only a request, but also an order. During communication, family members convey these feelings, ideas and experiences and, in turn, members can understand one another’s feelings, ideas and experiences.

Similarly, Samek and Rueter (2011) note that when families converse and try to achieve a shared reality, sibling and overall family connectedness ensues. The effects of poor communication skills and their importance in family functioning and relationship building are well documented (Liermann & Norton, 2016).

Clarity. Communication between family members, especially between parent and child, needs to be clear (Walsh, 2016). Vague or ambiguous messages might cause confusion; parents can have unrealistic expectations, and children can operate on assumptions and experience anxiety when they are unclear on what is acceptable behaviour.

Dunn, Davies, Connor and Sturgess (2001) interviewed 238 children (aged 10–11 years) from step-, single- and intact families (therefore, both biological parents were still present in their children’s lives) in a study focusing on children’s experiences of their parents’ separation/divorce/re-marriage. During analysis, they found that only five per cent of the sample felt that they had had a proper discussion regarding the change in the family. Many more participants felt confused and said that they were not presented with an opportunity for gaining clarity regarding family changes. Those children who were left with feelings of

confusion did not feel comfortable approaching their step-parents, and preferred communicating with their biological parents; however, more notably, these children's first 'real' conversation was often with a member outside the immediate family (such as grandparents, aunts, uncles or, more often than not, a friend). According to Dunn et al. (2001), family members are often unaware about the message that is given and the interpretation made by children. It would be essential to determine whether or not family members are aware of the disjoint between the actual words spoken and the interpretation made by family members. Ambiguity and vague information can contribute to members behaving in accordingly ambiguous ways, such as the inconsistent disciplining of children for misbehaviour. Children are often left without an accurate sense of acceptable and unacceptable actions and are unable to regulate their own behaviours.

Open emotional expression and pleasurable interactions. Routines and rituals have been discussed at length under the concept of 'family organisational patterns'. However, as just mentioned, routines and rituals also convey a symbolic form of communication necessary for connectedness between family members. According to Walsh (2016), members of well-functioning families feel sufficiently secure to show their varying range of emotions. Howe (2002) agrees that the manner in which routines are developed, maintained and re-organised influences socialisation, security and adaptation to stress. Howe (2002) believes that family interactions have immense meaning in members' lives. For example, the 'gathering' of a family involves the bringing together of family members who live apart and often marks life transitions (such as turning 18); such meetings provide opportunities for interpersonal expectations for roles and responsibilities and the capacity for engaging as adults.

Offer (2013) posits that it is not the frequency but the quality of communication during crises, which positively influences development. Her study found that adolescents spent on average

three hours a week eating meals, and communication during these times was significantly associated with higher positive affect and lower stress. Family mealtimes are one site of positive interaction and can be beneficial to adolescent emotional wellbeing (Offer, 2013).

Continuing in this line of investigation, Ho et al. (2016) reports on a once-off intensive community-based programme (using cooking and dining) to improve family communication in different community sites in Hong Kong. This programme used positive psychology principles for developing the programme model. In a one-group pre-test and repeated post-test design, researchers documented the impact of this intervention over a period of 12 weeks. Ho et al. (2016) contend that family cohesiveness is made visible by activities such as food preparation and sharing in the Chinese culture and is therefore a logical focal point for a programme to increase communication between members and improve relationships. The intervention itself is brief (one session) and includes one booster session offered later. Facilitators emphasise positive communication during cooking for the 973 underprivileged participating families. They found that families reported improved family communication, health, happiness and harmony. Interestingly, there was no significant support for the booster session in the outcomes of the study. Family mealtimes could be one site that families utilise to discuss challenges experienced and brainstorm solutions.

Collaborative problem-solving and preparedness. Well-functioning families move from crisis management to predicting future challenges as well as ways to meet those challenges (Walsh, 2006). Collaborative problem solving is only possible when members feel secure in sharing possible differentiating or contrasting views on a problem and discussing alternative solutions. High and Scharp (2015) concur that the way in which individuals seek support has much to do with a family's communication patterns (FCP). Seeking support can be viewed as a form of solution seeking. Applying the FCP theory, they found that undergraduate students

in the Midwestern United States whose families showed a strong conversational – more than a conformational – directedness had a greater motivation and belief in their ability to seek emotional support when necessary. This study also confirmed the argument by Segrin (2006) that the family of origin can have far-reaching effects many years after a member might have started his or her own family.

Schwandt and Underwood (2013) investigated another intervention designed to strengthen the adult-child relationship through communication. The goal of the intervention was to build communication skills in the parent-adolescent relationship in order to reduce the problem of girls engaging in risky sexual behaviour, thereby reducing HIV prevalence. The intervention was conducted in Botswana, Malawi and Mozambique with 1418 adolescent girls. A social ecological perspective guided the development of the intervention. Adolescents who reported improved relationships (thus: increase in communication, positive role modelling) with their parents were more likely to report lower vulnerability index scores. These studies demonstrate the interrelated nature and importance of communication in improving family functioning in terms of providing clarity in information, expressing emotions experienced, and in solving problems as a family.

2.6 Theoretical and conceptual considerations in family resilience

Family resilience is grounded in a developmental systems perspective (Walsh, 2016); therefore, families are considered as being a part of multiple socio-cultural and temporal contexts (Walsh, 1996). Within this positive psychology paradigm, family resilience extends traditional strength-based approaches in two ways: firstly, it assesses and describes family functioning in a social context and, secondly, it includes a description and explanation of

families in the consideration of developmental changes over time. Therefore, the theory considers how a system such as a family, its functioning and its needs evolves through crises over time (Walsh, 2016).

Minuchin (1985) contends that most family therapy (and perhaps family science) is grounded in the paradigm of systems theory. A systemic perspective reflects both risk and protective factors within several multi-directional influences (Walsh, 2016). The immediate and extended family, the peer group, community and other social systems, work and school settings and policies, and government systems are examples of these systems. As each family is located within these settings, the family unit is viewed as a product of these systems as well as one that can influence other systems. In the current research study, families within the community of Lambert's Bay are influenced and also influence a number of interacting systems. The contextual challenges of the community are discussed in the next chapter, however it is important to note the systems influencing the family unit. These range from micro-level factors such as substance use, high school drop-out rates (contributing to lowering employability), possible rigid religious views to larger exo- and macro-level factors such as community violence, employment opportunities, diminishing fishing industry and a weak economy.

Walsh (2003) argues that no single adaptive mechanism can be defined as the most successful, and that adaptive mechanisms change and are influenced by family members' life-stage development. Therefore, each family's response system is unique in terms of context, life-cycle stage and past experiences. There are normative stressors which a family can encounter such as illness, marriage or other events; however, these effects can have an adverse impact if they are unexpected, sudden or chronic (Walsh, 2016). According to Walsh (2003a), major adversities are not always sudden, and can have a 'pile-up' effect or have

been developing for some time. These adversities have a history (or escalating tensions), complex changing variables and an 'uncertain future' (Walsh, 2003a). Uncertainty about the future can cause anxiety, and anxieties can further compound the current problem.

Moreover, this is often compounded by each individual family member's developmental trajectory that can affect the family system and its functioning. The development of a family resilience intervention, based on the family resilience theory, also should take into account these overarching theoretical influences.

2.7 Family resilience interventions

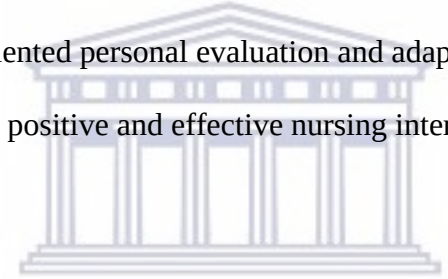
The following section describes only a few intervention studies, identified as aiming to increase family resilience.

Family resilience in the context of psychological diagnoses

Riley et al.'s (2008) study provides a detailed rationale and description of an intervention that aims to improve family resilience processes for families affected by maternal depression. The Keeping Families Strong (KFS) programme is a psycho-educative, manualised, 12-week intervention. Often, when a parent suffers from depression, other family members have problems with communication, cohesion and warmth, as well as social support (Riley et al., 2008). A psychologist, social worker or psychiatric nurse with local clinicians as co-facilitators facilitate the KFS. Thereafter, local clinicians run the programme on their own. They also contribute to ongoing evaluation of the programme, with weekly reviews. KFS proved to be effective in reducing children's internalising and externalising symptoms,

improving family cohesion, communication and daily routines such as mealtimes and chores (Riley et al., 2008).

Another intervention that has been shown to have significant effect on some family resilience dimensions is the Family Resilience Enhancement Programme (FREP) developed by Lim and Han (2013). The intervention was designed for families with a member suffering from schizophrenia, and was conducted in a hospital in Seoul; patients were identified with the help of the psychiatric staff. FREP teaches the family about the illness and family crises and assists families in identifying strengths and developing effective communication skills. The researchers evaluated the FREP using a pre/post-test design. It was shown to have significant improvement in the following areas: family hardiness, sense of coherence, problem-solving communication, and crisis-oriented personal evaluation and adaptation in families. According to Lim and Han (2013), it is a positive and effective nursing intervention in helping to improve patient outcomes.



The interventions above are based on the premise that when one family member experiences challenges, be they physical or psychological illness, a frequent result is family disruption. For example, if one parent suffers from depression, he or she might not be able to effectively communicate their experience to family members. Consequently, other family members might feel that they cannot talk to each other about their experiences. These interventions focus on educating families not only in presenting the problem, but also on understanding and building other skills such as good communication and cohesion.

Family resilience and psychosocial challenges

Moreover, other studies describe interventions that focus not solely on the family, but also on other resources and systems surrounding the family such as the LINC community resilience model.

The primary application of Landau's (2010) LINC (linking systems) model is to strengthen individual, family and community resilience. The LINC model of community resilience focuses on building and/or strengthening natural support systems – those which the family deal with on a daily basis (family clinics, neighbours, clergy, extended family) – rather than the slower focus on artificial support systems (therapists, social services, emergency personnel) in times of crisis (Landau & Weaver, 2006). This is a cautionary guide so that emphasis is not placed on **increasing** artificial services alone but also improve the use of existing resources. Professionals, and even families, might even become ignorant of the inherent strengths of families and communities. The principles of the model have been applied on an individual, family and community level (Landau, 2010). A family or community link, such as an individual or organisation, who ensures the connection between outside assistance and the community, is established. There are also three important stages of this model: (1) conducting assessments and ensuring appropriate links are present; (2) weekly and monthly meetings; and (3) developing and evaluating an appropriate intervention (Landau & Weaver, 2006). In one example, LINC was used in Argentina to address the increase in substance use by youth. The treatment of substance use occurred within the traditional inpatient setting, resulting in isolation of the patient for months at a time. Many parents were not in favour of this form of treatment. One of the outcomes of the assessment was requesting an outpatient community-based treatment and the *10000 Lideres para el Cambio* programme was developed. The collaboration with the community resulted in an

increase in admissions as well as the likelihood of long-term recovery (Landau & Weaver, 2006). This model provides important guidelines for intervention efforts in improving community, individual and family resilience.

One intervention that draws on Walsh's (2003) family resilience theory and has, for more than a decade, been shown to increase various family resilience processes is the Families OverComing Under Stress (FOCUS) programme (Lester et al., 2013; Saltzman et al., 2011). Initially designed by the University of California, Los Angeles and Harvard medical schools for military families, FOCUS has expanded its target participants and also been implemented with civilian families (Saltzman, 2016). It is useful for families who experience different forms of stress such as loss, mental illness and trauma. FOCUS can also complement other forms of intervention. The eight-session, psycho-educative intervention begins with a meeting between the facilitator and the family in order to clarify goals that the family wishes to achieve. Master- and doctoral-level students facilitate the intervention. Parents and children meet separately and eventually work towards a family meeting to share narratives and timelines to clarify the often-distorted views that each member might have. Families are then encouraged to develop a shared sense of the future. They are taught important developmental milestones and tasks, family roles and practical communication skills. According to Saltzman (2016), the intervention has been shown to have highly positive outcomes for families who participate, as it is based on the comprehensive framework of Walsh.

One South African study was identified that focused specifically on one factor to increase family resilience. Holtzkamp (2010) developed, implemented and evaluated a family resilience-enhancement programme for two low-income communities in Western Cape

Province. The programme was designed using Cafarella's (2002) 12 intervention guidelines. Holtzkamp (2010) focused on only one family resilience factor, that of family hardiness. Family hardiness encompassed family control, commitment and challenges. The manualised, once-off workshop was evaluated using mixed methods. Fifty (33 for the experimental group and 17 in the control group) participants were evaluated pre-intervention, post-intervention and once more 3 months after. Although no significant changes were detected, there was evidence of some improvements in some of the family functioning and attachment scales as well as differences reported by the families in the qualitative interviews. For example, some families reported an increase in the value they placed on family cohesion and open and honest communication. The small sample size and once-off intervention format could account for the findings. This was also one of the only studies found of a family resilience intervention in low-income communities in South Africa.

2.8 Implications for the development of a South African family resilience programme

According to Walsh (2006), perspectives of challenges should be redirected from a focus on the problem itself, to identifying, developing or increasing resources, skills and abilities in approaching existing and future problems (Walsh, 2003). All families are different and, within various contexts, healthy family functioning might look different and change over time. Therefore, a focus should be placed on the processes involved and the quality of family interactions and functions (Walsh, 2016).

Within the domain of Walsh's family **belief systems**, maintaining a positive outlook, valuing transcendence and spirituality, and meaning-making are often conceptualised from an already-identified belief system (King et al. 2006). Essentially, the studies mentioned above provide empirical evidence of the varying dimensions of families' belief systems as well as

the importance of adapting and adjusting to crises: these processes can be used to strengthen families, and ultimately can also be used to improve family resilience through adversity. For example, Shannon et al. (2013) support the use of spirituality by therapists in psychotherapy, and especially when it is an important part of their clients' beliefs. Belief systems are useful in helping clients to make meaning of, accept and/or address adversities – 'whether' and 'how' families view their beliefs. In addition, belief systems of individuals formulated by more than family alone, such as the community and wider society, can change over time. Therefore, intervention developers would need to remain aware of other influences on families' belief systems.

Based on the literature, it is also apparent that developing interventions with a focus on family **organisational patterns** would need to be grounded in establishing current and effective family patterns, providing information on and assisting in utilising social support structures and economic resources. Healthcare practitioners and other professionals, local officials and policy-makers should also be involved in this process.

In addition, a family's routines and rituals, and how they are developed, organised and maintained, are influential in members' socialisation, sense of security and reactions to stress (Howe, 2002). Rituals and regular family activities also consist of a symbolic form of communication (Banovcinova & Levicka, 2015), consolidating family interactions and connectedness. For example, Ho et al. (2016) posit that in the Chinese culture, food sharing (preparing and sharing meals) signifies family cohesiveness and reaffirms family relationships. They support family **communication processes** and transfer values between family members (Miglorini, Rania, Tassara & Cardinali, 2016). Intervention efforts can be placed on identifying and realigning family subsystem boundaries (organisational patterns) and changing effective communication patterns (Lindahl et al. 2012). Liermann and Norton

(2016) confirm that including families in treatment programmes, especially when focus is given to family communication, increases empathy, understanding and family functioning; this further confirms the importance of strong communication in families.

According to Walsh (2003), this family resilience framework is advantageous in enhancing processes in some dimensions because it has the potential for a 'synergistic influence' on other family processes. An apt metaphor would be promoting an active lifestyle and diet to boost one's immune system to combat potential illness. Increasing effective family processes can instil a sense of self-efficacy in families in approaching further challenges.

2.9 Conclusion

The focus of the current chapter was to display the dimensions and nuances of the family resilience framework as well as empirical literature on the family processes that are important for family functioning in the context of adversity. Empirical literature demonstrated the compounding problems of adversity on family functioning. There is unquestionable overlap and important links between the family's level of functioning and their belief systems, communication processes and organisational patterns. Family resilience interventions were also considered as well as the implications for a South African family resilience intervention for low-income rural communities.

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CHAPTER 3

METHOD

3.1 Introduction

Most research studies are, according to Card and Barnett (2015, p.120), 'necessarily limited'. This might be because of any inherent methodological, financial-, human- and time-resource constraints. Researchers should be cognisant of how the chosen study design can affect the research outcomes. The aim of the present study was to develop a contextually based programme for families, designed to increase family resilience processes in a low-income, rural community on the West Coast. There were three objectives of the study, namely to:

- Assess and explore family resilience in a rural community on the West Coast in order to identify family resilience needs.
- Conduct a systematic review to identify theoretical and best practice models of family-based interventions.
- Design and develop a contextually based family resilience programme for the rural community using the Delphi study method.

Overall, a multi- and mixed-methods approach was utilised in the present intervention research study. Multiple informants collaborated in the study and a combination of qualitative, quantitative, systematic review and Delphi methods were incorporated. As the study falls within intervention research, intervention mapping was used as the overall research design. In consideration of the aim and objectives of the study, the epistemological positioning of the study is located within a subset of the action research (AR) paradigm, namely participatory action research (PAR, Kemmis & McTaggert, 2008). Moreover, mixed methods are well positioned when conducting community-based research.

The present chapter describes and explains the various methods and processes undertaken in the study, as well as the rationale behind these decisions.

3.2 Research design

3.2.1 Intervention research: Using intervention mapping as a design

Intervention mapping (IM) is the systematic implementation of the basic tools of intervention development based on theory, empirical insights from the literature, and information collected from the target population (Bartholomew, Parcel & Kok, 1998). The overall design of the study entails using knowledge obtained from the literature as well as key stakeholder groups to develop, implement and evaluate an intervention in five stages (van Oostrom et al. 2007). IM is also embedded within a socioecological approach, viewing individuals and phenomena as nested within influencing environments, and is so aligned with the conceptual framework of the study. In other words, focusing on families from a particular community would require an intervention developer, using IM, to incorporate available family and family resilience literature, discussions with families from the community, and an analysis of the systems influencing family life in order to develop the most appropriate family intervention.

An integral assumption of the above design is that there is cooperation and collaboration between those who would make use of the intervention and the intervention developers (van Oomstrom et al. 2007). In this way, the research design lends itself to a participatory action approach, thereby forming a partnership with stakeholders in the process. The participatory action approach, used as an epistemological framework, is discussed later.

Intervention mapping is a structured, yet also a non-linear, process (van Oomstrom et al., 2007). Therefore, it is possible to return to previous stages or phases with new insights,

incorporating that which has been learned in order to continue to the next phase (Bartholomew et al. 1998). Yet during this process, some of the issues that became apparent during the needs assessment (such as the severe socioeconomic challenges that families experience and how an intervention would address this on a practical level) were clarified during the design and development of the intervention (phase 3) by participants' recommendations.

Traditionally, IM is completed in five stages (van Oostrom et al. 2007). The first stage centres on defining specific intervention objectives. This often involves collaboration with key stakeholders, identifying and defining the performance and change objectives for participants of the intervention. The second stage involves selecting suitable theoretical methods and practical strategies. According to Kok, Schaalma, Ruiter, van Empelem and Brug (2004), a theoretical method is a theoretically-derived practical strategy or method used in the intervention to achieve the intervention objective. Designing the programme plan is the third stage of IM (van Oostrom et al., 2007). Important in the third stage is deciding on the different components of the intervention and their structure (Kok et al., 2004). The last two stages involve designing an implementation and evaluation plan (van Oostrom et al., 2007). Moreover, Kok et al. (2004, p. 89) refers to the 'anticipation' of the implementation and evaluation of the intervention. In other words, much of the intervention planning process involves thinking ahead, anticipating and negotiating possible consequences of each decision made. The present study used the first three stages of IM to develop the contextually based family resilience programme.

The first objective of the study was to conduct a family resilience needs assessment. This was aligned to the first stage of IM, and therefore to define the specific intervention objectives. To address the second objective of the study, a systematic review was implemented to identify

best practice methods and practical strategies used in family intervention development. The design and development (Stage 3 of IM) of the family resilience programme was completed by means of the Delphi method.

IM was used in the present study as a framework for systematically gathering data at multiple levels for development of the intervention and to complete this in collaboration with the intended target population (i.e. community partners). An important aspect of intervention mapping is to utilise stakeholder participation in its planning (Bartholomew et al. 1998). This participation and collaboration can be seen within all phases of the study.

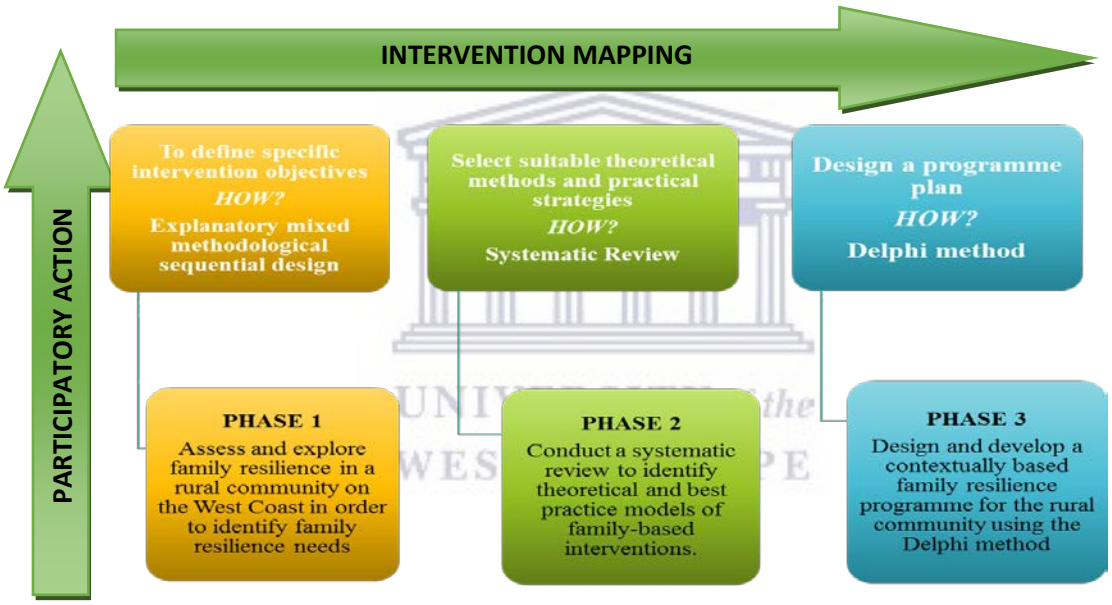

Figure 2: Description of the research design and selected phases.

3.2.2 Epistemological positioning of the study: Participatory action research

Participatory action research (PAR) is part of a larger family of critical pedagogy, community psychology/research (Kagan, 2012) and action research (Kemmis & McTaggart, 2008). As such, this type of research calls for more than a collection of data and analysis of the results; it involves raising critical consciousness of the researcher, participant(s) and community

(Kagan, 2012). In other words, such an endeavour is neither free of value nor is it a neutral (Herr & Anderson, 2005). Therefore, it is reflective in nature, influenced by context and culture and, most importantly, connected to action (Baum, MacDougall & Smith, 2006). Much like IM, PAR also requires a researcher to be sensitive to and conscious of contextual factors that influence community members' lives. In this way, the research design and approach complements one another.

Three components typically characterise PAR: the shared ownership of research projects; the community-based analysis of social problems; and a vision of community action (Kemmis & McTaggart, 2008).

PAR is not only a method but also a process which additionally requires developing a relationship with the participants, and being conscious of power dynamics that can play out during the process (Kagan, 2012). PAR involves a series of cyclical processes that are iterative, reactive and emancipatory (Kemmis & McTaggart, 2008). The locus of control in PAR shifts from the perceived outside problems, which are 'out-of-their-control' to taking ownership of the problems and addressing them (Herr & Anderson, 2005). PAR involves identifying the issue and collecting information on it, and then analysis and reflection thereon so as to use that information toward a goal (Kagan, 2012). This process might also involve moving between research processes.

In the present study, there was close collaboration with the non-governmental organisation (NGO) located within a low-income, rural community in the West Coast region of South Africa. The NGO offers several social services for the community, ranging from individual and group counselling sessions, substance use meetings (narcotics and alcoholics anonymous), and child and family support groups. The NGO and local stakeholders were the

co-creators of knowledge in the study, from its inception to development of the intervention. Further, they also housed, administered and evaluated the intervention, in collaboration with the researcher.

The community was selected as the research site because of its long-standing relationship between the NGO and the researcher. Postgraduate psychology students often complete their service learning in the form of workshops, brief counselling, interviews and needs assessments, depending on the community need. The NGO, religious leaders, teachers and various community members were also involved as participants of the needs assessment of the study. They were able to provide insights from their knowledge and experience of the community.

This collaboration increased participation by many stakeholders including teachers, religious leaders, the NGO and many local family members. The relationship with the NGO also promoted a high level of participation by other stakeholders and members of the community who might not have felt comfortable sharing and collaborating with people with whom they were unfamiliar. The NGO and other stakeholder groups regularly received feedback on the findings and engaged in discussions regarding what they believed was the best way to proceed during the study.

Hall and Sandberg (2012) identify high adversity such as substance abuse problems and low socioeconomic status as factors that can contribute to high levels of stress (adversities experienced by the participants within the community) and lead to low or no participation, or drop out, of family members. In addition, Wood (2016) suggests that the 'emancipatory outcomes' of a PAR approach can be challenging in a low socioeconomic community. According to Wood (2016), it is especially challenging in academia to engage in meaningful

and lasting community development. When interventions utilise a strengths-based approach, this has the potential to increase participation (Hall & Sandberg, 2012). Moreover, when researchers wish to promote sustainable community development, PAR is a methodological and epistemological approach, which allows the researcher to reflect on the process continuously, and places more importance on the community's perceptions and experiences (Kemmis & McTaggart, 2008; Wood, 2016).

3.2.2.1 The research context: The Lambert's Bay community

The community under study is a rural fishing community 280 km north of Cape Town. Named Lambert's Bay, after the British Admiral Lambert, the town is a popular tourist destination because of its beaches, crayfish and Bird Island (Lamberts Bay Area Plan 2017-2022). Unfortunately, with the decline of fish stock and stricter fishing regulations, so have employment opportunities declined. The town also experiences high substance use rates and low education levels.

According to the last national census, Census 2011 (Statistics South Africa, 2011), the town has a population of 6120 people (50.9% female and 49.1% male). The majority of people living in Lambert's Bay are classified as coloured (*N*=4561; 74.52%), white (*N*=973; 15.89%), or black (*N*=549; 8.97%). The predominant language, Afrikaans, is spoken by 85.3% of the population within the municipal region. There are two primary schools whilst the nearest secondary school is in a neighbouring town.

Members of this particular West Coast community experience varying levels of adversity such as high unemployment (e.g., only 1750 are employed, 1646 were not seeking employment, 487 were unemployed, and 122 people were discouraged from seeking

employment opportunities). There were 1425 formal houses and 187 informal dwellings (122 attached to an existing property and 65 informal shacks in a settlement).

The local ward councillor embarked on a door-to-door survey regarding the community's most important needs and found housing, beautification of the town, a night shelter and rehabilitation centre were needed. This finding speaks to inadequate housing, homelessness and substance use as requiring immediate attention.

The description of the research context, like many other communities with similar characteristics, illustrates two main points: it highlights firstly where interventions should be targeted; and secondly, the need for more concerted psychosocial and governmental efforts to mobilise and empower community members.

3.3 The current study phases

The following section describes and explains the methods used in the research study. Figure 3 below depicts the research designs and sample sizes in each phase.

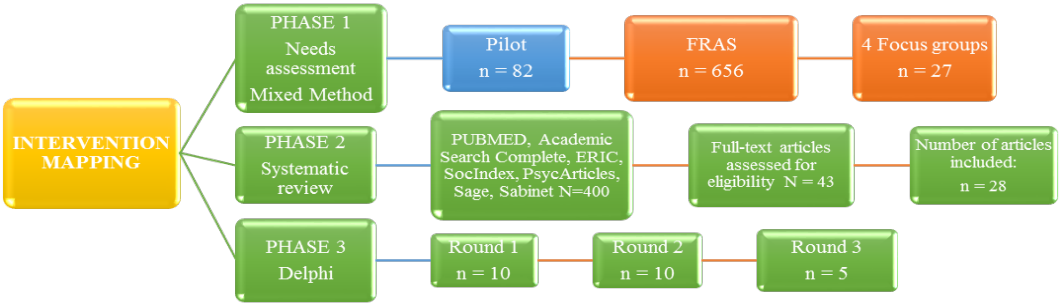

Figure 3: The current study phases.

3.3.1. Methodological considerations in assessing family resilience

Examining resilience at a family level can present compounding challenges and therefore adequate consideration of the construct and its supporting methodology is imperative when studying its elements for intervention development. Black and Lobo (2008) discuss the challenges inherent in measuring family resilience, compounded by there being no 'universal agreement' on the definition and characteristics of the concept: firstly, whether to measure it as a family-level an individual-level construct; secondly, is there an understanding that protective factors function reciprocally; and thirdly, that a cross-sectional and quantitative study cannot always adequately capture the dynamic complexities of family resilience. Walsh (2003), who states that one should assess families in 'temporal context' as well as family and social context, confirms this view.

3.3.2 Phase 1 – An explorative family resilience needs assessment

Objective 1: To assess and explore family resilience in a community on the West Coast in order to identify family resilience needs

3.3.2.1 Research design: Explanatory mixed methodological sequential design

Phase one of the study was aimed at identifying and further exploring family resilience 'needs' with a sample of families in the community. This type of assessment conducted both for and with community stakeholders resulted in the identification of tentative performance objectives (van Oostrom et al. 2007). As discussed, Walsh's framework of family resilience comprises three major psychological dimensions with differing and nuanced family and wider community-level processes. To identify the 'needs' of families, the Family Resilience Assessment Scale (FRAS) was administered to family members across the community. This

scale was developed within Walsh's framework and assesses Walsh's specified family resilience process (Faqurudheen, Mathew & Kumar, 2014).

An explanatory mixed methodological sequential design was implemented for this phase. This design consists of two distinct and sequential phases. According to Ivankova, Cresswell and Stick (2006), data are first collected and analysed quantitatively. This information provides a general understanding of the research problem – in this case, the family resilience needs – and so informs the second, qualitative stage which builds upon the first (Ivankova et al., 2006). The qualitative stage was necessary in not only understanding the 'community definitions' (Wood, 2016, p.1) of the family resilience dimensions, but the researcher was also able to gain further input/comments/suggestions on the process; thus also ensuring that reflection (Wood, 2016; Kemmis & McTaggart, 2008) is continuous throughout the process. The sequence is outlined below (Figure 4).

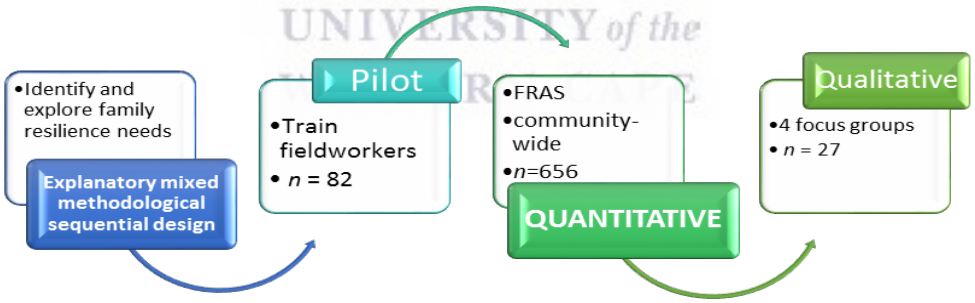

Figure 4: Explanatory mixed methodological sequential process.

3.3.2.2 Quantitative component of the family resilience needs assessment

Participants. Data were collected by means of convenience sampling, a non-probability sampling method, using door-to-door method administration of the FRAS. Although

fieldworkers were requested to collect data across the community as far as possible, randomisation could not be ensured. In addition, not all houses could be accessed because of safety concerns.

According to Hillier, Cannuscio, Griffin, Thomas and Glanz (2014), before more technologically advanced methods of data collection such as online and telephonic methods, the door-to-door method was one of the most widely used forms of data collection. It is also used as part of collecting Census data in South Africa (Stats SA, 2011, 2016). This method of data collection is also popular in community-based participatory research because this can also contribute to trust between community members and researchers (Hillier et al., 2014). This was useful in the current research study since it was also another way to increase knowledge of the research study and the intervention, which would available to community members after. Fieldworkers were trained in different aspects of data collection, ethics and the instrument itself. The training was a useful exercise because fieldworkers and the NGO staff were also able to practise administering the questionnaire on one another and provide some feedback. Data were then collected in two rounds. The first was the pilot study (N=82) and the main data collection (N=656). Table 1 displays the demographic information of the participants in the pilot study. The procedures are explained later.

Table 1: Demographic information of pilot data.		
	n	**%**
Male	25	30.5
Female	57	69.5
Home language (Afrikaans)	81	99
Employed	55	67
Age		
No indication	10	12.2
18-35	26	31.7
36-48	25	30.5
49-60	18	22
61-72	3	3.7

The 10 fieldworkers were instructed to collect data from across the community and not restrict themselves to a particular area. The larger, final sample comprised 656 participants. Table 2 indicates demographic information of the main data collection.

Table 2: Demographic information of quantitative sample.

	n	**%**
Gender		
Male	256	39.8
Female	388	60.2
Race		
Coloured	528	82.4
Black	6	0.9
White	104	16.2
Mixed race (*selected more than one category*)	3	0.5
Language		
Afrikaans	624	97
English	2	0.3
isiXhosa	4	0.6
Bilingual	9	1.4
Multilingual	4	0.6
Education		
Primary	202	32.8

Secondary	319	51.8
Tertiary	95	15.4
Employment		
Employed	417	65.9
Unemployed	216	34.1
Family position		
Mother	223	34
Child	181	27.6
Father	116	17.7
Aunt	12	1.8
Grandmother	8	1.2
Uncle	6	0.9
Grandfather	4	0.6

The sample was made up of more female (60.2%) than male (39.8%) subjects, who were predominantly Afrikaans first-language speakers (97%). Thirty-four per cent of the sample were identified as the mother of the household. The majority of the sample reported secondary schooling (51.8%), and 32.8% had primary education. In addition, 34.1% of the sample were unemployed at the time of data collection.

Data collection instrument. Sixbey's (2005) FRAS was developed for the purpose of measuring family resilience based on the theoretical basis of Walsh's family resilience theory, namely belief systems, organisational and communication patterns and its accompanying nine factors. Sixbey's factor analysis reduced the nine family resilience dimensions to the following six: family communication and problem solving (FCPS), utilising social and economic resources (USER), maintaining a positive outlook (MPO), family connectedness (FC), family spirituality (FS) and, lastly, ability to make meaning of adversity (AMMA). Although the scale does not cover all nine 'keys' of Walsh's Family

Resilience Theory, Sixbey's dimensions tap into all Walsh's three overarching dimensions of family resilience.

The overall scale has a high reliability, with a Cronbach's alpha of 0.96. Each of the FRAS factors also shows high reliability coefficients: (1) family communication and problem solving (α=0.96); (2) utilising social and economic resources (α=0.85); (3) maintaining a positive outlook (α=0.86); (4) family connectedness (α=0.70); (5) family spirituality (α=0.88); and (6) ability to make meaning of adversity (α=0.74) (Khaya & Arici, 2012). Sixbey (2005) indicates medium to high validity with the three validity instruments selected to correlate with the FRAS.

Further considerations in family resilience assessment. Adequate measurement of a phenomenon also incorporates four other considerations: its measurement properties; efforts to establish causality; continuous v. categorical approaches; and the implications of studying the phenomenon from multiple levels (Card & Barnett, 2015). For example, much of the research on resilience has focused on identifying individual traits and do not consider the influence of systemic factors. Family assessment measures such as the Family Assessment Device, Family Adaptability and Cohesion Scale, Family Assessment Measure, Family Resource Scale and Family Support Scale seem to focus on identifying traits and support versus focusing on the family's processes (Chew & Haase, 2016). One scale that does consider family functioning processes is the FRAS (Chew & Haase, 2016).

Moreover, very few studies have drawn on Walsh's framework in order to develop an assessment measure for family resilience. Only a few more have explored the psychometric properties of this instrument in different contexts. Dimech (2014) adapted the FRAS in Malta, Faqurudheen et al. (2014) in India, and Kaya and Arici (2012) adapted the FRAS in

Turkey and examined its psychometric properties. All these studies report similar, although not the same, factor structure, while indicating a need for the original version of the FRAS to be adapted.

The FRAS was originally created with a well-educated, middle-class, English-speaking sample in the USA; it was adapted and validated for use in Lambert's Bay.

Translation and adaptation processes (the pilot study). A first-language Afrikaans speaker (a clinical psychologist) who was not connected with the project first adapted the FRAS. The primary author and both supervisors (who are all fluent in Afrikaans as an additional language) checked the adapted version which was then sent to the NGO for review. Thereafter, copies of the questionnaire were taken to the community and training was provided to fieldworkers. Once they returned the 82 questionnaires, the fieldworkers also provided feedback on the data collection process and any other issues encountered with the instrument itself.

Some challenges were identified on the instrument itself (Chapter 4), and so the adapted FRAS was then back- and forward-translated by two independent Afrikaans first-language speakers. This version of the FRAS was also sent to the NGO for a final review and there were no comments. Seven hundred copies of the FRAS Afrikaans Version (FRAS-AV) were then taken to the NGO, a refresher training course was provided and fieldworkers were tasked with collecting data door-to-door as far and widely as possible. One month later, the questionnaires were collected and a short debriefing session held with the fieldworkers. The feedback sessions between community stakeholders also stimulated conversation and connections between the different groupings such as the religious leaders and the NGO. The religious leaders committed to be more open to referrals as well as to advertise the NGO's

contact details in their weekly newsletters. The final Afrikaans version can be found in Appendix D.

Data analysis. The data were coded, captured and analysed using the Statistical Package for the Social Sciences version 22 (SPSS). Four of the items (namely item 33, item 37, item 45 and item 50) required reverse scoring. First, a missing data analysis was conducted. Initially 700 questionnaires were collected and captured; however, it soon became clear that there were many missing item responses. Secondly, descriptive statistics (frequencies and means) were run on the sample demographic information. Thirdly, a reliability analysis as well as an exploratory factor analysis with a Promax rotation were conducted to establish the instrument's reliability and validity properties. Lastly, frequencies and means analysis were conducted to establish the low- and highscoring items and dimensions on the FRAS (the processes are also described in Chapter 4, Article 1 and Chapter 5, Article 2).

3.3.2.3 Qualitative component of the resilience needs assessment

Participants. According to Walsh, it is important not only to identify what a problem might have been, but also the perspectives on the challenges, positive influences and resources utilised to overcome these challenges. Four focus group interviews were conducted with individuals from distinct participant groups (Ivankova et al., 2006). These participants were recruited with the assistance of the NGO based on their involvement in the community and therefore represent a non-probability convenient sampling method. One group comprised 5 schoolteachers, another group had 12 religious leaders, another was 5 staff members of the NGO, and the last was a group of 5 family members with no affiliation to any stakeholder

group. There were 27 participants in the focus groups with a mean age of 47.33 years (*SD*=13.04). The youngest participant was 22 and the oldest 67 years old.

Procedures. A semi-structured focus group discussion guide was constructed in order to gauge a deeper understanding of the quantitative results and how these could be further illuminated with contextualised experiences. Therefore, the quantitative results provided the basis for the development of the questions. The complexity of the mixed-methods designs requires a visual presentation of the study procedures to ensure better conceptual understanding of such designs by both researchers and intended audiences (Ivankova et al. 2006). Participants were given an opportunity to share their experiences of completing the questionnaire and reflecting on their own family life and the larger community. The participants were then shown a brief presentation of the results and were asked to engage with those results and their implications for a family resilience intervention.

The primary author conducted each of the four focus groups with the assistance of a co-facilitator at venues in the NGO, the school and the local municipality. The discussions were conducted in Afrikaans and lasted approximately 45 minutes each.

Data analysis. The focus group interviews were transcribed verbatim by the co-facilitator, confirmed, and analysed by the primary author. The transcriptions were analysed using Braun and Clarke's (2006) thematic analysis in Afrikaans. The excerpts were translated into English for the purposes of the publication (Chapter 5). Braun and Clarke's (2006) thematic analysis was used in order to analyse the data for emerging themes. Braun and Clarke's analysis is a six-round process involving reading, re-reading the transcripts, identifying

codes, themes, naming the themes and possible thematic categories. This process might even begin during data collection (Braun & Clarke, 2006). They explain each step as follows.

Familiarising yourself with the data. This process typically begins with the interviews or focus groups themselves and continues with the transcription of the verbal data. The researcher also reads *actively* for understanding and meanings in the transcripts.

Generating initial codes. Identifying codes, or the smallest building blocks of your themes, can be found either using software (eg. Atlas Ti) or manually (paper and pencil). Although the researcher searches for patterns or sections of the data that appears 'interesting' (p.18), it is essential to work systematically and scan through all of the transcripts equally.

Searching for themes. This step involves analysing the identified codes on a broader level. In other words, codes which are similar are grouped together to identify patterns or themes.

Reviewing the themes. The set of themes that have identified in the previous step require review and revision. Two levels of review occur here. One is reviewing each code to the theme and the other is reviewing the theme within the context of the entire dataset. Some might require collapsing and some might require a total revision. What is important is that each theme is distinct from each other, yet is still in relation to the research study. In this study, a number of previously identified themes required collapsing since their meanings were similar. Therefore, in Phase 1, there are three thematic categories with a number of smaller themes.

Defining and naming themes. Defining each theme speaks to the essence or the main meaning of each of the themes. An explanation of each theme and what is represents is central as you are now shaping the nature of the findings of the study. The name of the theme should reflect what the reader could expect.

Producing the reports. The final report includes the product of steps one – five. It not only presents a narrative of the analysis process, but also **discusses** the findings and its implications.

Given the social interchange of focus groups, this data collection method also aligns with the principles of PAR. Some of familiarisation of the data occurred during the debriefing of the fieldworkers. They shared some experiences of participants' during the administration of the questionnaire. In addition, during the focus groups some of the main ideas were also clear (such as the perception of the importance of family communication). It was evident that participants believed in this family resilience process and that it should be part of the intervention. This type of thematic analysis was useful and meaningful for this study.

3.3.3 Phase 2: The systematic review

Objective 2: To conduct a systematic review to identify theoretical and best practice models of family programmes

Research design. Systematic reviews aim to comprehensively identify and integrate research, using organised and replicable procedures (Littell, Corcoran & Pillai, 2008). This definition evidences the scientific and rigorous nature of a systematic review. According to van Oostrom et al. (2007), intervention mapping is most useful when it combines theory and existing evidence in the development of the intervention. The systematic review was helpful in identifying the available literature on theoretical practice models for intervention developers. When we refer to models, we also refer to the processes and practices used in family intervention development as described in the articles found in the described searches.

Systematic reviews can provide new insights about the evidence that are relevant for social policy (in this case, programme development) and are becoming more widely used in the social sciences, especially in psychology and education (Littell et al. 2008). In addition, Holtzkamp (2010) argues that a programme's efficacy is improved when a variety of theoretically driven and 'proven practices' (p.70) are utilised.

Search strategy. Seven databases were searched, namely PsychArticles, Academic Search Complete, ERIC, SocIndex, Sage, Sabinet and Pubmed. These databases' content and accessibility were most appropriate for the review. The keywords entered were: 'family interventions' OR family intervention processes' OR 'family intervention models' OR 'family intervention practices'. These keywords were searched for in 'All fields'.

Inclusion/exclusion criteria. The articles considered in the review were full-text, peer-reviewed studies published within the previous 10 years (2005-April 2015).

The additional criteria for the articles were the 'population', the 'intervention' and the 'outcomes' (or PIO). Therefore, all articles must have described the intervention as focusing on 'families'; must have described intervention as being 'family-based'; and must have described the model used or accompanying processes for the development of the family intervention. Different empirical designs were included, such as studies that were qualitative, quantitative and mixed methods in nature as well as randomised control trials, experimental studies or case studies.

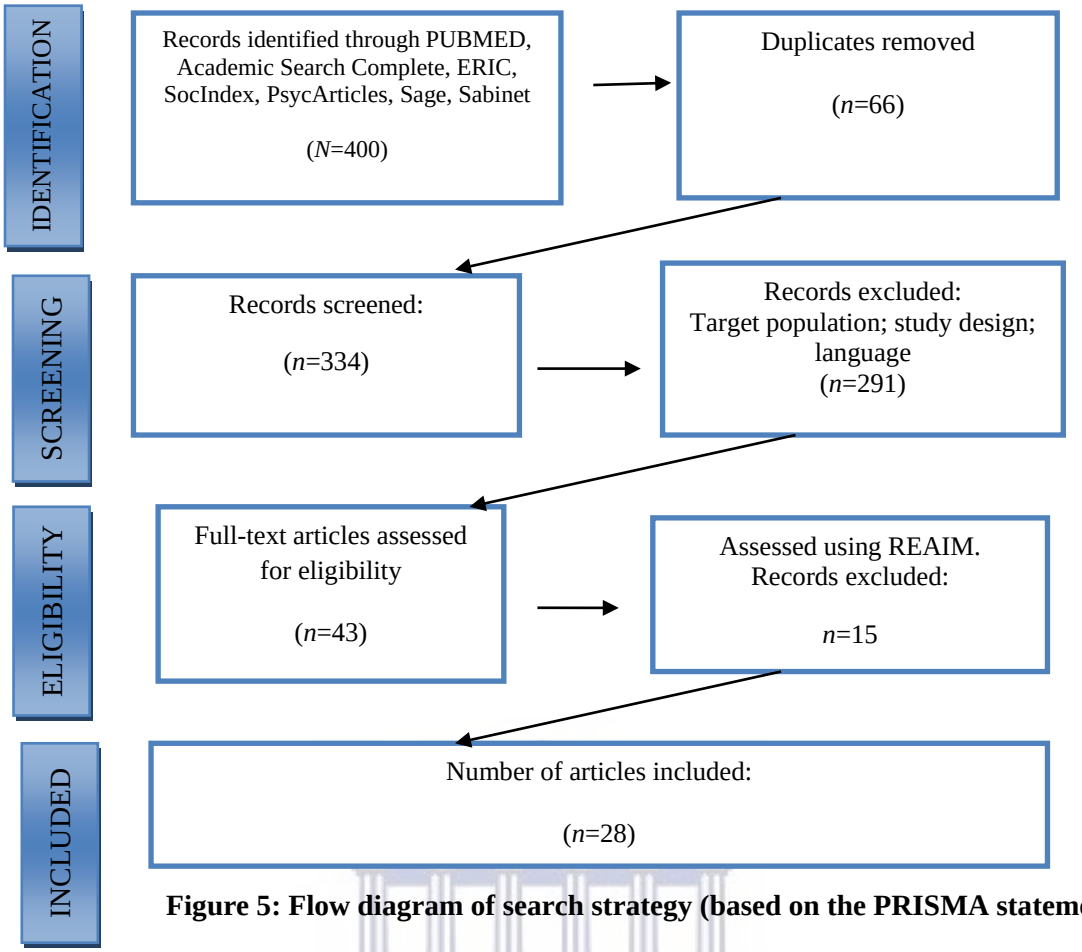

Figure 5: Flow diagram of search strategy (based on the PRISMA statement).

Data extraction and analysis. Four hundred articles were identified and assessed for eligibility in terms of their titles and abstracts (using the specified parameters). Thereafter, each article was appraised using the REAIM (reach, effectiveness, adoption, implementation and maintenance) approach with a series of 'yes' and no' questions (Appendix G).

During the title and abstract assessment, 291 articles were removed owing to the following reasons: the studies were out of the scope of the study (such as considering the target population or not describing their family intervention and its processes), were not published in English, were grey literature, systematic reviews or conceptual papers only, or duplicate articles (*n*=66).

Forty-three articles were appraised using the REAIM. Articles with a score of 40% and below were excluded. This decision was made because an article scoring lower than 60% would indicate a poorly developed, conducted or reported intervention. Fifteen articles were then removed. Two reviewers, one the primary researcher, were involved in each step of the process. A supervisor evaluated any disagreements.

A data extraction table was developed for the study (Table 1 is displayed in Chapter 6 (Article 3). The procedure is outlined in Figure 5 above. The articles included for review were heterogeneous in terms of their reported outcomes and a meta-analysis would not have been practical. The study utilised a narrative synthesis (Stewart, 2014) in which the data from all the studies, be they quantitative or qualitative, are analysed, summarised and presented as a cohesive whole.

3.3.3 Phase 3: The Delphi study method

Objective 3: Design and develop a contextually based family resilience programme for the rural community using the Delphi method.

Research design. Skulmoski, Hartman and Krahn (2007) describe the Delphi method as a flexible and iterative process and useful for model or programme development. An iterative method was preferable because a non-linear model of planning is often better in intervention development (Holtzkamp, 2010) as the very nature of community work requires flexibility. The Delphi method was selected for experts to provide ideas and recommendations in terms of structure and content of the programme. The **classic** Delphi aims to elicit opinion and gain consensus amongst a panel of experts (Hasson & Kenney, 2011). This design also fulfilled the last objective and ultimate aim of the study: to design and develop a family resilience programme.

Participants. Two cohorts made up this phase of the study. The first was a group of 10 'experts' in their field of child and family psychology, intervention research and/or family resilience (M_{age}=48.75; SD_{age}=10.98). The second group was of 5 community stakeholders selected by the NGO (M_{age}=38.80; SD_{age}=12.52).

Tables 3 presents demographic information for both cohorts.

Table 3: Expert panel participant details.

Gender	Age	Title	Country	Speciality
Male	n/a	Professor	South Africa	Family research
Male	63	Professor	South Africa	Family resilience expert
Female	56	Professor	South Africa	Applied and community psychology
Male	44	Mr	South Africa	Community, trauma, substance use psychology especially in low-income areas/experience in the community
Female	31	Mrs	South Africa	Clinical psychologist. Specialises in child psychology and attachment-based therapy.
Female	56	Professor	South Africa	Applied and community psychology
Female	45	Professor	South Africa	Family studies, especially in terms of family role identity
Female	n/a	Doctor	Australia	Research in treatment of childhood, behavioural problem, specialises in cultural tailoring of programmes
Female	n/a	Doctor	Canada	Resilience studies
Female	38	Doctor	Portugal	Family intervention development
Female	57	Professor	USA	Family research and intervention development
Female	n/a	Doctor	USA	Family studies, applied and community psychology

Table 4: Community stakeholder participant details.

Gender	Age	Affiliation
Male	45	NGO
Male	32	NGO
Female	29	NGO
Female	30	NGO
Female	58	NGO

The participants were recruited by use of non-probability, bibliographic information (internet searches) and snowball and convenience sampling. Participants were required to have

knowledge of or experience in the field of child and family psychology and/or family resilience. Initially, 40 participants were emailed, requesting their participation in a three-round Delphi study. These selections were made based on their authorship in the articles identified in Phase 2 (convenience sampling). Those participants' bibliographic information was researched and contact was made. They were also asked to nominate possible eligible candidates (snowball sampling) should they themselves not be available. It is unclear how many potential participants were contacted. Although 12 participants initially agreed to participate, only 10 responded throughout the process.

The NGO selected the stakeholders who would form part of the focus group discussion, and five staff members (social workers) were interviewed. Similarly to van Oostrom et al.'s (2007) approach to intervention mapping, developing an intervention in close consultation with key stakeholders is imperative in contributing to intervention success.

Data collection procedures. The format of this particular Delphi was web-based, in the form of emails and in a stakeholder focus group discussion. Data collection occurred in three rounds.

Round 1. The first round of data collection was exploratory and aimed at idea generation (Hsu & Sandford, 2007; Skulmoski et al., 2007). The candidates who agreed to be involved in the study were given an information pack containing a brief overview of the aim and the findings of the larger project (Appendix L) along with the following four questions:

1. Reflect on the process presented thus far. What would you agree or disagree with as the main performance outcomes of the family resilience programme?

2. What does the target population (families) need to learn or acquire with regard to the specific outcome to achieve the performance objective? (van Oostrom et al., 2007)

3. What needs to be changed for the target population to achieve the performance objective (programme outcomes/change objectives)? (van Oostrom et al., 2007)

4. Do you have any other thoughts/comments/suggestions?

The responses were collated after three weeks (Okoli & Pawlowski, 2004) of the first round of the Delphi.

Round 2. A questionnaire (Appendix M) with participants' responses from Round 1 was then sent, with an allocated time of two weeks to complete it. Participants were asked to rank their opinions of the items on a Likert scale (strongly agree to strongly disagree). Some participants were late in responding and this round, including the analysis, was only completed in one month.

Round 3. In this round, the findings were presented to the second cohort. They were not included in the previous Delphi rounds, as they had already been involved in most of the broader project. Thus, we could gain a sense of outsider or 'expert' perspectives before integrating the opinions of the stakeholders. The focus group meeting lasted two hours and was held in the community. This round focused on providing feedback to the stakeholders on Rounds 1 and 2, presenting the outcomes of those rounds, and eliciting conversation on additional recommendations for the programme. The discussion was audiotaped and transcribed verbatim.

Data analysis. *Round 1.* A six-round thematic analysis (Braun & Clarke, 2006) was done on the collated responses and generated two thematic categories with six themes. Hsu and Sandford (2007) suggest that the first round of responses be analysed and converted into a structured questionnaire. The themes and codes were formulated into items and a 103-item questionnaire (Chapter 7, Article 4) was sent to the first cohort.

Round 2. All responses were captured on Excel and then analysed for frequencies and percentages using SPSS version 24. As per Hsu and Sandford's (2007) recommendation, measures of central tendency, and percentages, were drawn to analyse patterns. As only 10 participants responded, it was important to note the patterns and percentage of responses on the items. In order to decrease the risk of attrition, McMillan, King and Tully (2016) recommend only two rounds of the Delphi.

Round 3. Once more, Braun and Clarkes' (2006) thematic analysis was conducted on the transcript as well as on the notes taken during the discussions. These six steps of analysis were outlined in the previous phases.

3.4 Validity of the study

Establishing validity in mixed methods research is a priority before, during and after data collection (Zohrabi, 2013). Increasing the rigour of the design, procedures, implementation and validity in mixed methods research ultimately increases the strengths and validity of the research findings (Ivankova et al., 2006). McKim (2017) examined graduate students' perceptions of the value of mixed methods research. They believed that mixed methods research contributed validity to data since the data is collected using more than one method.

Validity refers to the extent which the data is 'believable or true' (Zohrabi, 2013, p.258). Onwuegbuzie and Johnson (2006) note the often-debated term, validity, especially in qualitative research. These authors suggest the use of a different term for validity in mixed methods or mixed research, namely legitimation. Legitimation (Onwuegbuzie & Johnson, 2006) and validity (Zohrabi, 2013) was enhanced in this study through various means in the different phases.

For the systematic review in Phase 2, the use of the PRISMA-P was one way to ensure that proper protocol is followed. The PRISMA-P statement is a checklist of items enhances due process for a complete systematic review. In addition, working with a second reviewer (peer examination) as well as two supervisors also safeguarded integrity.

In Phases 1 and 3, triangulation, member-checking, peer examination, participatory/collaborative research and instrument validation (Zohrabi, 2013) procedures were followed. In the current study, triangulation was achieved through collecting data from more than one source using more than one method (Creswell & Miller, 2000). For example, in Phase 1, data was collected through a questionnaire and a focus group discussion guide. In Phase 3, data was collected by means of an email-based 'interview', a questionnaire and a focus group discussion guide. In terms of instrument validation, the FRAS was adapted and piloted with staff members of the NGO and a small sample of community members.

Member checking was also of importance and was completed before and after every phase. In other words, the information that was collected and analysed was sent to the NGO and staff members for discussion and input. Phase 2's findings was also part of the discussion during the third round of the Delphi study. In addition, collaboration between the primary researcher and the community from the study's conceptualisation.

Moreover, researcher reflexivity (Creswell & Miller, 2000) is also an important aspect of any research study. The following section is my reflection on this research study.

3.5 My reflection on the research process

Establishing methodological rigour is the 'holy grail' of any study (Hasson & Kenney, 2011). Verification strategies were put in place throughout the research process in order to ensure validity of the findings. At each phase of the study, participants and stakeholders were asked to revise the information collated and analysed so as to check for accuracy of the data and the interpretation of that data. In addition, both supervisors hold a PhD in psychology and specialise in family and child wellbeing. Training was provided for the fieldworkers and their data collection practice, who also provided feedback on the process. In addition, the results of phase 1 were presented to different stakeholder groups who also provided their thoughts on the results and provided suggestions on the way forward. They were able to freely share their beliefs regarding the results, such as their concern for the literacy levels of community members in completing the FRAS as well as their level of honesty.

Meta-reflection is central to participatory action research. The questions I continued to ask myself were those of the significance and impact that each phase of the study would have on participants' lives. This self-debate was not always easy as not every piece of work would necessarily have an immediate impact. Before I commenced the PhD studies, my main concern was not solely to make a substantial practical contribution. I wished also to ensure that what developed from my study was of practical use and not only a piece of work found in the literature. In developing the intervention, however, I became apprehensive that the theoretical contribution to family, family resilience literature and literature on family intervention development was not sufficiently significant. Through continuous reflection, supervision and the publication process, it became clear that I was 'too close' to the research. Taking a step back from time to time gave me an opportunity to consider how this

dissertation contributes not only to the general literature base but also to families within South Africa.

I have had many interactions and experiences with the community previously. One of my biggest concerns in the present intervention study is that of the social and economic barriers which are so prominent in Lambert's Bay. These concerns were often an obstacle in continuing my research or even formulating a significant interpretation, implications or consideration in my conclusions. I often had to go back to the beginning, during the conceptualisation of the study with the community stakeholders, in our discussions about what makes families strong: What makes some families succeed and others not? And is there a way to promote those processes which might aid families in their journey, especially with limited resources. Social and economic barriers are not always overcome instantaneously, and can take time. Perhaps it is our responsibility to create 'holding' environments for those who cannot act by themselves, while advocating for social change.

Moreover, the family resilience theory used in the present study is complex and not an easy undertaking. My views on family and others' realities such as to require constant reflection during data collection, my interaction with community members, interpretations and publications. Through peer review, I was able to explore each phase in depth and consider concepts, methods, findings and the interpretations thereof from different perspectives. This debate would not necessarily have been achieved in one monograph. The contribution made in this regard was invaluable.

The community of Lambert's Bay is an Afrikaans, rural community. Although not necessarily a limitation of the study, Afrikaans is my second language, and what I found challenging at times was the language barrier. All data collection with the community was in

Afrikaans. Fortunately, my relationship with the community stakeholders allowed me to be open about this insecurity and, if I struggled, I could ask for assistance.

3.6 Ethics statement

Ethical research requires the protection and welfare of those participating in a study. The welfare and protection of each participant in this study was of the utmost importance. The research study sought to collect, analyse, interpret, implement and evaluate information in continuous collaboration with participants from the community, its stakeholders, and local non-governmental authorities.

Ethical clearance was sought and obtained from the Research Ethics Committee at which the researcher is based (Ethics number: 4/19/14). All participants were informed of the study in its entirety and their rights as participants in their first language (Appendix B & E). All information was collected anonymously and confidentiality was maintained. Participants completing the questionnaire were informed of their anonymity and how anonymity was ensured in the study. They were required to sign consent forms.

As the study uses participatory action research, ethical procedures are central. These ethical concerns were also explained to fieldworkers. To this end, if ever they felt confused by their responsibilities and obligations, they were required to contact the researcher. The questionnaire was permitted to be utilised by the author herself, provided that the results were communicated (Appendix A & D). Fieldworkers (local community members) collected data on behalf of the researcher and were in all likelihood known to participants. Therefore, they were trained in the nature of the ethics of research; especially that of informed consent, confidentiality and participants' right to autonomy. Fieldworkers were to ensure that they

explained the project to each potential participant, that they signed the consent forms, and that participants were aware that they had the right to remove themselves from the research process at any time without consequence. Fieldworkers were also encouraged to refer the participants to the local NGO (who were equipped to manage individuals experiencing certain types of trauma) if participants experienced any discomfort.

Confidentiality was of the utmost importance for the focus group interviews. Focus group participants were asked to sign an additional form in which they were informed about the risks of disclosing information provided in a focus group forum (Appendix C & F). No individual was coerced or unfairly treated if they chose not to participate, or terminated participation at any point. For example, the focus groups had several silent participants. I tried to give each participant a fair amount of time and to encourage participation; however, if a participant felt they did not have anything to contribute, I allowed them their silence. One participant in a focus group did feel overwhelmed when discussing their family, and was encouraged to talk to either the psychologist available or, at a later stage, the local social worker at the NGO. Therefore, participants and fieldworkers in need of debriefing or counselling or other referrals, were asssisted by the researcher.

For the systematic review in phase 2, all articles were appropriately referenced. In addition, the PRISMA-P statement was used as a guide to frame and gauge the completeness of the systematic review protocol (Moher et al. 2015).

Lastly, all panel experts were required to complete a consent form and indicate any objections to being acknowledged in any publications regarding the programme development.

3.7 Conclusion

In summation, the present study used one overarching design, namely intervention mapping, which stipulates three stages useful for intervention development. The current chapter provides a detailed account of the steps and processes involved in conducting this multi-method study within its intervention-mapping frame. The results are provided in Chapters 4–7. These chapters detail not only the results but also the interpretations that can be made of the phases' outcomes. In addition, I provide some insight into the process of developing these phases into manuscripts for peer-review publication.

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CHAPTER 4

Adapting and validating the Family Resilience Assessment Scale in an Afrikaans rural community in South Africa

4.1 Introduction

The original Family Resilience Assessment Scale (FRAS) was developed and validated on an English, first-language sample in the United States (Sixbey, 2005) and required translation, adaptation and validation for use in the predominantly Afrikaans-speaking community. Although not a direct objective of the study, the adaptation of any instrument is an important process as any changes made to an instrument can affect its psychometric properties negatively. This chapter discusses the processes involved in the development of the manuscript as well as the review and publication process.

4.2 Community Mental Health Journal: A reflection on the submission and review process

The manuscript was submitted for review to the *Community Mental Health Journal* on the 12 February 2016. The journal has an impact factor of 1.154. *Community Mental Health Journal* publishes predominantly in the area of benefit and risk comparison in service programmes, papers on epidemiology and methodology (specifically, instrumentation). The focus on instrumentation was aligned to the aims of this manuscript as we adapted and validated the FRAS. The manuscript was sent for peer review on the 26 May 2016 and feedback was only received on the 18 November 2016. A minor revision was requested. Although the waiting period was quite long, the feedback was mostly positive and the changes were editorial in nature (Appendix H). I think proceeded to make the requested changes and re-submitted on

30 November 2016. In January 2017, the editor responded positively and believed that the article was ready for publication.

4.3 Article 1: Adapting and validating the Family Resilience Assessment Scale in an Afrikaans rural community in South Africa

Isaacs, S., Roman, N.V., Savahl, S. & Sui, X.C. (2017). Adapting and validating the Family Resilience Assessment Scale in an Afrikaans rural community in South Africa. *Community Mental Health Journal*, doi: 10.1007/s10597-017-0091-1.

Abstract

A family resilience framework understands families as having the potential to not only face adversities but to overcome them; although its measurement is not always agreed upon. The aim of this study is to explain the processes involved in the adaptation of the 54-item family resilience assessment scale (FRAS) into Afrikaans, and to further examine its psychometric properties. Data were collected via the door-to-door method with the assistance of fieldworkers in two rounds. The pilot sample included 82 participants whilst the larger study included 656 participants. The internal consistency and construct validity was assessed using Cronbach's alphas and Exploratory Factor Analysis implementing a Principal Component Analysis and Promax rotation, respectively. The factors which were found are similar to those of Sixbey's, however, a new factor emerged replacing '*Maintaining a positive outlook*' which was named '*Family and community outlook*'. The processes described in this study facilitated the assessment of the feasibility and efficiency of the full-scale study and reduced the number of unanticipated problems associated with large sample data collection particularly using fieldworkers.

Keywords: Adaptation; Validation; Family Resilience Assessment Scale; Afrikaans language; Fieldworkers

Background and rationale

When families encounter stressors and adversities, a family's ability to engage processes which increase their functioning can promote their level of resilience as a family (Walsh, 2006). This resilience contributes to their ability to meet both present and future stressors (Lee et al. 2004) and is aptly termed family resilience (Walsh, 1996, 2003, 2006).

A family resilience perspective views all families as having the potential for growth through adversity (Walsh, 2003). According to Black and Lobo (2008), the family science discipline has seen a promulgation of literature promoting family resilience (Walsh, 1996; 2003; Patterson, 2002; Benzies & Mychasiuk, 2009; Becvar, 2015). However, there is no universal agreement on its measurement (Sixbey, 2005). How do we conclude that one family displays resilience whilst another does not? One of the biggest challenges in the measurement of psychological constructs is first arriving at consensus of its theoretical components. Pioneers in family psychology such as Patterson (2002) and Walsh (1996) offer nuanced differences in their perspective of the concept of family resilience. The thread within these definitions is that a family displays resilience when faced with adversities when they are able to overcome their adversities. Walsh's (1996; 2006) framework however is inclusive of several important domains she believes encompass family resilience: family belief systems, family organizational and communication processes. An instrument that has been developed to measure family resilience using this conceptual framework is the Family Resilience Assessment Scale (Sixbey, 2005).

The Family Resilience Assessment Scale (FRAS, Sixbey, 2005) is a 54-item English-language questionnaire which assesses the resilience needs of a family unit along the

following six dimensions: family communication and problem solving (FCPS), utilising social and economic resources (USER), maintaining a positive outlook (MPO), family connectedness (FC), family spirituality (FS), and the ability to make meaning of adversity (AMMA). Originally a 66-item scale, the FRAS is required to be completed by one adult family member. Responses for this scale are assessed on a 4-point Likert-scale from 1 = 'Strongly agree' to 4 = 'Strongly disagree'. The FRAS was developed for and validated on a sample of English-speaking individuals in the United States. The scale was constructed using a homogenous sample. The sample was majority female, white and highly-educated with 72% of the sample having a bachelor's degree (Sixbey, 2005). This group was not necessarily defined as at-risk which may have limited the validation process.

The FRAS has been utilised in several doctoral and masters dissertations. Buchanan (2008) assessed family resilience as a predictor of adjustment among international adoptees in Texas, United States. Buchanan (2008) used the 66-item version of the FRAS. Family resilience correlated negatively with the Child Behaviour Checklist (CBCL 6-18), with higher family resilience scores associated with fewer internalizing and externalising symptoms. The analyses also revealed that the more time spent with the family, the better adjusted adoptees were. In another doctoral dissertation, Plumb (2011) investigated the impact of social support and family resilience on parental stress in which 50 families had a child diagnosed with an autism spectrum disorder (ASD). As hypothesised, higher levels of family resilience was associated with lower levels of stress. The 66-item version of the FRAS was utilised and the internal consistency of the overall scale was 0.71. The subscales further demonstrated acceptable alphas ranging between 0.61-0.91.

In a similar study, Duca (2015) investigated family resilience and parental stress of those raising a child with an ASD. Participants were recruited from day-care centres from different

cities in Romania. The Cronbach's alpha for all items were 0.89, and the internal consistency for each subscale ranged between 0.61-0.92. After analysing the results of 50 males and 50 females who have a child diagnosed with ASD, results indicated that family resilience and parental stress differently influences dyadic adjustment and coping in parents following the diagnosis. These studies show the FRAS has been used in empirical research.

Only two studies were identified with the explicit aim of adapting and validating the FRAS for use in other languages and contexts. Kaya and Arici (2012) adapted the FRAS in Turkish and further examined its psychometric properties. The scale was then administered to 433 university students. The two language versions (English and Turkish) were found to be equivalent. The internal consistency of all 54 items was found acceptable (Cronbach's α = 0.92). Confirmatory Factor Analysis revealed a model of good fit however, only four factors was as the original version of the FRAS. Therefore, only 44 items of the four factors were found valid and reliable. The *family connectedness* and *family spirituality* scale had low individual item loadings (Kaya & Arici, 2012).

Similarly, Dimech (2014) sought to validate the adapted version of the 66-item FRAS for the Maltese context. The final sample consisted of 225 individual family members aged between 18-88 years (M=47.73). The analyses revealed acceptable Cronbach's alphas (0.22-0.86). The low alpha is attributed to the description of the factor *Family connectedness*. Furthermore, principal component analysis identified six factors with 56 items, but the items loaded differently to what Sixbey (2005) established. Dimech (2014) factors were later labelled: *Family communication and problem solving, Maintaining a positive outlook, Outreach, Ability to make meaning of adversity, Communication and friendship outlook* and *Family connectedness.* The items on the original FRAS which comprise *Family spirituality* did not load on any factors in Dimech's (2014) sample in Malta.

South Africa has 11 official languages and many more varying dialects within each province. According to Morrison, Grimmer-Somers, Louw and Sullivan (2012) the administration of any instrument in one language alone is not always viable and in South Africa there is a vast diversity of ethnicity, socioeconomic status, religion and language. The aim of this study is to adapt the 54-item family resilience assessment scale into one of these languages, Afrikaans, and to further examine its psychometric properties. Furthermore, as we worked in conjunction with the local non-government organisation (NGO) and their fieldworkers to collect the data, we also describe the processes involved in that adaptation, fieldworker training and data collection. According to Casale, Lane, Sello, Kuo and Cluver (2013), there is a paucity of published literature involving grassroots field experiences. Casale et al. (2013) believes that this kind of information can assist in informing the logistics of the fieldwork process.

Method

Research Context

The research context under focus is primarily a rural fishing community, situated 280km north of Cape Town, and as fish stock has declined, so has employment opportunities. Members of this particular community along the West Coast experience varying levels of adversity such as high unemployment, high alcohol (and other substances) abuse rates, teenage pregnancies, access to few social resources and high school drop-out rates (Cederburg Municipality Annual Report, 2011). These families experience stressors on a daily basis. Further, the predominant language within the municipal region is Afrikaans.

Afrikaans, which has its roots in the Dutch language, is said to be the outcome of the interaction between the European colonists, the indigenous Khoisan and other slaves (Giliomee, 2003). According to Morrison et al. (2012) Afrikaans is the predominant language spoken in western South Africa and 55.3% of those in the Western Cape speak Afrikaans as a first language. The varying dialects in different communities make it challenging to adapt instruments to the satisfaction of every person and why instrument adaptation is really a continuous process. In order to ensure methodological rigour for the larger study, a cross-sectional survey design involving adaptation of the FRAS was implemented.

Participants

Participants resided in a low socioeconomic rural community along the West Coast, South Africa. Data were conveniently collected via the door-to-door method with the assistance of local fieldworkers in two rounds: the pilot study (n=82) and the main data collection (n=656). Fieldworkers were requested to approach at least every second house across the entire community. Within both samples, the majority of the participants were female and identified themselves as the mother of the household. Participants' ages ranged from 18-72 in the pilot sample (table 1).

Six hundred and fifty-six participants (n=656) were included in the sample for the main data collection. Once again, convenient, door-to-door sampling was employed. Fieldworkers were requested to request participation of a family member at every second to third home across the community. Since the author does not reside in the community and could not be there for the entire process, it was not possible to ensure with absolute certainty that sampling would be completely random. Of these participants, 39.8% were male (n=256), 60.2% were female

(n=388) and 97% (n=624) of the sample spoke Afrikaans as a first language. The age range was from 18-80 (*M*=37.90; *SD*=13.92). Further, the majority of the participants had completed a secondary education (51.8%) and were employed at the time of data collection (65.9%). However, many participants also indicated that their current employment contract would come to an end within a month. In all likelihood, many of them are now unemployed and could be experiencing financial instability. Economic instability can influence family functioning and affect their levels of family resilience (Walsh, 2006).

Measures

The FRAS (Sixbey, 2005) has an overall internal consistency of 0.96; 0.96 for FCPS, 0.85 for USER, 0.86 for MPO, 0.70 for FC, 0.88 for FS and 0.74 for AMMA) (Kaya & Arici, 2012). The FRAS has also demonstrated good concurrent criterion validity with the Family Assessment Device 1 (α=.91), Family Assessment Device 2 (α=.85) and the Personal Meaning Index (α=.85) (Plumb, 2011). However, within Sixbey's thesis it seems that the scale requires further concurrent validation (Sixbey, 2005). The 54 items of the FRAS were allocated to Section B of the questionnaire, whilst Section A concerned biographical information such as participants' age, level of education, language, etc. (see table 1).

Procedures

Translation and Adaptation The FRAS was initially adapted by a first language Afrikaans speaker who is also a clinical psychologist. Rode (2005) states that translating measuring instruments should be done with caution since it may threaten the reliability and validity of

the measurement. Adaptation, rather than mere translation is usually recommended. This includes the changing of the words or content of the items to enhance their appropriateness for the intended language and according to Koch (2012) is in line with the International Test Commission's Guidelines for adapting educational and psychological tests.

The adapted version was checked by the first three authors as all three are fluent in Afrikaans as an additional language. This was then sent to the NGO for review. The recommended changes (which were all grammatical) were made. Ten individuals were recruited by the NGO as fieldworkers. Fieldworkers were necessary for data collection as all authors reside four hours from the research site. Fieldworkers were made up of the NGO staff (social workers) and a group of volunteers (who also participate in a family support group at the NGO) and were provided with data collection training one afternoon in a one-hour session. The training covered three elements: 1) the purpose of the study and discussion of the concept of family resilience 2) the FRAS itself; 3) ethics in research (specifically the implications of data collected by community members' familiar with each other). The 10 fieldworkers (six females and four males) were then requested to practice administering the questionnaire to one another. This process continued for 20 minutes and was useful as certain items needed clarification and some typing errors were highlighted and corrected.

Pilot Data Collection Fieldworkers were requested to collect questionnaires from at least 75-80 community members from across various areas within the community for the pilot study. The manager of the NGO acted as the on-site supervisor. This individual worked closely with the first author and provided regular updates on the data collection process. The fieldworkers returned the questionnaires three weeks later and had a short debriefing with the first author. The debriefing was beneficial for both the researchers and the fieldworkers as they were able to describe and share the experience of data collection with one another. During debriefing,

the fieldworkers were given an opportunity to share their experiences of data collection. This was also used as a 'check' for the first author to engage the fieldworkers' processes. Most of the fieldworkers expressed having had a positive experience collecting data.

First, participants were happy with the length of the questionnaire as completion required about 15-25 minutes. Second, they felt that perhaps it would improve participation in the larger survey if the questionnaire was also translated into isiXhosa. A small group of first-language Xhosa-speaking individuals also live in the community. Third, some fieldworkers described the questionnaire as being cathartic for some of the participants. The fieldworkers described participants' experience as almost becoming more aware of their family's functioning as a result of the items on the questionnaire. Moreover, some of these participants decided to join some of the support groups run by the NGO to gain further insight into their role in the family and receive more support.

Back/Forward Translation A further round of data collection was to be conducted. However, after the pilot, some items were identified by the fieldworkers as problematic. A first language Afrikaans speaker, again, independent of the project was approached to translate the items back into English; another translated that version to Afrikaans and the two versions were inspected by the primary author to ensure the meaning was not lost in translation. Typically, a back and forward translation happens after the initial adaptation, however we wanted to first understand how the pilot participants experienced the questionnaire before the backward and forward translation. Therefore, we would be able to address problematic items based on a larger number of participants rather than a small group of three or four. This process highlighted two possible problematic items identified by the individual who back-translated the Afrikaans version. These were item 33 (*We feel taken for granted by family members*) and item 47 (*We show love and affection for family members*).

Item 33, which is a negatively-phrased item, was translated as "*ons voel ons word as vanselfsprekend deur familielede aanvaar*". Although this is an acceptable phrase in the Afrikaans language, it might also be interpreted positively, i.e. we feel we are accepted by family without question. This was identified as a possible factor to interfere with the reverse scoring of the item. Item 47 was translated as "*Ons toon teerheid en wys ons liefde vir mekaar*," meaning "*we display 'vulnerability/sensitivity' and show love towards one another*". Although this might not change the meaning of the item completely, 'being vulnerable' with family members and 'displaying affection' are not synonomous. Item 33 was changed completely: "*Ons voel dat ons nie genoeg waardering ontvang van familie lede nie,*" while the NGO felt that item 47 should remain the same since it did capture an equivalent meaning to the English version.

Different regions of the Western Cape speak various dialects of Afrikaans; each community has its own colloquialisms and so this version of the FRAS was then sent to the non-government organisation (NGO) via email for some of the staff for revision and comments. They had no comments on the second version of the FRAS and data was collected and analysed.

Data Analysis

Four of the items (namely item 33, item 37, item 45 and item 50) required reverse scoring. Data was analysed using SPSS v22. Demographics were collated using frequencies. A means and reliability analysis was conducted on both sets of data. This was completed on both sets of data in order to obtain a preliminary picture of the family resilience description of the

bigger sample. Further, an Exploratory Factor Analysis with a Promax rotation was specified in the larger sample to determine its construct validity.

Ethical considerations

The study was given ethical approval by the University of the Western Cape. Contact was made with the developer of the FRAS and permission was granted to use the 54-item instrument. As the fieldworkers would be collecting data on behalf of the researchers and may know the participants, they were trained in the nature of the ethics of research; especially that of informed consent, confidentiality and the participant's right to autonomy. Fieldworkers were to ensure they explained the project to each potential participant that they signed the consent forms and that participants are aware that they have the right to remove themselves from the research process at any time without consequence. Fieldworkers were also encouraged to refer the participants to the local NGO (who are equipped to manage individuals experiencing certain types of trauma) if participants experienced any discomfort. The first author received all signed informed consent forms from participating individuals: fieldworkers and participants.

Results

The final step of the adaptation and validation process was to evaluate the scale. The results are sequentially presented.

Pilot Data

Table 1 Biographical information of pilot data		
	N	**%**
Male	25	30.5
Female	57	69.5
Home language (Afrikaans)	81	99
Employed	55	67
Age		
No indication	10	12.2
18-35	26	31.7
36-48	25	30.5
49-60	18	22
61-72	3	3.7

As indicated in Table 1, a total number of 82 individuals completed the *FRAS*; the majority were female family members (N=57; 69.5%). This particular community's dominant language is Afrikaans. This is also evidenced by the sample (N=81; 99%) indicating Afrikaans as their first language with one individual indicating isiXhosa as their first language. Fifty-five (67.07%) participants were employed. The data also showed that the most commonly experienced adverse event in the last five years was a death of a loved one and then unemployment; many often experiencing both of these simultaneously. Dealing with loss and financial insecurity are examples of stressors that can affect family functioning (Walsh, 2006).

The age range indicated is 18-72 (M=35.21; SD= 18.1). The majority of the sample was within the age range of 18-35 years. Twenty-two per cent of the sample completed grade 12 (final year of formal schooling in South Africa) and only five of the participants completed some type of tertiary education.

Table 2: Family Resilience Scales of pilot sample (with number of items)

	M	*SD*	α
All items (54)	2.89	.35	0.93
Family communication & problem-solving (27)	2.95	.41	0.92
Utilizing social and economic resources (8)	2.49	.68	0.88
Maintaining a positive outlook (6)	3.07	.50	0.81
Family connectedness (6)	2.59	.34	0.09*
Family spirituality (4)	3.24	.69	0.79
Ability to make meaning of adversity (3)	3.16	.48	0.45

**Reversed items. Non-reversed items: α = 0.57*

The internal consistency was evaluated. The FRAS demonstrated acceptable reliability (α = .93) as posited by Field (2009) in Table 4. The only two possible problematic subscales are *Family connectedness* (α = .09) and *Ability to make meaning of adversity* (α = .45). *Family connectedness* was also found to have low Cronbach's alphas in the studies by Dimech (2014) (α = 0.24). Further, *Ability to make meaning of adversity* encompasses only three items and, given the sample size (n=82), we might find an improved coefficient with a bigger sample (see Table 3). A factor analysis was not possible at this point owing to the small sample size but would be addressed in the larger sample. Table 2 also shows the means analysis of all six subscales and indicates both the highest as well as the lowest possible score obtained. Family spirituality is the highest score, with the sample choosing mostly 'agree'. The lowest scoring subscale here is *Utilising social and economic resources'*. Participants seemed to have mainly 'disagreed' with those questions. These questions range from feeling secure in their community, being able to ask their neighbours for assistance and being able to rely on their fellow community members in emergencies.

The larger sample: Main data collection

The second round of data collection occurred shortly after. One adult member from each home was selected to participate. The sample size was envisioned to be 10% of the population. Therefore, the sample size was envisioned of at least 612 participants (according to the most recent census at least 6120 individuals were living in the community). After data was cleaned, all cases that demonstrated more than 50% missing data were deleted. Therefore, 20 cases were deleted. As indicated, there were 656 participants included in this sample. Table 3 shows the biographical information of the larger sample.

Table 3: Biographical information of larger study

		N	%
Gender	Male	256	39.8
	Female	388	60.2
Race	Coloured	528	82.4
	Black/African	6	0.9
	White	104	16.2
	Mixed race	3	0.5
Language	Afrikaans	624	97
	English	2	0.3
	isiXhosa	4	0.6
	Bilingual	9	1.4
	Multilingual	4	0.6
Employment	Employed	417	65.9
	Unemployed	216	34.1
		M	***SD***
Age		37.90	13.92

The reliability analysis indicates an acceptable reliability for the majority of the scales (α = 0.38 – 0.96) with the exception of *Family connectedness*. Once again, *Family connectedness* showed a low Cronbach's alpha ($\alpha=0.38$) however, when the four items are reversed again,

the alpha increases to 0.7. The internal consistency for the subscale *Ability to make meaning of adversity* increased to 0.75 from the initial 0.45 in the pilot sample.

According to Sixbey (2005), higher family resilience scores indicate higher levels of family resilience. The family resilience overall mean is 3.14 which indicates an 'agreeable' level of resilience, but is not as high as it can be. A further analysis of the existing subscales indicates that the mean scores for *Family connectedness* and *Utilising social and economic resources* are low.

Table 4: Means and Reliability Analysis of Larger Sample

	M	***SD***	***α***
All items (54)	**3.14**	.41	**0.97**
Family communication & problem-solving (27)	3.22	.49	0.97
Utilizing social and economic resources (8)	**2.85**	.66	0.88
Maintaining a positive outlook (6)	3.22	.50	0.86
Family connectedness (6)	**2.64**	.43	0.38*
Family spirituality (4)	3.40	.59	0.81
Ability to make meaning of adversity (3)	3.39	.50	0.75

**Reversed items. Non-Reversed items: α = 0.7*

The question however, is whether the same structure exists for the original scale FRAS for this community and this was evaluated using an exploratory factor analysis.

Exploratory factor analysis

An Exploratory Factor Aanalysis (EFA) using a principal component analysis and a Varimax rotation were conducted on the sample. The KMO revealed that the sample size is excellent (0.96) for an EFA (Field, 2009). Barlett's test of sphericity was also found significant ($x^2(1431) = 20454.69$, $p < 0.001$) and indicates that a factor analysis is an acceptable analysis to run with this sample.

The initial principal component analysis was conducted with no specified factors in order to simply explore the factors and loadings. The eigenvalues of the items revealed an eight factor (all eigenvalues were over 1) structure explaining 66.59% of the variance. According to Hair, Black, Babin and Anderson (2010), in the social sciences, it is acceptable to consider a structure which accounts for 60% of the total variance. This factor structure was however rejected since three factors would each have had only one strong item loading.

The decision on the number of factors to retain is also dependent on a strong conceptual understanding of the theory and since the aim was to analyse whether the structure mimics that of the original FRAS, the number of items were decided upon using the *a priori* criterion (Hair et al. 2010). Therefore, six factors were specified, suppressing loadings lower than 0.35. Considering the sample size (n=656) the factor loadings did not need to be too high to be considered significant; 0.3 with a sample size of 350 or higher is acceptable (Hair et al. 2010; Field, 2009). An oblique rotation was specified (Promax) as according to Costello and Osborne (2005), it can theoretically render a more accurate and reproducible solution, whereas with the typical default use of the orthogonal rotation, Varimax, there can be a loss of valuable information when the factors correlate. Furthermore, it is also better to use an oblique rotation when conducting analyses from the social sciences (Costello & Osborne, 2005).

Table 5: Pattern Matrix: Factor structure of the Afrikaans version of the FRAS (larger sample)

	1	2	3	4	5	6
Family communication and problem solving						
We can talk about the way we communicate in our family *Ons kan gesels oor die manier waarop ons kommunikeer binne ons gesin*	0.93					
We can compromise when problems come up *Wanneer probleme opduik, kan ons tot 'n vergelyk kom*	0.89					
We can be honest and direct with each other in our family *In ons gesin kan ons eerlik en reguit met mekaar wees*	0.83					
We discuss things until we reach a resolution *Ons bespreek probleme tot ons 'n oplossing bereik*	0.82					
We can ask for clarification if we do not understand each other *Indien ons nie mekaar verstaan nie, kan ons vir n verduideliking vra*	0.82					
We all have input into major family decisions *Ons almal 'n bydrae lewer wanneer groot besluite oor die gesin gemaak word*	0.82					
We consult with each other about decisions *Ons raadpleeg mekaar wanneer ons besluite moet neem*	0.81					
We are able to work through pain and come to an understanding *Ons kan ons pyn verwerk en tot 'n verstandhouding kom*	0.81					
We discuss problems and feel good about the solutions *Ons bespreek ons probleme en voel goed oor die oplossings*	0.8					
We define problems positively to solve them *Ons is positief wanneer ons probleme definieer om dit op te kan los.*	0.79					
We can blow off steam at home without upsetting someone *Ons kan stoom afblaas by die huis sonder om iemand te ontstel*	0.78					
We tell each other how much we care for one another *Ons deel met mekaar oor hoeveel ons vir mekaar omgee*	0.76					
We can work through difficulties as a family *As 'n gesin kan ons moeilike tye verwerk*	0.73					
We show love and affection for family members *Ons toon teerheid en wys ons liefde vir mekaar*	0.7		0.42			
We are open to new ways of doing thing *Ons is gewillig om dinge op n nuwe manier te doen in ons gesin*	0.69					
We can solve major problems *Ons kan groot probleme oplos*	0.68					
We believe we can handle our problems *Ons glo dat ons, ons probleme kan hanteer*	0.67					0.31
We are adaptable to demands placed on us as a family *Ons kan aanpas by die eise wat aan ons as n gesin gestel word.*	0.67					
We can deal with family differences in accepting a loss *Ons kan familieverskille hanteer wanneer ons 'n verlies moet verwerk*	0.67					
We feel free to express our opinions *Ons voel vry om uiting te gee aan ons menings/opinie*	0.67					
We can question the meaning behind messages in our family *Ons kan die onderliggende betekenis van boodskappe bevraagteken, binne ons gesin*	0.64					
The things we do for each other make us feel part of the family *Die dinge wat ons vir mekaar doen, laat ons deel van die gesin voel*	0.63					
We share responsibility in the family *Ons deel die verantwoordelikhede in ons gesin.*	0.6		0.41			
We feel good giving time and energy to our family *Ons voel goed om tyd en energie aan ons gesin te bestee.*	0.57					
We feel we are strong in facing big problems *Ons voel ons is sterk genoeg wanneer groot probleme ons in die gesig staar.*	0.56					
We learn from each other's mistakes *Ons leer uit mekaar se foute.*	0.48		0.33			
Our family structure is flexible to deal with the unexpected *Ons gesin-struktuur kan enige onverwagte gebeurtenisse hanteer*	0.45					0.36

We can survive if another problem comes up ***Ons kan oorleef indien nog 'n probleem opduik.***	0.43					0.34
We mean what we say to each other in our family ***In ons gesin bedoel ons wat ons vir mekaar sê.***	0.38		0.32		0.37	
We have the strength to solve our problems ***Ons het die krag om ons probleme op te los***	0.37					
Utilising social and economic resources						
We know there is community help if there is trouble ***Ons weet die gemeenskap sal hulp bied indien daar moeilikheid is***		0.86				
We feel people in this community are willing to help in an emergency ***Ons voel dat gemeenskapslede gewillig is om hulp te bied in 'n nood situasie***		0.8				
We can depend upon people in this community ***Ons kan staatmaak op mense binne dié gemeenskap***		0.78				
We ask neighbours for help and assistance ***Ons vra ons bure vir hulp en ondersteuning***		0.76				
We receive gifts and favours from neighbours ***Ons ontvang gawes en gunste van ons bure***		0.76				
We know we are important to our friends ***Ons weet dat ons belangrik is vir ons vriende***		0.69				
Our friends value us and who we are ***Ons vriende heg waarde aan ons en die tipe persone wie ons is.***		0.43				
We are understood by other family members ***Ander familielede verstaan ons***		0.43				
Community and family outlook						
We feel secure living in this community ***Ons voel veilig om in dié gemeenskap te woon.***	-0.36		0.63			
We think this is a good community to raise children ***Ons dink dis n goeie gemeenskap om kinders in groot te maak***			0.61		0.4	
We work to make sure family members are not emotionally or physically hurt ***Ons maak seker familielede word nie emosioneel of fisies seergemaak nie.***			0.55			
We understand communication from other family members ***Ons verstaan kommunikasie van ander familielede.***			0.54			
We trust things will work out even in difficult times ***Ons vertrou dat dinge sal uitwerk, selfs in moeilike tye***	0.37		0.46			
We try new ways of working with problems ***Ons probeer nuwe maniere om probleme op te los.***			0.41			
Family spirituality						
We participate in church activities ***Ons neem deel aan aktiwiteite by die kerk***				0.86		
We have faith in a supreme being ***Ons glo in 'n Opperwese.***				0.77		
We seek advice from religious advisors ***Ons soek raad by godsdienstige raadgewers***				0.77		
We attend church/synagogue/mosque services ***Ons woon dienste by die kerk/sinagoge/moskee by***				0.74		
Family connectedness						
We keep our feelings to ourselves ***Ons deel nie ons gevoelens met ander nie.***					-0.76	
We feel taken for granted by family members ***Ons voel dat ons nie genoeg waardering ontvang van familie lede nie.***					-0.73	
We seldom listen to family members' concerns or problems ***Ons luister selde na die bekommernisse en probleme van familielede.***					-0.72	
We think we should not get too involved with people in this community ***Ons dink ons moenie te betrokke raak by mense in dié gemeenskap nie.***					-0.47	
Ability to make meaning of adversity						
We accept that problems occur unexpectedly ***Ons aanvaar dat probleme onverwags kan opduik***						0.73
We accept stressful events as a part of life ***Ons aanvaar dat stresvolle omstandighede deel is van die lewe***						0.72

The six factor solution accounted for 62.09% of the variance. The first factor correlated with the majority of the items on the scale and after inspection was named *Family communication and problem solving* (31 items). It also accounted for 43.28% of the variance in the FRAS. The second factor identified as *Utilising social and economic resources* (eight items) with factor loadings of 0.43-0.86 and accounted for 5.23% of the variance. Third, and most challenging to identify was later called *Family and Community Outlook* (4.45%) and also has 6 items. Fourth, *Family spirituality* (3.5%) has the exact subscale 4-item structure as Sixbey (2005) and had high loadings (0.74-0.86), second only to FCPS. Fifth, *Family connectedness* consisted only of four items (versus Sixbey's six items) and accounts for 3.07% of the variance of the scale. Lastly, factor six was identified as the *Ability to make meaning of adversity* (2.56%) and with only two items is not necessarily a very stable subscale however does have high coefficients 0.68-0.69.

Discussion

The aim of this study was two-fold: First, to explain the processes involved in the adaptation of the FRAS into Afrikaans and to pilot this version with the assistance of fieldworkers; Second, to analyse and describe its psychometric properties.

The initial Afrikaans version did not quite capture the meaning in all items as it did in the original version and the pilot. The discrepancies between the two language FRAS versions were identified at several points in the research study: during training of the fieldworkers, feedback from the pilot, and more so during the back- and forward translation of the instrument. This was not unexpected as South Africa is a diverse country with various cultural and linguistic complexities which need to be considered in adaptation (Morrison et

al. 2012). The changes were made and further evaluated so that the two versions were more equivalent and in accordance with recommendations from Rode (2005) and Koch (2012).

The overall aggregate for family resilience from the pilot sample was 2.89 and 3.14 in the larger sample. If one were to round that, it would show an 'agreeable' level of family resilience. Further, *Utilising social and economic resources* and *Family connectedness* were both found to be the lowest scoring subscales in both samples. The highest mean score was *Family spirituality* in both rounds of data. It would seem that in this community, family spirituality contributes highly to the family's level of resilience. Similar biographical and family resilience information was obtained as well as similar psychometric properties in the larger sample. The information obtained during the pilot study was really a microcosm of the larger sample. The implications of these scores will be used as part of the larger assessment of the levels of family resilience in this community and will be reported elsewhere.

The internal consistency was also evaluated. *Family connectedness* had a very low internal consistency ($\alpha = 0.09$, Table 2). The low Cronbach's alpha for this subscale are not unexpected (Kaya & Arici, 2012). Plumb (2011) asserts that since the majority of the items of *Family connectedness* are reverse-coded, this could account for the low reliability. It was hypothesised that since four of the items on this subscale could be contributing to the low alpha, a re-run of the analysis without reversing those items increased the Cronbach's alpha ($\alpha = 0.57$). The same pattern was identified in the larger sample (see Table 3). Cronbach's alpha for *Family connectedness* was $\alpha = 0.38$ and increased to $\alpha = 0.7$ when the items were not reversed.

The construct validity was also assessed using an Exploratory Factor Analysis (EFA). The EFA was run several times with different rotations on the Afrikaans version of the FRAS or

FRAS-AV (Family Resilience Assessment Scale – Afrikaans Version). First, a Principal Component Analysis was conducted with a Varimax rotation in order to simply explore the data as many other studies typically do (Costello & Osborne, 2005). Eight factors with eigenvalues greater than one were found however the structure would not have been viable as three scales would only have had one item. According to Hair et al. (2010) there is no concrete rule for selecting the number of factors, however, Hair et al. (2010) and Costello and Osborne (2005) also state that one can use *a priori* criterion when the number of factors or constructs are known. It is for this reason a six factor solution was specified during analysis, since the factor structure of the original FRAS was known, using a Promax rotation. This solution accounted for 62.09% of the variance and in the social sciences a solution accounting for 60% of the total variance or less is thought of satisfactory (Hair et al. 2010).

The factor structure of the adapted FRAS or FRAS-AV shows a very similar structure to that of Sixbey's with one exception; a factor which was a mixture of items of what looks like *Family communication and problem-solving* and *utilising social and economic resources* and was labelled *Community and family outlook.* A similar factor was identified by Dimech (2014). In her study, she identified nine items for a factor which was labelled *Community and friendship outlook.* This factor is defined as the "*families' ability to relate to friends and their perspective of the community they live in" (p. 122).* Family resilience is a process made up of several interrelated processes (Walsh, 2003, 2006) and the results of this study indicate that communication is the underlying component of all domains of resilience.

Family spirituality was the one factor that had the exact same number of items as the original FRAS. In terms of factor loadings, this subscale was also high. This is in contrast to Kaya and Arici (2012) and Dimech (2014) who did not find high scores associated with this scale. Dimech (2014) did not specify this factor in her Maltese version of the scale (FRAS-MV) and

named this factor *Outlook*. The high *Family spirituality* factor mean scores and coefficient was not surprising. The community has strong ties to their faith-structures and believe in faith in overcoming challenges and adversities.

According to Costello and Osborne (2005) one should be cautious to not draw substantive conclusions based on EFA since the aim of EFA is precisely that: exploratory. As found in the study by Fraga-Maia, Werneck, Dourado, Fernandes and Brito (2015), the differing factor structure might not be a result of adaptation errors but with the original scale itself. The same conclusion is suspected in the current study. In addition, studies by Dimech (2014) and Kaya and Arici (2012) have also not found the exact same factor solution. Since more investigation of the FRAS is still required the FRAS-AV will be analysed using the scoring as specified by Sixbey (2005) in the original FRAS in the larger needs assessment study.

The processes we describe facilitated the assessment of the feasibility and efficiency of the full-scale study and reduced the number of unanticipated problems associated with large-sample data collection particularly using fieldworkers. It is evident that the English version of the FRAS requires further analysis. The problems associated with the scale could be a result of the complexities and multidimensionality of the concept itself. Further study of the theory and its measurement is not a concept one comes across frequently in the literature and should be given more focus.

Limitations

This study was not without its limitations. First, many studies validate instruments by dividing their sample in two and conducting both Exploratory and Confirmatory Factor Analysis (see eg. McEachern et al. 2012; Esposito, Servera, Garcia-Banda & Giudice, 2015; Knez, Stevanovic, Vulic-Prtoric, Vlasic-Cicvaric & Persic, 2015). Conducting a

Confirmatory Factor Analysis would be beneficial to establish concurrent validity but not suitable for this study. A split sample would have been too limited to draw conclusions from an analysis with a 54-item scale. Second, the sampling was convenient and not representative of all rural Afrikaans first-language communities. The results therefore cannot be generalised to all Afrikaans first language speakers. Lastly, the FRAS also uses self-report information and is required to be completed by one family member and might not be representative of the entire families' perspective of their resilience.

During analysis, it became clear that the FRAS requires further exploration using different approaches such as both qualitative and quantitative techniques. This was outside of the scope of this study and could not be approached however should be further investigated at a later stage.

Conflicts of interest

The authors declare no conflicts of interest.

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CHAPTER 5

Exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological study design

5.1 Introduction

The first objective of this research study is *to identify and explore the perceived needs of the family from a family resilience perspective*. By assessing the family resilience needs quantitatively, on a large scale, as well as exploring those findings qualitatively, I was able to formulate tentative outcomes for the programme in collaboration with community stakeholders. This chapter also fulfils the stage of the intervention mapping design: Defining specific intervention objectives. I present the review and publication process of the article entitled: "*Exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological study design*."

5.2 Current Psychology: A reflection on the submission and review process

This manuscript was originally sent to two different journals. It was rejected from the first journal since the reviewer felt that the manuscript fell out of the journal's scope. It was then sent to another journal who, after one round of revisions, was not satisfied with a descriptive analysis of the quantitative data and so, after seven months from submission to the first revision and re-submission, was rejected. This manuscript was then submitted to *Current Psychology* on the 8 July 2017. *Current Psychology* publishes empirical literature on a range of psychological domains, including social psychology and human development. The journal

has an impact factor of 0.953. This process was very useful in developing the manuscript further since the comments from the reviewers were honest and constructive.

The first correspondence from the journal was on 31 August 2017 with the Editor's decision, requesting a major revision. I then re-submitted, with a table detailing all the changes that were requested and how each one was addressed, on 3 October 2017. The reviewers were believed that the changes were sufficient and so the article was accepted on 18 October 2017 (Appendix I). The article is presented below.

5.3 Article 2: An exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological study design

Isaacs, S., Roman, N.V. & Savahl, S. (2017). An exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological study design. *Current Psychology*. *Doi:* 10.1007s12144-017-9722-5.

Abstract

The aim of the study is to identify and explore family resilience needs in a rural community in the West Coast region of South Africa. An explanatory mixed methodological sequential design was implemented. Firstly, Sixbey's (2005) Family Resilience Assessment Scale, was employed to conduct the quantitative assessment via a door-to-door sample of convenience identified with the assistance of a local non-governmental organisation. Of the 656 participants, 39.8% were male and 60.2% were female, with an average age of 37.90 years (standard deviation 13.92). Secondly, four focus groups involving 27 community participants provided qualitative data. Results from the quantitative assessment show that *family connectedness and utilising social and economic resources* were the lowest scoring, and *belief systems* the highest scoring, dimensions in family resilience. Based on the quantitative findings and the discussions, three thematic categories emerged: *community and family challenges*; *community belief systems*; and *current family functioning and organisational patterns*. A number of families and groups within the community were able to provide feedback, recommendations and work collaboratively in this study. This contributed to the argument we make for the transformative mixed methods paradigm that is discussed. This study provides further insight into the theory of family resilience.

Keywords: Family resilience; Family resilience needs assessment; explanatory mixed methodological sequential design; family organisational patterns; belief systems; transformative mixed methods.

Background The family is regarded as the core structure in developing healthy childhood outcomes (Schrodt & Ledbetter, 2007). Nevertheless, these outcomes can be negatively influenced by exposure to different kinds of adversity the family can experience (Walsh, 2003, 2006, 2012, 2016) such as divorce, crime, violence, physical and mental illness, unemployment and poverty (Lietz, 2015; Torres Fernandez, Schwartz, Chun & Dickson, 2015). Such exposure can have a severe effect on the stability of family life (Blair & Raver, 2012). However, these kinds of adversity may not necessarily contribute to family depredation; a sense of familial connectedness and wellbeing may on occasion be engendered *as a result of* adversity (Walsh, 2016). The ability not only to withstand but also to rebound from adversity is a characteristic of family resilience (Walsh, 2003). A family resilience perspective enhances our understanding of family functioning and is viewed as being nested within varying structures over time, in the context of adversity (Black & Lobo, 2008; Walsh, 2012).

The complexity of family dynamics can be seen in each family's unique structure, available resources and context (Dimech, 2014). Together, these various structures, traits, resources and contexts function as a system that is unique to each family, affecting and influencing other systems within which the members live. When a family experiences resource constraints (such as financial and social means, communication, problem-solving skills, connectedness etc.) to function, their focus may tend to fall more on daily survival rather than the growth or development of the family (Walsh, 2016). However, theoretically and empirically, it has been posited that the risk of this happening can be moderated by good relationships within the family of origin (Sobolewski & Amato, 2005; Walsh, 2006). For example, Sobolewski and Amato (2005) assessed the emotional wellbeing of children who experience prolonged exposure to economic hardship, by means of a longitudinal method.

Their findings showed that economic hardship in the family of origin predicted marital discord and weaker parent-child relationships as well as making it more challenging to improve socio-economic stability. Prolonged low economic status was also shown to be particularly negative for adolescents, as their potentially adversely affected development has repercussions for their future families (Sobolewski & Amato, 2005).

An example of a country with a history of prolonged low socio-economic stability for the majority of families and continue to face the effects of disparities is that of South Africa (Holborn & Eddy, 2011; Poverty Trends in South Africa, 2017). A far-reaching effect of apartheid in South Africa was the role that this policy played in engendering extreme disparity in socio-economic status and resources (Cornish-Jenkins, 2016). Poverty Trends in South Africa (2017) reports that although poverty declined between 2006 (66.6%) and 2011 (53.2%), it has increased to 55.5% in 2015. Poverty has increased across all provinces, with the exception of Mpumalanga whose average consistently decreased between 2006 from 75% to 59.3% in 2015.

According to Casale, Lane, Sello, Kuo and Cluver (2013), the highest levels of material and social deprivation indices tend to be more apparent in rural than in metropolitan areas. The Poverty Trends in South Africa report (2017) showed the poverty gap between poorer people in rural versus urban areas in South Africa is significantly different. Whereas the poverty headcount in urban areas was 40.6% in 2015, the percentage in rural areas was 81.3%. Institutionalised racism and inequality has impeded the opportunities for disadvantaged people to accumulate capital (Narayan & Mahajan, 2013). The unequal distribution of capital is especially prevalent in various communities across the country (Morris, Grimmer-Somers, Louw & Sullivan, 2012). The effects of concentrated poverty in

these rural communities enhance their vulnerability to risks such as crime, violence, disease and limited access to social and economic networks (Philip, Tsedu & Zwane, 2014), and cause stresses and strains upon the roles within families (Coley & Lombardi, 2014; Perkins, Finegood & Swain, 2013). For example, the inability to fulfil a wage-earning function as a result of unemployment and scarcity of employment opportunities can cause distress among caregivers (such as anxiety about the family's financial obligations). This situation has led to many 'skip-generation' – in which grandparents and grandchildren live in one household (Das & Zimmer, 2015) – or single-parent households, as one or more caregivers are compelled to leave their homes to seek employment elsewhere in the country. This may also lead to inadequate, inconsistent or ineffective nurturing of children; poor control over children's behaviour; and lack of warmth and support from parents or primary caregivers (Ahmed, 2005; Banovcinova, Levicka & Veres, 2014).

Still, it should be noted that even under difficult conditions the family can create the safest environment for its members' survival and can be described as the basic unit of a functioning society (Banovcinova & Levicka, 2015). Given the importance of family functioning to the wellbeing of all members of the family unit (der Kinderen & Greeff, 2003), it is important to focus on a family's strengths so that it is possible to understand how adversities can be faced, overcome and turned around (Seccombe, 2002). Family resilience is defined as the ability of a family to address and overcome challenges they experience. (Walsh, 2016). Resilience processes can enable transformation and foster empowerment (Vermeulen & Greeff, 2015). This raises the question of whether or not each family has its own resilience threshold and with that prompted us to ask, is it possible to measure a family's resilience levels regardless of its circumstances?

Conceptual framework

Families display resilience when they function optimally in three broad categories: shared belief systems, effective communication, and organisational patterns (Walsh, 2003). Our *belief systems* influence our actions; and the consequences of those actions often serve to concretise further those beliefs (Walsh, 2006). Belief systems include, but are not limited to, a family's ability to maintain a positive outlook, make meaning of their adversities (Black, Santanello & Rubenstein, 2014), and possess transcendental beliefs and spirituality (Walsh, 2012). Shannon, Oaks, Scheers, Richardson and Stills (2013) also state that religion and spiritual beliefs can moderate the effects of adversity such as exposure to violence. They found that daily religious and spiritual practices and beliefs can protect adolescents from the negative effects of exposure to violence, and they support the use of spirituality by therapists in psychotherapy, especially when it is an important part of their clients' beliefs. Belief systems can also include the family's locus of control, i.e. their idea of causality or who is to be 'blamed' for a current event. Deep social, cultural and emotional roots anchor a family's beliefs (Walsh, 2006). Greef and Loubser (2008) explored various dimensions of spirituality in promoting family resilience in Xhosa-speaking people in South Africa. Further, religion and spirituality, as practised by their participants in ways such as prayer, belief in God's plan, and participating in religious activities, can be a protective and recovery-conducive resource, and should be accessed in times of crises. They further found that participants experienced transformation during times of crises, and attributed much of the transformation to their belief systems. Family beliefs are therefore important when considering family resilience. However, it is important to be cautious in assuming that all members will automatically share the same beliefs (Walsh, 2006), as there may be dissonances in the practices within larger families and what individual members believe to be valid (Brelsford & Mahoney, 2008).

Communication is an essential aspect of family functioning (Bandura, Caprara, Barbaranelli, Regalia & Scabini, 2011; Banovcinova & Levicka, 2015). Samek and Reuter (2011) note that when families converse and try to achieve a shared reality, an overall family connectedness ensue. The effects of poor communication skills and their importance in family functioning and relationship building are well-documented (Liermann & Norton, 2016) and further compounded in families afflicted by economic instability (Banovcinova & Levicka, 2015). Jonker and Greeff (2009) aimed to identify the family resilience factors present in a sample of South African participants who care for a family member suffering from mental illness. The authors found supportive communication was an important factor in encouraging family connectedness. Liermann and Norton (2016) confirm that including families in treatment programmes, especially when focus is given to family communication, leads to increased empathy and understanding and better family functioning, which further confirms the importance of good communication in families.

A family's organisational patterns further contribute to its functioning. *Organisational patterns* are stipulated by the leader of the family unit who enforces rules and provides structure as well as what Walsh (2006) refers to as a 'holding' or 'containing' environment for children. This dimension of family resilience encompasses a family's organisational flexibility, feelings of connectedness and their ability to utilise their available social and economic resources (Walsh, 2003). Organisational patterns also refer to the flexibility of the family structure, the roles that each member plays within that structure, rules and accompanying rituals (Walsh, 2006). Rituals and regular family activities also comprise a symbolic form of communication (Banovcinova & Levicka, 2015), consolidating family interactions and connectedness. They support family communication and transfer values

between family members (Miglorini, Rania, Tassara & Cardinali, 2016). Crises such as parental divorce, death or unemployment often bring about change in routines and regular patterns. It is during crises that a family is able to provide a safe environment, which can lessen feelings of isolation or abandonment and increase connectedness for its members. Mayberry, Shinn, Benton and Wise (2014) found that ensuring the continuation of routines and other family organisational activities created stable and predictable environments for children, even in the context of homelessness. Families can experience marginalisation on different levels: social, cultural and economic. When, for example, national policies do not take into account family wellbeing, major economic downturns can lead to isolation or marginalisation of the family (Seccombe, 2002). Mobilising social and economic resources that families have access to can enhance family functioning (Sobolewski & Amato, 2005).

Healthcare practitioners can have an important role to play in assisting families in gaining access to resources. However, it cannot fall solely upon healthcare practitioners and other professionals to mobilise these resources. There are resources and structures that only officials and policymakers can effectively address. Therefore, from a family resilience perspective, it is also necessary to consider the existing barriers to developing family strengths (Walsh, 2016).

In order to address the aim of the study, given the conceptual framework, we noted that when exploring family resilience, a single methodological technique (such as a questionnaire or interview only) might not be a sufficiently comprehensive approach. A mixed-method technique may be more appropriate, especially since in a family resilience assessment as family processes cannot be adequately described if measured in one way only (DeHaan, Hawley & Deal, 2015). Therefore, an explanatory mixed methodological sequential design was implemented for this study. Although the study is not classified as longitudinal, it

aims to explore the quantitative findings in somewhat more depth by adding a qualitative dimension. Accordingly, the aim of the present study was to identify and explore the resilience needs of families living in a low-income/disadvantaged rural community in the West Coast region of South Africa.

Method

Research design

An explanatory mixed methodological sequential design was implemented for this study. According to Ivankova, Cresswell and Stick (2006), this design has two distinct and sequential phases. As discussed, Walsh's (2006; 2016) framework of family resilience compromises three major psychological dimensions with differing and nuanced family and wider community-level processes. In order to identify the 'needs' of families, the Family Resilience Assessment Scale (FRAS) was administered to family members across the community. The information, collected and analysed, provided a general understanding of the research problem, in this case, the family resilience needs and so informed the second, qualitative stage which builds upon the first (Ivankova et al., 2006). Therefore, the results of the quantitative phase provided the basis for the discussions in the qualitative phase. The qualitative stage ('Phase 2: Qualitative Assessment') was necessary in understanding the 'community definitions' (Wood, 2016, p.1) of the family resilience dimensions found to be problematic, but the researcher was also able to gain further input on the research process; thus also ensuring space for adequate reflection through the process (Wood, 2016). The first author had open and continuous dialogue between the co-authors, the NGO and its participants.

Windsor (2013) argues that involving community stakeholders in research studies furthers the development of interventions and services. The director and staff of the NGO and the primary author worked in close collaboration since the project's conceptualisation. The NGO provides social services to the community, such as weekly narcotics anonymous groups, family support groups and individual therapy sessions. The NGO employs social workers, counsellors and community development workers, all of whom assisted in administering the questionnaires across the community.

Research context

The community in which the study was located is an under-researched, low-income and poorly resourced rural community located approximately 250 kilometres north of Cape Town, South Africa. The population of the area is comprised of 6,120 individuals and Afrikaans is the predominant language spoken (Statistics South Africa, 2012). Fishing and agriculture are the main industries and source of employment. However, owing to a decline in these activities, companies employ local community members on a contract rather than a permanent basis (Cederberg Municipality, 2015). The selection of this area was based on a few reasons. The researchers have a long-standing relationship (approximately eight years) with the community and often conduct outreach programmes for student service-learning. Given this affiliation, as well as the mandate by the Department of Social Development in the White Paper on Families (2013).

The following section continues with a discussion of the data collection procedures. The first phase, the quantitative assessment, required a sample of at least 10% of the population of the community in order to examine the different family resilience processes present in the sample. After analysis, the second phase of the study required a sample of

community stakeholders and other members in order to explore the quantitative results more in depth.

Phase 1: Quantitative assessment

Participants

A convenience sampling method was implemented in the recruitment of participants. The data were collected by means of the door-to-door method with the assistance of fieldworkers. Fieldworkers (who received training on research, ethics and data collection) were requested to approach at least every second house across the entire community. The fieldworkers were volunteers who are associated with the NGO and live within the community. The majority of the participants (N=656) were female (n=60.2%) and had a mean age of 37.90 years (*SD*=13.92) (Table 2). One adult member from each home was selected to participate. Participants were selected based on their availability during the day and willingness to participate when approached. Although 51.8% of the sample had completed secondary schooling, a large proportion (32.8%) had not completed any secondary education at all.

Table 1: Demographic information of quantitative sample.

	n	%
Gender		
Male	256	39.8
Female	388	60.2
Race		
Coloured	528	82.4
Black-African	6	0.9
White	104	16.2
Mixed race	3	0.5
Language		
Afrikaans	624	97
English	2	0.3
isiXhosa	4	0.6
Bilingual	9	1.4
Multilingual	4	0.6
Education		
Primary	202	32.8

Secondary	319	51.8
Tertiary	95	15.4
Employment		
Employed	417	65.9
Unemployed	216	34.1
Family Position		
Mother	223	34
Child	181	27.6
Father	116	17.7
Aunt	12	1.8
Grandmother	8	1.2
Uncle	6	0.9
Grandfather	4	0.6

Table 2: Age & Income (in Rands).

	Lowest	**Highest**	***M***	***SD***
Age	18	80	37.90	13.92
Monthly income	0	40000	3910.35	5506.7

M=mean; *SD*=standard deviation.

The participants' monthly income is summarised in Table 2 and was quite disproportionate. Some participants earned as much as R40 000 per month whilst many did not receive any income (*M*=3910.35; *SD*=5506.7). This type of financial disparity, although not surprising for a rural community, is still concerning. The disparity between higher income verses the majority lower-income members of such a small community can cause much resentment. This is discussed in more detail below in the qualitative focus groups. Some are able to achieve adequate employment which provides a liveable income, however most of this sample (and the community) experience financial instability and stress daily because they cannot gain employment.

Measures

The questionnaire administered to participants consisted of a demographic section and the Family Resilience Assessment Scale (FRAS). The FRAS was developed by Sixbey (2005)

using Walsh's (2003; 2006; 2016) theory of family resilience. The FRAS is a 54-item scale designed to measure six dimensions of family resilience: (1) family communication and problem-solving; (2) utilisation of social and economic resources; (3) ability to make meaning of adversity; (4) family connectedness; (5) maintaining a positive outlook, and (6) family spirituality. According to Sixbey (2005), the FRAS total has an internal consistency alpha of 0.96 with these subscales ranging from 0.7–0.96. Plumb (2011) further asserts that the FRAS has demonstrated good concurrent criterion validity with the following scales, namely: the Family Assessment Device 1 (FAD, r = 0.91), FAD 2 (r=0.85) as well as the Personal Meaning Index (r = 0.85) (Kaya & Arici, 2012).

The FRAS was translated and adapted for use in the research context and was termed the Family Resilience Assessment Scale – Afrikaans Version (FRAS-AV). The adaptation, validation process and outcomes for use in the current study's context are reported elsewhere (see Isaacs, Roman, Savahl & Sui, 2017).

Consistent with other adaptation and validation studies of the FRAS (Dimech, 2014; Kaya & Arici, 2012) the overall reliability for the scale, in the current study, demonstrated excellent internal consistency (α=0.97) for use in the kind of community we studied. The subscales alphas ranged from 0.38-0.97. However, an analysis of the six subscales showed a low alpha for the subscale for family connectedness (α=0.38). Four of the items on this six-item scale required reverse scoring. When 'non-reversed', the alpha increases to 0.70. Plumb (2011) states that low reliability can be attributed to the majority of the items of the scale requiring reverse-scoring. Carlson et al. (2012) also found that reverse-scored items might place pressure on respondents cognitively and could lead to less internally consistent items.

Procedures

Fieldworkers, identified by the local non-governmental organisation (NGO) and trained by the primary author, administered the questionnaire using a convenience sampling method and door-to-door contact across the community (*N*=656). The completed questionnaires were securely stored. Once the data were coded, captured and cleaned, they were stored on a password-controlled computer. Data were analysed using the Statistical Package for the Social Sciences v23. The study was exploratory in nature, and therefore descriptive statistics in the form of frequencies and means were computed. Once the quantitative data were analysed and results were confirmed, the qualitative phase was initiated.

Phase 2: Qualitative assessment

Participants

Four focus group were conducted with community members from distinct participant groups (Ivankova et al. 2006). The selection of the participant groups were made on the guidance and with the assistance of the NGO and represent a non-probability convenience sampling method. The majority of these participants had previously completed the FRAS-AV and so could provide valuable input. The staff of the NGO believed that, because of their involvement in the community, they would not only provide valuable input, but also become familiar with and feel more invested in the outcomes of the study. One group comprised five school teachers (T), another group was of 12 religious leaders (RL), a third group comprised 5 staff members of the NGO (RI), and the fourth group was of 5 family members who volunteer at times for the NGO (FM). There were 27 participants in the focus groups, whose mean age was 47.33 years (*SD*=13.04). The youngest participant was 22 and the oldest 67 years old.

Data collection and Procedures

The primary author conducted the focus groups with the assistance of a co-facilitator at the NGO, the school and the local municipality building. Discussions were conducted in Afrikaans and lasted about 45 minutes. The co-facilitator transcribed the focus groups verbatim and this was reviewed and confirmed by the primary author. The focus group data were analysed using Braun and Clarke's (2006) thematic analysis in Afrikaans. The excerpts were translated into English for the purposes of the present article.

Ethics

The research study received ethical approval from the research ethics committee of the university (ref. 4/19/14). The researcher also received permission from the developer of the FRAS in order to conduct use the instrument. Informed consent was explained and obtained at several stages from the parties involved: the NGO, fieldworkers before their training, and participants in both the quantitative and qualitative phases. The issue of confidentiality was especially important to ensure as the NGO was involved in most of the participant recruitments. Therefore, no potential participant would be discriminated against should they have chosen to not participate or remove themselves from the research process. Further, the NGO was the point of referral for any participant or fieldworker who felt that they were in need of further assistance. For example, if any participant felt discomfort as a result of the questionnaire, the fieldworkers would refer them for the appropriate service.

Results

The results are presented in accordance with the phases of the research design. In other words, the results are presented as the data was collected and analysed: Firstly, the quantitative results are shown (phase 1) and then the qualitative results are described (phase

2) and secondly; a discussion follows with a combined narrative of both the quantitative and qualitative results.

Phase 1 – quantitative results

Table summary

Table 3 presents an analysis of the adversities that the participant sample had experienced in the previous five years. Table 4 is a means analysis of family resilience dimensions. Tables 5–9 comprise further means analysis of each of the family resilience dimension's items.

Table 3: Adversities experienced in the previous 5 years.

Type of adversity	*n*	%
Death of a loved one	148	43.7
Unemployment	81	23.9
Financial uncertainty	75	22.1
Illness of a loved one	29	8.6
Divorce	4	1.2
Other	1	0.3

Table 3 identifies a range of crises families experienced within the previous five years. It would appear that the death of a loved one (*n*=148) was the most prominent adverse experience within this sample. However, if one views unemployment and financial uncertainty as similar thematic concepts, it seems that economic instability was the most common crisis experienced. Some participants indicated that they would be unemployed within a month of completing the questionnaire. Given the scarcity of employment opportunities, it would be reasonable to view them as practically similar.

Table 4: Family resilience means analysis per dimension.

Dimension	*M*	*SD*
Family communication and problem solving	3.22	0.49
Utilising social and economic resources	2.85	0.66
Maintaining a positive outlook	3.22	0.50
Family connectedness	2.64	0.43
Family spirituality	3.40	0.59
Ability to make meaning of adversity	3.39	0.50
Family resilience (overall mean)	3.14	0.41

The means analysis in Table 4 shows the scores of the family resilience dimensions. *Family connectedness* has the lowest scoring mean (*M*=2.64; *SD*=0.43), followed by *utilising social and economic resources* (*M*=2.85; *SD*=0.66). Although the convention is to round up figures, these data do not depict a very high level of resilience. Tables 5–9 illustrate the mean breakdown for all six dimensions, with items closer to 4 indicating a higher level of resilience.

Table 5: Family communication and problem solving.

Family communication and problem solving	*n*	*M*	*SD*
Our family structure is flexible to deal with the unexpected.	648	3.25	0.654
We all have input into major family decisions.	653	3.17	0.726
We are able to work through pain and come to an understanding.	650	3.25	0.623
We are adaptable to demands placed on us as a family.	652	3.23	0.665
We are open to new ways of doing things.	650	3.22	0.67
We are understood by other family members.	649	3.02	0.799
We can ask for clarification if we do not understand each other.	652	3.18	0.711
We can be honest and direct with each other in our family.	649	3.23	0.724
We can blow off steam at home without upsetting someone.	641	2.96	0.835
We can compromise when problems come up.	653	3.16	0.691
We can deal with family differences in accepting a loss.	649	3.24	0.624
We can question the meaning behind messages in our family.	652	3.1	0.71
We can talk about the way we communicate in our family.	651	3.24	0.688
We can work through difficulties as a family.	655	3.28	0.609
We consult with each other about decisions.	655	3.18	0.728
We define problems positively to solve them.	654	3.25	0.632
We discuss problems and feel good about the solutions.	655	3.16	0.697
We discuss things until we reach a resolution.	652	3.11	0.71
We feel free to express our opinions.	648	3.19	0.684
We feel good giving time and energy to our family.	652	3.35	0.614
We learn from each other's mistakes.	648	3.33	0.617
We mean what we say to each other in our family.	652	3.15	0.754
We share responsibility in the family.	651	3.2	0.7
We tell each other how much we care for one another.	652	3.25	0.697
We try new ways of working with problems.	652	3.28	0.641
We understand communication from other family members.	652	3.2	0.683
We work to make sure family members are not emotionally or physically hurt.	649	3.4	0.635

Participants were mostly in agreement with the item dimensions of *family communication and problem solving*. In no instance did participants mostly disagree with any

of the items, indicating an 'agreeable' level of being able to solve problems and communicate effectively. However, the two items with the closest ratio of Disagree to Agree were 'We are understood by family members.' and 'We can blow off steam at home without upsetting someone.' We can surmise that not all family members would feel comfortable being able to express their daily frustrations in the family.

Table 6: Utilising social and economic resources.

Utilising social and economic resources	*n*	*M*	*SD*
We ask neighbours for help and assistance.	649	2.8	0.917
We can depend upon people in this community.	653	2.87	0.889
We feel people in this community are willing to help in an emergency.	649	2.86	0.912
We feel secure living in this community.	643	2.83	0.971
We know there is community help if there is trouble.	648	2.89	0.878
We know we are important to our friends.	652	3.17	0.746
We receive gifts and favours from neighbours.	650	2.68	0.936
We think this is a good community to raise children.	651	2.81	1.002

Utilising social and economic resources encompasses a range of item dimensions. It refers to the relationships among friends, neighbours and the community at large. The sample was almost split in their perceptions regarding the dimensions of social and economic resources. The lower-scoring mean items were 'We receive gifts and favours from neighbours.' and 'We ask neighbours for help and assistance.' Perspectives on neighbours and other community members is further explored and explained on in the qualitative results and discussion.

Table 7: Maintaining a positive outlook.

Maintaining a positive outlook	*n*	*M*	*SD*
We believe we can handle our problems.	646	3.26	0.601
We can solve major problems.	651	3.12	0.753
We can survive if another problem comes up.	653	3.25	0.581
We feel we are strong in facing big problems.	649	3.1	0.756
We have the strength to solve our problems.	646	3.24	0.643
We trust things will work out even in difficult times.	645	3.36	0.581

A possible strength of the community appears to be its ability to maintain a reasonably positive outlook. Very few participants believed that they were not able to see their problems through. Maintaining a positive outlook is also a function of their higher belief systems.

Table 8: Family connectedness.

Family connectedness	*n*	*M*	*SD*
Our friends value us and who we are.	649	3.2	0.725
We show love and affection for family members.	651	3.33	0.67
We feel taken for granted by family members.*	650	2.65	0.942
We keep our feelings to ourselves.*	652	2.74	0.886
We seldom listen to family members' concerns or problems.*	650	2.73	0.892
We think we should not get too involved with people in this community.*	648	2.57	0.89

*Indicates negatively phrased items.

Table 8 further informs the understanding of the mean score presented in Table 4. There is not much agreement regarding being 'too involved' with others in their community. An item frequency analysis (Table 8a, below) shows that there is almost a 50/50 split between those who (strongly) agree and (strongly) disagree with feeling taken for granted, keeping their feelings to themselves, listening to the concerns of others, and not getting too involved with those in the community. However, participants did believe that they shared love and affection for those in their family.

Table 8a: Family connectedness: frequencies	Strongly agree	Agree	Disagree	Strongly disagree
Our friends value us and who we are.	244	297	103	5
We show love and affection for family members.	274	331	32	14
We feel taken for granted by family members.*	140	216	220	74
We keep our feelings to ourselves.*	142	246	214	50
We seldom listen to family members' concerns or problems.*	144	237	219	50
We think we should not get too involved with people in this community.*	117	194	277	60

*{Indicates reversed item scoring

Table 9: Family spirituality and ability to make meaning of adversity.

Family spirituality	*n*	*M*	*SD*
We attend church/synagogue/mosque services.	649	3.43	0.717
We have faith in a supreme being.	643	3.58	0.573
We participate in church activities.	654	3.3	0.788
We seek advice from religious advisors.	653	3.27	0.839
Ability to make meaning of adversity.			
The things we do for each other make us feel part of the family.	652	3.35	0.637
We accept stressful events as a part of life.	653	3.35	0.674
We accept that problems occur unexpectedly.	652	3.45	0.539

Family spirituality and the ability to make meaning of adversity (Table 9) have the highest scoring items. These community members appear to be able to find meaning in challenges or crises. There is a common belief that there exists a supreme being and participants further accept to some degree that problems occur unexpectedly. These descriptions were explored in more depth in the focus groups.

Phase 2 – qualitative results

This study adopted a mixed methods design. As such, the first point of method 'mixing' is the stage at which the results of the quantitative analysis become the basis for the formulation of the research questions in the qualitative phase, and is known as the intermediate stage (Ivankova et al. 2006). Ungar (2010) notes that the (mixed) method of both honouring differences and identifying commonalities works best when allowance is made for an analysis of the relative discursive power of those who decide what words such as 'family resilience' and 'well-being' could mean to different populations. The current section explores those meanings for such community members.

The semi-structured focus group discussion guide was constructed in order to gauge a deeper understanding of the concepts of the quantitative results (such as the low scores for utilising social and economic resources, family connectedness and high scores for family spirituality) as well as illuminate them with contextualised experiences. The focus groups were structured

in the following way. First, participants were asked to provide their experience of completing the questionnaire; second, after a brief presentation of the results, they were asked to reflect on the results and provide their opinions and insights (based on their experience in the community); finally, they were also asked to reflect on their own family life and the larger community. The results were presented to the focus groups, as it is above, with a more simplistic explanation of the tables. We provided an opportunity for participants to understand the quantitative results so that they could provide their insights from an informed perspective. Three major thematic categories were identified from the focus groups: *community and family challenges*; *community belief systems;* and *current family functioning and organisational patterns.*

Community and family challenges

There was a belief that family life, as well as the ability to provide for the family and function optimally, had become more challenging. They were referring to the perception that looking back to when they were younger, family life seemed less complex and more stable. Participants specifically referred to fears about safety for themselves and, more importantly, their children. Further problems identified in the community as hindrances to family life were substance use, crime and a general distrust of others. This theme especially illuminates the nuances of *what* problems these families can be experiencing (as indicated in the results above), as well as contextual factors which can compound them. These issues are indicated in the excerpts below (the relevant participant's group affiliation[1] follow in parentheses):

[1] FM: family members; RI: NGO; RL: Religious leaders

[2] R20: the currency in South Africa is measured in Rands. This will afford you a loaf of bread.

The questionnaire showed me that [the community] is not a safe place to raise children. I looked around because crystal meth is taking over [the community], and in today's time, I can't send my child to the shop with a R20[2] *and expect them to come home. (FM)*

I've also recently been a victim of crime… when my eldest daughter and my son's shoes were drying on the washing line. So they've stolen two pairs of shoes and they were not cheap. (FM)

The participants were open in terms of their experience of completing the questionnaire as well as how it started to make them think about their community and fellow neighbours. Participants also discussed the degree of trust, or lack thereof, between neighbours and the larger community which could explain the low scoring of *Utilising social and economic resources* and *Family connectedness* on the quantitative scales. One of the factors (among substance use and crime concerns) contributing to distrust was thought to be jealousy.

What I've also realised in this community is that people do not trust each other. I almost get the feeling that one person does not want the other to succeed. They don't want anyone else to have anything. (RI)

We call it the crayfish mentality… when you catch crayfish in a net, they usually try to get out. Usually the crayfish at the bottom pull the crayfish at the top down. Instead of helping each other, they keep each other in the net. (RI)

More than jealousy, this 'crayfish mentality' or loss of community connectedness, can also be attributed to larger structural issues such as the lack of employment opportunities, and the unavailability of resources.

Lack of resources

One of the findings among the quantitative results was a perception of a low sense of social and economic resources; this was also expressed as some examples of the challenges experienced by families in this community in the focus group discussions:

> *We have a problem with low-income housing … everyone lives in one room … so many of our children come to school hungry … a lot of them are in the feeding scheme and it is the only way they are able to eat. (T)*

> *The children need counselling, here is too little. One person is too few. Here are too many children that need counselling. At the end of the day, you refer a lot of children and only two can be seen to, for example ... the others cannot be seen. That child once again feels as though someone has disappointed them … 'I want to talk' and now suddenly the person isn't there. (T)*

> *There is no economy, no economy, here are no employment opportunities … here is nothing going on … what are our children going to do? (RL)*

According to these participants, these are adversities experienced almost daily and are compounded by the lack of resources available and poor infrastructure to support or overcome these adversities.

Parenting

Participants also discussed other challenges they experience in the community, especially in terms of poor communication and parenting. All participants described various problems that they believed children experience at home, such as there being little communication and strained relationships with their parents, as the reason why children are aggressive, lie and steal at school.

Inside our homes, I believe that the majority of our parents do not know how to communicate with their children in the right way. We experience the aggression that is displayed at home, we experience it here at school. (T)

One can pick up very quickly how parents communicate with their children at home… Our children do not know how to talk, and to talk to their mothers like that is normal – because that's what is happening at home – they grow up like that. (T)

Participants believed that good and effective forms of communication would improve family life; however, they also shared their perceptions that this is not practiced at home, which was problematic for them as there was a widespread belief that such things 'start at home'. This was also discussed in reference to the quantitative finding of '*family communication and problem solving'*.

I voluntarily work with the children – share with the children. I ask them about their relationship with their mother at home. Many of our children say they do not have a relationship…people don't always want to be talked to by this group – by outsiders – then they say you are interfering… 'Leave us alone, we will sort out our own problems.' (RL)

There is a small boy who lives on my street. I asked him why he's not at crèche. Yesterday morning, he came to me and I don't know…he's only four years old. He is, at this very moment, walking around. Mother is at work. The sister is at home. They're not at school anymore because exams are finished. But during the day, half of the day he's alone. Grandmother is there but not always mentally present.(FM)

The excerpt above refers to grandparents and the role they play in this community. Skip-generation households are common in this community. Although the number of skip-generation households are increasing (Das & Zimmer, 2015), grandparents are not always

successful in meeting the needs of children as primary caregivers (Shin, Choi, Kim & Kim, 2010); this could be the result of advanced age, illness and/or not having the financial means to support their families if they are retired. Additionally, urban households tend to be better able to meet family financial needs than those skip-generation households in rural areas (Das & Zimmer, 2015).

Perspectives on current family organisational patterns

Walsh (2012) asserts that the family's reactions to challenges enable the family unit either to rally or to fall apart. Engaging in processes, which can strengthen the family during such times, is vital to increasing family resilience. Perspectives on how families currently connect or disconnect from each other and the community are explained in this theme. This is aligned to those findings in the quantitative results, particularly *utilising social and economic resources* and the larger theoretical dimension of *family organisation patterns* (Walsh, 2016). These strategies range from recognising the position of differing family roles, having monthly family meetings (which improve communication) and a strong belief in a higher spiritual power. Some participants identified themselves as the 'fixer' – the family fixer, the individual who takes the leadership role in a situation.

> *By us, mummy sorts everything out. Mummy makes everything right. We sit behind and watch. (RI)*

> *I can only speak of my own context. I was groomed to be the fixer for years and when I got married my brother took on the responsibility. It didn't last very long and then I was drawn in again. I don't know what will happen if there is no fixer. If I didn't live so close or I wasn't in town perhaps then he would've stepped up as fixer. I think it's*

just how we are made – there has to be one in the family, one who acts as the fixer and takes the lead and gives guidance on how the situation should be handled. (RI)

Based on the descriptions in the above excerpts, participants seemed intuitively aware of each member's role within the family unit, especially recognising the various personalities/roles in a crisis. Theoretically, this recognition is an important component of the family's organisational patterns. Participants referred to a position of 'fixer' both within and outside the home.

There needs to be a 'cool head'. Everyone going through the crisis will go through a phase of shock but there must be someone who is 'cool' in the crisis. And when you get home, you take it out on your wife. But you need that one or two people who, in any given situation, acts as the fixer or leader. And it places a terrible amount of stress on that person and his home family. (RI)

However, awareness of these roles, rules and rituals alone is not enough. Having astute organisational patterns alone is not enough to be able to weather adversity.

With us, it depends on what or who the problem is. But we will all sit and talk but it will depend on what the crisis is." (RI) Each month we have a family meeting in planning for the month. How can we make it better? How can we change it? (FM)

It is evident that some families are able to create effective organisational patterns using communication as a tool. Their meetings encourage open and honest communication among family members.

Community belief systems

Within the quantitative results, there was an indication that families' belief systems within the community were strong. There was a strong belief in a 'higher power', participation in religious rituals and modelling behaviour based on predominantly Christian teachings within the church. These spiritual beliefs form part of families' daily functioning and possibly help to make meaning of their adversities and maintain a positive outlook, as indicated below:

> *I'm thinking now… at one stage in my family, about two years ago… I got to the point that… it was after my mother's death. Then things came out and there were things said to me. My mother stayed by me. She had cancer. And so I started hearing that I never looked after her well enough. So I decided, after my mother's funeral, they can go. I don't need them. That's how I felt – my fiancé and two children are my family now. I cut myself off from everyone. I didn't have a mother. I didn't have a father. I had sisters and uncles and aunties and that. I decided, 'Look at how they treated you – they are not part of me'. I have now a 'home family' and the people around me. So we were and that was my family. And then my sister starting calling. I thought, 'Why are you calling?' and then one day I thought, 'Oh well, [expletive] man! They are family and we need each other. We are sisters and if there is an emergency or if there's death, what happens then?' And I thought then I'd make a* change. *I started thinking that was right. I was guilty as well. I mean, whether I asked for forgiveness or what. I thought, 'No man, that is my blessing.' The Lord was hurt even more than I was. And the Lord forgave. And I forgave them. They are family. (FM)*

Although there was confirmation that belief systems would score higher than any other family resilience dimension, many participants believe that the picture was incomplete. For example, if one considers some of the concerns raised above under *perceptions of*

community and family challenges, it would be incorrect to assume that religious beliefs are automatically transferred within families under all circumstances.

Some participants took the view that religious and spiritual beliefs were far too exalted and at times used as a crutch, while others made an argument for the lack of other vital processes such as communication, facing and dealing with their emotions, as well as good role models.

> *Like in my substance abuse field, the church people will say that they don't believe in a rehab programme. You have to be converted… and then you really sit with a problem. (RI)*
>
> *You expect people to be angry but then they'll say, 'No, it is God's will'. It makes one a bit disheartened, you know? (RI)*
>
> *I mean, if you just listen to what's been said about communication and emotions openly express and problem solving and consistent messages… in my opinion, I'd say that before you even consider the organisational patterns, the communication should be addressed well… the focus cannot be on organisational alone. (RI)*

Participants were also expressive in terms of their beliefs of good family functioning. They identified communication as being at the heart of some of the family organisational problems experienced. Participants were of the opinion that the concept of communication should also be a considered 'need' of families in the community.

Discussion

As Walsh (2006) has explained, 'The major problems of families today largely reflect difficulties in adaptation to the social and economic upheavals of recent decades and the

unresponsiveness of larger community and social institutions.' (p. 102). Both the quantitative and qualitative results in the present study highlighted economic instability as one of the most common adversities experienced by families. The socioeconomic environment within the community and the larger country is not conducive to creating sustainable employment opportunities. The community is characterised by high levels of substance use, low education levels and high unemployment rates. Increases in crime have been attributed to high substance use and unemployment rates (Western Cape Safety Report, 2013). Seccombe (2002) and Holborn and Eddy (2011) refer to the term 'economic hardship' as being a debilitating contextual factor in the lives of families. Participants discussed their perspectives on the effects of there not being a growing economy and viable opportunities for young people to obtain employment.

As indicated in the findings, participants believed that social and economic resources were challenging to mobilise, and several reasons were given for this finding. In terms of the quantitative findings, the concept of 'utilising social and economic resources' predominantly focuses on participants' perceptions of their community, and their feelings of safety and security and being able to depend upon neighbours for help. When people contribute within the community, they tend to feel secure and can rely in turn on existing social networks when they need them (Walsh, 2006). During interviews, participants attributed poor social networks within the community to jealousy; a phenomenon they termed the crayfish mentality. This comment is generally regarded as disparaging and offensive. The community in question is known as a fishing community and, as such, the term is apt. This community jealousy can result in less people sharing their achievements. In turn, people did not necessarily feel sufficiently safe and secure to ask for assistance when they needed it, thus hindering their mobilisation of social and economic resources.

The concepts of safety and security were also discussed within the crime and substance abuse problems that this community experiences (Philip et al. 2014). Participants disclosed that opportunities to seek long-term assistance were very limited. Sustainable social resources need to be established, therefore. Walsh (2006) observes that research has repeatedly found that the leading concern of parents is the challenge of balancing work, family life and quality childcare. This finding is also consistent with those of Coley and Lombardi (2014) who also describe the strains on their roles that families experience in maintaining optimal environments for their members.

A need for family connectedness was found in both the quantitative and qualitative results. The questionnaire showed low-scoring items (such as 'We feel taken for granted by family members.' and 'We think we should not get too involved with people in this community.'). The concept of family resilience also presupposes a relational dimension because it involves mutual support, teamwork, respect (of individual needs and differences) and an ability to reconnect or restore broken relationships (Walsh, 2016). For example, in the study by Vermeulen and Greeff (2015), the authors report experiencing families as having a deep connection within their surrounding environment. Moreover, they community-related factors also greatly affected the families' level of resilience.

Within this study, participants shared how perceived problems are addressed in their homes and communities. When a fight or disagreement emerges, family members tend to stop speaking with one another until after they have calmed down, and only then can communicate again. It is within such an example that having leadership in the family is important.

Participants further believed that the 'fixer' (perhaps a parent or other caregiver) played an integral role in the lives of their families. For example, family members who take

on leadership roles and set firm boundaries within the home are also more likely to take on leadership or advocacy roles outside the home (Reynolds et al. 2015). Establishing and reinforcing family boundaries and roles (Walsh, 2006), typically set by a parent or caregiver, is also essential in maintaining connectedness as it further enhances parental authority and family relationships (Mayberry et al. 2014). It would be important to focus on this aspect in a family resilience programme. Similarly, Masten and Monn (2015) also emphasises the significance of family routines/rituals in interventions aimed at strengthening family resilience.

The quantitative and qualitative findings revealed that the participants belong to a very spiritual community, which has a strong belief in prayer, faith and a 'higher power'. Family spirituality revealed the highest mean scores among all other family resilience dimensions on the FRAS. There has been much research devoted to organisational religiosity, which includes the various denominations and public practices such as participation in services and other religious engagements (Greeff & Loubser, 2008; Koerner, Shirai, & Pedroza, 2013). Black et al. (2014) posit that meaning making is an important part of family bonding as well as being an integral part of a family's belief systems (Walsh, 2012). Walsh (2016) extends the understanding of the concept of belief systems as encompassing more than religion and spirituality; it also includes worldviews, attitudes and perceptions of individual family members and the level to which these are similar or dissimilar to those of individual family units (Brelsford & Mahoney, 2008). The community under review practises the Christian religion predominantly, which was evident in the various discussions. During the NGO meetings, however, participants also shared their concerns when referring to community members' spiritual beliefs, as they believed that at times their beliefs deterred them from seeking professional or other community help (Koerner et al. 2013). They were

concerned that over-reliance on one coping strategy (such as the belief that a higher power will resolve all problems) could constrain them from seeking needed and available assistance.

Participants described the poor quality of relationships and lack of communication as pervasive problems in the community. The focus group discussions highlighted the belief that communication was an integral function of the family. This is also in accordance with other South African family resilience literature such as der Kinderen and Greeff (2003), who found communication to be an important positive influence in improving the interdependent family system. Bandura et al. (2011) and Banovcinova and Levicka (2015) confirm that effective communication is essential to the functioning of the family. Liermann and Norton (2016) suggest that improved communication may have greater results in encouraging empathy and understanding from other family members.

The result of the mixed methodological sequential design was particularly useful for the present study. Research has not been conducted in the past on such a large scale in this community, and it was the first time that many community members had an opportunity to reflect and provide input on their perceptions of family life as well as how this information can be used to develop an effective family-based intervention. It was evident in the qualitative group discussions that participants were enthusiastic and encouraged not only by the results of the quantitative phase, but also by the opportunity to provide input and facilitate open discussions on how to begin addressing the issues raised with the various organisations in the community. One of the ways in which these issues would be addressed would be in the form of an intervention designed to strengthen families, based on the needs identified through the research process and continuous input from the community. Based on the findings of the study, the identified family resilience needs were that of family connectedness and the

presence and use of social and economic resources. Through the qualitative phase, communication within the family was also suggested as an important need in the community and should be a consideration for the intervention.

Although the present study did not aim to locate itself within a transformative paradigm, the findings from the qualitative discussions, however, appear to support an argument for transformative mixed methods. Mertens (2007) posits that although there is no typical set of instructions to conduct research within the transformative paradigm, there are dimensions, which may be present, suggesting a transformative approach; such as the initial and continuous consultation with community members. Similarly, the current study values the co-creation of knowledge with community input, and thus the aims and objectives of the larger study (and even data collection methods) are decided upon in continuous dialogue with the NGO. It was encouraging for the researchers to witness and be involved in negotiations around the creation of better working relationships between all stakeholders to be catalysts in the transformation and empowerment of their community and its families.

Limitations & recommendations

The sampling method utilised was a non-probability convenience method for both quantitative and qualitative components of the study. Although the community is small and the fieldworkers had collected information from across the entire community, the results cannot be stated as a representative sample. Future studies could seek to not only investigate these family resilience concepts from a generalizable sample, but also to approach more than one member of the same family. The findings of this study will be used in the process to develop a family resilience strengthening intervention. Through this research approach, we have identified possible intervention objectives and have been able to secure community buy-in in the development and refinement of the intervention.

Conclusion

The present study highlighted the dimensions of family resilience in which families from the reviewed community might struggle. Further, this study also provides depth to the emerging field of family resilience.

First, family connectedness and utilisation of social and economic resources were found to be low-scoring on the quantitative measure. According to Walsh (2016), both family connectedness and utilising social and economic resources are related to the family organisational patterns domain of family resilience. However, participants believed that organisational patterns within the family were not the only challenge within families. Some participants gave accounts of their own experiences where they believed that communication would also need to be addressed in the programme as it is the basis for any resilience fostering.

Second, the highest level of mean scores was found on the family spirituality dimension and was further elaborated on during focus group discussions. Participants spoke of their beliefs and having faith as their hope for change, as well as how their religion is used as a model for their families by which to live. Arguably, these higher belief systems could be an explanation for possibly rigid and assumptive views on family life. For example, a family should not 'reach out' in times of crisis, but should rather believe that all would resolve itself with enough faith. According to Koerner et al. (2016), incorporating religious views is critical when developing contextually sensitive programmes, especially when it is used as a coping strategy for a particular population.

Third, the findings have implications not only for advancing our understanding of family resilience and its processes but also on how to view family resilience assessments and the effects on the sample. For example, although the focus group discussions involved small numbers of participants, they led to increased reflection, motivation and communication not

only between the study's participants but also between different and important systems in the community: the church, the school and the NGO. Therefore, there was evidence that the study's mixed method design could locate itself to the transformative paradigm. The primary author's relationship with the community will continue with the introduction of other methods in order to develop a contextual, culturally sensitive programme for improving family resilience levels. Mertens (2007) suggests a cyclical model of mixed methods as a means of continuing the involvement of the community, enhancing trust and using the results to further the goal of transformation. This approach is also aligned with the goal of using a family resilience approach, of transformation and fostering empowerment.

Finally, all the results should be framed within the context of socioeconomic instability. According to Seccombe (2002) and Walsh (2012), it is not enough to do research only, but also to apply social policy so as to not only beat the odds but also to change the odds. For example, the White Paper on South African Families (2013) has its vision in developing healthy families and increasing family resilience. However, having an official document does not necessarily translate into immediate effects for families. Moreover, although the country's Millennium Development Goals speaks to the eradication of poverty, there is no anti-poverty strategy in place (Madonsela, 2017). If it is accepted that the difficult social and economic conditions described are contributory to destabilising family wellbeing, and if it is wished to promote healthy family wellbeing, it is necessary to provide an environment within which families are able to access resources that will help them to perform their basic functions. It may not be possible to immediately change the environment; however, it may be possible to create a holding environment that enables families to begin changing their own odds.

Compliance with Ethical Standards

The study was funded by the National Research Foundation of South Africa (grant number 93975).

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

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CHAPTER 6

Using the RE-AIM framework to identify best practice models for family intervention development: A systematic review

6.1 Introduction

Selecting suitable theoretical methods and practical strategies in intervention development (van Oostom) falls within the second stage of the intervention mapping design. Therefore, the second objective of the study was to *conduct a systematic review in order to identify theoretical and best practice models of family-based interventions*. A review of peer-reviewed, published articles was beneficial in the identification of important processes and guidelines when developing an intervention.

This chapter presents a reflection of the journal submission process, the reviewers' comments and author's responses as well as the final accepted and published article.

6.2 Journal of Child and Family Social Work: A reflection on the submission and review process

The systematic review was completed in 2015 and submitted for peer-review to *Child and Family Social Work* on the 23 February 2016. This journal was selected based on its mandate of publishes articles advancing theoretical and practical understandings and wellbeing of child and family wellbeing. Moreover, it also seeks to publish articles advancing knowledge of good practice. This journal an impact factor of 1.394. This was a particularly long review process. The article presented in this chapter went through three rounds of revisions within a period of one year; one major and two minor revisions. The level of feedback received was of a high quality and the critique was constructive. After the three revisions, the official

acceptance of the manuscript was sent from the journal editor on the 17 April 2017 (Appendix J). The article is presented below.

6.3 Article 3: Using the RE-AIM framework to identify and describe best practice models in family-based intervention development: A systematic review

Isaacs, S.A., Roman, N.V., Savahl, S. & Sui, X.C. (2017). Using the RE-AIM framework to identify and describe best practice models in family-based intervention development: A systematic review. *Child and Family Social Work*, doi: 10.1111/cfs.12380.

Abstract

The family unit carries with it a responsibility of possibly being the most important predictor of positive child development. The aim of this systematic review is to identify and describe best practice models or processes in family-based intervention development. The following databases were included in the review: PsychArticles, Academic Search Complete, ERIC, SocIndex, Sage, Sabinet, Pubmed. Peer-reviewed, English language, qualitative, quantitative and mixed methods in nature conducted within the last ten years. Interventions were required to include families as part of the programme as well as describe the model or process used in intervention development. Two self-developed data extraction tables were developed for this review. The articles included for review were heterogeneous in terms of the outcomes and so a narrative synthesis was used. After yielding an initial search of 400 studies, a total of 28 articles were finally included for extraction and analysis with varying levels of intervention strength. Interventions are further described in terms of reach, effectiveness, adoption, implementation and maintenance dimensions. A feasible intervention appears to be one that is flexible, engages processes to recruit those who are most at-risk and is facilitated by someone known to or from the same community as the participants, can retain its participants and can be evaluated with the same participants at a minimum of six months later.

Keywords: Families; Family interventions; Systematic review; RE-AIM; Narrative synthesis; Family intervention development

Introduction

The lifelong responsibility of ensuring positive developmental outcomes that is carried by the family (Bhana & Bachoo, 2011; Whittaker, Harden, See, Meisch & Westbrook, 2011) encounters many challenges (Walsh 2006). These challenges range from the increasing divorce rates, unstable socioeconomic circumstances, untreated physical and mental health, death, crime and violence to the scarcity of resources (Walsh 2003; Benzies & Mychasiuk 2009). However, these adversities do not always lead to negative outcomes. They can be moderated by basic family functions such as parental warmth and responsivity (Whittaker *et al*. 2011), sibling closeness and communication (Samek & Reuter 2011), and intervention efforts to promote positive family outcomes (Whittaker *et al*. 2011). According to Benzies and Mychasiuk (2009) the difference between those families who rebound and grow from adversity and those who do not is described as family resilience. Family resilience is generally conceptualised as having both developmental and systemic dimensions. It can be enhanced by supportive, strength-based family intervention efforts (Speer & Esposito 2000; Marvel, Rowe, Colon-perez, Diclemente, & Liddle 2009). If a focus is placed on efforts to improve family resilience, positive individual and familial outcomes may be enhanced (Walsh, 2003).

Studies of which characteristics contribute to successful familial outcomes are not new. Beginning with McCubbin (1979) advancing our understanding of how families cope during times of stress, it was proposed that it is not useful to view successful family adaptation as an intra-family process alone. One should also consider how the family's relationship with the wider community might influence their coping and adaptation strategy. Therefore, interfamily relationships and the importance of context became apparent. McCubbin and McCubbin (1988) later focused on trying to identify which family characteristics, properties or strengths

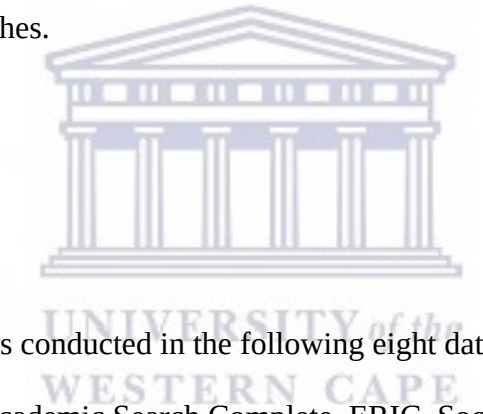
enable successful adaptation in the context of adversity. Since then, Family resilience has seen a proliferation in research studies in the last two decades (Black & Lobo 2008).

'Family' is defined by practitioners and researchers in numerous ways. The family is seen as any two or more people that are related by more than kinship. They are responsible for the optimal functioning of each individual as well as the family as a unit. The concept of 'family' can encompass a wide spectrum of relationship options. Our understanding of 'family' should not be limited to those related by blood or within the household (Walsh 2012) but also inclusive of stepfamilies, cohabiting couples, gay and lesbian couples (with or without children) as well as non-biological and non-legal relationships (Holtzman 2008).

The complexity of the definitions of family and the aforementioned multiple challenges families face confounds the development of effective interventions. According to Rey and Sainz (2007) an intervention is an extrinsic meaning-creation process which aims to disturb a stable regime. Although contestable, in developing an intervention, the ultimate aim of an intervention is to disrupt or somehow change a behaviour or condition such as increase parenting skills, promote connectedness or promoting strengths and resilience (Walsh 2006). Moreover, several studies also explore the efficacy of family interventions designed for those experiencing various psychosocial and physiological problems (Durlak *et al*. 2007; Chandan & Richter 2009; Elizur 2012; Regev & Ehrenberg 2012). A brief search on the Centre for Reviews and Dissemination database in June 2015 shows only one on-going systematic review when searching for '*family interventions*'. The Cochrane Library Database search produced twelve completed reviews. All of these reviews focus more on the effectiveness of family interventions. The current review envisions a more holistic approach describing dimensions of family interventions from its population reach to its maintenance using the

Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework. The RE-AIM of an intervention checklist provides a lens through which to evaluate the quality and impact of an intervention. It focuses on the extent to which the intervention attracts its targeted participants, the improvements or changes in the participants' lives, the setting/site/context of the intervention, its fidelity, transferability and adaptability as well as the intervention's evaluation and maintenance (Belza, Toobert & Glasgow 2006).

The aim of this study is to identify and describe best practice models or processes in family-based intervention development. Specifically, when we refer to models we also refer to the processes and practices used in family intervention development as described in the articles found in the described searches.



METHOD

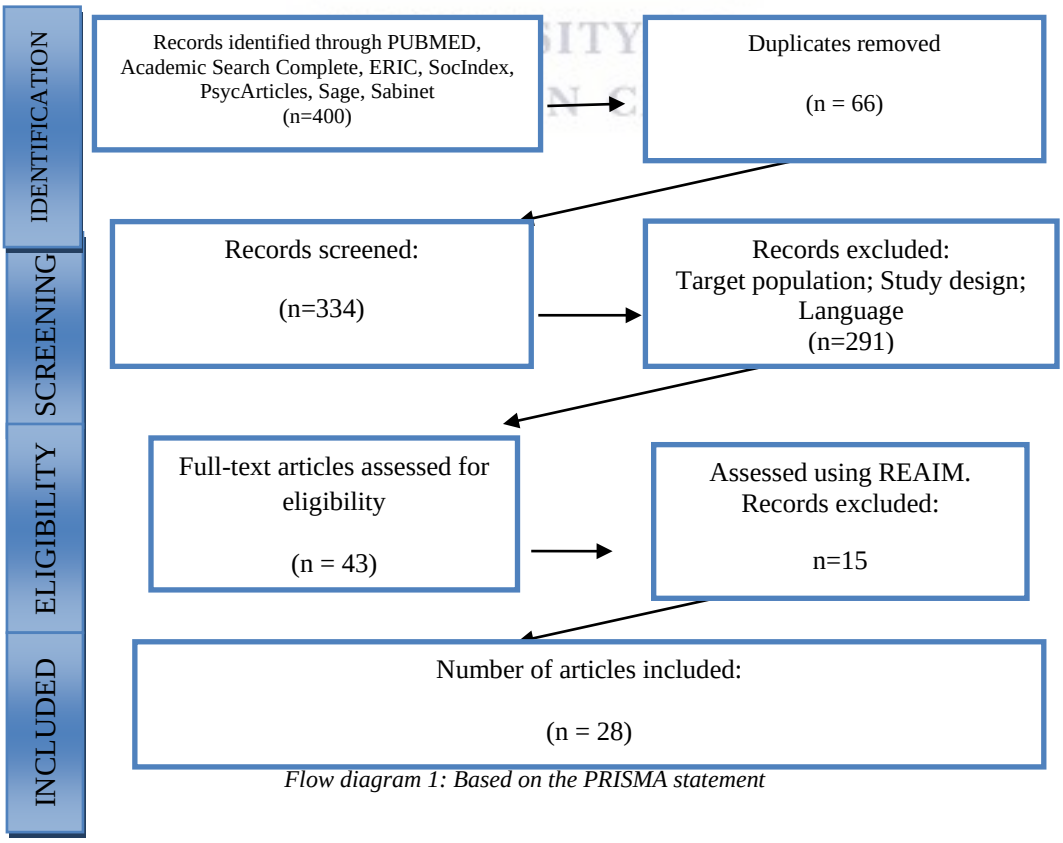
Search Strategy

A comprehensive search was conducted in the following eight databases in May 2015 by two reviewers: PsychArticles, Academic Search Complete, ERIC, SocIndex, Sage, Sabinet and Pubmed. These databases were chosen owing to their content matter and accessibility of the primary author at the university. The following keywords were used in the order documented: "Family interventions"; "Family intervention processes"; "Family intervention models"; "Family intervention practices". These keywords were searched for in 'All fields'. The Boolean operator 'OR' was used between these phrases. All published, peer-reviewed studies within the last ten years (2005-April 2015) were considered for review as the authors wanted to ensure that the information was more current and appropriate.

Study selection

The target population of the intervention must have been described by authors as a 'family', the family intervention as the 'intervention' and must have described the model used or accompanying processes for the development of the family intervention. Moreover, the term 'families' described within articles could include those with children or those without. Therefore, the review utilised the term families as defined earlier: related by kinship or marriage-ties, with or without children.

Different study designs were included such as empirical studies which are qualitative, quantitative and mixed methods in nature as well as randomised control trials, experimental studies or case studies in which family interventions were the focus. As this article takes review format, systematic reviews were excluded from the searches. Both international and national studies peer-reviewed, published articles since 2005 to the end of April 2015 were considered. Articles were excluded if the language was not accessible to the reviewers, if the target population was incorrect or no intervention model was utilised.



Flow diagram 1: Based on the PRISMA statement

The review was conducted on three levels. The first was to screen the titles of all identified records (n=400) to assess whether the article was within the parameters of the review. Any article which was not freely available and required payment in full text was also excluded. The second level of review required the abstract to be further assessed and articles which satisfied all inclusion criteria (using PIO) were eligible for appraisal. Two hundred and ninety-one articles were removed owing to the following reasons: the studies were out of the scope of the review (such as considering the target population or not describing their family intervention and its processes); were not published in English; were grey literature, systematic reviews or conceptual papers only. Duplicate articles across the different databases were deleted (n=66). Lastly, the RE-AIM is scored with a series of 'yes' and 'no' questions; favouring higher scoring articles. The retrieved articles' (n=43) interventions were appraised using the REAIM and any article scoring less than 40% were excluded as answering 'no' to 60% of the appraisal questions would indicate either a poorly developed, conducted or reported intervention. Fifteen articles were then removed. All three levels of the review were performed by both the primary researcher as well as a second independent reviewer and compared after completion of each level. If any discrepancies were found between the two reviewers and consensus cannot be reached between the two, the third and fourth author were consulted.

Data extraction

The data extraction table was developed for this review; Table 1 describes the details of the family-based intervention. In terms of data analysis, Stewart (2014) posits that data can be synthesised in two ways; by means of a meta-analysis (if indicated) or a narrative synthesis. Mwaikambo, Speizer, Schurmann, Morgan and Fikree (2013) note that health promotion programmes are often evaluated using a variety of methods. No meta-analysis was conducted

as this review included both quantitative, qualitative and mixed methods studies. The articles included for review were heterogeneous in terms of their reported outcomes and a meta-analysis would not have been practical. This review utilised a narrative synthesis. The more apparent patterns (i.e., two or more studies have these themes in common) are identified and described under 'findings'.

Ethics

Ethical clearance was received for this review from the university. All articles have been appropriately referenced. In addition, the PRISMA-P statement was used as a guide to frame and gauge the completeness of the systematic review protocol (Moher *et al*. 2015).

Results

Study characteristics

A total of 28 articles were finally included for extraction and analysis. The RE-AIM intervention appraisal scores were as follows: 19 studies yielded a score of 80% and above (three of those scored 100%); nine interventions scored between 60-79% and only one study had a score of 53%. The relatively lower-scoring article (53%) by Rey and Sainz (2007) was also retained as it focused on tailoring an intervention programme and was considered useful as having implications for intervention development. The majority of the studies were conducted in North America (United States x13; Canada x3), followed by Sweden (x3), Portugal (x3), Australia (x2), Finland, China, Iceland and United Kingdom (x1).

Further, there were 13 qualitative studies, three mixed methods (Melo & Alarcão 2012; Evangelou, Coxon, Sylvia, Smith & Chan 2013; Johansson, Carlsson, Ostberg & Sonnander 2013) and 12 quantitative studies. The quantitative studies included randomised control designs, experimental and one semi-experimental design.

The results of this review are described in Table 1 and expanded upon below.

Table 1: Intervention details						
Authors	**Intervention & target**	**Format/Adoption/Implementation**	**Staff**	**IV Aim**	**IV Context**	**IV Outcomes**
Lepage (2005) ***Psychoeducative approach***	Partnership Model / Family Consultation Model Youth diagnosed with a first episode psychosis to ease transition between inpatient & out-patient community care.	Medical & psychosocial management was modified for family needs & community resources Understaffed/under-resourced Videoconferencing/teleconferencing	psychiatrists, social workers, psychiatric nurses, psychology & child & youth worker	Formation of complementary roles between the patient, the family & the mental health professionals to ease the transition between in-patient & out-patient care	Regional children's psychiatric centre Sudbary, Ontario 12-bed, short-term assessment	**One case study** - illustrated a seamless transition between inpatient & outpatient community care & to plan for any potential relapses
Ruffolo et al. (2006) ***Strengths-based***	The support, empowerment & education intervention (SEE) Families of youths with emotional & behavioural problems	Open-group format 6-9 months of participation at a time Sessions are twice a month for 2 hours Manualised 1. Chat time 2. Initial go-around 3. Problem-solving & solution-finding 4. Brief educational phase 5. Closing go-around 6. Final chat time	4 mental health professionals 6 parent volunteers	Designed to bring parents & professional together to address common challenges of raising children with serious emotional disturbances	Community-based public mental health setting New York state	**Focus groups** - Parents & professionals can function successfully as partners in the delivery of group interventions & share the responsibility - Parents reported high levels of satisfaction with group sessions - Improved their parenting skills - Children improved behavioural functioning at home & school environments
Turner *et al*. (2008) ***Social learning models***	An adaptation of Group Triple P - Positive Parenting Program Australian indigenous families seeking advice about child behaviour problems	8 sessions (child management strategies) 1Group, (1.5-2hr): overview & rapport 4, groups (2-2.5hr): parent-training 2 groups: home-based consults 1 final group session Print & video materials	Project officer (Child health nurse) provides training for 3 indigenous health workers	To promote positive, caring relationships between parents & their children & to help parents develop effective management strategies for dealing with a variety of common behaviour problems & developmental issues	Clinics & home-group format Low-income areas, with high rates of unemployment in areas of Brisbane Community health sites	**Repeated measures r&omised group design** - Improved child behaviour - reduced dysfunctional parenting - good consumer satisfaction - 6month follow up intervention gains were maintained

Table 1: Intervention details						
Authors	**Intervention & target**	**Format/Adoption/Implementation**	**Staff**	**IV Aim**	**IV Context**	**IV Outcomes**
Bickerton *et al.* (2007) *Hierarchical five level pyramid of needs*	Safety First Model High risk youth in crisis: suicide, self-harm	After admission, - Next-day family appointment - A family, systemic & outpatient focus - Involve other community services & school	Clinicians	Empowers families, facilitates their connection with other providers, minimising the need for hospital admission	Small hospital-based out-in patient clinic St George Sydney, Australia	**Qualitative case example** - Provides a structured model of care & service provision for working systematically with high-risk young people, their families & key community partners - Family members reported an improvement in school tests - Son had not had any thoughts of self-harm
Tyler & Horner (2008) *Brazelton's (1992) Touchpoints approach & brief motivational interviewing techniques*	The collaborative negotiation process Low-income families with overweight children	12 week programme (followed for 9 months) - 4 collaborative negotiation visits - 25th week – booster visits	2 advanced practice nurses	To help low-income families promote children's health & work towards increasing parent mastery	School-based clinic low-income & predominantly ethnic/racial minority populations Central Texas, USA	**Descriptive analysis (calculating BMI)** - Parents have valuable ideas, as do children about how to restructure unhealthy aspects of their lives & primary care providers can guide families in finding their own paths to managing weight - many families were making substantive changes to improve eating & activity patterns, such as cooking meals, reducing high-calorie foods & drinks, increasing physical activity & planning family outings
Smith & H&ler (2009) *Fuses psychological assessment & brief psychotherapy*	Finn's Therapeutic Assessment (TA) Adults as well as children	4 therapy sessions (10 hours) - Parent interviews - Individual assessments - Letter to parents	Qualified or supervised therapist	To provide families with a transformative experience to learn about themselves & experience new aspects of their personality	Clinic – an outpatient facility serving community members & students	**Qualitative Case Study** - Family are able to see behavioural changes in daughter - Daughter receiving good grades at school & few check marks - Family also requested further therapy - Parents implemented a reward system
Thompson *et al.* (2009) *Solution-focused therapy using a strengths-based approach*	In-home family therapy modality with experiential activities High-risk adolescents &	12-week period - Family therapy - Experiential & skills-building exercises	Masters in Social Work-level therapists	To engage high-risk youths & their families in family therapy	Home-based social services agency Central Texas	**Pre-Post testing (Client evaluation)** - Augmenting home-based family therapy with creative experiential activities can significantly increase retention in treatment - Families in treatment noted greater rapport with their counsellor than comparison - Youth reports did not show differences

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	families					
Marvel *et al.* (2009) *Systems theory*	MDFT-HIV/STD Young adolescents & families	4-6 months Several weekly sessions Psychoeducative & skill-building approach Manual, handouts, videos, homework given	Clinicians developed protocol with community workers	To reduce sexual risk taking behaviours (& HIV/STD)	Home, clinic, detention center, other community settings, phone Miami & Tampa, Florida	**Case illustration** - Family conflict decreased - Family communication increased - Problems at school decreased - Client not using drugs & free of STD infection
Dausch & Saliman (2009) *Behaviour therapy orientation*	Modified family-focused therapy Traumatic brain injury pt & families	21 sessions – 9 month period Weekly to biweekly to monthly sessions Psychoeducative & skills-training Homework given	Therapists	Focuses on enhancing systems (individual & family functioning) function	Hospital to home USA	**Case study** - Important family dynamics identified & complexities of issues were acknowledged
Cullen *et al.* (2010) *Attachment, ecological, constructivist theory*	Healthy Family America (HFA) Expectant, at-risk parents	Home visitation programme 12 critical elements guide programme development (not a strict model) 6 months of weekly intervention then as needed for 5-5 years Referred by community social services & welfare agencies	Family support workers (trained)	Promote positive parenting, enhance child health & development, & prevent child maltreatment	Home-based Rural/small town settings Rural Western North Carolina	**One group pretest-posttest design** - Significant positive change in parenting attitudes & practices pre- & post-intervention assessment - Families who graduated exhibited higher levels of social & emotional competence
Gisladottir & Svavarsdottir (2011) *Postmodernism, systems, cybernetics communication, change theory &*	Calgary Family Intervention Model Families of members with an eating disorder	4 sessions on a weekly basis - Promoting Conversation - Mostly educative - Tasks to be completed during & between sessions	Researchers & PhD nurse	Help families assist with the recovery of relatives with an eating disorder	Outpatient psychiatric clinic at Landspitali University Hospital Iceland	**Pre-test Post-test design** - Significant improvement for emotional expression, eating behaviour, concern with weight & food & denial of the anorectic behaviour - The support intervention from the pilot study were feasible

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biology of cognition						
Zhong et al. (2011) *Family systems*	Family-based Intervention Model Families & internet-addicted adolescents	14 sessions - Psychoeducation - Dream interpretation/soundplay - Psychodrama & role play Pharmocological treatments & individual counseling	Psychologist, occupational therapist, assistants	Cure internet addiction in adolescents using family functioning	Addiction Medical Center Beijing Military Zone General Hospital China	**Pretest-Posttest design** - Statistically significant findings / positive changes in family functioning - Reduction in internet usage by adolescents
Melo & Alarcao (2011) *Family Resilience/ Strengths-based approach*	Integrated Family Assessment & Intervention Model (IFAIM) Multi-problem families	- Referral & Request (day-week) - Reception Stage (1-2 ses) - Assessment Stage (3 mn) - Stages of support (1yr) - Closure & Follow Up (6mn-1yr)	Psychologist Social Worker Social educator	Assess & explore multi-challenged poor families at psychosocial risk with maltreated/neglected children	In-Home, community-based Child protection & Welfare context Portugal	**Case example** -Significant improvements made in all contracted objectives with the family - Children also validated change and praised mother and grandparents
Melo & Alarcao (2012)	IFAIM Multi-problem families	As above	As above	As above	As above	**Mixed methods (emphasis on qualitative)** - Associated with an improvement of the quality of the services provided by the teams & to positive gains for the families & the child protection system - Became a core service in five sites - Financial difficulties in site F makes it difficult to implement completely
Coyle (2012) *Family resilience theory*	Resilience-based family intervention model Conflict-driven parents-teens	Family counselling - Focus on areas of strength - Use several family therapy approaches: educational/skills training/ behavioural methods/ coaching	Counsellors	A positive method to help families overcome parent-teen conflicts	Appears to be traditional therapeutic context Ontario, Canada	**Case illustrations** - Mrs A: did not accept all counsellor's suggestions, however believed most progress attributed to counselor's support - Michelle's school performance improved - Mr & Mrs B: Only attended a few sessions. Small improvement in parenting & Mark's ability attempting to follow the rules
Philipp (2012)	Reflective Family Play	8-12 weeks - Play	Clinician	Increase attachment between parent-child	Infant & preschool	**Case examples** - Couples were able to reconnect/ increase

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Attachment theory	Two-parent families with children (0-5)	- Reflection (children remain in session) - Video (observation)		dyads through reflective play	centre Toronto, Canada	family functioning - Couple felt they lost their sense of playfulness - One couple could go out on a date & leave their child with a babysitter
Szapocznik *et al*. (2013) *Family systems theory*	Brief Strategic Family Therapy Families & children	12 sessions - Joining - Tracking & eliciting - Reframing/creating a motivational context for change - Restructuring Often requires after-hours scheduling Termination occurs when family functioning has improved	Therapists	Designed to treat children & adolescents' problem behaviour	Location varies based on convenience Center, home, etc. Miami, Florida, USA	**Case illustration** - Family functioning & interactions improved dramatically - Better emotional connection between parents & adolescent - Adolescent problem behaviour have been reduced
Granö *et al*. (2013) *(stress-generation model of depression// stress-vulnerability model of psychosis// psychosis continuum model)*	Jorvi Early psychosis Recognition & Intervention Help-seeking adolescents (first episode psychosis)	Need-adapted approach - Referred from hospital/clinic - Telephone, in-home, other community structures	Therapists	Identify the possible heightened risk & together with family & client reduce stress & support the client in overall functioning Improve quality of life	School, home, community Finland	**Pre-post testing** - Statistical & clinical improvements between baseline & post-test in QoL & functional ability - Adolescents' benefit from an integrated, family & community-based early intervention service
Matjasko *et al*. (2013) *Development-ecological approach*	GREAT families Families with children exposed to community	15-week intervention - Identified through schools - Promote home-school partnerships - Parental management skills	Project members	Aimed to change parenting practices & family relationship characteristics	low income communities exposed to poverty & high violence Atlanta,	**RCT** - Modest, indirect but significant effect of intervention on violence exposure - Increase in parenting scores - Negative relationship between parenting & exposure to violence

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Authors	**Intervention & target**	**Format/Adoption/Implementation**	**Staff**	**IV Aim**	**IV Context**	**IV Outcomes**
	violence	- Shared meals, - Review homework - Discuss scheduled topic - Role plays			Georgia	
Johansson *et al.* (2013) *Supported Conversation for Adults with Aphasia*	Communication partner training (CPT) Stroke-induced moderate-severe aphasia & family	6 sessions (45 minutes) - Video recordings of conversations - Self-assessment questionnaires - Psychoeducation	Therapists	Family-oriented intervention designed to provide emotional suppport, information, & communication partner training	Rehabilitation wards at hospitals & later participants' home Sweden	**Evaluative, multiple-case study** - Increased knowledge & understanding of aphasia & related issues/ communicative skills showed improvements pre- to post-intervention - Not everyone engaged in strategies - Timing of intervention may have been problematic - Long-term effects questionable
Teder et al. (2013) *Cognitive & behavioural components*	Family-based behavioural intervention program Obese children & parents	Manualised - Weekly meeting for 3 months - Monthly meeting (4-12 months) - Meeting every 3rd month (13-24 months) - Children have 2 hour meetings & light meal	4 paediatric registered nurses & 2 dieticians	Change in obese children's lifestyle habits & decrease in BMI	Paediatric outpatient care Sweden	**Observational single-group design** - Level of activity increased - No significant decrease in sedentary activity - Children reported improved eating habits, parents' report only w.r.t binge eating - Difference between parents & children's report
Evangelou *et al.* (2013) *ORIM framework* *Attachment-based*	Room to Play Drop-in service Hard-to-reach families & children	Mon-Fri (09h30-15h00); Sat (10h00-13h00); School holidays Play-directed relationship building - Play resources provided - Activities for children - Psychoeducative - Sitting area - Breastfeeding areas - Kitchen - Outside play - Computer facilities	Practitioner & multi-lingual assistant	To provide a safe & welcoming place for adults & young children to spend time during the day & to offer both directed & undirected play & learning activities	Community shopping centre in deprived areas in Midlands city Oxford, UK	**3 year exploratory evaluation: mixed methods** - Tentative evidence of good practice in attracting & engaging hard to reach families - Yet to be validated i.t.o effectiveness - Right location, highly stable, experienced & skilled staff - Implementing a flexible & developmentally appropriate curriculum - A one-stop-shop for parenting information
Melo & Alarcao (2013)	IFAIM	As above	As above	As above	As above	**Case Study** - Results support efficacy in promoting clinical significant changes in family &

Table 1: Intervention details						
Authors	**Intervention & target**	**Format/Adoption/Implementation**	**Staff**	**IV Aim**	**IV Context**	**IV Outcomes**
Family Resilience	Multi-problem families					parental functioning through supporting the family with a focus on its strengths & key family resilience processes
Bamberger *et al*. (2014) *(not specifically mentioned family strengths-based approach)*	Strengthening Families Program Parents & youth (10-14)	7-week 2 hour sessions - Facilitators separately lead groups in skills-building - Lead youth & family through skills practice & activities	'interventionists'	Targeting youth substance use initiation by teaching parents & youth a variety of skills & promoting positive family interactions through model activities	4 communities in Pennsylvania, USA Recruited through schools/ community events	**RCT** - Participation was enjoyable & developed positive affect toward both leaders & parents or group members - Increase in engagement across sessions - Engagement related to quality of delivery & relationship between interventionist & participants - Families with higher tension demonstrated less engagement
Persson & Benzein (2014) *Calgary Family Assessment & Illness Beliefs Model & systems oriented & change theory*	Family Health Conversation Model Families with an ill member	- 3 conversations - A closing letter - Evaluative follow up Participants are either self-referred or recruited from rehabilitation clinic	Nurses (advanced education levels)	To facilitate families' movement towards family health/ to meet the overlooked needs in care of families experiencing illness	Campus-based center for research on famillies' health or own homes Sweden	**Evaluative, qualitative approach** - Family members narrated & explored the families' concerns in interaction with the conversational leaders - Intervention may support family health - Narrating was also interpreted as an essential part of a movement towards family health
Caldwell *et al.* (2014) *Theory of reasoned action & systems theory*	Fathers & Sons Program Non-resident African American fathers & sons (8-12)	15 intervention sessions (2 hrs) - 9 homework assignments - 4 hour community cultural or service activity - Evaluation data Participants recruited from schools		Designed to strengthen non-resident father-sons relationships while preventing youth risky behaviours	Small midwestern cities, USA	**Pre-post design** - Modest effects for improving fathers' parenting skills satisfaction, which was positively associated with sons' satisfaction with paternal engagement - Fathers continued to be involved in their sons' lives when they were 8-12 years old
Williamson *et al*. (2014) *Adapted from Parent-child interaction*	Madres a Madres Immigrant Latina mothers & young	4 sessions delivered in homes (2 hours) - Combination of psychoeducation/skills building - Providing information on	Promotoras (females of Latin heritage trained by project members who supervise weekly	Designed to build on critical components of parent training Improve broad family functioning & fewer increases in child	Participants' homes Santa Ana, California	**Pre-post design (0, 3, 9 month)** - Program is promising in its ability to retain participants – attrition low - Significant group differences family functioning - Decreases in child internalizing concerns

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Authors	**Intervention & target**	**Format/Adoption/Implementation**	**Staff**	**IV Aim**	**IV Context**	**IV Outcomes**
therapy & Parent Management Training-Oregon Model/ Family Check Up model	children	community resources - Visual materials - Video segments - Interactive role plays		internalizing & externalizing behaviours		but no significant differences between control & intervention - Increases in parenting skills
Nicholson (2014) *(EHDI system/ collaborative coaching model)*	Trekking to the Top-Learning to Listen & Talk Infants with hearing loss & families	Camp-based - Full 3 day programme - Psychoeducative - Physical activities	Audiologists, Speech-Language Pathologists, graduate students, parent members	Designed to teach families about their individual child's hearing loss & the implications & increase self-efficacy of the family	Mount Sequoyah Retreat, Oklahoma, USA	**Pre-post assessment** - Significant positive change pre & post-conference - Improvement in parental attitude about the importance of early intervention & knowledge of intervention principles - Improvement in parental knowledge scores

Findings

Engaging the family

The interventions' initial target is not always the family. Most of the studies' interventions would first target an individual (through school, universities, clinics, hospitals and non-government organisations) who are either at-risk of or have already been diagnosed with some physical or psychological condition. The individual's family are then later approached as a form of support to improve relational and individual outcomes. However, many studies (Turner, Richards & Sanders 2007; Melo & Alarcão 2011; Coyle 2012; Melo & Alarcão 2012; Philipp 2012; Evangelou *et al*. 2013; Melo & Alarcão, 2013; Caldwell, Antonakos, Assari, Kruger, De Loney & Njai 2014; Williamson, Knox, Guerra & Williams 2014) did initially target the 'family' or specific father-son, mother-child or parent-teen dyads.

Many studies merely used case examples to illustrate their interventions (Lepage 2005; Bickerton, Hense, Benstock, Ward & Wallace 2007; Dausch & Saliman 2009; Marvel, Rowe, Colon-Perez, DiClemente & Liddle 2009; Smith & Handler 2009; Philipp 2012; Szapocznik, Zarate, Duff & Muir 2013; Williamson *et al*. 2014). Therefore, the level of attrition (or participant drop-out) is also of concern in intervention studies. Two studies did specifically seek to identify factors which would increase engagement and retention in their intervention. Thompson *et al*. (2009) found that having participants' homes as a setting for the intervention increased participation and engagement. Szapocznik *et al*. (2013) state that having families engaged throughout the treatment process enhances participation and so positive outcomes for those undergoing treatment.

Intervention development models

The majority of the studies used a family-based intervention model embedded within, what authors referred to as, a strengths-based approach (Ruffalo, Kuhn & Evans 2006; Thompson,

Bender, Windsor & Flynn 2009; Melo & Alarcão 2011; Coyle 2012; Melo & Alarcão 2012; Melo & Alarcão 2013; Bamberger, Coatsworth, Fosco & Ram 2014). Theoretically then, rather than focus on a family's 'dysfunction', the intervention assists family members to identify and build upon their strengths to overcome their challenges. There is a clear shift away from a deficit-based model. The theoretical frameworks most described were family resilience theory, developmental and ecological or systems theory.

Two interventions (Philipp 2012; Evangelou *et al*. 2013) utilised a play-based model for families with younger children. Although not specifically identified by Evangelou *et al.* (2013), both studies have centred their play-based models on attachment theory. These interventions aim to shift the child's attachment orientation by increasing parents' sensitivity to their child's inner worlds thus decreasing the possibility of future pathology (Philipp 2012).

Another model utilised in more than one study was the Calgary Family Assessment Model which is seen in Gisladottir and Svavarsdottir's (2011) and Persson and Benzein's (2014). According to Persson and Benzein (2014) most family systems nursing interventions are grounded in the educative and supportive Calgary models. The main objective of these models are to support family health by educating families of the potential challenges. It also provides families with a platform to express their concerns, listen to one another and to provide helpful skills. The core objectives (activities) identified with most of the family-based interventions were psychoeducation, increasing emotional and social support as well as communication. Furthermore, developers should consider booster sessions and manuals in their intervention.

Intervention adoption and implementation flexibility

Overall, the adoption of the interventions was based on a needs-adapted approach. Therefore, developers and facilitators should be flexible regarding intervention settings, scheduling and flexibility in utilising non-traditional resources.

Popular intervention sites were participants' homes, inpatient and outpatient clinics, school-based clinics as well as more traditional hospital settings. Two non-traditional settings were found in two studies, Evangelou *et al*. 2013; Nicholson 2014. These settings were a community shopping centre ("Family Drop-in" play-based therapy) and a three-day camp (Mount Sequoyah, Oklahoma) for family members with a hearing-impaired child. The context surrounding the intervention setting were not always clearly described.

Within under-resourced contexts, interventions which use the more traditional in-hospital/patient therapies with licenced therapists and other professional health staff (LePage 2005; Dausch & Saliman 2009; Marvel *et al*. 2009; Smith & Handler 2009; Coyle 2012; Nicholson, Shapley, Martin, Talkington & Caraway 2014) will be more challenging to replicate.

Non-traditional facilitators such as lay people or community development workers and fellow peers are also noted as effective, and at times, preferred, intervention facilitators. Examples can be found in Ruffalo's *et al*. (2006) *parent-professional team leadership model* and Williamson *et al*. (2014) *Madres a Madres* programme. In these studies, the use of lay facilitators were preferred in encouraging engagement from the participants and improving outcomes.

An emerging theme from some studies (Rey & Sainz 2007; Turner *et al*. 2007; Melo & Alarcão 2012) are that not all interventions are suitable for all contexts. Therefore, a flexible intervention or programme which can be adapted for a particular context would be more

appropriate and so more effective. Melo and Alarcão (2011, 2012, 2013), developed the *Integrated Family Assessment and Intervention Model* (IFAIM) and investigated the implementation in various community sites in order to assess not only its impact, but whether or not any adaptations were needed to the model itself. Modifications were indeed needed. The intervention is now implemented in a 'treatment as usual capacity' within five of the community clinic/non-government organisation sites.

Also described within studies was duration and frequency of interventions' duration and frequency. Most studies with the exception of Lepage (2005), Rey and Sainz (2007), Thompson *et al*. (2009) and Coyle (2012) reported this. However, the decision on the duration and frequency can be an arbitrary one (some were as short but intensive as three days and other 3-5 years); it is dependent on the content of the intervention and change objectives. For example, in Granö *et al*. (2013), within the JERI model (Table 1), the number of meetings and the length of the intervention is dependent on familial needs and ended when improvement is noticeable. Much of the decisions regarding formatting, setting etc. of the intervention were made with extensive community collaboration such as Melo and Alarcão (2011, 2012, 2013).

Effectiveness and Maintenance of interventions

The maintenance of the intervention typically speaks to the long-term effects of the intervention (typically determined by an evaluation) as well as the 'institutionalisation' of the intervention (Belza *et al*. 2006). All the interventions described some component of successful outcomes of the interventions (see Table 1). Specifically, the majority of the studies claimed to have been effective since the target participants displayed improvement in: family functioning, parenting styles, reduction in problematic behaviours, increase in intervention retention and improved intervention fidelity. Overall, the findings of the selected

studies suggest that interventions using a family-based format has been shown to provide families with a better understanding of the systems contributing to the problem (Smith & Handler, 2009) and provide much needed support and guidance (LePage, 2005). In addition, Zhong's et al. (2011) intervention aimed to improve family functioning and then assess the effect on adolescents' internet addiction. They found a significant improvement as compared to the control group as a result of the focus on the family. These outcomes are also further shown in Table 1.

Not all of the studies completed tried to determine the effects of their intervention long-term (either three-, six- or nine-months or longer). In Belza *et al*. (2006), the RE-AIM asks for whether or not outcomes were maintained over a year or two. Only five studies had evaluated their programme at six months or later: Turner *et al*. (2007), Melo and Alarco (2012), Granö *et al*. (2013), Teder *et al*. (2013) and Williamson *et al*. (2014). Further, only two drew on RCT data in order to determine their interventions effectiveness (Turner et al., 2007, Zhong et al. 2011, Bamberger et al. 2014). Turner et al. (2014) and Zhong et al. (2011) sought to compare their interventions with a waitlist control groupThey found significant differences between the two groups. In contrast, Bamberger's et al. (2007) study aim was to evaluate retention and engagement in the SFP-14 and MSFP-14 intervention and between-group differences in terms of intervention effectiveness was not explicit.

These interventions generally impacted participants positively. One cannot conclude that the other interventions are not sustainable or as effective since most of them were pilot studies; however, there is no evidence that it could not be sustained either. They were merely seeking to determine the feasibility of their intervention. According to Mwaikambo *et al*. (2011), positive short-term programme outcomes are also indicative of a programme achieving its goals, thus should not be immediately disregarded.

Discussion

The aim of this review was to identify and describe best practice models or processes in family-based intervention development using a systematic review. The definition of a family-based intervention is not always explicit. The interventions described in this review were initially conducted with a 'referred' individual with the family being approached at a later point. According to Zhong *et al.* (2011) the central hypothesis in family-based interventions is that if one focuses on improving family functioning, the resultant challenges or problematic behaviours may be alleviated. Therefore, a family functioning approach can greatly improve pathological behaviour associated with psychosocial or physiological conditions (Marvel *et al*. 2009; Zhong *et al.* 2011). However, there are conceptual and contextual concerns in this process. One would need to give consideration to whom these 'family' members are. They might not only be the primary caregivers, those who live with each other and may or may not be related by blood. Moreover, time and space can also be a concern in terms of those members' involvement in the intervention. Studies described in this review also note that an awareness of these possible constraints should be given consideration during development.

The popular theoretical perspectives utilised for the development of the interventions were the systems theory, developmental theory, family resilience theory, and attachment theory. More focus was placed on strengths-based models or frameworks in the development of the intervention. Walsh (2003, 2006) posits that focusing on a family's strengths, instead of their weaknesses, and guiding them to resolve their own challenges will increase engagement, retention and improve overall quality of life for all of its members. Families are able to utilise learned skills and growing development in order to face challenges beyond the intervention itself. Intervention developers, with the collaboration of community stakeholders, should be guided by a comprehensive understanding of the phenomena, theoretical models and its potential effects.

Using a participatory approach in order to gauge community collaboration is useful in making decisions regarding some of the practicalities of developing and conducting an intervention; such as the choice of facilitators, its duration, the venue or setting and evaluation of the intervention. Within this study, interventions favoured a less traditional approach; therefore, other than the traditional clinic or hospital-base as setting. The participants' home was a setting described as one element which also supported retention in the intervention (Thompson *et al*. 2009). The RE-AIM refers specifically to whether interventions make provisions for those who may not typically be able to access supportive services. The cost of or access to professional services within low-resource contexts are often too high and marginal and would not be sustainable. Several studies, as a result of their therapeutic modality and/or the expert facilitator required for their intervention, would be challenging to replicate in low-resource or 'hard-to-reach' family contexts (LePage 2005; Smith & Handler 2009; Coyle 2012). These families might be isolated owing to having less access to resources or find themselves in low-income contexts (Melo & Alarcão 2011; Evangelou *et al*. 2013). A preferred consideration for intervention developers was using facilitators who were local community workers or peers of potential participants (Ruffolo *et al*. 2006; Tyler *et al*. 2008; Williamson *et al*. 2014). Interventions developers would need to give considerable thought to the affordability and accessibility of their interventions.

Determining the intervention's effectiveness can be conducted using a number of methods (such as qualitative or quantitative methods) and determined by a number of factors (attrition, participant engagement, the information you would want to collect i.e. experiences, effects, intervention fidelity, etc.). Most of the studies were evaluated using a descriptive case study or were pilot studies. Fewer interventions were evaluated after more than six months and even less after one year. Only three studies evaluated their large-scale programmes after one year (other intervention duration were two to five years but not evaluated after). Within the

parameters of this systematic review, there was not many larger scale intervention implementation (i.e. being conducted in communities, cities, provinces or states). Each study was more concerned with describing their unique family-based approach and how it can be implemented elsewhere, yet very few are. If this review is a microcosm of the larger society, we can see that we would need not only a clinical and academic will to develop interventions to greater heights, but a political will and funding too.

Limitations

The authors only had access to databases of the participating university and therefore some studies might have been omitted because of limited access.

The studies identified were heterogeneous and synthesizing the data was challenging. Not all of the studies identified were explicit the presentation of their intervention outcomes and since most of them were case illustrations, it is not easy to determine sustainability or efficacy. Further, the RE-AIM is but one model to assess the sustainability and efficacy of an intervention. Methodological rigour of the articles as a stand-alone research study was not an immediate aim of this review and could impact this study. However, as they were peer-reviewed articles as well as having each gone through their own ethical approval process (as described in the article) should speak to its rigour.

Conclusion

Similarly to findings by Liabo, Gray and Mulcahy (2013), the interventions considered here are encouraging but cannot be considered robust enough in order to identify best practice models. However, this review highlighted two important factors which can be referred to as processes for the implementation of an intervention. First, a feasible intervention appears to

be one that is flexible, engages processes to recruit those who are most at-risk and is facilitated by someone known to or from the same community as the participants, can retain its participants and can be evaluated with the same participants at a minimum of six months later. Second, it is also a model whose development is on-going; in other words, it is flexible enough to entertain and engage recommendations for changes, especially from its participants (Melo & Alarcão 2011; Melo & Alarcão 2012). These considerations should provide the basis for appropriate evaluations.

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CHAPTER 7

The development of a family resilience programme for a rural community on the West Coast of South Africa

7.1 Introduction

This chapter presents the article entitled: "The development of a family resilience-strengthening programme for families in a South African rural community", which was submitted to the Journal of Community Psychology. The article describes the processes involved in the development of the programme and therefore fulfils the third and last objective of the study, namely, *to design and develop a contextually based family resilience programme for the rural community using the Delphi*.

A brief description of the journal submission process is described, followed by the manuscript.

7.2 Journal of Community Psychology

The manuscript was submitted to the Journal of Community Psychology (impact factor, 0.86) on 12 August 2017. The Journal of Community Psychology was chosen specifically for this manuscript because it publishes peer-reviewed, empirical research on processes relevant to the design of the community-based interventions and was well aligned with the third objective of the study. The first correspondence was received on 31 October 2017 in which the editor shared two reviewers' sets of comments. The first reviewer required minor editorial or formatting changes whilst the second reviewer requested substantial changes in terms of structure and issues of clarity. It is often challenging to navigate these types of reviews when they are on seemingly opposite ends of the scale. Whilst one argued that manuscript, in its

original form was ‘excellent, well-written and concise’, the other reviewer thought that major revisions were needed. The changes were completed on 24 November and was submitted for re-review (Appendix K). The manuscript was accepted for publication on the 21 January 2018.

7.3 Article 4: The development of a contextually-based family resilience programme for a rural community on the West Coast of South Africa

Isaacs, S., Roman, N.V. & Savahl, S. (2018). The development of a contextually-based family resilience programme for a rural community on the West Coast of South Africa. *Journal of Community Psychology (in press)*

ABSTRACT

The aim of this study was to develop a contextually-based family resilience programme. We also present a literature review of family resilience interventions suggesting that these three processes are the basis for effective family functioning. A close collaboration with the community ensured an adequate understanding of the presenting family challenges and this paper describes the process in developing a programme based on these challenges. A three-round Delphi design was used for the study, with international and local experts (n=10) in the field of family and resilience studies and community stakeholders (n=5). The programme has three main aims: to increase family connectedness, family communication processes and social and economic resources. Based on findings of this study, four modules would be presented to participants, "*About family*", "*Talking together*", "*Close together*" and "*Working together*". A description is provided of the programme content and decisions regarding logistical programme concerns.

Keywords: Family Resilience Programme; Community-based intervention; Delphi design; Family Resilience; Programme Development

INTRODUCTION

Background and Rationale

The structures and systems within which families function continuously grow in its diversity (Seccombe, 2002) and families are increasingly in need of sufficient and adequate support. Changes within the wider social, economic and political systems, such as rapid shifts in the economic climate, changing leadership and policies can create difficulties for families and have lasting effects on the next generation (Hubler, Burr, Gardner, Larzelere & Busby, 2015). It is becoming progressively difficult for families to provide basic needs for its members and, according to Walsh (2016a), parents often provide for their families at great expense to themselves. One theoretic lens that is cognizant of both developmental and systemic factors concerning families as well as encourages the strengthening family processes within adverse circumstances is Walsh's (2006; 2016a) theory of family resilience.

Walsh (2006, 2016a) conceptualises family resilience as a series of relational processes, which includes a family's communication processes, organisational patterns and their belief systems. Family resilience refers to the family's functioning within the context of adversity (Walsh, 2016a). A family resilience approach has three main goals: First, to reduce vulnerability in families; second, to enhance family functioning; and lastly, to mobilize family and community resources (Walsh, 2012). Family resilience theory argues that families can be empowered to not only beat, but also challenge or even change, their 'odds' (Patterson, 2002; Secoombe, 2002; Walsh, 2016b) or circumstances by focusing on key family processes. This theory is also effective as an intervention frame. Its premise is that families are not unaffected by adverse events, but views families as being capable of meeting these challenges effectively whilst having an inherent ability to prosper (Walsh, 2012).

Having the ability to prosper, however, is not always easily achieved when the environment in which a family might find themselves experience problems beyond the relational, but because of socio-historic events, intrinsic and increasing structural inequalities. According to Maiorano and Mano (2017) South Africa remains one of the most unequal countries in the world, yet, the 'family' is often the targeted intervention site for policy-developers in South Africa (Morison, Lynch & McCleod, 2016) and encouraged to be more resilient than the 'odds' presented to them (Walsh, 2016). Many are under-resourced, impoverished and experience various psychosocial issues such as parental absences, single-income families, domestic and community violence, victimization owing to crime, substance abuse, teenage pregnancies, abuse in all its forms, unemployment and depression (Adams et al. 2013). In other words, their adversities might exceed their ability to demonstrate their resilience. Far too many citizens live below the poverty line and struggle merely to survive. The structural injustices experienced by the many of the South African population cannot be improved by merely placing emphasis on theory and clinical practice.

The definition of the construct 'family' is complex because of the varying meanings for each individual (von Backström, 2015). In the White Paper for Families in South Africa (Department of Social Development, 2012), family is defined as a "*societal group, related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular residence*". This definition has, however, been critised for promoting a middle-class, heteronormative ideal by focusing family structure and 'stable, unified families' (Rabe, 2017), rather than the, more important, functioning (Morison et al., 2016). The emphasis on family structure rather than functioning or processes might demonstrate an ignorance intervention developers cannot afford. For example, each family has its own structure, functioning and processes based on their belief

systems or their family identity (Soliz, Thorson & Rittenour, 2009) which is beyond a simple definition. However, von Backström (2015) offers the following definition, "*a group of individuals connected by kinship, marriage, adoption or affiliation. Members share an emotional bond with one another that stretches beyond the physical residence…family would also engage in relationships with community and the broader society and these relationships are interrelated*", (p.1). This definition, derived from Amoateng and Richter (2007), promotes the notion that families are connected beyond kinship, marriage or civil union and focuses important family processes such the bond between those members and the interrelated societal systems.

The bond or cohesion between family members, and the interconnection with the wider community is also known as *family connectedness* (Walsh, 2012; 2016a). This is a critical process in increasing an individuals and family's positive development (Black and Lobo, 2008; Baer, 2002) or connectedness (Walsh, 2006). Benzies and Mysachiuk (2009), also describe family cohesion as an essential factor in fostering family resilience. For example, Law, Cuskelly and Carroll (2013) tested a model investigating the relationship between family connectedness and 563 children's psychosocial adjustment and found the level of connectedness being directly influence children's psychosocial adjustment. This was similar to Stuart and Jose (2014) who found positive correlations between family connectedness, ethnic identity and wellbeing of Maori adolescents. The quality of family relationships, regardless of family structure, more strongly predicted adjustment and wellbeing. Manzi, Vignoles, Regalia and Scabini (2006) who theorise that enmeshment, cohesion, reported similar findings and its effect on identity development is moderated by culture and therefore enmeshment might not necessarily be perceived as being negative or hindering in identity development. Additionally, Power et al. (2016) explored the

complexities of family resilience processes and also found that along with family connectedness being integral to family functioning, so was the connection and support found beyond the immediate family; in other words, their perceived *social support and economic resources*.

According to Walsh (2006), social connection and involvement in the community can function as a sense of security and belonging for the family. Benzies and Mysachiuk (2009) discuss the importance of interfamily processes and the connection between the family and the environment in a systematic review. Along with the presence of social support both within and outside of the home, they highlight the following factors, which play an integral role in developing a family's resilience: access to quality childcare and schools, healthcare, a stable and adequate income and housing as well as involvement in the community. Therefore, social and economic resources are an important part of family resilience (Walsh, 2016a). This is also consistent with research by Distelberg and Taylor (2015) and Power et al. (2016) who found that higher levels of family resilience was associated with greater use of external resources. Black and Lobo (2008) also describe social support to be a factor challenging to a family's resilience, however is increasingly undermined owing to the families' disconnect from society. Walsh (2016a) also theorises that the current convention of 'every family for themselves' makes it challenging for families to 'reach out'.

Along with social support and adequate economic resources, Jonker and Greeff (2009) found the style of communication amongst family members was the strongest predictor of family adaptation. The authors sought to identify the processes the families utilised whilst caring for a member with a mental illness. *Communication* (conveying and receiving messages between individuals both verbally and non-verbally) within families enhances problem-solving abilities during crises (Walsh, 2016a). The profound effect of family

communication on family functioning has been established in several family-related studies (for example, Black & Lobo, 2008; High & Sharp, 2015; Ho et al., 2016; Prouty, Fischer, Purdom, Cobos & Helmeke, 2016; Schrodt & Ledbetter, 2007).

Similarly, Liermann and Norton (2016) explored the relationship outcomes after participation in a 28-day Wilderness programme. The aim of the programme is to improve the relationship between parents and adolescents. Specifically, developing a common vocabulary with adolescent-parent dyads and listening was emphasised. After three and six months, communication was reported to be one of the most sustained outcomes. Parents also noted changes in the quality of their relationships. This is consistent with Walsh (2016a) and Offer (2013) who posits that family resilience processes have a synergistic effect. One process often speaks to and is important to the other. These processes described above also form part of Walsh's theory of family resilience (2006; 2016a).

If a family's level of resilience can increase family functioning within the context of adversity, does that dissolve national leaders from the responsibility of ensuring adequate resources and systems for the betterment of wellbeing an individual, family and community level? Interestingly, some studies have found that there is also more to the success of a well-rounded family system than the mere addition of resources. Stiel's et al. (2014) study found intangible resources such as adequate social support was an essential component of the success of resource-focused programmes. The study evaluated 411 families enrolled within a resource-focused Family Self-Sufficiency Programme in California. Using discriminant functional analysis, the aim was to predict whether a family's employment status could be predicted by demographic and family resilience factors. They found that the presence of two factors in particular would more likely predict employment of the participants: social support and communication and problem-solving skills (Stiel et al. 2014).

Similarly, the LINC model (whose aim is to increase individual, family and community resilience) focuses not on *increasing* artificial services alone but also *improving* the use of existing resources (Landau, 2010). The LINC model of community resilience focuses on building and/or strengthening natural support systems – those who the family deal with on a daily basis (family clinics, neighbours, clergy, extended family) rather than focusing slowly on artificial support systems (therapists, social services, emergency personnel) in times of crisis (Landau & Weaver, 2006). A family or community link, such as an individual or organisation, who ensures the connection between outside assistance and the community, is established. In one example, LINC was used in Argentina to address the increase in youth in substance use. The treatment of substance use occurred within the traditional in-patient setting, resulting in the isolation of the patient for months at a time. Many parents were not in favour of this form of treatment. One of the outcomes of the assessment was requesting an outpatient community-based treatment and the '*10000 Lideres para el Cambio'* was developed. The collaboration with the community resulted in an increase in admissions as well as the likelihood of long-term recovery (Landau & Weaver, 2006).

One intervention that draws on Walsh's (2003) family resilience theory and has, for more than a decade, shown to increase various family resilience processes is the Families OverComing Under Stress (FOCUS) (Lester et al., 2013; Saltzman et al., 2011). Initially designed by the University of California, Los Angeles and Harvard Medical schools for military families, FOCUS has expanded its target participants and is also implemented with civilian families (Saltzman, 2016). It has been found useful for families who experience different forms of stress such as loss, ill mental health and trauma. FOCUS can also complement other forms of intervention. The eight-session, psycho-educative intervention

begins with a meeting between the facilitator and the family in order to clarify goals the family wishes to achieve. Parents and children are taught about important developmental milestones and tasks, family roles and practical communication skills. According to Saltzman (2016) the intervention has shown to have strong outcomes for families who participate as it is based on the comprehensive framework of Walsh.

Moreover, one of the only South African studies identified that focused specifically on one factor to increase family resilience is that of Holtzkamp (2010). She developed, implemented and evaluated a family resilience-enhancement programme for two low-income communities in the Western Cape. The programme was designed using Cafarella's (2002) 12 intervention guidelines. Holtzkamp (2010) focused on only one family resilience factor, that of family hardiness. Family hardiness encompassed family control, commitment and challenges. The manualised, once-off workshop was evaluated using mixed methods. Fifty (33 for the experimental group and 17 in the control group) participants were evaluated pre-intervention, post-intervention and once more 3 months after. Although no significant changes were detected, there was evidence of some increases found in some of the family functioning and attachment scales as well as differences reported by the families in the qualitative interviews. For example, some families reported an increase in the value they placed on family cohesion and open and honest communication. The small sample size and once-off intervention format could account for the findings.

The interventions described above (with the exception of Holtzkamp, 2010) are a few family resilience-based interventions identified by a search on several databases available to the authors (such as Academic Search Complete, PsychArticles, SocIndex, Eric). The search terms were "family resilience intervention(s)," OR "family resilience programs" OR "Family

resilience programmes". Although this was by no means a systematic review, this could indicate a paucity of available family resilience-focused intervention research. Moreover, these studies demonstrate the potential of interventions using a strengths-based approach such as family resilience.

Strengthening family resilience processes through interventions have been shown to encourage transformation and growth (Acuña & Kataoba, 2017; Stiel, Estrella, Wang & Distelberg, 2014; Vermeulen & Greeff, 2015). Multiple positive outcomes have been reported because of family-based research and interventions. Many existing programmes are adopted from international developers and thus not developed from the same contextual circumstances and concerns as those from this studies setting as well as with the assistance of those under study (Holtzkamp, 2010). However, the development of an intervention should begin with a focus on the family's goals, current processes, their structure and context (Walsh, 2016a). Therefore, the aim of the study is to describe the development of a programme, which enhances family resilience processes, in collaboration with those practising in the field of child, family and resilience studies and the community stakeholders.

METHOD

Research Design

The Delphi method was implemented in this study in order to generate ideas, based on participants' expertise, on the guidelines and content for the programme. The Delphi was chosen, as it is an iterative and useful process for programme or model development

(Skulmoski, Hartman & Krahn, 2007). Its flexibility is often critiqued because of the inability to replicate findings and other concerns in establishing rigour (Hasson & Keeney, 2011).

Different types of group-based methods exist which might also be applied in studies of this nature (such as group concept mapping, nominal groups, focus groups etc.). The challenge with these types of group-based approaches is often arranging for participants to meet at one place, at a time convenient for each participant. This was true even for this study. As noted below, given the participants' time schedules, the decision was made to proceed with the Delphi in a more convenient email-based format. In the case of group concept mapping – even on a web-based forum also presents challenges such as becoming familiar with a particular software. For example, Chang et al. (2017) describes an 'easy-to-use' concept mapping software in their study. However, using the Delphi via simple question and answer format, participants were able to respond to set questions and eventually, a questionnaire, and not have to be too creative first understanding new software and then responding to the questions.

However, there are also different types of Delphi conducted in research; formats which might be conceptually similar to focus, nominal groups or even workshops). The most commonly implemented is the *classic* Delphi, which aims to elicit opinion and gain consensus amongst a panel of experts (Hasson & Kenney, 2011). The format of this particular was both web-based, in the form of emails and in the form of a stakeholder focus group discussion. According to von der Gracht (2012), there is no golden standard in determining when participants reach the point of consensus and many researchers use a variety of methods including descriptive and inferential statistics and subjective criteria to make such a determination.

Data was collected in three rounds. The first round of the Delphi was qualitative and exploratory in nature, the findings of which were used to construct a questionnaire so that participants could rate their agreement of others' opinions (round 2) (Hsu & Sandford, 2007). The findings of the second round were then analysed using descriptive statistics (frequencies and percentages). The findings of the first two rounds were presented to the community stakeholders, in the form of a focus group discussion, to illicit further discussion and decision-making on the programme. The community stakeholders are the final decision-makers on the programme structure and format. Although this cohort was only involved in the last round (not everyone had access to a computer and each trip to the community was a four-hour journey) intervention development is not a linear process and therefore if they were in disagreement or held different perspectives, it would be included in the findings. Additionally, Hasson and Keeney (2011) note that a Delphi offers a cross-sectional view of expert opinion to *inform* and so must also be guided by other literature. Another form of guidance can also be informed by the input of the community stakeholder cohort.

Preceding study phases and the research context

The current study describes the processes undertaken to develop a family resilience programme for families in a rural community along the West Coast of South Africa. This study forms part of a larger project with the same aim. The larger project uses a participatory action approach and the researchers closely collaborates with the local non-government organisation (NGO). It was through this collaboration that the NGO identified the need to strengthen families within the community. The NGO would serve as a venue for the intervention and the staff will be trained as facilitators of the programme. This participatory action approach is central: it ensures a continued relationship of trust between the researchers,

NGO and the community; community members do not feel that it is merely more research through which nothing would emerge and lastly, the NGO would have evidence (provided through the research) to present to their funders. The family resilience assessment was converted to a report for the NGO on the reported family resilience needs of 656 families across the community. Once the intervention itself is implemented, the NGO will also be assisted in developing an evaluation and reporting plan.

The larger project was conducted in three phases[2]. *Phase 1* aimed to identify and explore the family resilience needs using an explanatory sequential mixed methodological design. The quantitative component was conducted with assistance of fieldworkers and the collected data from 656 community members. Qualitative data was conducted in the form of four focus groups (n=27). The needs of the community resulted in the identification of the potential outcomes for the programme. These outcomes were defined as 1) increasing family connectedness, 2) increase the use of social and economic resources and 3) increasing family communication processes (Isaacs, Roman & Savahl, 2017). *Phase 2* was a Systematic Review aimed at identifying and describing practices and processes used in family-based intervention development. The findings indicated that most family-based interventions are strengths-based, psycho-educative in nature, makes participant engagement and retention a priority and includes the involvement of the local community (Isaacs, Roman, Savahl & Sui, 2017).

The community under focus is a predominantly Afrikaans-speaking, rural community situated four hours outside of Cape Town, on the West Coast of South Africa. The first author has an established relationship with the community's NGO as it is a site in which postgraduate psychology students complete their service-learning training. According to the

[2] The larger project is a PhD study conducted by the first author.

Western Cape Safety Report (2013), the crime and violence in this community is often a result of the unemployment and high substance use rates. The local municipality reports that there are only two primary schools and no high school and so learners have to travel to the next town in order to gain a secondary education. This also contributes to low education levels since many learners prefer to not leave their homes.

Phase 3, which is the focus of this paper, aimed to development of the community-based, family resilience programme in collaboration with those practising in the field of child, family and resilience studies and the community stakeholders. The aim of this paper is to describe the processes involved in the development of the intervention.

Participants

The participants of the Delphi included two cohorts. The first were international and national experts in the field of child, family, intervention development and resilience and the second, local community stakeholders. The recruitment of the first cohort was initially conducted purposively. Participants were required to have knowledge of or experience in the field of family psychology, family resilience and/or intervention development. The starting point for the search for potential participants was based on some of the authors identified in the systematic review in *Phase 2* of the larger project. Forty-two participants were initially contacted, via email, with a request to participate in a two-round Delphi. The response rate was expectedly slow and the participants were also asked to nominate other possible participants. The recommended individuals were also contacted.

Although twelve participants confirmed their interest and provided consent to be part of the panel, two participants dropped out. Ten participants (age, M= 48.75; SD=10.98) were

in the final sample. The participants resided in different countries: Australia (n=1), the United States (n=2), Canada (n=1), Portugal (n=1) and South Africa (n=7). Table 1 provides the demographic information and field of expertise per participant:

Table 1: Expert Panel Participants Details

Gender	Age	Title	Country	Speciality
Male	n/a	Professor	South Africa	Family research
Male	63	Professor	South Africa	Family resilience expert
Female	56	Professor	South Africa	Applied and community psychology
Male	44	Mr	South Africa	Community, trauma, substance use psychology esp in low-income areas/ experience in the community
Female	31	Mrs	South Africa	Clinical psychologist. Specialises in child psychology and attachment-based therapy.
Female	56	Professor	South Africa	Applied and community psychology
Female	45	Professor	South Africa	Family studies, especially in terms of family role identity
Female	n/a	Doctor	Australia	Research in treatment of childhood, behavioural problem, specialises in cultural tailoring of programmes
Female	n/a	Doctor	Canada	Resilience studies
Female	38	Doctor	Portugal	Family intervention development
Female	57	Professor	USA	Family research and intervention development
Female	n/a	Doctor	USA	Family studies, applied and community psychology

For the third round of the Delphi, five staff members (age, *M*=38.80; *SD*=12.52) of the NGO participated in the focus group discussion. They were qualified social workers as well as the director of an organisation. Rowe and Wright (2011) agree that experts and lay people together increase the variety of perceptions and can add depth to the information. They were able to provide input on the findings and recommendations as well as the feasibility of the programme because of their knowledge and experience. Table 2 describes the demographic information of the sample for *Round 3*.

Table 2: Community stakeholder participant details

Gender	Age	Affiliation
Male	45	NGO
Male	32	NGO
Female	29	NGO
Female	30	NGO
Female	58	NGO

Procedures

The procedures followed is outlined in the Figure 1 and is described in terms of each round of the Delphi.

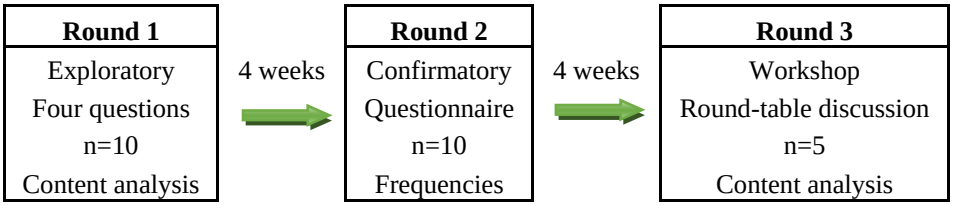

Fig. 1: Outline of the Delphi process

*Round 1***.** As is typically the case, the first round of data collection was primarily aimed at idea-generation (Hsu & Sandford, 2007; Skulmoski et al., 2007) and was exploratory in nature. The participants received an information pack containing brief overview of the aim and the findings of the larger project (Appendix 1). The participants were given this information to assist in their reflection of the process and guide their reasoning when responding over the course of the Delphi. They were presented with four questions, two of which were defined by van Oostrom et al. (2007) for intervention development.

1) *Reflect on the process presented thus far. What would you agree or disagree with as the main performance outcomes of the family resilience programme?*
2) *What does the target population (families) need to learn or acquire with regard to the specific outcome to achieve the performance objective?*
3) *What needs to be changed for the target population to achieve the performance objective (programme outcomes/change objectives)?*
4) *Do you have any other thoughts/comments/suggestions?*

The responses were collated after three weeks (Okoli & Pawlowski, 2004) of the first round of the Delphi (see 'results below). One participant decided to withdraw from the process, during the first round, as she was not sure whether she would be able to provide valuable input.

A six-round thematic analysis (Braun & Clarke, 2006) was used on the collated responses and generated two thematic categories with a total of six themes. Hsu and Sandford (2007) suggest that the responses be analysed and converted into a structured questionnaire, which is then used for the second round. The themes and codes were formulated into items and a 103-item questionnaire (see Appendix 2).

Round 2. Participants were allocated a time of two weeks within which to complete the questionnaire. The participants were asked to rank their opinions of the items on a Likert scale (strongly agree to strongly disagree). However, they were not asked to rank their opinion of the importance of an item.

During *Round 2*, one more participant had shown interest in being part of the study. Attrition was already a concern and so she was included in *Round 2.* She also received the information regarding *Round 1*. Unfortunately, after several emails, one participant was no longer contactable and so the number of participants remained at ten. Ten responses were captured on excel and then analysed for frequencies and percentages using SPSS version 24.

For Hsu and Sandford (2007), studies reporting both percentage and measures of central tendency (such as the mean, median and mode) are useful in analysing participants' responses. This aids in reducing subjectivity between Delphi rounds (Holey, Feeley, Dixon & Whittaker, 2007). Since only ten participants responded, it was important to note the patterns and percentage of responses on the items. No rating of response was required. According to McMillan, King and Tully (2016), conducting more than two rounds can increase attrition and so we decided to end the involvement of the expert cohort and begin collating the already-generous amount of data for *Round 3*.

Round 3. The findings were presented to the community stakeholders as the third round of the Delphi. They were not included in the previous Delphi rounds specifically, since they have been involved in most of the larger project already. Thus, we could gain a sense of outsider or 'expert' perspectives on the larger and current study (in *Round 1* and *2*) before integrating the opinions of the stakeholders.

Round 3 was completed in a two-hour round-table discussion. This round focused on 1) *Providing feedback to the stakeholders on previous rounds;* 2) *Presenting the suggested programme guidelines* and 3) *Discussing additional considerations presented by stakeholders*. During this discussion, the first author (researcher) was assisted by a co-facilitator in order to keep detailed notes on the workshop to ensure an accurate reflection of the round-table discussions. The discussion was also audio-taped and transcribed verbatim. Braun and Clarkes' (2006) thematic analysis was conducted on the transcript as well as on the notes taken during the discussions.

Ethics

The university's ethics review board provided ethics approval for the larger project (ref: 4/19/14). Informed consent was obtained from all participants involved. These were all signed and returned. Confidentiality was assured as each participant emailed the researcher personally and therefore had no knowledge of another individual's response. Confidentiality was also assured to those who participated in the round-table discussions. This is ensured to the extent that the researcher would not allow others who are not involved in the research to be able to identify individual participants or their responses. To this end, they signed two forms: a consent and focus group confidentiality forms. Participants were also free to

withdraw from the process at any time. Two participants, during the first and second round of the Delphi, practiced this autonomy. The participants were recused without prejudice.

RESULTS

Round 1

As recommended by Hsu and Sandford (2007), each round is analysed and reported on separately. Participants provided their understanding and opinions of the proposed programme outcomes of the family resilience programme in answer to the four questions presented. Two thematic categories, one category with four themes and another with two themes, were identified during the analysis. This is presented in Table 3 below.

Table 3: Thematic categories and themes

Thematic category	Theme
1. Programme outcome considerations	1.1 Family connectedness 1.2 Utilising social and economic resources 1.3 Family communication 1.4 About family
2. Intervention format and logistics	2.1 Intervention format considerations 2.2 Other considerations

*Programme outcome considerations***.** The first three themes found in *Round 1* centre on the three proposed outcomes. Therefore, increasing family connectedness, utilising social and economic resources and family communication. The expert panel also provided suggestions of 'change' elements that would need to be in place in order for the programme outcomes to be realised. This theme was labelled '*About Family'*. It is centred on family members' ability to reflect on their family life and make a commitment to see positive change. Furthermore, one of the main aims of this theme is creating a sense of family identity.

*Intervention format and logistics***.** The participants also provided suggestions for the format of the intervention and other factors that could increase the success of the programme. Participants felt that the programme should include learning (psychoeducation principles) and be action-based and should focus on developing skills. Additionally, some recommended that decisions on programme logistics should be made in collaboration with the community.

As previously described, the codes were turned into items and arranged by its appropriate theme for the questionnaire.

Round 2

All participants received the questionnaire and were instructed to select the option that best suited their opinion on each item. All items are presented with their frequencies and percentages. Some participants did not answer each item. In some cases, it is clear that it was an oversight (when a participant had answered every other item) and in others, participants provided comment, which explained their abstention. This is included in the discussion later.

In each table below, the theme was provided with a statement of opinion, such as "*family connectedness should include*…mutual appreciation of family members". Participants responded on a Likert scale. Their frequencies are presented along with the percentage of agreement with the statement.

Table 4: Feedback on Proposed Programme Outcome: Family connectedness

	Strongly Agree	Agree	Disagree	Strongly Disagree	% in agreement
Family connectedness *should include/refers to...*					
1. …mutual appreciation of family members	7	3			100
2. … positive emotions	5	3	2		80
3. …mutual knowledge of each other	7	3			100
4. …altruism	2	6	1		80
5. …family time moments	6	4			100

6. …kindness	4	5	1		90
7. …empathy	6	4			100
8. …positive humour	2	6	2		80
9. …positive attention	5	4	1		90
10. …sensitivity to each other's' needs	9	1			100
11. …certain family rituals/routines/ activities	8	1	1		90
12. …family members acknowledging their responsibilities within the family	4	3	3		70
13. …the understanding of members' roles	4	3	2	1	70
14. …understanding of own emotions	3	2	3	2	50
15. …recognition of individualisation & struggling together for a common purpose	5	4		1	90
16. …include interconnectedness with the larger community	2	3	5		50
17. …emotional responsiveness of family members	7	3			10
18. …the capacity of family members to recognise and respond appropriately to socioemotional needs	4	6			10
19. …spending quality time together without a required outcome	6	3			90
20. …family members being explicit of own needs	5	2	3		70
21. Is not about rules and boundaries within the family	3	2	3	1	50
22. Has the potential for making each member of the family feel supported	7	2			90
23. Has a structured dimension which refers to daily living and functioning	3	4	2		70
24. Has an unstructured dimension, which refers to engagement of family members (such as clarifying who does what?)	4	4	1		80

Table 4 focuses on the theme of family connectedness (FC) and its dimensions as was shared by the panel experts. They were then required to rate their opinions of the items. Some participants shared dissenting opinions on two of the items. These items were 'FC should include (item 16) *interconnectedness with the larger community'* and 'FC should include (item 14) *an understanding of one's own emotions'*. Fifty percent of the participants felt that FC should remain focused on the family alone and should not include the interconnectedness with the larger community. Further, in response to item 14, in the comment section, one participant reported concern regarding the level of difficulty the family might experience in an intervention if the concept of 'understanding one's own emotions' should emerge. This concern was taken to *Round 3* so that the community stakeholders could decide whether it should be an included guideline.

From Table 4 it is evident there was general agreement that there be a focus on the structured and unstructured component of FC. The participants agreed (70%) that the structured component includes daily living and functioning, routines and rituals and an understanding of the roles that each family member plays. They also agreed (80%) that the unstructured dimension would include enhancing the level of engagement between family members. In addition, the level of engagement would also include fostering positive emotions (good humour, attention, kindness, altruism) towards one another, and an appreciation for the roles and rituals and daily functioning.

Table 5: Feedback on Proposed Outcome: Utilising social and economic resources

Utilising socioeconomic resources	Strongly Agree	Agree	Disagree	Strongly Disagree	% agreement
Should include…					
25. …an exploration of the resources available	10				100
26. …an intervention should include stress management	1	4	5		50
27. …learning about resources and rights to resources	10				100
28. …the barriers to accessing and utilising the resources	10				100
29. …the broader community and local government engagement	6	3	1		90
30. … Has a subjective dimension such as how they make sense of finances	6	3	1		90
31. ...has an objective dimension such as the actual income and expenditure of the family	7	3			100
32. …increasing the use of social and economic resource facilities	8	2			100
33. …providing pamphlets, service details, contact information of available resources	6	3			90
34. Budgeting	6	4			100
35. …how to talk about financial matters	5	2	2		70
36. …how to prioritise family financial needs	6	3		1	90
37. It will be important to make 'reaching out' easy	6	2		1	80
38. Is important in resource-constrained settings	7	2			90

The participants mostly agreed with for Utilising Social and Economic Resources (USER), there is a subjective (90%) and structured/objective (100%) dimension of utilising both social and economic resources. The structured or objective dimension would involve an

exploration and learning of available resources, learning how to budget and creating useful information briefs. The subjective dimension should involve how the family *thinks about* and *makes meaning* of social resources and economic resources such as the local NGO, extended families and friends. In addition, participants felt that 'reaching out' should be made easier (80%) for the participants of the programme. In other words, in accordance with the LINC model, programme facilitators and the NGO should play a more active role in establishing the links between families and social and economic resources.

Table 6: Feedback on proposed outcome: family communication processes

Family communication processes	Strongly agree	Agree	Disagree	Strongly Disagree	% in agreement
Should include/refers to…					
39. …developing positive communication skills	10				100
40. …emotions in family	8	1	1		90
41. …family times for planning activities	5	5			100
42. …Family members' decision-making	5	5			100
43. …sharing personal experiences	8	1	1		90
44. …the act of talking together	8	2			100
45. …generational communication	7	2			90
46. …an increase awareness of non-verbal communication	7	3			100
47. …an increase awareness of how messages are sent	8	1	1		90
48. …problem-solving	7	3			100
49. …conflict resolution	8	2			100
50. …increasing connectedness within family	5	4			90
51. …verbal and non-verbal communication	8	2			100
52. …the practice of talking together- tone, gestures, physical presence, body language	8	2			100
53. …how family members react - learn to talk about problems	9	1			100
54. …listening	9	1			100
55. …is the bedrock of everything and all relationships	4	3	2		70
56. …building new ways of communication	6	4			100
57. …conversations about relationships	3	6			90
58. …basic empathic responding skills – to verbalise what they see.	8	2			100
59. …develop a vocabulary of feeling words.	7	3			100
60. Communication processes are important for increasing connectedness with inside and outside resources	5	4			90

It is clear from Table 6 that participants agreed and are in favour of most of the dimensions they believed forms part of increasing effective family communication. Such a programme component would aim to develop positive communication skills in terms of verbal and non-verbal communication, listening and learning to talk to one another (100%). It would also be important to develop effective communication regarding conflict resolution and talking about problems (100%). Additionally, most of the participants also agreed that communication was important for family connectedness and consistent with research by Offer (2013) and Walsh (2003).

Table 7: About family

About family	Strongly agree	Agree	Disagree	Strongly disagree	% in agreement
Families would need to…					
61. …invest in their family	7	2			90
62. …dedicate or devote specific time for their families	7	3			100
63. … Reflect on and recognise family strengths	10				100
64. …reflect on both past successes and failures	6	3	1		90
65. …committed to one another	7	2	1		90
66. …reflect on how they see family and their own family	8	2			100
67. …recognise the importance of family	9		1		90
68. …reflect on the benefits of being part of a family	9		1		90
69. Reflect on family history	5	3	2		80
70. …reflect on strengths and weaknesses of the family	7	3			100
71. …reflect on parenting styles and skills practiced in the home	6	4			100
72. …respect one another	8	1	1		90
73. …reflect on family centeredness vs individuality	5	3	2		80
74. …be encouraged to reach out and seek assistance when needed	6	3	1		90
75. …unpack or reflect on socialisation processes	4	3	3		70
76. … be open to new ways of doing things	6	4			100
77. …bring about the change within the family	8	1	1		90
78. …shift their own perspectives	5	2	2		70
79. …have critical discussions about family	4	3	3		70
80. …reflect on unhealthy styles - get rid of old patterns and ways of relating	5	4	1		90

The theme of '*About Family*' centres on elements necessary for change within potential programme participants. Participants felt that it would be beneficial for families to first reflect on their family, their strengths and make a commitment to their family. Generally, participants put forth that what needs to change would be previous behaviours and cognitive processes about family and past experiences. This could be encouraged by reflecting on family history (80%), strengths and weaknesses (100%) and making a commitment to one another (90%).

Tables 8 and 9 describe additional format and logistical considerations that participants' provided in terms of intervention development.

Table 8: Intervention format and implementation considerations

Intervention format and implementation considerations	Strongly agree	Agree	Disagree	Strongly disagree	% in agreement
81. Families members should map existing strengths	8	1			90
82. "Learning" might not be an appropriate format for this intervention	3	4	2	1	70
83. The intervention should be experientially based.	8	2			100
84. An aspect of the intervention should be education-based if past experiences of families were not conducive to learning resilience processes	1	8	1		90
85. The intervention should incorporate an integrative, case-based tailored programme	6	2	2		80
86. Skills should be taught, implemented, discussed and refined	7	2	1		90
87. Adult-learning principles (not a lecture) should be incorporated into the intervention	7	3			100
88. The intervention should mirror what you want to have happen in the process	6	3			90
89. The intervention should be action-based; it should include activity	7	3			100
90. A preferred consideration should be to use local community facilitators (as opposed to unfamiliar 'expert'	4	4	2		80
91. Affordability and accessibility are important for intervention development	9		1		90
92. The choice of facilitators, its duration, venue or settings and evaluation of the intervention should be considered in conjunction with community stakeholders	6	3	1		90

Participants believed that the intervention should be one that is not only focused on psychoeducation but should also be action-based. Therefore, family members should practice the skills learned during the intervention at home (100%). The participants mentioned that although facilitators could be local community members there are some aspects of the intervention (80%) which should be facilitated by individuals with more expertise. Fortunately, the NGO staffs qualified social workers who are members within the community.

Table 9: Other considerations/thoughts/comments

Other considerations	Strongly agree	Agree	Disagree	Strongly disagree	% in agreement
93. The intervention should draw from the strengths found (i.e. belief systems) in the needs assessment to develop the lower qualities	7	3			100
94. There is a synergistic effect between the proposed intervention outcomes	5	4			90
95. The intervention will help family members feel valued	4	5			90
96. Working in a rural community provides unique benefits in terms of access	4	2	2		60
97. The inclusion of educational and career development skills will be beneficial for the intervention	2	6	2		80
98. The intervention would need to be culturally and contextually appropriate	8	2			100
99. The intervention developers should consider buying and adapting curricula for the development of the Family Resilience Programme	3	2	3	2	50
100. The intervention should also consider the importance of gender differences and beliefs of the community	7	1	1		80
101. I was able to offer insight from my own research and experience towards this process	5	3			80
102. The community stakeholders should be involved to action outcomes	6	3	1		90
103. Understanding the validity criteria of the instrument used in the study was important for me	4	2	2	1	60

Table 9 merely describes additional comments of the Delphi process that were expressed by participants in the previous round. One participant felt that the intervention developers should consider buying and adapting existing family programmes, however 50%

of the participants disagreed with this. Moreover, this study endeavoured to develop guidelines for a contextually-based programme using a participatory action research approach and therefore community members would be involved in its development, implementation and evaluation. Purchasing programme material, which might not be contextually relevant, would not have been feasible.

Round 3

The round-table discussion commenced with a review of the entire research process as well as the results from *Round 1* and *2*. The aim of this round was to reach consensus amongst the staff of the NGO in terms of the programme outcomes and guidelines put forth by the previous cohort and to brainstorm ideas around new ideas or input. One main thematic category with two sub-themes emerged:

Table 10: Thematic categories of Round 3

The Family Resilience Strengthening Programme
1) FRSP Content: - About family - Talking together - Working together - Closer together
2) FRSP Structure and Format - Home visits - Manualised - Psychoeducative - Action-based

The Family Resilience Strengthening Programme. First, this cohort felt that each proposed outcome was given due consideration and were in agreement with the content and guidelines. They felt that 'About family' should be included as a component of the programme since it would be important to first have families reflect and make a commitment to process of the Family Resilience Strengthening Programme. They believed that each programme outcome should be an offered *module*. The decision was that there should be four modules: *About Family*; *Talking together*; *Working together*; and *Closer together*. In this

way, there would be *sufficient focus on each outcome* and intervention targets would participate in each module for a period in order to increase retention of the knowledge and skills they would learn.

FRSP Structure and Format. Second, most of their feedback focused on the *format of the programme*. The stakeholders also expressed that *home visits* were possible and a good method for programme implementation. They felt it would also help with having programme participants invest in their families and the programme as well as increase retention rates. The participants also suggested a *manualised* programme. They also felt that there should be different versions of the manual. For example, one for the programme facilitators and one for the participants. It was also decided that before it can be officially implemented, it should be piloted before it is formally implemented. Based on the discussion and decisions made, the *Family Resilience Strengthening Programme* is outlined in the table (11) below:

Table 11: Family Resilience Strengthening Programme

MODULE	AIM	OUTCOMES	POSSIBLE ACTIVITIES
About family	To reflect on and make an investment in their family	Identify and draw from family strengths Develop a list of goals for families	Home-based visit Map past successes and existing strengths Enter into agreement with facilitator & family (invest)
Closer together	To increase positive feelings of family cohesion and connectedness	Mutual knowledge of each family member Understanding roles, rules, boundaries Develop sensitivity to each others' needs Learn about the structured and unstructured dimension	Defining family members' roles & rules Spending quality time together Role plays Participant approach: empathy, humour, attention
Talking together	Increase positive and effective family communication between members	Learn about the value of family communication Making-meaning of communication Become aware of verbal & non-verbal communication Sharing personal experiences Listening versus hearing	Learn the act of talking together Role-plays Taping a family discussion of an agreed-upon family challenge Develop feeling-words vocabulary
Working together	Increase access to social resources Increase access to economic resources	Explore available resources Learn about resources & rights to resources Learn about financial management	Develop pamphlets, service details, contact info Learn budgeting How to engage local and broader government

DISCUSSION

The findings of this study (and the previous study's phases) contributed to the development of the *"Family Resilience Strengthening Programme";* a strengths-based, psycho-educative intervention that is aimed at increasing the family resilience processes of multi-challenged families. The module outcomes of the FRSP are well aligned with Walsh's theory on family resilience. The importance of adequate socioeconomic resources and family connectedness are directly related to the theoretical dimension of *family organisational patterns* (Walsh, 2016a). *Family communication* is also a dimension in the theory (Walsh, 2006, 2016a) and this dimension arose as essential in family functioning in several studies (Jonker & Greeff, 2009; Liermann & Norton, 2016; Schrodt & Ledbetter, 2007) and in the needs assessment conducted by the authors of the current study previously (Isaacs et al., 2017a).

Participants of the study believed that families should reflect on and make a commitment to change within their families – or at least be open to possible shifts in their current functioning. In other words, consideration should be given to the current functioning, processes, and goals that they might have for their own family. If the families themselves have not yet considered this then programme facilitators should help families in their reflections and formulations of goals (Walsh, 2016b). The community stakeholder cohort felt that such a module should be offered first. I was named "*About family*". This is also consistent with studies such as Riley et al. (2008) whose first meeting with the parent and youth group is aimed at establishing a sense of group identity and a list of family goals. This concept can be extended further in this particular module to the notion of family identity. Family identity is the extent to which family members identify as being similar to or part of the family unit (Soliz et al., 2009). Although variations within individual and family identity

is inevitable, it is important that participants feel that they do belong to the family unit. "*About family*" will also be an important initial step in the process the family will be undertaking as part of the programme. Walsh (2016b) also argues that ensuring that the family is 'on the same page' in terms of intervention goals and realistic family capabilities is crucial to the effectiveness of the intervention.

The second module was termed "*Talking together"* and will focus on establishing open and positive communication between family members. Liermann and Norton (2016) found that parents who were able to develop a way of communication with their children vastly improved the quality of their relationships. Improving communication patterns would also include educating family members of the different aspects of communication, for example, verbal and non-verbal, the latent and content messages of communication and activities to help demonstrate these aspects. Participants of the Delphi agreed that family members would need to develop a vocabulary of feeling words. Jonker and Greeff (2009), note that it is not only the act of talking together but also the *style* of communication that was integral to positive adjustment during crises. For example, the use of a positive and supportive style of communication is preferable to a negative and inflammatory communication style (Jonker & Greeff, 2009). Improving family communication also serves an additional function: improving problem-solving skills (Walsh, 2016b). This is also in accordance with Walsh's theory, in that the role of family communication (as a key resilience construct) is most useful in solving family problems. The range of socioeconomic family problems experienced however, might supersede what families are able to accomplish by simply 'being resilient' (Walsh, 2016a).

Increasing the knowledge and use of social and economic resources is the focus of the third module, named "*Working together*". The importance of social and economic resources in family functioning has been established consistently in different conceptual and empirical

studies (for example, Benzies & Mysachiuk, 2009; Distelberg & Taylor, 2015; Power et al. 2016). Yet, the socioeconomic inequality of these multi-challenged families, is a concern. In the first phase of the larger project, many participants referred to the severe lack of socioeconomic resources and opportunities in the community. The socioeconomic inequality in South Africa is one of the highest in the world (Maiorano & Manor, 2017).

Findings from this study suggests that the aim of this module should be to help family members map out or learn about existing social and economic resources as well as create opportunities to enhance resources within their community. In other words, participants would gain knowledge of the local services offered within the community and larger society. One of the most important contributors to healthy family functioning necessitates a statewide commitment in all aspects of family life (Walsh, 2016a).

Participants in the programme will also learn how to be more explicit of their families' needs and discover ways in which those needs can be met. For example, many families in the community rely on a social grant from the Department of Social Development. Receiving financial assistance alone does not equate to knowledge of financial planning. Learning the importance of financial management and curriculum vitae development is an example of two activities in which participants can acquire skills and gaining some financial empowerment and responsibility. Another recommendation from participants was to ensure that there is adequate engagement with local government and broader institutions in order to create better opportunities within the communities. The LINC community resilience model, has proven that establishing links (either an individual or an organisation who performs a liaison function) between professionals, leaders and other decision-makers and the community results in a collaborative relationship and improve individual, family and community outcomes (Landau, 2010). This will be a good guideline within this module.

Decisions were also made in terms of the programme structure and format. First, the programme will be psycho-educative. This was in accordance with the findings of many intervention studies who have utilised this approach (Lim & Han, 2013; Riley et al., 2008; Saltzman, 2016). Second, the programme would also be action-based. In other words, participants of the programme would have several opportunities to practice what they will learn during the course of the programme through various activities. Third, the community stakeholders believed strongly that some sessions should be home-based. They referred to interventions that they conducted previously in which home-based sessions proved useful. This has also been found in Riley et al. (2008) as a useful method in engaging participants and increasing retention in a programme and the likelihood of the success of the programme. Lastly, manuals and worksheets will be developed to assist facilitators and participants of the programme. Participants would have tangible materials to use during and after the programme and would increase the fidelity and accessibility of the programme (Holtzkamp, 2010; Riley et al. 2008).

Further, the synergistic effect of family resilience processes have been demonstrated in several studies (Jonker & Greeff, 2009; Offer, 2013; Saltzman, 2016) as well as the current study. For example, in the questionnaire, one of the factors suggested under the theme of family communication was 'family times for planning activities' – a factor which is also associated with family connectedness. Similarly, Saltzman et al. (2016) posits that enhancing family resilience processes can reduce additional challenges experienced by individual family members and thereby, increase change within the entire family system.

In order to maintain the contextual diversity and participatory action model used in the development of the programme, the FRSP will continue with a 'guideline' approach and not be too prescriptive in activities; goals should be directed by the family themselves (Walsh, 2016).

Limitations and recommendations

The sample size within this study was smaller than anticipated. We had hoped to reach closer to 15 participants, as Macmillan, King and Tully (2016) have suggested this as the average, however, this was not possible. Another method to consider in the future would be to include the community stakeholder groups with the Delphi rounds and conduct an interrater reliability analysis. This could illuminate differences or similarities between academics and researchers as well as grassroots community workers. According to Hsu and Sandford (2007), precaution should also be practiced when considering 'expert' responses since not all participants will be equivalent in their knowledge. However, this study is the final stage of a three-phase project. Information has been gathered from empirical research studies, both published and grey literature, as well as information collated through a series of data collected from community members and meetings with stakeholders. Therefore, we feel that the present study is an accurate, congruent reflection of the work in family studies, and what is possible through international and local collaboration. The next step of the process is to begin writing the manuals for the facilitators and programme participants whilst being mindful of appropriate evaluation strategies. This will increase the success of evaluating and monitoring a pilot.

CONCLUSION

The aim of this study was to describe the development of a community-based family resilience programme in a rural community along the West Coast of South Africa. A three-round Delphi was utilised with two distinct cohorts. The first was a panel of ten experts practising and conducting research in the field of child and family studies; and second, a

group of community stakeholders, working in the local NGO, who was able to provide input with reference to the contextual realities of the community. This study highlights the importance of contextual and evidence-based work in applied research. It also emphasises that family theorists, clinicians and researchers should advocate for transformation especially in bridging structural inequality gap in South Africa.

The family resilience dimensions are evident across disciplines from social work, trauma, developmental, community psychology, nursing to the military. These dimensions are also seem to be present across cultures. Although, as was the case in Stuart and Jose (2014) and Manzi et al. (2006), the extent to which a factor, such as family differentiation, is evident in one culture compared to another, varies. Based on our literature review, not many programmes have used a family resilience theory as its developmental frame. Yet, these studies have also shown the positive effects of family resilience processes such as communication and problem-solving, family cohesion and social support. This study has also shown the interwoven or synergistic nature of individual, family and community systems.

A family's sense of security and harmony is unquestionably important and although a family resilience intervention might improve certain aspects of family life, this does not always minimise the effects of adversity (Black & Lobo, 2008). Moreover, it especially does not preclude the rights that all individuals have to be protected from structural adversity. If a society does not provide for its people adequately, optimally, and greatly, it cannot possibly hope for people to provide for themselves. We hope this study demonstrated not only the importance of family and its challenges but also the variety of family needs, which need to be met by individuals and parties in many sectors of society.

Conflicts of interest

The authors have no conflicts of interest to declare.

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CHAPTER 8

DISCUSSION & CONCLUSION

8.1 Introduction

The present work is embedded within a set of basic assumptions in family literature. It has been argued that families provide and simulate the most important environment in which children learn to grow and are one of the biggest indicators of positive quality of life and wellbeing outcomes (der Kinderen & Greeff, 2003). If families are the cornerstone of positive childhood outcomes, it follows that strong families are the pillar of strong communities and the larger society (von Backström, 2015). Invariably, all families experience challenges. Some families are able to weather various challenges or crises better than others (Black & Lobo, 2008; McCubbin & McCubbin, 1988; Masten & Monn, 2015; Walsh, 2016a, 2016b). How can and do we promote processes that will strengthen families?

The aim of the present study was to develop a contextually based programme for families, designed to increase family resilience processes in a low-income, rural community in the West Coast region of South Africa. The objectives of the study were to:

- Assess and explore family resilience in a rural community on the West Coast in order to identify family resilience needs.
- Conduct a systematic review to identify theoretical and best practice models for family-based interventions.
- Design and develop a contextually based family resilience programme for the rural community using the Delphi study method.

The current chapter provides an in-depth discussion of the findings of the study in relation to the literature, theoretical framework and epistemological positioning of the study. The aim of the current discussion chapter is threefold: Firstly, an overall discussion follows in which all three phases of the study, with the theoretical and epistemological frameworks amalgamated, are presented in order to address the overall research aim. Secondly, an argument is presented regarding the contextual realities of multi-challenged families in South Africa, which could influence intervention development. Thirdly, concluding remarks with specific focus on a South African family resilience framework are made.

The phases of the study build upon on each other sequentially. Chapters 4–7 describe how each phase of the study was conducted as well as the findings, discussion and conclusion in addressing the research objectives. The next section is a summary of those journal articles.

8.2. Summary of journal articles

8.2.1 Adapting and validating the Family Resilience Assessment Scale in an Afrikaans rural community in South Africa (Chapter 4, Article 1)

The aim of this article was to describe and explain the processes involved in the adaptation of the 54-item Family Resilience Assessment Scale (FRAS) into Afrikaans and to examine further its psychometric properties. Although this was not an explicit objective of the study, it was integral in fulfilling the first objective of the study, i.e. ‘To assess and explore family resilience in a rural community on the West Coast in order to identify family resilience needs’; particularly in terms of assessment.

The translation, adaptation and validation of the questionnaire into Afrikaans was a relatively successful process. The NGO also assisted in the adaptation process and provided their

commentary once the initial adaptation was completed. We were able to adapt the FRAS into Afrikaans and, after the pilot with 82 community members, conduct a back and forward translation to eliminate some of the issues discovered in the pilot. A small group of fieldworkers was also trained in data collection, and the ethics of research (and collecting data from known participants) was also stressed. Additionally, the fieldworkers also provided input on how participants experienced completing the questionnaire and identified some items with which participants had some trouble. We then conducted a backward and forward translation using two different first-language Afrikaans-speaking health professionals. Thus, we were able to evaluate the instrument both quantitatively and qualitatively.

The study found that the six-factor structure captured 62.09% of the variance. The FRAS – Afrikaans version (FRAS-AV) shows a very similar structure to that of Sixbey's. Additionally, one factor on the FRAS, namely **Family spirituality**, was the one dimension that maintained the original factor structure as Sixbey's (2005). Based on the results, one factor 'restructure' was made. This factor was renamed to **Community and family outlook** and defined as a combination of the family's sense of belonging within the community they live, as well as a combination of utilising social and economic resources and family communication and problem solving.

This revised factor structuring, which is similar to those determined by Kaya and Arici (2012) and Dimech (2014), speaks to the original scale requiring improvement. Although this phase was not an intended objective of the study, the adaptation and validation of the instrument was an important starting point before the first objective could be addressed.

8.2.2 Exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological study design (Chapter 5, Article 2)

The aim of this article was to identify and explore the family resilience needs of the families of Lambert's Bay. A needs assessment of family resilience was integral to identify the factors most required to be addressed and would formulate the objectives of the family resilience programme, thus fulfilling the first objective of the thesis: 'To assess and explore family resilience in a rural community on the West Coast in order to identify family resilience needs.'

The study revealed an important strength in these families: family spirituality is overwhelmingly important in this community; following Christian principles seems to be a way of life. This observation was evident in the quantitative as well as the qualitative findings. During the focus group interviews, participants' explanations were often emphasised by examples using quoted texts from the Bible or other biblical analogies. This finding was first identified in the quantitative assessment in which family spirituality, maintaining a positive outlook and the ability to make meaning of adversity demonstrated a high mean score on the FRAS. The qualitative discussions confirmed this as a function of their spiritual belief systems. On the other hand, this finding was also discussed as a particular challenge for social workers and teachers. The NGO staff and teachers believed that the level of spiritual beliefs often act as a crutch. Participants shared their beliefs that it could make some community members helpless, by relying solely on prayer, and not helping themselves. It was perceived as a hindrance in their line of work with others because they believed that prayer alone would see them through.

In addition, findings from the needs assessment further revealed three important family resilience processes as 'needs': family connectedness, family communication, and utilising social and economic resources.

Family connectedness was a low-scoring dimension of family resilience along with the following four characteristics: feeling taken for granted, keeping their feelings to themselves, listening to the concerns of others, and not getting too involved with those in the community. From the qualitative findings, the themes that were most aligned with these FRAS items were the problems they found within the **home** such as inadequate **parenting** (contributing to a lack of communication and dysfunctional relationships); and the issues in the **larger community** which can make individual families feel isolated as a result of **substance use, crime** and **jealousy**. From the perspectives of the community members, there were two main concerns in regard to parenting, namely: participants believed that there was poor communication between family members and inadequate and inconsistent parenting skills (such as in the form of parental monitoring). The different roles that family members play also tended to overlap. For example, grandparents are expected at times to take more of a leadership role and often perform parenting roles.

The mean-item analysis of the FRAS also indicated that the dimension of **utilising social and economic resources** was reportedly low. The lack of social and economic resources was also confirmed and discussed more in depth in the focus groups. Additionally, the qualitative themes speaking to these families' resilience needs was a **lack of social and economic resources** and **lack of trust** which some community members experienced. Specifically, participants referred to low-income housing, inadequate space in the family home (most families sleep in one room); families not having the financial means to feed their children

every day and so children go to school hungry; little to no employment opportunities; and sparse counselling services for children and families.

In addition, three cohorts, specifically teachers, NGO staff and religious leaders, identified communication within the family as a challenge. The low level of family connectedness was attributed to poor communication. Participants, especially at the school and part of the religious leaders' forum, believed that parents do not monitor nor do they know how to talk to their children. They believed that the communication that might be occurring was more aggressive or authoritarian in nature than a nurturing communication. Because of the participatory action research (PAR) approach in the study, all opinions were viewed as valuable and therefore these concerns were included in the intervention objectives.

It is important for families to be assessed in context, from a multisystem perspective (Walsh, 2016b). This phase highlighted many risk and protective factors present for families in the community. It was successful in evaluating which family processes might need strengthening, within a family resilience perspective, but also in reference to the context and community views. This phase also fulfilled the objective of the first stage of intervention mapping: **defining specific intervention objectives**. Therefore, the objectives of the intervention were tentatively defined as follows: (1) to increase family communication between members; (2) to increase a sense of family connectedness; and (3) to increase the knowledge and use of social and economic resources.

8.2.3 Using the RE-AIM framework to identify and describe best practice models in family-based intervention development: A systematic review (Chapter 6, Article 3)

The aim of the article in Chapter 6 was to identify and describe best practice models or processes in family-based intervention development. In this case, the term 'models' also referred to processes and/or practices followed in the development of the intervention. This phase of the thesis was completed in order to address the second objective of the study, which was to 'conduct a systematic review to identify theoretical and best practice models of family-based interventions' as well as the second stage of intervention mapping, namely, 'selecting suitable theoretical methods and practical strategies' for intervention development.

This phase highlighted important processes to consider in intervention development. Family-based interventions tend to favour a strengths-based rather than a deficit-model approach; additionally, an integral consideration is having a working knowledge of the theoretical framework and the phenomena under study. A family resilience theoretical framework was a suitable theory upon which to build a family programme. The main practical strategies or processes found in the majority of the interventions was psychoeducation and skills/action-based activities: exploring the topic at hand, and having families learn more about the topic and then allowing a practical activity (or activities) to consolidate the information. Between family members, increasing emotional and social support and communication is key. Another strategy was booster sessions, with manuals developed for the intervention as well as a comprehensive evaluation plan. Additionally, most of the articles in the review also reported a level of flexibility as essential when the intervention is implemented. This finding is also in accord with Walsh (2016b) who encourages flexibility in intervention development. Engaging relevant stakeholders was arguably one of the most important factors noted in the intervention outcomes; especially in low-income, rural or 'harder-to-reach' settings. Moreover, the PAR

approach used in the dissertation is irrefutably one of the biggest contributing factors in the development of the programme. The findings of this phase and the previous phase were the foundation of the final phase of the study: developing the family resilience-strengthening programme.

8.2.4 The development of a family resilience-strengthening programme for families in a South African rural community (Chapter 7, Article 4)

This article was the culmination of the previous two phases, and addresses the overall aim of the present research study: 'to develop a contextually based family resilience programme for families in a rural community on the West Coast of South Africa'. This aim was also aligned with the third stage of intervention mapping: 'to design and develop a contextually based family resilience programme for the rural community using the Delphi'.

Ultimately, the findings of this phase comprised the translation of the data into an intervention designed to increase family resilience processes for a rural community on the West Coast of South Africa: The Family Resilience Strengthening Programme. The family resilience processes focused on are **family communication (Talking together), family connectedness (Closer together)** and **utilising social and economic resources (Working together)**. Additionally, one process, which is not explicitly stated in the family resilience theory, yet was indicated as essential in the Delphi by both cohorts, is **family reflection (About Family)**. Rounds 1 and 2 resulted in a set of guidelines for the performance and change objectives of the programme. Round 3 resulted in decisions regarding the format, setting and duration of the programmes.

8.3 Discussion of overall findings

The following section is a presentation the findings of the study in relation to the current literature, and the theoretical and epistemological frame of the study; and is therefore an in-depth discussion of the Family Resilience Strengthening Programme (the content and structure), along with an explanation of how each phase of the study aligned to produce each module and its content. This is followed by a discussion of the influences of the socioeconomic challenges both within the South African and global contexts, on families. Thereafter, a brief discussion is presented on the implications of developing a South African Family Resilience Framework.

8.3.1 The intervention: Family Resilience Strengthening Programme

The FRSP is a strengths-based family intervention, which uses a psycho-educative, skills-based and experiential approach. The performance objectives of each module of the FRSP are aligned with Walsh's theory on family resilience as well as with family- and family resilience-specific intervention literature. The programme is the amalgamation of efforts from Phases 1–3 and answers the research question: 'How do we strengthen families from this particular community, given their risks and protective factors, using a family resilience perspective?' The table presented in Chapter 7 indicates the modules, aims, outcome and possible activities, which can be incorporated in the programme.

von Backtröm (2015) argues that there is a dearth of literature investigating how families function or even succeed, despite harmful circumstances. The present study aimed to address this lack and developed an intervention specifically designed for a low-income, rural community to assist in strengthening family resilience processes. The programme outcomes include strengthening processes present in Walsh's family resilience theory.

The findings of each of the study phases, the needs assessment, the systematic review and the Delphi study resulted in the development of the Family Resilience Strengthening Programme (FRSP), a contextually and strengths-based family intervention. It is the product of a combination of a family resilience framework, participatory action and complementary research approaches. Evidence of this approach is found in each phase of the study. Community members, other stakeholders and the primary collaboration with the NGO ensured that the programme objectives suited the most pressing needs of the community and that the conceptual frame provided the lens through which family functioning, within a context of diversity, can be understood.

To maintain the contextual diversity and participatory action model used in the development of the programme, the FRSP will continue with a 'guideline' approach and not be too prescriptive in activities; goals should be directed by the family themselves (Walsh, 2016a) and facilitators should be flexible in their approach.

A process of reflection will also be incorporated into each module so that participants of the FRSP can also reflect on aspects such as which activities have benefited them, which activities or processes they feel should change, etc. Participants should be able to focus on their strengths as a family, and there should be a 'give-and-take' relationship between facilitator and participant. From a participatory action perspective, participants of the intervention will not simply be passive recipients of the programme, but will be active participants. According to Maiorano and Manor (2017), an active participatory approach has been shown to be associated with outcomes that are more positive.

8.3.1.1 The intersection of theory, research design and findings in developing the Family Resilience Strengthening Programme (FRSP)

As the study employed Walsh's (2003; 2006; 2016a) theory of family resilience in each phase, it is no surprise that the outcomes of the programme align with the theory itself. The programme's outcomes align specifically with two of the three major family resilience processes, namely **family communication processes** and **family organisational patterns**.

However, much of the cross-sectional literature described in previous chapters has highlighted the positive effects of similar family processes (such as communication, cohesion, social and economic support) on individual, family and community functions (e.g. Law et al., 2013; Lee et al., 2004; Liermann & Norton, 2016) and therefore shows the significant, interwoven nature of the theory (Walsh, 2016).

Moreover, the key components or performance objectives for the FRSP are also evident in other family-based interventions. For example, Riley et al.'s (2008) Keeping Families Strong Programme seeks to address family processes such as communication, cohesion and social support in families affected by maternal depression. Ho et al. (2016) developed a community-based family mealtime intervention to address the challenge of urban lifestyles that leave little time to develop family relationships and increase family communication. Another intervention, developed by Lim and Han (2013), is the Family Resilience Enhancement Programme (FREP), designed particularly for families with a member suffering from schizophrenia. The FREP has been shown to increase problem-solving communication, family hardiness, and sense of coherence.

The current section extends the discussion and focuses specifically on the intersection of the different stages of intervention mapping, the conceptual framework and how the PAR aligned to develop the FRSP. It also provides a description of the programme structure and content.

Family reflection and identity (Module 1: About family). The module 'About Family' was recommended in Phase 3 of the study (Article 4). Participants in the 'expert' group of the Delphi study suggested that in order for change to occur in potential participants, family members who participate in the FRSP would first have to engage in two processes. Firstly, they should **reflect** on their family, and consider their strengths and weaknesses, their family history and their role within that family. They also need to consider some of the challenges they have and how they could be addressed. Secondly, they need to agree upon goals as a family as well as make a **commitment** to each other.

Facilitators will also demonstrate concepts such as a family being a system with certain functions, and facilitate understanding of how each member contributes and affects the system. Psycho-education in any intervention has demonstrated positive results. Evidence of the benefits of this practical strategy within interventions is provided in the systematic review in Phase 2 (Article 3).

This module will also allow facilitators to gain a sense of the family's particular set of belief systems; be they religious, spiritual or worldviews. Although not an explicit component of Walsh's theoretical framework, she does emphasise the importance of becoming familiar with a family's context and initiating a process upon which all family members agree (Walsh, 2016a). It is also reasonable to suggest that this initial approach might stimulate conversation and communication between community members.

The community stakeholder group of the Delphi concurred with the recommendation of the concept of families' reflection and commitment, and recommended that it be offered as a first module. Moreover, they believed that an appropriate setting for this particular module would be participants' homes (Phase 3, Article 4). The home-visit process agreed upon in the stakeholder group for this module is in accordance with the literature presented in the systematic review in phase 2 (Article 3). For example, a few interventions described having participants' homes as the setting as one contributing factor to increase participant engagement and decrease attrition (Szapocznik et al., 2013; Thompson, Bender, Windsor & Flynn, 2009; Turner et al., 2007). Szapocznik et al.'s (2013) description of the Brief Strategic Family Therapy structure emphasises how flexibility in the intervention setting, particularly one most convenient for participants (such as their homes), increases involvement and ultimately intervention effectiveness.

The foregoing will not necessarily occur in one session, and therefore other activities for consideration (identified in the systematic review, Article 3) are homework assignments in which families can reflect upon their vision for their family within the programme.

Enhancing family communication patterns (Module 2: Talking together). The second performance objective of the FRSP is aimed at 'increasing positive and effective communication between family members'. The recommendation of having a focus on family communication was identified in Phase 1 (as a result of the qualitative component of the needs assessment, Article 2) by the community members themselves. Although the dimension of **Family Communication and Problem-solving** on the FRAS did not highlight too many concerns, the community members believed that it was not an accurate reflection and that communication between family members would need to be addressed. Given the PAR

positioning of the study, this was noted and developed into an important consideration in the intervention. The community members lived and worked in the community and were *au fait* with the challenges experienced when working and interacting with other families.

The concept of communication can be found in many research studies on family development and functioning and was also confirmed in Phase 2 (Article 3) as a number of the interventions described in the systematic review also focused on communication as a tool for strengthening family relationships (e.g. Gisladottir & Svavarsdottir's (2011) Calgary assessment model; Johansson et al.'s (2013) Communication partner training; Persson & Benzein's (2014) Family health conversation model).

One of the most important processes that families will participate in in each module is that of psycho-education (Article 3). Families will learn about the value and component of family communication such as verbal v. non-verbal communication; and listening v. hearing. Therefore, some of the envisioned activities or processes of focus for this module are role plays (Article 3), developing a vocabulary of feeling words (Article 4), videotaping a family conversation (Article 3) and learning to listen to one another (Article 4).

Family communication, as posited by Walsh (2016b) is an integral component of family functioning and contributes to its resilience, particularly in being open and clear about messages, and this in turn contributes to effective problem solving. For example, in High and Scharp's (2015) study, they provide evidence for the argument that patterns of family communication influence the manner in which individuals seek support. They found that students' level of conversation, rather than conformity, between family members is more indicative of their willingness to seek emotional support. As noted previously, Samek and Reuter (2011) argue that cohesion between family members can be strengthened when

families engage in open and honest communication. This view also strengthens the argument that there is a strong synergistic effect between family resilience processes and illustrates the significance of strengthening connectedness between family members.

Strengthening family connectedness (Module 3: Sharing together). The performance objective in the module 'Sharing together' is aimed at 'increasing a sense of family cohesion or connectedness between members'. Originally identified in Phase 1 (in both the quantitative and qualitative results, Article 2), the participants of the Delphi (Phase 3, Article 4) also contributed their suggestions for how this important family resilience process could be addressed. This type of family resilience process is also presented in other family research.

Some of the change objectives recommended by the Delphi study (Phase 3, Article 4) were aspects such as family members trying to understand each family member's role, making the implicit family rules more explicit, and learning about each member's needs. Interestingly, a study by Botha, Booysen and Wouters (2017) found that subjective perceptions of socioeconomic status did not associate with attachment (a concept related to connectedness), but did influence the perceived levels of flexibility in subjects' families.

Another recommendation was helping families to understand the two dimensions of connectedness between members – the daily routines and rituals (structured dimension) as well as the significance or meaning of these interactions (unstructured dimension) – through psycho-education (Phase 2, Article 3).

Many of the processes engaged in Module 2 will also be useful in this module, especially being open and clear with each other and developing a vocabulary of feeling words that members can practise in conversations. These practice sessions will also contribute toward

spending time together at home. For example, in the Delphi study (Phase 3, Article 4), one of the participants stressed the importance of families spending time together without the expectation of a specific outcome to help increase family cohesion. Law, Cuskelly and Carrol (2013) argue that cohesion between family members contributes significantly to overall adjustment and social connectedness of children. Offer (2013) and Samek and Reuter (2011) have previously stressed that interconnection between family resilience processes will have a symbiotic effect. Members will learn to use what they have learned in order to strengthen the quality of their relationships by spending quality time together and learning about one another through conversation.

Knowledge and use of social and economic resources (Module 4: Working together). Participants in both the quantitative and qualitative components of the family resilience needs assessment first documented and further explored the issues of socioeconomic challenges in Phase 1 (Article 2). The subsequent phases and literature cited also reiterated this module's necessity. A focus on the importance of social and economic resources has been found in many studies referred to throughout the present thesis (Lee, Wickrama & Simons, 2013; Leinonen et al., 2003; Stiel et al., 2014).

A family's sense of support both within and outside the home is considered integral to family functioning. Additionally, a family's 'bread and butter' is one of the most basic requirements or needs in family functioning. Therefore, exploring and gaining knowledge of and access to economic resources, will be a central component of this module. Moreover, some financial-specific skills that were suggested in Phase 3 (Article 4) were teaching participants how to budget and plan for future events as well as how to talk about money matters. Some of the planned activities in this module are to help family members learn how to identify their own

social and economic needs and explore available resources, and teach them budgeting tools as well as how to plan financially for their future. They can then use that information in order to develop their own 'information' pamphlet (Phase 3, Article 4).

The figure below displays the intersection of the research design, epistemological positioning of the study and the FRSP:

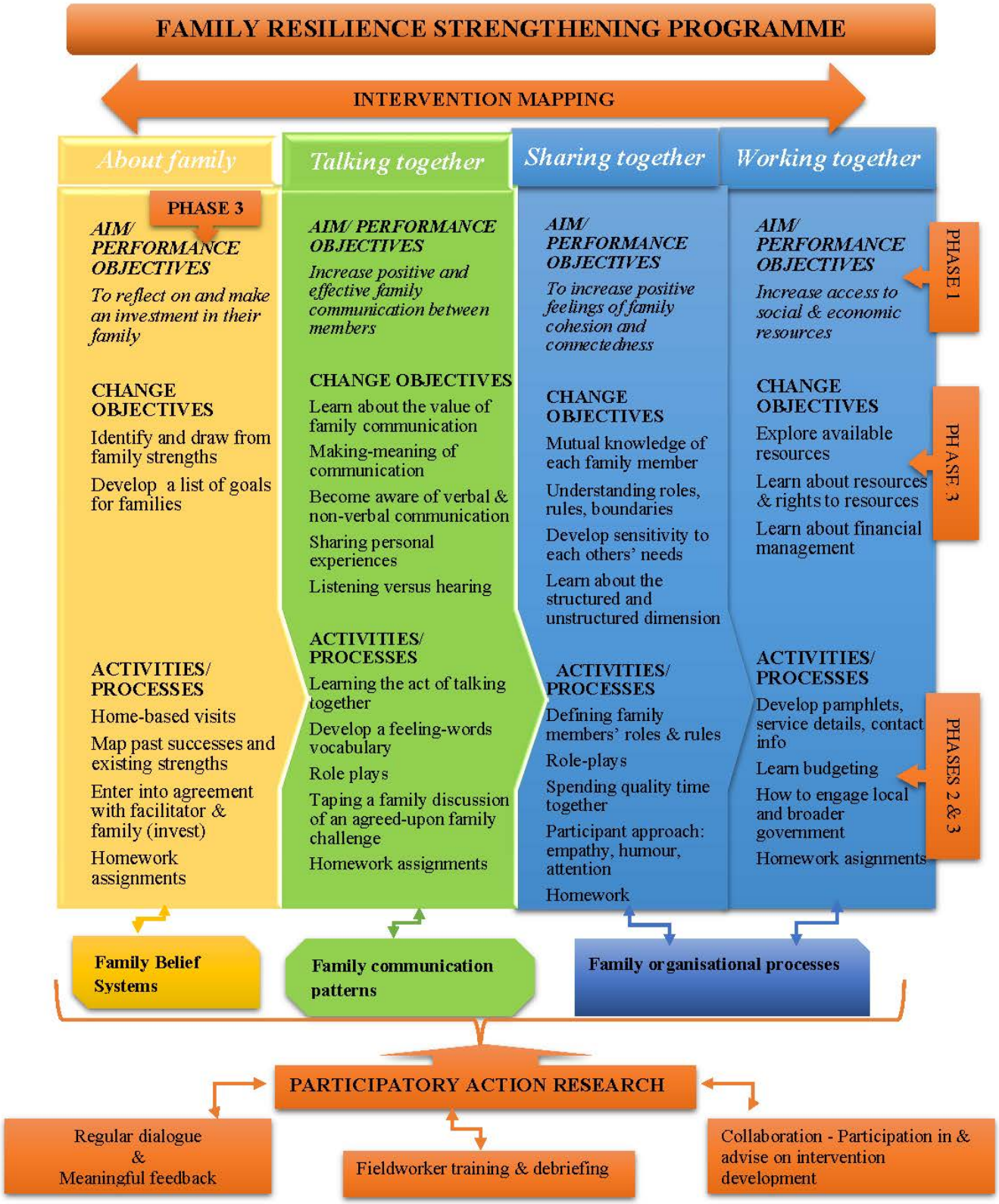

Figure 4 An illustration of the intersections of the FRSP, PAR and the phases of the study

8.3.2 Family resilience processes in multi-challenged families: Implications for family intervention development and effectiveness

A family's sense of security and harmony is unquestionably important and, although a family resilience intervention might improve certain aspects of family life, this does not always minimise the effects of adversity (Black & Lobo, 2008). It is evident that these processes are essential for family functioning and can assist in improving individual and family outcomes. Seccombe (2002) argues that families live in social worlds, which can be improved by sound social policies. However, as argued in Seccombe's (2002) seminal paper (see Chapter 2), a question remains regarding the value and expected effects of interventions if there are no realistic, practical and enforceable policies and resources for each member of society. Similarly, Walsh (2016a) states that local authorities should not misunderstand the family resilience theory as a means for families to overcome their circumstances merely by 'being resilient'. This is more so epitomised in multi-challenged families.

Although not all families who experience these stressors are dysfunctional (Sousa et al. 2007), the multitude of problems they experience can challenge their ability to function well. One of the study's findings was the multitude and influential nature of the challenges that families of the Lambert's Bay community experience.

8.3.2.1 Multi-challenged families: Socio-political realities undermining the role of families

A family is a multifaceted institution forming the basic social structure of a society (Amoateng & Richter, 2007) and is typically targeted by policymakers as a site for interventions (Morison et al., 2016*).* From a systematic and developmental perspective (Walsh, 2016a), families influence, and are influenced by, social, economic, cultural and

political establishments (Amoateng & Richter, 2007). A family's needs, then, are affected by the state of and changes within social, economic, political and cultural systems.

von Backström's (2015) thesis centred on how family resilience processes might alleviate psychosocial and socioeconomic challenges that families in sub-Saharan Africa experience, arguing that little is known about how families are able to endure and navigate through their challenging circumstances. According to Walsh (2016a), the family resilience theory is characteristically contextual in nature and assessments should be in relation to participants' strengths and challenges within their context. According to Walsh (2016a), Masten and Monn (2015) and Patterson (2002), there needs to be a level of risk present in order to cultivate resilience. In other words, the ability to develop resilience is typically activated by adversity. The families who contributed to the present study experienced daily stressors, which can surpass their ability to be 'effectively' resilient (the assumption being that all individuals and families have some level of resilience (Masten & Monn, 2015). However, given the central idea of family resilience – that families not only endure but are able to 'bounce back' – the presence of risk factors seems to supersede protective factors such as family resilience processes.

Some stressors experienced by families in Lambert's Bay were discussed in terms of socioeconomic risk factors such as substance use, crime, low-income housing, poverty, and inconsistent and sparse social services and economic resources (specifically employment opportunities). Amoateng and Richter (2007) as well as Botha, Booysen and Wouters (2017) (among others) attribute South Africa's socioeconomic context, to a large extent, to colonialism and institutionalised racism (apartheid), which has significantly influenced the current social, political, cultural and economic structures within society.

There have been significant developments post 1994 with the advent of democracy. Socioeconomic growth notwithstanding, the current socioeconomic climate of South Africa is still of major concern (Rabe, 2017). Families who are already fundamentally more resourceful tend to benefit from socioeconomic growth and policies more than others (Morison et al., 2016), and there has been limited growth for those considered very poor (Kabudula et al. 2016). One of the most deleterious effects still experienced today is that of poverty as well as inequality in terms of education and access to healthcare and occupation opportunities. This hiatus undermines the functioning of the family unit in 'realising the roles of its members in society' (Makiwane & Berry, 2013, p.1).

The South African context is wide-ranging in its disparity of resources in both rural and urban areas, with rural communities often suffering the most exclusion and benefitting the least from social policy (Poverty Trends in South Africa, 2017). The community of Lambert's Bay is a microcosm of larger society and an example of those who are most vulnerable and affected by poverty. This was especially true for families in the present study who discussed the challenges that they experienced in terms of the dearth of social resources and support and economic resources. Maiorano and Manor (2017) extend the concept of poverty not to only include income, but also access to 'opportunities, liberties and capabilities'. It is at this juncture that one could consider that the present cycle of poverty and limited access to education and healthcare evolves from the concept of 'inequality' to one of socioeconomic injustice. However, South Africa is not the only country with a unique sociopolitical history contributing to a legacy of socioeconomic injustice.

Colonialism, slavery, military dictatorship and racism were, at one point, synonymous with countries such as Brazil, China, India and Russia. According to Paim, Travassos, Almeida,

Bahia and Macinko (2011), Brazil's military dictatorship (which ended in 1985) disproportionately favoured 'privileged populations' and also engendered inequality in various forms such as income, occupation and policies. According to Tillin and Duckett (2017), countries such as Brazil, China, India and South Africa have made substantial gains in reducing income inequality; however, these countries' interventions have had different effects on human development. For example, Maiorano and Manor (2017) suggest that Brazil has been much more effective in reaching the most disadvantaged and reducing the poverty gap, and that other countries experienced deep flaws in their design and implementation of their policies.

Although the immediate cause of poverty and inequality in South Africa is considered a result of limited access to income (Makiwane & Berry, 2013), this might be a proximal cause of poverty; but there are several growing distal causes, widening the poverty and inequality gap between those considered as rich and as poor. It is evident that economic instability is closely associated with political unpredictability (Medvedev, 2016). According to Maiorano and Manor (2017), South Africa remains one of the most unequal countries in the world. There is a clear link between politics, poverty and family wellbeing (Makiwane et al., 2017).

Tillin and Duckett (2017) posit that Brazil has undergone a positive policy change, owing to certain characteristics: their political leaders earned trust from all citizens, especially the poor, and made strategic decisions which included the views of those often marginalised, so that the 'pressure' and incentive was always present in improving quality of life.

8.3.3 Family resilience theory for South Africans: Theoretical implications

The findings of the present study point to the dynamic and multifaceted institution of the family. Family functioning and development cannot be reduced to one theoretical lens, nor does the concept, and the important influence, of family fall within the scope of one discipline.

It is evident that family functioning needs to be and is explored through multiple theories: biopsychosocial systems, developmental (Walsh 2016b) social causation (Botha, Booysen & Wouters, 2017), stress and adaptation (McCubbin & McCubbin, 1988) and sociological theory (Makiwane et al., 2017), to name a few. The family resilience theory was found to be a comprehensive roadmap in understanding families. The biopsychosocial systems and developmental theory (Walsh, 2016a) within which the family resilience theory is based, were useful and comprehensive in addressing the aim and objectives of the study. Within the context of this study, the principles of family resilience set out by Walsh (2016a,b) were advantageous in contextualising and assessing families and using that information to strengthen key family functioning processes. Additionally, using a participatory action and bottom-up research approach aided in the appropriate development of the FRSP.

Although some facets of the framework are implicit (such as developing one's epistemological approach), one of the study's findings is how some components of family resilience and associated interventions need to be made explicit. There is an argument for considering that South African families with their contextual concerns and diversity, should develop their own theoretical lens of family resilience, using the foundation of Walsh's theory (1996; 2016). This view is also in accordance with the South African study by von Backström (2015), in which she stressed the benefits of developing a South African resilience

framework, which also promotes contextual understanding of families' responses to adversity.

Overall, there are three additional aspects of family life that should, based on the findings of the study, be made more explicit in a South African family resilience framework: (1) a focus on the importance of developing or (should one already exist) consolidating a family identity; (2) making an explicit distinction between social resources, support and socioeconomic factors; and (3) promoting active citizenship in multi-challenged families (e.g. inclusion of the country's family policy to understand its impact).

The concept of family is always evolving. Families should be given a space to develop their own identity based on their definition of 'family'. The SA family framework should not fall into the same patterns of nuanced biases such as the White Paper, but should allow all families their own structure, beliefs and process of functioning. For example, Morison et al. (2016) refer to how the White Paper for South African Families (DSD, 2012) has failed in favouring a certain family type/structure as the ideal while, perhaps unknowingly, promoting a middle-class 'heteronormative ideal' (Rabe, 2017) of the nuclear family.

A 'family' could include divorced (heterosexual or homosexual or polygamous) families living separately and co-parenting successfully because it is healthier for their family than 'staying together in a "stable" unit' (Rabe, 2017). These definitions are typically informed by a family's experiences and history, which in turn affect their sense of family (Ferring, 2017).

Additionally, there is no explicit definition of social resources v. social support in the family resilience theory. For example, in the present study, participants did not feel supported in the 'social' sense by friends and neighbours – there was no sense of 'community trust'. The importance of social support both within and outside the home has been identified in other

studies (e.g. Law, Cuskelly & Carrol, 2013; Speer & Esposito, 2003) and the distinction between the two was also challenging to clarify in Chapter 2 because both are equally important. Social support is also a concept closely linked with family connectedness (Law et al., 2013; Leinonen, Solantaus & Punamäki, 2003). On the other hand, another finding of the present study was the lack of social service resources such as therapeutic and social work, social grants and other services. Within a family resilience framework, there should be a distinction between social resources (the availability of social services such as counselling) and social support or connectedness within families and among friends. Makiwane et al. (2017) assert that a South African family policy should address both psychosocial resources and support, and this is a notion seemingly lacking in the White Paper. It would seem that although there is mention of psychosocial and socioeconomic resources and support, there is no mention of increasing or making provision for more resources.

Moreover, interventions based on a South African family resilience framework should also be more of a guideline (such as in the LINC model) within which the family unit develops its own goals. This view is also aligned with Walsh's theory in which she posits that families know best 'where they are and what they need to do in order to achieve their goals.' Depending on the issues they identify, the facilitator's role is one of empowering families toward their own transformation. An effective intervention also draws families into sociopolitical discourses in order to educate and to understand their place in society (Tillin & Duckett, 2017) and to positively influence policy.

In accordance with Walsh's (2016b) family resilience theory, the South African family resilience concept should also include a comprehensive and flexible lens, which includes assessment from the family and includes the 'on-the-ground' or contextual challenges which

they face. The literature has demonstrated the strong association between poverty (in the broad sense), politics (including policies, political leaders and decisions made on local and global economic matters) and their impact on family wellbeing. Moreover, Makiwane, Gumede, Makoae and Vawda (2017) postulate that in assessing (or referring to) wellbeing, one needs to simultaneously consider family policies, which include psychosocial and material resources. Botha et al. (2017) argue that if the standard of households and living can be improved for families, this can ultimately improve resilience.

Tillin and Duckett (2017) refer to how other countries, with similar unjust sociopolitical histories, might have been more successful in developing social policy and strengthening economic structures, which have actually reached hard-to-reach populations. They attribute this success to drawing 'poor people into the political and policy process' and empowering the disadvantaged to improve their 'political capacities' (p.269). A South African family resilience framework should expand on this and promote discourse on multi-challenged families in South Africa to include the voices of those multi-challenged families and engage them on a level inclusive of educating them in socioeconomic challenges and empowering them as active citizens in promoting change.

8.4 Significance of the study: Concluding remarks

The findings of the study contribute not only a practical component to intervention research and practice, i.e. in the development of a programme, but a theoretical component as well. Based on the literature review, it is evident that there are few family resilience programmes. Additionally, this kind of family resilience intervention research in South Africa is sparse. Therefore the contribution to the knowledge base of South African family resilience literature

is especially significant. The contributions of the present study lie in the intervention development literature, and the PAR approach to intervention development for multi-challenged families in rural communities and policy implications.

8.4.1 Implications for developing a South African family resilience intervention: 'Readying' families and facilitators for the intervention

Facilitators of the intervention and the family need to be prepared or ready for the intervention. As previously described, Ferring (2017) posits that family history and shared experiences influence family identity. A focus on family identity and aiding families in developing **their own** goals will be integral to the intervention success. As participants of the Delphi agreed, change will not be effective if families do not reflect upon and make a commitment to their families. In the Keeping Families Strong Programme, the first step taken in the youth grouping was to develop a sense of group identity (Riley et al., 2008).The findings of the present study also established the idea that the concept of family should be extended to promoting a sense of (or consolidating) family identity with participant families. Within this process, facilitators should also focus on developing their relationship with the family and facilitate engagement amongst family members.

Moreover, the facilitators will also have shared a history or community experiences with potential participants which can affect how they approach an intervention and how they engage with the potential participants and, ultimately, achieve intervention success.

Programme guidelines v. a stringent programme structure. The LINC model (Landau, 2010) asserts a unique perspective on intervention conceptualisation and implementation. Rather than develop an intervention using a top-down approach, their model promotes the use

of certain guidelines in the approach to community-based interventions. Offering facilitators a guideline approach rather than a strict structure that might unwittingly contribute to perpetuating certain norms and values (not necessarily part of a family's particular set of beliefs) might be mitigated in this way. This approach should be a priority in aiming interventions at multi-challenged families. Guidelines in approaching a family resilience intervention could include: (1) emphasising family strengths and available resources, (2) allowing the family to decide their own goals in an intervention, (3) focusing on past challenges only insofar as it allows the families to understand their strengths, and (4) instilling a sense of hope into families.

Developing active citizens by interventions. The socioeconomic reality of a family's environment and how it challenges family functioning on various levels has been one of the major findings of the present study. The association of socio-historic and current political climates, poverty (in the broad definition of Maiorano and Manor, 2017) and family wellbeing has been made more explicit. A review of the literature of current political practices of different countries, influenced by their sociopolitical histories, indicates how these practices influence the quality of life and overall wellbeing of individuals and families. Through the participatory action approach, there was almost a sense of apathy within the community because of these systemic influences – but there was also a sense of hope. Therefore, perhaps, in a family-based intervention, attention should be given to the socioeconomic environment and policies that are prominent in the systems within which families function. Tillin and Duckett (2017) argue that one of the ways whereby some countries have been more successful in decreasing the poverty/inequality gap has been by drawing citizens (or in this case, the family) into public agenda. The manner in which this might evolve would be family dependent.

8.4.2 Using PAR: Transformation and empowerment of community

Wood (2016) asserts that when researchers wish to promote sustainable community development, PAR is a methodological and epistemological approach that allows the researcher to reflect on the process continuously and places more importance on the community's perceptions and experiences.

There are three components that characterise PAR: the shared ownership of research projects; community-based analysis of social problems; and a vision of community action (Kemmis & McTaggart, 2008). The present study was especially important to me in the transformation and empowerment of communities using the PAR principles. Intervention efforts cannot be minimised by participants being passive recipients of a programme (Maiorano & Manor, 2017).

Some of the participatory strategies used in the study are now explained. I personally engaged the community members and other stakeholders in different areas of research; this contributed to their capacity development by improving their skills and allowing them to control something which was being created for them, and with their help. These community members were volunteers from the NGO as well as some of the staff members. Their feedback on the research process and questionnaire, and their experience and opinions of a family resilience programme, were invaluable to the bottom-up approach of the study.

Evidence of the transformative nature of the mixed method design implemented in the study was also found in Phase 1 of the study, in the form of increased reflection, motivation and communication not only between study participants but also between different and important systems in the community: the church, the school and the NGO. Mertens (2007) suggests a

cyclical model of mixed methods as a means of continuing the involvement of the community, enhancing trust and using the results to further the goal of transformation.

Within the community, there were cohorts that benefited within the research process: the NGO, religious leaders, teachers and community volunteers. The research was a catalyst for a dialogue of collaboration between groupings rather than providing services 'in silos'. This was also a function of the widespread reach of the FRAS survey; it stimulated conversation between religious leaders and the NGO in terms of how they could work together. For example, they decided to start actively encouraging church members to seek appropriate support by putting information in church leaflets. This is one example of how the connections between social resources and support can be stimulated and strengthened.

8.4.3 Family policy implications

Each family should be afforded equal, adequate and appropriate opportunities as are all other families from different socioeconomic environments. The socioeconomic challenges of South Africans will always be a threat to the effectiveness of interventions. According to Morison et al. (2016), policymakers often target families for interventions. South Africa has only recently adopted the White Paper on Families (DSD, 2012), foregrounding the focus of strengthening and preserving families.

A recent policy brief by Morison et al. (2016), however, provides significant insight as to how even current family policies such as the White Paper could fail South African families. Rabe (2017) extends this argument and agrees that even policies meant to be inclusive can be exclusive when biased nuances stipulating a certain 'normal' is promoted. For example, Morison et al. (2016) and Rabe (2017) comment on the White Paper on Families (DSD, 2012) as being biased in promoting middle-class, heteronormative family values by promoting that

families ‘stay intact’ or ‘stable’ as the norm. This kind of view does not seem realistic since the nuclear family is no longer the norm in South Africa (Makiwane et al., 2017). According to Morison et al. (2016), the idea of the nuclear family is not and has never been the norm in South Africa. These authors agree that there should be a contextual understanding, inclusive of all family forms, focusing on functioning and processes rather than the structure of South African families. In addition, family policies, without specific strategies to support and improve family life or some form of accountability, cannot be effective and might exclude already marginalised families.

8.5 Limitations of the study

One of the findings of Phase 1 (i.e. identifying and exploring the family resilience needs of the community) was that there is not one comprehensively adequate measure for family resilience – especially for Walsh’s theoretical framework. The Walsh Family Resilience Theoretical Framework boasts the flexibility to assess family functioning in context and help identify areas that require intervention (van Backström, 2015). In the present study, however, I assessed one family member at a time and, therefore, each participant’s contribution is framed within his or her own perspective which might be different to other family members’ perspectives.

The study utilised different kinds of non-probability sampling. Purposive, convenient and snowball sampling were implemented from Phase 1 to Phase 3. In the first phase especially, there was an attempt to sample in order to gain a representative sample across the entire community. Although the fieldworkers administered questionnaires across the community, randomisation could not be assured.

In Phase 2 (the systematic review), the databases were selected based on UWC's access to and scope of those databases. Additionally, the peer-reviewed articles that were included in the systematic review were heterogeneous. Different authors approached their articles differently. Ultimately, because of the aim of the systematic review, the developmental, implementation and evaluation aspects needed to be assessed.

Although the community stakeholders were part of the final round of the Delphi, it might have been more beneficial to have included them in Rounds 1 and 2.

In terms of the actual research site, there were several factors I found challenging. I was involved in every aspect of the study, barring transcriptions and door-to-door questionnaire administration; however, the research site is a four-hour drive (each way) from my place of residence. This distance meant that each phase of the data collection required careful planning in terms of timing, length of stay, accommodation and ground travel. This also required funding and arduous administrative processes.

Completing a thesis by publication also boasts its unique limitations to the dissertation process. In some cases, the time from submission to first review was 10 months; this delayed several other processes. Each phase of the study needed to demonstrate its scientific contribution to the discipline. This might not always have been made clear in each manuscript, especially when much process information and the overall aim of the study was removed. The decisions made as to what information to keep was also guided by the journal's submission requirements (length and scope). The discussion chapter becomes even more important, then, for synthesis of the phases, theory and epistemological positioning of the study.

8.6 Recommendations

Adequate assessment measures in the South African context. The first phase of the study highlighted the importance of appropriate assessment measures in different populations. The FRAS was found adequate for the purposes of the study; however, a factor analysis demonstrated that the original English FRAS needs more attention to be of use in multicultural settings. It might be more feasible to develop a South African FRAS, rather than revising the existing FRAS. This process requires time and is a huge undertaking in itself, although it must be undertaken in a multicultural and multilingual country such as South Africa. Another recommendation would be to develop a shorter scale in family resilience assessments; this might increase the likelihood of participation and decrease dropping out during administration of a questionnaire.

A review of socioeconomic resources and structures within Lambert's Bay. Addressing family challenges requires a review of the current socioeconomic environment. This can include a review of available social support and economic challenges faced by the community. In Lambert's Bay, one of the parenting challenges identified is a lack of consistent parenting and monitoring of children. This problem might be addressed with the use of specific parenting or parenting skills programmes. Additionally, efforts need to be made to develop after-school activities. One of the challenges experienced in this community is that there are few opportunities for supervised leisure, sport or academic activities. One way of addressing this could be to employ stay-at-home or unemployed carers seeking employment who can guide (or be trained to guide) activities.

The economic climate in Lambert's Bay is reportedly fragile. One way in which families are compensated is through a social grant received from the Department of Social Development.

A concern is whether the recipients are sufficiently financially minded to plan and budget effectively. A short course in financial planning would also be part of the FRSP, however, and could also be offered separately.

Intervention adoption and implementation. Intervention efforts for families should be framed within a strengths-based approach. Focusing on families' strengths and reformulating the presenting problems as challenges to family cohesion has been shown to be more effective than using a deficit-based approach.

Given the multiple challenges that different families might face, it is recommended that each FRSP model be available to be offered separately. Based on the module 'About family', facilitators and participants alike would be able to make a decision regarding which modules would be of better use to them. Some modules might be offered as an adjunct to other existing programmes of the NGO.

Additionally, appropriate training of programme facilitators will also be required. Facilitators will have a particular perspective on the subject matter in the programme; especially because of residing in the community themselves. This can be beneficial (as was found in Ruffalo et al. (2006) and Williamson et al. (2014) but might also contribute to a stereotyped approach in running an intervention and on their own views on families and 'family life'. Facilitators will be encouraged to emulate the tenets of the strengths-based approach; namely, to focus on the **family** in the development of **their** goals, to respect different worldviews and different understandings of family functioning, to be encouraging and advocate for the participants, and to approach the study with a 'deep conviction' (Walsh, 2016b) that families are capable of changing.

The next step, before adoption and implementation of the intervention can occur, is writing up the programme in the form of a manual. Thereafter the adoption and implementation can commence in the form of a pilot programme. The pilot will also include an evaluation to determine any changes that need to be implemented and evaluating the FRSP's effects. Based on the relative success of using a mixed methods design for most of the study, the FRSP will be evaluated using a mixed methods approach. The researcher and the community partners will work together towards these goals.

8.7 Conclusion

The aim of the present study was to develop a contextually based programme for families, in order to strengthen family resilience processes. The current chapter concludes the dissertation by summarising the main arguments or points of discussion and explicitly highlights the implications of the study's findings. Moreover, this chapter provides a brief narrative of the study's limitations as well as some recommendations.

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Appendix A

UNIVERSITY OF THE WESTERN CAPE
DEPARTMENT OF PSYCHOLOGY
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2283/2453, Fax: 27 21-959 3515

STRENGTHENING FAMILY RESILIENCE

We are a group of researchers interested in your opinions on your community, family, and parenting styles. We would appreciate it if you would complete this questionnaire. You will remain anonymous, i.e. your identity will be kept safe. There are no right or wrong answers, only your opinions. Please choose the option which suits your situation the best.

SECTION A: PLEASE COMPLETE THE FOLLOWING:

You can indicate your choices with an "X"

Gender:	MALE	FEMALE			
Age:					
Highest education level:					
Race:	COLOURED	BLACK	WHITE	INDIAN	
Home language:	AFRIKAANS	ENGLISH	isiXHOSA	isiZULU	OTHER
Are you currently employed?	YES	NO			
Household income per month:					
What is your position in the family?					

What is your family's structure?

Two married parents	
Two unmarried parents	
Single mother	
Single father	
Live with extended family (e.g. your parents)	

Please select any of the following you might have experienced within the last 5 years:

Death of a loved one		Please explain:
Unemployment		
Divorce		
A loved one's illness		
Financial insecurity		
Other		Please explain:

SECTION B: FAMILY RESILIENCE ASSESSMENT SCALE

Please read each statement carefully. Decide how well you believe it describes your family now from your viewpoint. Your family may include any individuals you wish. You can indicate your choice with an 'X'.

	Strongly agree	Agree	Disagree	Strongly disagree
1. Our family structure is flexible to deal with the unexpected				
2. Our friends value us and who we are				
3. The things we do for each other make us feel a part of the family				
4. We accept stressful events as a part of life				
5. We accept that problems occur unexpectedly				
6. We all have input into major family decisions				
7. We are able to work through pain and come to an understanding				
8. We are adaptable to demands placed on us as a family				
9. We are open to new ways of doing things in our family				
10. We are understood by other family members				
11. We ask neighbours for help and assistance				
12. We attend church/synagogue/mosque services				
13. We believe we can handle our problems				
14. We can ask for clarification if we do not understand each other				
15. We can be honest and direct with each other in our family				
16. We can blow off steam at home without upsetting someone				
17. We can compromise when problems come up				
18. We can deal with family differences in accepting a loss				
19. We can depend upon people in this community				
20. We can question the meaning behind messages in our family				
21. We can solve major problems				
22. We can survive if another problem comes up				
23. We can talk about the way we communicate in our family				
24. We can work through difficulties as a family				
25. We consult with each other about decisions				
26. We define problems positively to solve them				

	Strongly agree	Agree	Disagree	Strongly disagree
27. We discuss problems and feel good about the solutions				
28. We discuss things until we reach a resolution				
29. We feel free to express our opinions				
30. We feel good giving time and energy to our family				
31. We feel people in this community are willing to help in an emergency				
32. We feel secure living in this community				
33. We feel taken for granted by family members				
34. We feel we are strong in facing big problems				
35. We have faith in a supreme being				
36. We have the strength to solve our problems				
37. We keep our feelings to ourselves				
38. We know there is community help if there is trouble				
39. We know we are important to our friends				
40. We learn from each other's mistakes				
41. We mean what we say to each other in our family				
42. We participate in church activities				
43. We receive gifts and favours from neighbours				
44. We seek advice from religious advisors				
45. We seldom listen to family members' concerns or problems				
46. We share responsibility in the family				
47. We show love and affection for family members				
48. We tell each other how much we care for one another				
49. We think this is a good community to raise children				
50. We think we should not get too involved with people in this community				
51. We trust things will work out even in difficult times				
52. We try new ways of working with problems				
53. We understand communication from other family members				
54. We work to make sure family members are not emotionally or physically hurt				

Appendix B

UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF PSYCHOLOGY
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INFORMATION SHEET

THE DEVELOPMENT OF A CONTEXTUALLY BASED PROGRAMME, DESIGNED TO INCREASE FAMILY RESILIENCE WITHIN A RURAL COMMUNITY IN THE WESTERN CAPE

What is this study about?

This is a research project being conducted by Serena Isaacs at the University of the Western Cape. We are inviting you to participate in this research project because you reside in this community and can provide your perceptions of family life here. The purpose of this research project is develop a programme which can increase family resilience; therefore gaining as much information as possible, from your point of view, will assist in this process so that your voice can be heard.

What will I be asked to do if I agree to participate?

You will be asked to **complete a questionnaire with statements about daily family life/participate in a focus group.**

Would my participation in this study be kept confidential?

To help protect your confidentiality, your name will not be connected to the questionnaire at all. The **questionnaires** are anonymous and will not contain information that may personally identify you.
(1) your name will not be included on the surveys and other collected data.
(2) a code will be placed on the survey and other collected data.
All questionnaires are locked in filing cabinets at the Department of Psychology of the University of the Western Cape.

For the focus group: We will do our best to keep your personal information confidential. Only myself and my two supervisors will have access to the information. All interviews will be saved on computers that are password controlled.
If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

Audio taping

This research project involves making audiotapes of you. This will ensure that the researcher accurately captures all your views. The audiotapes will be saved on a password-controlled computer. Once analysis is complete, the tapes will be destroyed.

___ I agree to be audiotaped during my participation in this study.
___ I do not agree to be audiotaped during my participation in this study.

What are the risks of this research?

Some items on the **questionnaire/points of discussion for the focus groups** might make you feel uncomfortable or embarrassed. I assure you that the only aim of this study is to gain an understanding of your experiences and your perceptions. Other than this, there are no known risks associated with participating in this research project.

What are the benefits of this research?

The results may help the investigator learn more about the dynamics of families in Lambert's Bay. We hope that, in the future, you and other families in the community and other people might benefit from the programme that will be developed as a result of your participation.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?

Yes. Please contact the researcher (details below) and she will arrange for appropriate care, e.g. counselling, referral for care.

What if I have questions?

This research is being conducted by Serena Isaacs of the Department of Psychology at the University of the Western Cape. If you have any questions about the research study itself, please contact:

Serena Isaacs
Doctoral student
University of the Western Cape
Private Bag X17
Bellville 7535
021 959 3096/ 0718899999
sisaacs@uwc.ac.za

Professor Nicolette Roman
Supervisor
Department of Social Work
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021 959 2283
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Dr Shazly Savahl
Co-supervisor
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Private Bag X17
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021 959 2826
ssavahl@uwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Michelle Andipatin
Head of Department
Department of Psychology
University of the Western Cape
Private Bag X17
Bellville 7535

Professor Jose Franz
Dean
Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Appendix C

UNIVERSITY OF THE WESTERN CAPE
DEPARTMENT OF PSYCHOLOGY
Private Bag X17, Bellville 7535, South Africa
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FOCUS GROUP: LETTER OF CONSENT

Title: THE DEVELOPMENT OF A CONTEXTUALLY BASED PROGRAMME, DESIGNED TO INCREASE FAMILY RESILIENCE WITHIN A RURAL COMMUNITY IN THE WESTERN CAPE

This letter serves to grant my consent to complete and participate in a focus group discussion with the interviewer. The purpose of this research project is develop a programme which can increase family resilience, therefore gaining as much information as possible, from your point of view, will assist in this process so that your voice can be heard. The discussion will be around your perceptions and experiences of family life.

I am aware that I may withdraw from the study at any time should I not feel comfortable discussing the topic. I understand that the information is private and will be managed by the interviewer, confidentially and anonymously. I understand that I should treat everyone's opinion with respect and with confidentiality. I understand that I give consent that the information gathered during the interviews will be tape recorded and anonymously presented in research reports and publication articles.

I agree to participate in this study ☐

I do not agree to participate in this study ☐

This letter was signed on the……day of …….....(month) of the year……..

Signature of interviewee:……..

Study co-ordinator's name: Serena Isaacs
University of the Western Cape
Private Bag X17, Belville 7535
Telephone: 021 959 3096
Email: sisaacs@uwc.ac.za

Appendix D

UNIVERSITEIT VAN DIE WES-KAAP

DEPARTEMENT VAN SIELKUNDE

Privaatsak X17, Bellville 7535, Suid Afrika

Tel: +27 21-959 2283/2453, Faks: 27 21-959 3515

VERSTERK DIE GESINSBANDE

Ons is ’n groep navorsers wat belang stel in jou menings oor jou familielewe. Ons wil graag hê dat jy hierdie vraelys voltoooi. Alles is anonym, m.a.w. jou identiteit word bewaar. Daar is geen korrekte of verkeerde antwoorde nie, ons wil net jou mening verstaan. Kies asseblief die opsie wat jou omstandighede die beste pas.

AFDELING A

Voltooi asseblief die volgende deur 'n sirkel of 'n 'X' om die korrekte antwoord te trek.

Geslag:	Manlik	Vroulik

Ouderdom:

Opvoedkundige vlak in grade:

Ras	Kleurling	Swart	Wit	Indiër/Asiër

Huistaal	Afrikaans	Engels	isiXhosa	Ander	

Is jy werksaam?	Ja	Nee

Die huishouding se inkomste per maand:

Wat is jou posisie in die gesin?

Hoe is jou gesin saamgestel?

Twee getroude ouers	
Twee ongetroude ouers	
Enkel moeder	
Enkel vader	
Woon met ander familie (bv. ouma/oupa ens.)	

Lees asseblief elke stelling. Kies diegene wat jy mag in die afgelope 5 jaar ondervind het.

Dood van 'n geliefde		Verduidelik asb.
Werkloosheid		
Egskeiding		
Geliefde se siekte		
Finansiele onsekerheid		
Ander		

AFDELING B: GESINSBANDE

Lees asseblief elke stelling noukeurig deur. Besluit hoe goed na jou mening dit jou gesin beskryf. Jou 'gesin' mag enigeen insluit wie jy wil.

	Stem heeltemal saam	Stem saam	Stem nie saam nie	Stem glad nie saam nie
1. Ons gesinstruktuur kan enige onverwagte gebeurtenisse hanteer				
2. Ons vriende waardeer ons vir wat ons is				
3. Die dinge wat ons vir mekaar doen, laat ons deel van die gesin voel				
4. Ons aanvaar stresvolle gebeurtenisse as deel van die lewe				
5. Ons aanvaar dat probleme onwerwags kan opduik				
6. Ons kan almal 'n bydra lewer wanneer groot besluite oor die gesin gemaak word.				
7. Ons kan ons pyn verwerk en tot 'n verstandhouding kom				
8. Ons kan aanpas by die eise wat aan ons gesin gestel word.				
9. Ons is nie huiwerig om dinge op 'n nuwe manier in ons gesin te doen nie.				
10. Ander familielede verstaan ons.				
11. Ons vra ons bure vir hulp en ondersteuning.				
12. Ons woon dienste by die kerk/sinagoge/moskee by.				
13. Ons glo ons kan ons problem hanteer.				
14. Ons kan vir 'n verduideliking vra as ons mekaar nie verstaan nie.				
15. In ons gesin kan ons eerlik en reguit met mekaar wees.				
16. Ons kan by die huis stoom afblaas sonder om iemand te ontstel.				
17. Wanneer probleme opduik, kan ons tot 'n vergelyk kom.				
18. Ons kan familieverskille hanteer wanneer ons 'n verlies moet verwerk.				
19. Ons kan staatmaak op mense in dié gemeenskap.				
20. In ons gesin kan ons die betekenis agter boodskappe bevraagteken.				
21. Ons kan groot probleme oplos.				
22. Ons kan oorleef indien nog 'n probleem opduik.				
23. Ons kan praat oor hoe ons in ons gesin kommunikeer.				
24. Ons kan as gesin moeilike tye verwerk.				
25. Ons raadpleeg mekaar wanneer ons besluite moet neem.				

26. Ons is positief wanneer ons probleme definier om hulle op te kan los.				
27. Ons bespreek ons probleme en voel goed oor die oplossings.				
28. Ons bespreek probleme tot ons ’n oplossing bereik.				
29. Ons voel vry om ons menings uit te spreek.				
30. Ons voel goed om tyd en energie aan ons gesin te bestee.				
31. Ons meen die mense in dié gemeenskap is bereid om in ’n noodsituasie te help.				
32. Ons voel veilig om in dié gemeenskap te woon.				
33. Ons voel ons word as vanselfsprekend deur familielede aanvaar.				
34. Ons voel ons is sterk genoeg wanneer groot probleme ons in die gesig staar.				
35. Ons glo in ’n opperwese.				
36. Ons is sterk genoeg om ons probleme op te los.				
37. Ons deel nie ons gevoelens met ander nie.				
38. Ons weet die gemeenskap sal help as daar moeilikheid is.				
39. Ons weet ons is belangrik vir ons vriende.				
40. Ons leer uit mekaar se foute.				
41. In ons gesin bedoel ons wat ons vir mekaar sê.				
42. Ons neem deel aan aktiwiteite by die kerk.				
43. Ons kry gunste en gawes van die bure.				
44. Ons vra raad by godsdienstige raadgewers.				
45. Ons luister selde na die bekommernisse en probleme van familielede.				
46. Ons deel die verantwoordelikhede in ons gesin.				
47. Ons toon teerheid en wys ons liefde vir mekaar.				
48. Ons vertel mekaar hoeveel ons vir iemand omgee.				
49. Ons meen hierdie is ’n goeie gemeenskap waarin kinders groot te maak.				
50. Ons meen ons moenie te betrokke raak by mense in dié gemeenskap nie.				
51. Ons vertrou dinge sal uitwerk, selfs in moeilike tye.				
52. Ons probeer nuwe maniere om probleme op te los.				
53. Ons verstaan kommunikasie van ander familielede.				
54. Ons maak seker familielede word nie emosioneel of fisiek seergemaak nie.				

Dankie vir u deelneming.

Appendix E

UNIVERSITEIT VAN DIE WES-KAAP

DEPARTEMENT VAN SIELKUNDE
Privaatsak X17, Bellville 7535, Suid Afrika
Tel: +27 21-959 2283/2453, Faks: 27 21-959 3515

INLIGTINGS EN TOESTEMMINGSVORM

Titel van navorsingsprojek: The development of a contextually based programme designed to increase family resilience within a rural community in the Western Cape.

Waaroor gaan hierdie projek?
Dit is ’n narvorsingsprojek oor families en familielewe in die gemeenskap. Die doel van hierdie studie is om ’n familie program te ontwikkel. U word nou genooi om deel te neem in hierdie studie.

Wat gaan ek gevra word om te doen as ek saamstem om deel te neem?
As u toestemming gee vir jou kind om deel te neem aan die studie, sal daar van hulle gevra word om ’n vraelys te voltooi. Die vraelys sal vrae insluit wat verband hou met verskillende aspekte van jou familie and familielewe. Die vraelys sal nie langer as 30 minute neem om te voltooi nie en daar is geen regte of verkeerde antwoorde nie.

Sal my deelname in hierdie studie vertroulik gehou word?
U naam sal anoniem gehou word, wat beteken niemand sal die naam of antwoorde weet wat in die vraelys gevul word nie. Die vraelyste sal in ’n veilige plek gehou word en slegs die primêre navorsers sal toegang hê tot die vraelyste. In ooreenstemming met wetlike en professionele standaarde, sal ons die toepaslike inligting oor indiwiduele/instansies van kindermishandeling/verwaarlosing of potensieële skade aan u of ander openbaar, wat voor ons aandag kom.

Wat is die risikos van hierdie navorsing?
’n Paar items op die vraelys kan jou ongemaklik laat voel. Andersins is daar geen bekende riskos betreffende hierdie projek.

Wat is die voordele van hierdie navorsing?
Die resultate sal help om die navorser meer te leer van die dinamika van die gesin. Ons hoop dat in die toekoms sal jy en ander gesinne in die gemeenskap kan baat by die program wat sal ontwikkel word as gevolg van jou deelname.

Moet ek deelneem en kan ek stop ter enige tyd?
U deelname is vrywillig. As jy besluit om deel te neem, mag jy ter enige tyd onttrek sonder dat u enige negatiewe gevolge sal ervaar.

Is enige help beskikbaar as ek in 'n negatiewe manier aangeraak word deur deelname in hierdie studie?

Ja. Kontak die navorser en sy sal reel vir die nodige sorg.

TOESTEMMINGSVORM:

Die studie is verduidelik aan my in 'n taal wat ek verstaan. Ek stem vrywillig saam om deel te neem aan die studie. My vrae oor die studie is beantwoord. Ek verstaan dat my identiteit (naam) nie bekend gemaak sal word nie, en dat ek enige tyd kan onttrek van die studie sonder om 'n rede te verskaf en wanneer ek onttrek van die studie dit my nie negatief sal affekteer nie.

Handtekening……..... **Getuie handtekening……..**

Datum…… **Datum……**

Wat as ek vrae het?

Indien u enige vrae het oor die studie of probleme wil rapporteer in verband met die studie, kontak gerus die studiekoordineerder:

Serena Isaacs
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Appendix F

UNIVERSITEIT VAN DIE WES-KAAP

DEPARTEMENT VAN SIELKUNDE
Privaatsak X17, Bellville 7535, Suid Afrika
Tel: +27 21-959 2283/2453, Faks: 27 21-959 3515

FOKUSGROEP TOESTEMMINGSVORM

THE DEVELOPMENT OF A CONTEXTUALLY BASED PROGRAMME, DESIGNED TO INCREASE FAMILY RESILIENCE WITHIN A RURAL COMMUNITY IN THE WESTERN CAPE

Die vorm gee my toestemming om deel te neem aan 'n fokusgroepbespreking met die onderhoudvoerder. Die doel van hierdie navorsingsprojek is om'n program te ontwikkel wat gesinsverkragtigheid kan verhoog en besig dus soveel inligting as moontlik, van jou standpunt, wat sal help in hierdie proses sodat jou stem gehoor kan word. Die bespreking gaan oor jou ervarings van die gesinslewe.

Ek is bewus daarvan dat ek kan onttrek van die studie teen enige tyd as ek nie gemaklik voel oor die onderwerp nie. Ek verstaan dat die inligting is privaat en sal bestuur word deur die onderhoudvoerder, vertroulik en anoniem. Ek verstaan dat ek almal se ervaringe met respek en vertroulikheid behandel. Ek verstaan dat ek toestemming gee dat die inligting wat tydens die onderhoude op band opgeneem en anoniem aangebied in navorsing verslae en publikasie artikels sal wees.

Ek stem saam om deel te neem in hierdie studie. ☐

Ek stem nie saam om deel te neem in hierdie studie nie. ☐

Hierdie vorm was geteken op ……. dag van die…….....(maand) van die jaar……..

Handtekening van primêre navorser/onderhoudvoerder :……..

Serena Isaacs
Doctoral student
University of the Western Cape
Private Bag X17, Belville 7535
Telephone: 021 959 3096
sisaacs@uwc.ac.za

Appendix G

RE-AIM Framework evaluation (Adapted from Glasgow 1999, 2001 and Blackman et al. 2013)

RE-AIM Dimensions	**Questions**	**Scoring**
REACH	1. Does the article indicate who the program is intended for?	Y= 1 / N=0
	2. Does the article report on participation rate?	Y=1 / N=0
Effectiveness	3. Did the program report on the model used for the development of the program?	Y=1 / N=0
	4. Did the program achieve the intended objectives?	Y=1 / N=0
	5. Do they report on the limitations of the intervention?	Y=1 / N=0
	6. Reports on at least one outcome of the intervention	Y=1 / N=0
	7. Reports on attrition	Y=1 / N=0
Adoption	8. Is the setting clearly described?	Y=1 / N=0
	9. Reports on who delivered the program	Y=1 / N= 0
	10. Would they categorise the intervention as evidence-based?	Y=1 / N=0
Implementation	11. Describes the duration and frequency of the intervention	Y = 1 / N=0
	12. Has the staff / participants of the organization/intervention been involved in delivering the program	Y = 1 / N=0
	13. Reports on intended and delivered interventions	Y=1 / N=0
Maintenance	14. Do they report on the indicators used for intervention follow-up?	Y=1 / N=0
	15. Does the article report on long term effects of the intervention (after 6 months)	Y=1 / N=0

Appendix H

The Publication and review process: Chapter 4

Adapting and validating the Family Resilience Assessment Scale in an Afrikaans rural community in South Africa

Community Mental Health Journal

The following is the correspondence between the editors and the author.

Revision 1: Editor's comments to the author (minor revision)

Date:	18 Nov 2016
To:	"Serena Isaacs" sisaacs@uwc.ac.za
From:	"Community Mental Health Journal (COMH" Mohanraj.Adhiarul@springer.com
Subject:	Decision on your Manuscript COMH-D-16-00060

Dear Miss Isaacs,

Thank you for submitting your manuscript, "Adapting and validating the Family Resilience Assessment Scale in an Afrikaans rural community in South Africa", to Community Mental Health Journal. Your paper has returned from peer-review. Please incorporate the reviewer suggestions (appended below) into a revision.

Please note: When uploading your revised files, please make sure only to submit your editable source files (i. E. Word, tex).

In order to submit your revised manuscript electronically, please access the following web site:

http://comh.edmgr.com/

Your username is: ********
Click "Author Login" to submit your revision.

When we receive your revision, we will make a final decision.

Sincerely,

Dr. Jacqueline Feldman , MD

Department of Psychiatry and Behavioral Neurobiology
University of Alabama at BIrmingham
Editor-in-Chief
Community Mental Health Journal

Table : reviewer and author comments	
Reviewer comments	**Author's comments**
It is not clear why there is such a detailed demographic breakdown of the pilot study in Table 1 and not of the main study as well?	*The details of the main study's sample are presented in another article. I have included some more information in a table format on the main study's sample. p. 10*
When discussing the pilot study, N= or % or N and % are given for different variables. Please include the number and percentage in each case for consistency and also clarity since the sample is small and percentages on their own are not always useful.	*I have included the N and % for the pilot sample (p.8-9). However, I have now presented both the N and % for each variable in Table 1 (i.e. biographical information for the pilot data).* *I have included both the N & % on page 5 for the larger sample as well.*
All the tables should be given more comprehensive headings, indicating whether it is focusing on the pilot or the main study.	*Completed. p.18-22*
A comment is made on p. 5 that although many people were employed at the time of the interview, their contracts would come to an end at the end of the month. This requires an explanation.	*The following statement is included in the original document:* "Further, the majority of the participants had completed a secondary education (51.8%) and were employed at the time of data collection (65.9%). However, many participants also indicated that their current employment contract would come to an end by the end of that month. In all likelihood, many of them are now experiencing financial insecurity owing to unemployment." *That sentence was changed slightly and a sentence added i.t.o the effects of economic status on family resilience (p.5):* "In all likelihood, many of them are now unemployed and could be experiencing financial instability. Economic instability can influence family functioning and affect their levels of family resilience (Walsh, 2006)."
The sampling for the main study also requires explanation. It seems as if random sampling could have been a possibility here but this was apparently not employed. Although the sample size is explained in	*The following was added to the manuscript p. 5:* Six hundred and fifty-six participants (n=656) were included in the sample for the main data collection. Once again,

some detail, the actual sampling method (which seems to be convenience sampling) is not explained nor the reasoning for choosing the sampling method.	convenient, door-to-door sampling was employed. Fieldworkers were requested to request participation of a family member at every second to third home across the community. Since the author does not reside in the community and could not be there for the entire process, it was not possible to ensure with absolute certainty that sampling would be completely random.
On p. 7 the timing of the "back/forward" translation is explained, but the **reason** for the timing is not clear, describing it as "interesting" is not really a reason.	*The following was re-written on p.7:* Typically, a back and forward translation happens after the initial adaptation, however we wanted to first understand how the pilot participants experienced the questionnaire before the backward and forward translation. Therefore, we would be able to address problematic items based on a larger number of participants rather than a small group of three or four."
The Afrikaans wording and the associated problems for items 33 and 47 are discussed at some length but the revised Afrikaans versions are not provided, please include this.	*The scale was revisited and the following was added on p.7:* Item 33 was changed completely: "*Ons voel dat ons nie genoeg waardering ontvang van familie lede nie,*" while the NGO felt that item 47 should remain the same since it did capture an equivalent meaning to the English version.
The sentence regarding "care and use of animals" under Ethical considerations is unexpected, how is this relevant? Please attend to this.	*The sentence was added on request at the time of submission by the journal. It has now been removed.*
Table 4 is useful, could the Afrikaans version be included here as well. It will be telling to see if "family" was translated in Afrikaans as "familie" or "gesin". Both of these will be translated back into English as "family" but their meanings are very different in Afrikaans.	*Table 4 is now Table 5 (p.22). I have included the Afrikaans items alongside the English items. 'Familie' and 'gesin' was used interchangeably in the questionnaire. Although the word 'gesin' was used exclusively during the focus groups (qualitative phase), the fieldworkers had informed the participants in the quantitative phase that they need to reflect on those they consider family. Additionally, the following instruction was given on the questionnaire: e.g.* "**Lees asseblief die volgende stellings noukeurig deur. Volgens jou mening, watter stelling beskryf jou familie die beste. Trek n kruis "X" in die toepaslike**

	blokkie. Onthou, dat u/jou gesin enige ander persone mag insluit. **"Please read each statement carefully. Decide how well you believe it describes your family now from your viewpoint. Indicate your choice with an "X". Your family may include any individuals you wish"**
There are a few minor typos and grammatical errors and a final careful proofreading by the authors is recommended (e.g. requessted on p.6).	*A final proofread was completed after the changes were made. We trust all is in order.* *Pg.5 – 'was' – 'were'* *Pg. 6: 'requestted' – 'requested* *p. 7: " This was identified a possible factor" - "This was identified as a possible factor"*
I think this is an important project and I hope that the researchers may be able to do a similar exercise with Xhosa.	*Agreed. The adaptation and validation of this instrument is very important. However, given the issues with some of the scale items we believe that much work is required on the instrument first before we adapt it into any other languages.*

COMMENTS TO THE AUTHOR:

Reviewer #1: In general this is a well written article and quite comprehensive. It appears as if the authors may have done similar work before. However, I believe the comments below may help to improve the quality of the reporting:
It is not clear why there is such a detailed demographic breakdown of the pilot study in Table 1 and not of the main study as well?
When discussing the pilot study, N= or % or N and % are given for different variables. Please include the number and percentage in each case for consistency and also clarity since the sample is small and percentages on their own are not always useful.

All the tables should be given more comprehensive headings, indicating whether it is focusing on the pilot or the main study.
A comment is made on p. 5 that although many people were employed at the time of the interview, their contracts would come to an end at the end of the month. This requires an explanation.
The sampling for the main study also requires explanation. It seems as if random sampling could have been a possibility here but this was apparently not employed. Although the sample size is explained in some detail, the actual sampling method (which seems to be convenience sampling) is not explained nor the reasoning for choosing the sampling method.
On p. 7 the timing of the "back/forward" translation is explained, but the reason for the timing is not clear, describing it as "interesting" is not really a reason.
The Afrikaans wording and the associated problems for items 33 and 47 are discussed at some length but the revised Afrikaans versions are not provided, please include this.
The sentence regarding "care and use of animals" under Ethical considerations is

unexpected, how is this relevant? Please attend to this.
Table 4 is useful, could the Afrikaans version be included here as well. It will be telling to see if "family" was translated in Afrikaans as "familie" or "gesin". Both of these will be translated back into English as "family" but their meanings are very different in Afrikaans.
There are a few minor typos and grammatical errors and a final careful proofreading by the authors is recommended (e.g. requessted on p.6).
I think this is an important project and I hope that the researchers may be able to do a similar exercise with Xhosa.

Revision 1: Author's comments to the editor

The first revision was completed and submitted to the journal on the 30 November 2016. The response was formatted in such a way to ensure each point made by the reviewer was addressed.

Final decision on manuscript

The journal editor received the revision positively. The editor provided feedback and the manuscript was accepted for publication on 8 January 2017.

Date: 07 Jan 2017
To: "Serena Isaacs" sisaacs@uwc.ac.za
From: "Community Mental Health Journal (COMH" Mohanraj.Adhiarul@springer.com
Subject: Decision on your manuscript COMH-D-16-00060R1

Dear Miss Isaacs,

We are pleased to inform you that your manuscript, "Adapting and validating the Family Resilience Assessment Scale in an Afrikaans rural community in South Africa", has been accepted for publication in Community Mental Health Journal.
You will receive an e-mail from Springer in due course with regards to the following items:

1. Offprints
2. Colour figures
3. Transfer of Copyright

Please remember to quote the manuscript number, COMH-D-16-00060R1, whenever inquiring about your manuscript.

With best regards,
Jacqueline Feldman, MD
Editor-in-Chief

Appendix I

The publication and review process: Publication 2:Chapter 5

An exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological study design

Current Psychology

The following is the correspondence between the editors and the author.

Revision 1: Editor's letter to the author (Major revision)

Date: 31 Aug 2017

To: "Serena Isaacs" sisaacs@uwc.ac.za

cc: f.richard.ferraro@email.und.edu

From: "Current Psychology - Editorial Office" haezzle.cueto@springer.com

Subject: Major Revisions requested CUPS-D-17-00305

Dear Miss Isaacs,

We have received the reports from our advisors on your manuscript, "An exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological study design", which you submitted to Current Psychology.

Based on the advice received, I have decided that your manuscript could be reconsidered for publication should you be prepared to incorporate major revisions. When preparing your revised manuscript, you are asked to carefully consider the reviewer comments which can be found below, and submit a list of responses to the comments. You are kindly requested to also check the website for possible reviewer attachment(s).

In order to submit your revised manuscript, please access the journal web site.

*Your username is: ********
If you forgot your password, you can click the 'Send Login Details' link on the EM Login page at http://cups.edmgr.com/.*

Please make sure to submit your editable source files (i. e. Word, TeX).

We look forward to receiving your revised manuscript before 30 Oct 2017.

With kind regards,
Richard Ferraro, PhD
Editor in Chief

***COMMENTS FOR THE AUTHOR**:*

Reviewer #1: Thank you for the opportunity to read this very well written and interesting manuscript. The result have a strong potential to inform community-based approaches to strengthen family resiliency.
Please review the description of psychometric properties of the Family Resiliency Assessment Scale (FRAS). Why present alphas of other scales? More important to the reviewer is the correlation between the total and subscale scores on the FRAS and the measures of concurrent validity. Please state what external criterion-related concept the FRAS was associated with, or delete. Please clarify if reported alpha was Cronbach's alpha coefficient. Please clarify that the alpha reported was for the present study not previous studies.
Page 9, line 14 - participants cannot be anonymous if the data were collected in the presence of any researcher who knew the identity of the participants. Please retain only the concept of confidentiality. Please explain how the researchers and NGO maintained autonomy. Were participants assured that their choice to participate, or not, would not affect their access to programs and services? Please clarify what "need of further assistance" means? What type of behavior or event would qualify to receive a referral?
Given the FRAS captures cognitive perceptions of the participants, I suggest that the authors state "believe" rather than "feel" or "felt" which suggest emotion.
Page 12, line 22, as a reviewer, I would appreciate more detail about the specific concepts that were explored in more detail. Please clarify if all family member participants in the focus groups also completed the door-to-door resiliency survey.
Page 13, line 8, please clarify "had become challenging" - more challenging than what and since when?
Page 13, line 26, please clarify, what is a "R20"?
Page 16, line 51, do you need a hard return for the second quote?
There seems to be minor mixing of Results and Discussion e.g., page 18, line 14. Not sure what to suggest. Page 7, lines 14 to 24, please move this information to the Discussion section.
The authors suggested the study follows a participatory action approach. However, in the Discussion, there is no link back to PAR. Please pull this idea forward to the Discussion.
Deleted redundancies, page 7, line 53-57 re characteristics of sample.
Please attend to missing period, page 2, line 10. Please use a question page 3, line 46. The pattern of indents is inconsistent.

Careful with tense throughout for example, p. 2 lines 43-36; lines 50, 51.
Please provide a reference for the statement p. 3, lines 39-41.
Please state your research question more clearly, was hinted at on p. 3, lines 42-46.
Please be consistent in spacing between paragraphs and between sentences following punctuation.
Please cite (anonymously) the larger research project that this study was a part of (first line under research design, p. 6).
Under Phase I - Participants section, did you mean "convenience" rather than "convenient" sampling method?
Were the field workers members of the community who were trained, or were they from outside of the community?
Page 8 lines 22-24, please re-word the last sentence of this paragraph for clarity.
Please use semi-colons in seriated lists.
Please clarify Phase 2 Participants, were those more involved in the community selected, and again you have used the term "convenient" sample.
Page 10 - Results - please clarify the first line, what did this research design require for presenting?
Phase 2 - qualitative results the first sentence needs more clarification earlier in the paper (lines 28-30). It was not clear earlier that Phase 1 would result in development of research questions for Phase 2. In addition, the research questions are not clearly stated.
There is no explanation of participatory action research (PAR) and it did not appear to be the method used for the qualitative phase of the study. This is especially apparent in the limitations section, as PAR would have originated from members of the community itself.
Would there be a more clear way to describe financial hardship and economic instability specifically within this community or country as a whole, such as socio-economic status? As well, what sort of social policies exist that contribute to this economic instability in this community/country?
Thank you for this unique study!

Reviewer #2: This is much needed research.

I indicated various changes in the text of the manuscript, mostly about the meaning of sentences that should be clarified; language issues and re-phrasing; and the use of more appropriate words, for example, in stead of "the participants felt..." the author could use "According to the participants perceptions..."

Be careful about certain assumptions, e.g. family functioning and constructive versus destructive conflict management.

I do recommend that more recent references must be used, particularly South African studies.

Also, I suggest that the ethical matters must be written in a more concise way; and add information, for example, the author did not mention that permission was given to use the selected measure in the South African study.

The discussion of the findings can be done in a more robust manner, especially since the study is families in a unique South African community. In this sense the non-western qualities of the community can be highlighted, for example, the importance and strengths of interconnectedness and sharing within the South African context. I suggest that the indigenous (home-grown) knowledge related to the experiences of this community and family can be emphasized.

Please add a short section about recommendations, since such ideas/plans were given in the conclusion.

Revision 1: Authors response to reviewers

The revisions were completed within a month and sent to the journal on 3 October 2017. The table below describes the reviewers' comments, verbatim, as well as an explanation of how each comment was addressed.

Reviewers' comments and author's response

Reviewer 1	**Author**
Please review the description of psychometric properties of the Family Resiliency Assessment Scale (FRAS). Why present alphas of other scales? More important to the reviewer is the correlation between the total and subscale scores on the FRAS and the measures of concurrent validity. Please state what external criterion-related concept the FRAS was associated with, or delete. Please clarify if reported alpha was Cronbach's alpha coefficient. Please clarify that the alpha reported was for the present study not previous studies.	Completed. Page 8-9 the section under 'measures' is revised. The scores presented for the FAD 1 & 2 and the PMI are the concurrent validity scores. The paragraph now reads: The FRAS was translated and adapted for use in the research context and was termed the Family Resilience Assessment Scale – Afrikaans Version (FRAS-AV). The adaptation, validation process and outcomes for use in the current study's context are reported elsewhere (see XXX, 2017). Consistent with other adaptation and validation studies of the FRAS (Dimech, 2014; Kaya & Arici, 2012) the overall

	reliability for the scale, in the current study, demonstrated excellent internal consistency (α=0.97) for use in the kind of community we studied. The subscales alphas ranged from 0.38-0.97.
Page 9, line 14 - participants cannot be anonymous if the data were collected in the presence of any researcher who knew the identity of the participants. Please retain only the concept of confidentiality. Please explain how the researchers and NGO maintained autonomy. Were participants assured that their choice to participate, or not, would not affect their access to programs and services? Please clarify what "need of further assistance" means? What type of behavior or event would qualify to receive a referral?	Completed. The following explanations were added under 'ethics': The primary researcher and the participating NGO ensured confidentiality. Therefore, no potential participant would be discriminated against should they have chosen to not participate or remove themselves from the research process. For example, if any participant felt discomfort as a result of the questionnaire, the fieldworkers would refer them for the appropriate service
Given the FRAS captures cognitive perceptions of the participants, I suggest that the authors state "believe" rather than "feel" or "felt" which suggest emotion.	Completed. There were approximately 6-8 cases of 'feel' or 'felt' that was changed to 'believe' or 'did believe'
Page 12, line 22, as a reviewer, I would appreciate more detail about the specific concepts that were explored in more detail.	Completed. The following is added on page 12: The concepts of the quantitative results (such as the low scores for utilising social and economic resources, family connectedness and high scores for family spirituality) as well as illuminate them with contextualised experiences.
Please clarify if all family member participants in the focus groups also completed the door-to-door resiliency survey.	Completed. This sentence was added under 'Phase 2: participants': The majority of these participants had previously completed the FRAS-AV and so could provide valuable input.

Page 13, line 8, please clarify "had become challenging" - more challenging than what and since when?	Completed. The sentence was expanded: There was a belief that family life, as well as the ability to provide for the family and function optimally, had become more challenging as opposed to when they were younger.
Page 13, line 26, please clarify, what is a "R20"?	Completed. We have included the following explanation as footnote: The currency in South Africa is measured in Rands. This will afford you one loaf of bread.
Page 16, line 51, do you need a hard return for the second quote?	Completed.
There seems to be minor mixing of Results and Discussion e.g., page 18, line 14. Not sure what to suggest.	This was deliberate since the discussion would begin in the next section and we felt line 14 would be a good transition. The section was rewritten as follows: Participants were expressive in terms of what they believed constituted good family functioning. They identified communication as being at the heart of some of the family organisational problems experienced. Participants were of the opinion that the concept of communication should also be a considered 'need' of families in the community. And this sentence was brought to the paragraph on communication in the 'Discussion': Similarly to Walsh (2006, 2016), Bandura et al. (2011) assert that a family is a very interdependent system, and communication can be an important positive influence in improving this system.
Page 7, lines 14 to 24, please move this information to the Discussion section.	These lines were moved to the first paragraph in the Discussion section.
Deleted redundancies, page 7, line 53-57 re	The following redundant sentences were

characteristics of sample.	deleted: Of the 656 participants, 39.8% were male and 60.2 were female with a mean age of 37.90 (SD=13.92). As explained, fieldworkers collected data door-to-door, therefore, going to potential participants homes in order for them to complete the questionnaire. The section was then reviewed to ensure that it still read succinctly.
Please attend to missing period, page 2, line 10.	Completed.
Please use a question page 3, line 46. The pattern of indents is inconsistent.	Completed.
Careful with tense throughout for example, p. 2 lines 43-36; lines 50, 51.	Completed. A professional language editor previously revised the manuscript. However, once all the revisions were made, an objective third party (i.e. a well-published colleague with no connection to the study itself) reviewed the manuscript.
Please provide a reference for the statement p. 3, lines 39-41.	Completed. (Walsh, 2006)
Please state your research question more clearly, was hinted at on p. 3, lines 42-46.	The question on page 3, lines 42-46, is not the aim of the study but a question which launches the investigation to *identify and explore the resilience needs of families living in a low-income/disadvantaged rural community in the West Coast region of South Africa.* This aim is now stated more clearly above the Method section, page 6, line 6-8.
Please be consistent in spacing between paragraphs and between sentences following	Completed. Once all the changes were made, the manuscript was reviewed by an objective

punctuation.	third-party.
Please cite (anonymously) the larger research project that this study was a part of (first line under research design, p. 6)	Completed. (Isaacs et al. 2017a)
Under Phase I - Participants section, did you mean "convenience" rather than "convenient" sampling method?	Yes. This was corrected to read 'convenience'
Were the field workers members of the community who were trained, or were they from outside of the community?	Yes. We have added the explanation below (under phase 1, participants): The fieldworkers were volunteers, associated with the NGO, and live within the community.
Page 8 lines 22-24, please re-word the last sentence of this paragraph for clarity.	This sentence was removed as we felt it was redundant. This contributes to the majority of families experiencing daily stresses.
Please use semi-colons in seriated lists.	Completed.
Please clarify Phase 2 Participants, were those more involved in the community selected, and again you have used the term "convenient" sample	This was meant to indicate that these participants' positions within the community had them more involved in different capacities such as being a teacher, religious leaders, NGO staff etc.. However, that phrase was removed since it might cause confusion to other readers as well. Based on the previous question, we have also included this sentence: The majority of these participants had previously completed the FRAS-AV and so could provide valuable input. Corrected: convenience sampling method.
Page 10 - Results - please clarify the first line, what did this research design require for presenting?	We have added an explanation below: In other words, the results are presented as the data was collected and analysed.
Phase 2 - qualitative results the first sentence	The following line is on page 6, under

needs more clarification earlier in the paper (lines 28-30). It was not clear earlier that Phase 1 would result in development of research questions for Phase 2. In addition, the research questions are not clearly stated.	'Research design' was revised: The information collected and analysed provided a general understanding of the research problem, in this case, the family resilience needs and so informed the second, qualitative stage which builds upon the first (Ivankova et al., 2006). In addressing the recommendation, we have made this more explicit by adding the following sentence: Therefore, the results of the quantitative phase provided the basis for the discussions in the qualitative phase. Under 'qualitative results' it is also mentioned: The focus groups were structured in the following way. First, participants were asked to provide their experience of completing the questionnaire; second, after a brief presentation of the results, they were asked to reflect on the results and provide their opinions and insights (based on their experience in the community); finally, they were also asked to reflect on their own family life and the larger community. However, they were still free to express their beliefs regardless of the focus group structure. In this way, participants are not limited in their opinions and could share a broader view on families', resilience and their needs.
There is no explanation of participatory action research (PAR) and it did not appear to be the method used for the qualitative phase of the study. This is especially apparent in the limitations section, as PAR would have originated from members of the community itself. The authors suggested the study follows a	The participatory action approach is weaved throughout the larger project. The participating NGO provide guidance throughout the different phases. The participants in the qualitative phase of the study also suggested that the concept of communication also be a considered family resilience 'need' and therefore will be used as an intervention objective when the

participatory action approach. However, in the Discussion, there is no link back to PAR. Please pull this idea forward to the Discussion.	programme is developed. Based on this and the previous comment, the actual input from the community has not been well explained. Therefore, we have made the decision to not include this in this manuscript.
Would there be a more clear way to describe financial hardship and economic instability specifically within this community or country as a whole, such as socio-economic status? As well, what sort of social policies exist that contribute to this economic instability in this community/country?	We have tried to remain consistent with our use of the terms 'financial hardship'/ 'economic instability' and 'socioeconomic status'. What we would like the reader to understand is that the biggest challenge in South Africa is not so much a 'status', but the socio-economic structures which do not easily promote growth and development for families. We include the following sentence: For example, the White Paper on South African Families (2013) has its vision in developing healthy families and increasing family resilience. However, having an official document does not necessarily translate into immediate effects for families. Moreover, although the country's Millennium Development Goals speak to the eradication of poverty, there is no anti-poverty strategy in place (Madonsela, 2017). Additionally, disadvantaged families are able to access a government subsidy. However, the subsidy is not proportional to the cost of living. In this particular community, there is no high school and so learners need to travel to the next town to gain a secondary education. Some do not attend because of the conditions of the boarding schools and so help at home – not gaining an education and further, limit their employment opportunities.

Reviewer 2	**Author**
I indicated various changes in the text of the manuscript, mostly about the meaning of sentences that should be clarified; language issues and re-phrasing; and the use of more appropriate words, for example, instead of "the participants felt..." the author could use "According to the participants perceptions..."	Completed. We have attempted to effect the changes indicated in the text. We hope we have seen to everything. - XXX – represents the authors' published manuscript on the same project. - The term 'autonomy' was explained. - *Mobilising social and economic resources under 'Conceptual framework'*: This section was revised so that it is explained in a more clear and concise manner. - It was noted in the paragraph that social and economic resources form part of organisational patterns in Walsh's theory Based on the recommendations of Reviewer 1, we have changed all phrases from 'participants felt' to 'participants believed' – which aligns to a cognitive understanding rather than the emotive '*felt*'. A professional language editor had previously reviewed the manuscript. However, once all the revisions were made, an objective third party (i.e. a well-published colleague with no connection to the study itself) reviewed the manuscript.
Be careful about certain assumptions, e.g. family functioning and constructive versus destructive conflict management.	The manuscript was reviewed in its entirety for arguments that can be construed as assumptions and not based on literature. We've also included references for some arguments.
I do recommend that more recent references must be used, particularly South African studies	This kind of study is quite exploratory in nature since there is very little family resilience research conducted and published in South Africa. We have tried to limit the references to those within the last 6 years,

	except in the cases of referring to Walsh's theoretical and seminal papers. We have now included some of the few published studies on family resilience in South Africa (for eg. Greeff & Jonker, Vermeulen & Greeff; der Kinderen & Greeff)
Also, I suggest that the ethical matters must be written in a more concise way; and add information, for example, the author did not mention that permission was given to use the selected measure in the South African study	Agreed. We have amended this section. Some redundancies were deleted and some sentences rephrased to reflect one rather than two sentences. The following sentence was deleted since it can also be found on the last page of the manuscript under 'compliance with ethics standards'. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.
The discussion of the findings can be done in a more robust manner, especially since the study is families in a unique South African community. In this sense the non-western qualities of the community can be highlighted, for example, the importance and strengths of interconnectedness and sharing within the South African context. I suggest that the indigenous (home-grown) knowledge related to the experiences of this community and family can be emphasized	Discussion was revised so that links that are more substantial are made between the international literature and unique South African concepts such as the importance of relationships and interconnectedness, how it aligns with the family resilience theory and the application of the findings to an intervention that can strengthen families. In addition, although we have removed the PAR dimension, we have included a few lines (in the last paragraph of the Discussion section) highlighting the interconnectedness of the project, the importance of the connection between the community stakeholders and researchers and its future. One of the ways in which these issues would

	be addressed would be in the form of an intervention designed to strengthen families, based on the needs identified through the research process and constant input from the community. The aim of the study was to identify and explore the family resilience needs in a rural community in the Western Cape. Based on the findings of the study, the identified family resilience needs were that of family connectedness and the presence and use of social and economic resources. Through the qualitative phase, communication within the family was also suggested as an important need in the community and should be a consideration for the intervention.
Please add a short section about recommendations, since such ideas/plans were given in the conclusion	The limitations section now includes recommendations aligned to the larger project's goal and the concluding sentences. One recommendation would be to not only investigate these family resilience concepts from a generalizable sample, but also to approach more than one member of the same family. The findings of this study will be used in the process to develop a family resilience strengthening intervention. Through this research approach, we have identified possible intervention objectives and have been able to secure community buy-in in the development and refinement of the intervention.

Final decision on manuscript

The manuscript was accepted for publication on 18 October 2017. Below is the correspondence from the journal editor.

Date: 18 Oct 2017
To: "Serena Isaacs" sisaacs@uwc.ac.za
From: "Current Psychology - Editorial Office" haezzle.cueto@springer.com
Subject: Your Submission CUPS-D-17-00305R1

Dear Miss Isaacs,

We are pleased to inform you that your manuscript, "An exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological study design", has been accepted for publication in
Current Psychology.

You will receive an e-mail in due course regarding the production process.

Please remember to quote the manuscript number, CUPS-D-17-00305R1, whenever inquiring about your manuscript.

With best regards,

Richard Ferraro, PhD
Editor in Chief

Reviewer #1: CUPS-D-17-00305R1
Full Title: An exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological study design
Thank you for the opportunity to review this revised manuscript reporting a mixed methods study of resilience in families who live in South Africa.

Page 11, line 26/27 Data are plural. Please change to, "…data were collected and analyzed…"

Reviewer #2: I want to congratulate the authors - this is a well-written manuscript. Please pay attention to some technical matters as to the manuscript, e.g. the spaces between the paragraphs are not the same throughout. Some minor changes must be done, e.g. the completion of a sentence (p. 7). Look at the use of "words" (p. 23).
There is additional documentation related to this decision letter. To access the file(s), please click the link below. You may also login to the system and click the 'View Attachments' link in the Action column.

****

Appendix J

The publication and review process: Publication 3: Chapter 6

Using the RE-AIM framework to identify best practice models for family intervention development: A systematic review

Child and Family Social Work

The following appendix includes the correspondence between the author and the editor from submission to acceptance.

Revision 1: Editor's comments to the author (Major revision)

A revision was requested from the editor on 2 June 2016. The reviewers as well as editorial assistant believed that although the paper needed improvement, the manuscript was promising enough to be considered for a second submission. One reviewer particularly commented on the use of the RE-AIM in this manuscript as useful in broadening the scope of evaluation of interventions. The comments ultimately focused on some arguments made in the manuscript, its structure and the synthesis of the data in the discussion. The comments and recommendations from the reviewers were ultimately quite useful and enhanced the arguments and structure of the manuscript.

From: lefevrecfsw@gmail.com
To: sisaacs@uwc.ac.za, serena.isaacs1@gmail.com
CC:
Subject: Child & Family Social Work - Decision on Manuscript ID CFSW-02-16-0040
Body:

Dear Miss Isaacs:

Manuscript ID CFSW-02-16-0040 entitled "Using the RE-AIM framework to identify best practice models for family intervention development: A systematic review" which you submitted to Child & Family Social Work, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended that your paper is not currently suitable/ready for publication. However, it shows sufficient promise that we would like to give you the opportunity for revision. Please attend to all of the suggested amendments of the reviewers and/or Associate Editor. If the reviewers have expressed concerns about the quality of written English, you may wish to consider having your paper professionally edited for English language by a service such as Wiley's at http://wileyeditingservices.com. Please ensure that your revised manuscript is no longer than 7000 words including the abstract and references. Your paper will be subject to re-review upon resubmission.

To revise your manuscript, log into https://mc.manuscriptcentral.com/cfsw and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you need to respond point by point to the comments made by the reviewer(s) in the space provided. You also need to use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to Child & Family Social Work, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to Child & Family Social Work and I

look forward to receiving your revision.

Sincerely,
Dr. Michelle Lefevre
Editor in Chief, Child & Family Social Work
lefevrecfsw@gmail.com

Associate Editor Comments to Author:

Associate Editor
Comments to the Author:
Thank you for submitting your interesting paper to CFSW. Our reviewers have indicated areas where improvements would be helpful and detailed comments are provided to assist with this. We hope that you find addressing these comments to be purposeful and enhancing to your work overall.

Reviewer(s)' Comments to Author:

Reviewer: 1

Comments to the Author
CFSW -02-16-0040

This paper provides interesting and important data about some of the processes and impacts of family interventions. However I think it needs considerable re-working before it is ready for publication. Good awareness is shown of relevant literature, though the reference to family resilience could have mentioned pioneering themes from the work of the McCubbins and colleagues.

The introduction includes some big generalisations, some of which are banal (families affect child development) or unspecific (how far does it make sense to treat rural settings as uniform; what kinds of resources are less available in rural contexts – public services? money?). I think it may be helpful to acknowledge at the start that there is a particular interest in application to the South Africa, which presumable accounts in part for the choice of the SA Dept of Social Development definition of the family. While it is important to describe, as the article does, the preventive role of many interventions, it should also be acknowledged that some are more oriented to problem solving or alleviation. It is not made clear if the review considered only projects for families with children or families at other life stages.

A good thing about the research review was that it was concerned with more than effectiveness and used an appropriate framework for this wider perspective (RE-AIM). The

stated aim to describe the best models of family intervention needs to be qualified by indicating that the models considered are only those for which a systematic evaluation has been undertaken and written up. There are likely to be good models that have not been so assessed.

The criteria for inclusion of papers for review were open as regards methodology (some reviews would not consider studies that are not quasi-experimental), but otherwise strict. A positive aspect of the paper is that the authors wanted to ensure the nature of the interventions were described, which could be made more of in reporting of the findings. The eventual sample of reviewed papers is acknowledged to be small and heterogeneous. It would be helpful to include information about the sources of data used in the 28 studies (e.g. family members, project staff, agency records, external views, standard assessments).

The main body of the article could be improved by recognising the kinds of study on which generalisations are based on each point.The basis for the scoring system described on page 6 needs to be explained.

On page 7, it is not necessarily true that people who drop out part way through a service do not benefit. Also not all interventions have a programmed timetable with a specific end point. This section could tell the reader about the actual and potential lengths of attendance by service users. An interesting observation is that most interventions began working with individuals and then broadened their approach to the whole family. On page 8, the term attrition needs explaining i.e. people ceasing to use the service earlier than planned.

Much of the material under the heading of effectiveness from P 8 onwards is not actually about effectiveness, so a different heading is needed. In this section, it is particularly important to make explicit whether conclusions are based on qualitative or quantitative studies, and whether or not the evaluations included comparison groups. Examples of the kinds of evidence about success need to be in the main text. On page 9, interesting examples are given of different methods and theoretical underpinnings, but it would be good to provide in addition an overview of these aspects.

The phrase 'intervention adoption' could be discussed more as covering ease of application in and relevance to different contexts. There is interesting material here about the locus for intervention, which could be supplemented with more detail on what took place at the various settings. It would be good to summarise the types of staff deployed in the range of interventions, which as noted has implications for cost and transferability.

At times the article confuses a statement about the intervention with comment on evaluation. For instance on page 10, a questionable statement is made that modifying intervention can compromise its efficiency, when the main effect will be to compromise evaluation of efficiency. As noted further down the page, changes can improve projects.
The discussion of intervention length is speculative and superficial. There is research

evidence that some forms of intervention work better if brief and targeted, but also much evidence about the wash out of benefits and vulnerable people needing extended input.

The phrase 'intervention maintenance' seems to mean maintenance of effects (or benefits) not of the intervention itself. This section requires strengthening.

The Discussion section needs to be re-written. It begins with an abstract and contestable quote from Rey and Sainz, which does not seem to fit well with the main points in the article. The next sentence also seems to confuse 'norm' and 'stability'. This section includes quite a lot of data not referred to earlier e.g. about theory, which would be better placed earlier. It would be helpful here to discuss how the aspects dealt with separately (locus, method, staffing etc.) interact and with what apparent consequences. Again the meaning of low-resource contexts needs to be defined here. Quite a lot of the conclusions do not seem to arise from the data. Some sentences are vague e.g. at the top of page 14. The statement on page 15 about evaluating interventions is virtually a tautology.

The first part of the conclusion is rather vague, but the two final sentences provide a useful summary of key points from the review.

Reviewer: 2

Comments to the Author
While I believe this topic is one that could add much to the field, many significant revisions are needed. The major revision is regarding the structure of the paper. This is a review paper that should synthesize the literature however there was not sufficient detail to do so. The authors might consider utilizing the table they created and synthesizing in the text using more detail. In addition there are many mechanical errors. There are words joined together that should be separated. The word "owing" is used but it does not always make sense. When citing the references in text they should be listed in ABC order with a comma after the name of the author/authors and before the year of publication. I appreciate the opportunity to review this work and am hopeful that this information will be helpful.

Revision 1: Author's comments to the editor

Given the depth of revision required, the revised manuscript was submitted to the journal on the 14 July 2016. The comments to the editor and reviewers are listed in the table below.

Table 1: Reviewers' comments and author's response

Reviewer 1	Authors comments
1. reference to family resilience could have mentioned pioneering themes from the work of the McCubbins and colleagues	McCubbin and colleagues are now referenced for their contribution in the field of family resilience. Pg. 2-3.
2. The introduction includes some big generalisations, some of which are banal (families affect child development) or unspecific (how far does it make sense to treat rural settings as uniform; what kinds of resources are less available in rural contexts – public services? money?).	Many of these 'over-generalised' statements were either removed or restructured: in the introduction as well as the rest of the manuscript.
3. I think it may be helpful to acknowledge at the start that there is a particular interest in application to the South Africa, which presumable accounts in part for the choice of the SA Dept of Social Development definition of the family.	Since this is an international journal definition was family was revised so that it could be applicable to a wider audience.
4. While it is important to describe, as the article does, the preventive role of many interventions, it should also be acknowledged that some are more oriented to problem solving or alleviation.	The authors have made this more explicit on p. 3:
5. It is not made clear if the review considered only projects for families with children or families at other life stages.	The definition on p.3 should perhaps make this more explicit. Families are now described as being those related by kinship or marriage and may or may not include children.
6. The stated aim to describe the best models of family intervention needs to be qualified by indicating that the models considered are only those for which a systematic evaluation has been undertaken and written up.	The aim was expanded upon. P.4
7. A positive aspect of the paper is that the authors wanted to ensure the nature of the interventions were described, which could be made more of in reporting of the findings.	More detail was added in the table describing these aspects of the intervention and some included in text without being repetitive.
8. It would be helpful to include information about the sources of data used in the 28 studies (e.g. family members, project staff, agency records, external views, standard assessments).	More detail was added in the table describing these aspects of the intervention and some included in text without being repetitive.
9. The main body of the article could be improved by recognising the kinds of study on which generalisations are based on each point. The basis for the scoring	The basis of the scoring system is commented on p.6

system described on page 6 needs to be explained.	
10. On page 7, it is not necessarily true that people who drop out part way through a service do not benefit. Also not all interventions have a programmed timetable with a specific end point. This section could tell the reader about the actual and potential lengths of attendance by service users.	The section on attrition was addressed. The actual length of the interventions is explained in the table
11. On page 8, the term attrition needs explaining i.e. people ceasing to use the service earlier than planned.	Added on P.8
12. Much of the material under the heading of effectiveness from P 8 onwards is not actually about effectiveness, so a different heading is needed. In this section, it is particularly important to make explicit whether conclusions are based on qualitative or quantitative studies, and whether or not the evaluations included comparison groups. Examples of the kinds of evidence about success need to be in the main text. On page 9, interesting examples are given of different methods and theoretical underpinnings, but it would be good to provide in addition an overview of these aspects.	This section was moved to include 'intervention maintenance'. See point 14.
13. The phrase 'intervention adoption' could be discussed more as covering ease of application in and relevance to different contexts. There is interesting material here about the locus for intervention, which could be supplemented with more detail on what took place at the various settings. It would be good to summarise the types of staff deployed in the range of interventions, which as noted has implications for cost and transferability.	See point 7,8,18
14. At times the article confuses a statement about the intervention with comment on evaluation. For instance on page 10, a questionable statement is made that modifying intervention can compromise its efficiency, when the main effect will be to compromise evaluation of efficiency. As noted further down the page, changes can improve projects. The discussion of intervention length is speculative and	The heading 'intervention maintenance' was changed to 'intervention effects and maintenance'. A more accurate description and reflection is provided.

superficial. There is research evidence that some forms of intervention work better if brief and targeted, but also much evidence about the wash out of benefits and vulnerable people needing extended input. The phrase 'intervention maintenance' seems to mean maintenance of effects (or benefits) not of the intervention itself. This section requires strengthening.	
15. The Discussion section needs to be re-written. It begins with an abstract and contestable quote from Rey and Sainz, which does not seem to fit well with the main points in the article. The next sentence also seems to confuse 'norm' and 'stability'. This section includes quite a lot of data not referred to earlier e.g. about theory, which would be better placed earlier. It would be helpful here to discuss how the aspects dealt with separately (locus, method, staffing etc.) interact and with what apparent consequences. Again the meaning of low-resource contexts needs to be defined here. Quite a lot of the conclusions do not seem to arise from the data. Some sentences are vague e.g. at the top of page 14. The statement on page 15 about evaluating interventions is virtually a tautology.	The discussion section was revised. Many of these statements were removed and the conclusions drawn are now explicitly aligned to the results.
16. The first part of the conclusion is rather vague, but the two final sentences provide a useful summary of key points from the review.	The conclusion was also revised. It is more concise and speaks to targeting the population, the theoretical considerations as well as addressing contextual concerns using a participatory action approach
Reviewer 2	
17. While I believe this topic is one that could add much to the field, many significant revisions are needed. The major revision is regarding the structure of the paper.	The paper was restructured so that it still maintained the appropriate structure for a systematic review with all its relevant information yet more aligned with previous systematic reviews published in the Journal of Child and Family Studies. The discussion seemed to be most problematic for reviewers so more attention was placed on its restructure.
18. This is a review paper that should synthesize the literature however there was not sufficient detail to do so. The	More detail was added in the table describing these aspects of the intervention and some included in text

authors might consider utilizing the table they created and synthesizing in the text using more detail.	without being repetitive.
19. In addition there are many mechanical errors. There are words joined together that should be separated. The word "owing" is used but it does not always make sense. When citing the references in text they should be listed in ABC order with a comma after the name of the author/authors and before the year of publication.	After all comments and changes were made, the manuscript was revised by all authors for these technical/mechanical errors. There was an over-utilisation of the phrase ‘owing to’ and this was rephrased.

Revision 2: Editor’s comments to the author (minor revision)

On 5 January 2017, I received feedback from the editor in which she described the minor revisions requested by the associated editor. These revisions were mostly concerned with a clarifying some statements as well as some formatting issues. The email is presented below, followed by a table detailing how each comment was addressed.

From: lefevrecfsw@gmail.com
To: sisaacs@uwc.ac.za, serena.isaacs1@gmail.com
CC:
Subject: Child & Family Social Work - Decision on Manuscript ID CFSW-02-16-0040.R1
Body: 05-Jan-2017

Dear Miss Isaacs:

Manuscript ID CFSW-02-16-0040.R1 entitled "Using the RE-AIM framework to identify best practice models for family intervention development: A systematic review" which you submitted to Child & Family Social Work, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) were generally positive and have just recommended some minor revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript. Please ensure that your revised manuscript is no longer than 7000 words including the abstract and references.

To revise your manuscript, log into https://mc.manuscriptcentral.com/cfsw and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to Child & Family Social Work, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to Child & Family Social Work and I look forward to receiving your revision.

Sincerely,
Dr. Michelle Lefevre
Editor in Chief, Child & Family Social Work
lefevrecfsw@gmail.com

Associate Editor Comments to Author:

Associate Editor
Comments to the Author:
Dear author, many thanks for the revisions you have made. There are just a few required minor revisions now, and then your paper will be ready to go forward for publication.

Reviewer(s)' Comments to Author:

Reviewer: 1

Comments to the Author
The authors have responded well to previous reviewer comments and the article is now for the most part interesting and clear. A few sentences are over long and need editing. It may be better to refer consistently to the work carried out as a review and not sometimes as a study.

The section on effectiveness should highlight that few if any studies used comparison groups.

The sentence in the discussion about family interventions being more successful than individually focused interventions needs stronger support from the data or else should be

qualified, Also this fits better in the previous section.

The helpful paragraph about the theoretical underpinnings of interventions would go better earlier in the presentation of data.

Revision 2: Author's comments to the editor

The second revision was submitted online on 24 January 2017. Below is the table format and the response sent to the editor.

Table 2: Reviewers' and author's comments

Reviewer comments	Author's comments
A few sentences are over long and need editing	Once the recommended changes were made, the manuscript was reviewed and over-drawn sentences were reduced and or rephrased
It may be better to refer consistently to the work carried out as a review and not sometimes as a study.	Completed.
The section on effectiveness should highlight that few if any studies used comparison groups	Three studies used some form of comparison groups in their analysis: Bamberger, Turner and Zhong. Bamberger and Turner used RCT data and randomly selected participants to a specific intervention. And Zhong conducted a prepost-test with a control group. This was discussed on p.11-12.: *Further, only two drew on RCT data in order to determine their interventions effectiveness (Turner et al., 2007 and Bamberger et al. 2014). Turner et al. (2014) and Zhong et al. (2011) sought to compare their interventions with a waitlist control group. They found significant differences between the two groups.* *In contrast, Bamberger's et al. (2007) study aim was to evaluate retention and engagement in the SFP-14 and MSFP-14 intervention and between-group differences in terms of intervention effectiveness was not explicit.*
The sentence in the discussion about family interventions being more successful than	Agreed. We have amended the argument regarding family interventions being more

individually focused interventions needs stronger support from the data or else should be qualified, Also this fits better in the previous section	successful than individually focused interventions. Using the data, we argue for how family-based interventions might be more successful in achieving intervention outcomes. p.11: *Overall, the findings of the selected studies suggest that interventions using a family-based format has been shown to provide families with a better understanding of the systems contributing to the problem (Smith & Handler, 2009) and provide much needed support and guidance (LePage, 2005). In addition, Zhong's et al. (2011) intervention aimed to improve family functioning and then assess the effect on adolescents' internet addiction. They found a significant improvement as compared to the control group as a result of the focus on the family.* There is a bit of confusion here in the comments regarding the 'previous section' referred to by the reviewer. However we feel that this section is well-placed in the discussion and flows logically to the next.
The helpful paragraph about the theoretical underpinnings of interventions would go better earlier in the presentation of data	There is an explanation on pg.8 regarding the types of underpinnings used to develop and guide the interventions as well as why it was most appropriate for those interventions. The discussion section merely brings reiterates and elaborates further. However, we have included the sentence "There is a clear shift away from a deficit-based model" on p.8 for further explanation within the findings section.

Revision 3: Editor's comments to the author (Minor revision)

The third revision was requested on 1 March 2017 because the phrasing of the aim in the discussion did not match the same phrasing found in the beginning of the manuscript.

From: lefevrecfsw@gmail.com

To: sisaacs@uwc.ac.za, serena.isaacs1@gmail.com

CC:
Subject: Child & Family Social Work - Decision on Manuscript ID CFSW-02-16-0040.R2
Body: 01-Mar-2017

Dear Miss Isaacs:

Manuscript ID CFSW-02-16-0040.R2 entitled "Using the RE-AIM framework to identify best practice models for family intervention development: A systematic review" which you submitted to Child & Family Social Work, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

Many thanks for all the revisions you have so far made. We are almost ready to accept the paper for publication but the Associate Editor has requested one final brief amendment. Therefore, I invite you to respond to the Associate Editor's comments and revise your manuscript.

To revise your manuscript, log into https://mc.manuscriptcentral.com/cfsw and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to Child & Family Social Work, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to Child & Family Social Work and I

look forward to receiving your revision.

Sincerely,
Dr. Michelle Lefevre
Editor in Chief, Child & Family Social Work
lefevrecfsw@gmail.com

Associate Editor Comments to Author:

Thank you for your careful attention to detail in revising this manuscript. There is one point to address in order to frame the study more accurately. The phrasing used in the end 'Discussion session' is preferable to that which is used in the abstract and at the start of the paper, i.e. the most appropriate phrasing is: 'The aim of this systematic review is to identify and describe best practice models or processes in family-based intervention development.' Please would you mind editing the stated aim accordingly.
The present phrasing ('This review aims to describe the best models used in family intervention development within the last ten years.') seems an overly ambitious claim, not least in light of the noted limitations of the study.

Revision 3: Author's response to the Editor

Given the brevity of the requested change, the revised manuscript was sent to journal on 3 March 2017.

Table 3: Author responses to comments

The phrasing used in the end 'Discussion session' is preferable to that which is used in the abstract and at the start of the paper, i.e. the most appropriate phrasing is: 'The aim of this systematic review is to identify and describe best practice models or processes in family-based intervention development.' Please would you mind editing the stated aim accordingly. The present phrasing ('This review aims to describe the best models used in family intervention development within the last ten years.') seems an overly ambitious claim, not least in light of the noted limitations of the study.	The following recommended changes were made: Abstract: *The aim of this systematic review is to identify and describe best practice models or processes in family-based intervention development* p.1 Intro: *The aim of this study is to identify and describe best practice models or processes in family-based intervention development.* p4

Appendix K

The publication and review process: Publication 4: Chapter 7

The development of a family resilience-strengthening programme for families in a South African rural community

Journal of Community Psychology

Revision 1:

The following is the correspondence between the editor and the author.

From: mblank2@upenn.edu
To:sisaacs@uwc.ac.za
CC: rhonda.lewis@wichita.edu
Subject: JCOP-17-145 - Decision on Manuscript
Body: 31-Oct-2017

Dear Miss Isaacs,

Manuscript ID JCOP-17-145 entitled "The development of a family resilience-strengthening programme for families in a South African rural community" which you submitted to Journal of Community Psychology has been reviewed. The comments of the referee(s) are included at the bottom of this letter.

A revised version of your manuscript that takes into account the comments of the referee(s) will be reconsidered for publication.

Please note that submitting a revision of your manuscript does not guarantee eventual acceptance, and that your revision may be subject to re-review by the referee(s) before a decision is rendered.

You can upload your revised manuscript and submit it through your Author Center. Log into https://mc.manuscriptcentral.com/jcop and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions".

When submitting your revised manuscript, you will be able to respond to the comments made by the referee(s) in the space provided. You can use this space to document any changes you make to the original manuscript.

IMPORTANT: We have your original files. When submitting (uploading) your revised manuscript, please delete the file(s) that you wish to replace and then upload the revised file(s).

Please submit the revised manuscript by 29-Jan-2018. You may contact the editorial office at jcopeditorial@wiley.com for any questions or concerns regarding revision due date extension.
Once again, thank you for submitting your manuscript to Journal of Community Psychology and I look forward to receiving your revision.

Sincerely,
Michael B. Blank, PhD
Editor-in-Chief, Journal of Community Psychology
mblank2@upenn.edu

Action Editor Comments to Author:

Action Editor: Lewis, Rhonda
Comments to the Author:
Based upon the recommendations from the reviewers I would suggest you revise and resubmit this article. The article has very good elements and could make an outstanding contribution to the literature. However there are some organizational and rewriting that must be done for this paper to be publishable. I would suggest you address the issues outlined by the reviewers including grammatical and structural issues and resubmit the manuscript

Referee(s)' Comments to Author:

Reviewing: 1
Comments to the Author

Article presents a worthy issue to a deserving population. All sections were well-written and concise. The introduction did an excellent job of presenting family resilience and the family resilience approach as well as reviewing previous literature.

There are, however, minor manuscript-related corrections that need to be addressed in order for successful publication:

1. Please be careful throughout the manuscript to indent all paragraphs. There are several places throughout where the new paragraph is not indented.

2. Cafarella (2002) citation is missing from the reference list.

3. Page 12 denotes a "(see XXX, 2017). Please insert appropriate citation and ensure that it is listed in the references.

4. Rational for study section: I think "diversity" should be "adversity;" possible typo?

5. Preceding study phases and the research context section: The statement that starts with, "It was through this collaboration that the NGO..." is missing a verb.

6. Again, page 14 references (XXX, 2017 a & b). Please insert appropriate citation and ensure that it is listed in the references.

7. Page 15, second paragraph: please change "develop" to "development".

8. Although the delphi method is explained in the methodology, I would like for the authors to discuss (in the discussion section) other potential similar methodologies (e.g., group-based concept mapping, standard focus groups, etc.) that could have been used and why the delphi method was preferred.

Reviewing: 2

Comments to the Author

There are some nice ideas in this article, and it is good to see a focus on the Global South, but it needs a lot more work to make it suitable for publication. Reviewing each section for the following may help to make the article more clear, concise and critical:

- *Your introduction and literature review should be sufficient to make a strong case for why your study is needed and what influenced its design.*
- *Consider starting each section with a summative statement in your own words to introduce the section more clearly. This may include or be followed by, a referenced statement to demonstrate that multiple other authors support this position. The introduction of each section should also show any critical debates in this area to*

demonstrate that you have considered alternative point of views. These critiques should be addressed within each section.

- *Avoid making any bold claims and include statements such as "research suggests" or "there was a general sense that".*
- *Please be clearer about the number of papers considered as part of your literature review, what databases were searched and be more explicit regarding your exclusion/exclusion criteria and whom conducted the literature review and analysed the findings.*
- *To improve the clarity of your literature review, consider discussing studies that have commonalities together rather than providing a more linear and descriptive list of the studies you have included. For example, can you group the studies by locality, type of family (i.e. family with young children versus family with older children), type of adversity (i.e. mental health challenges, economic /employment status)? This will aid in your summarising of studies, but also make more explicit the commonalities and differences within approaches and findings. It may also help with word count.*
- *Discuss critiques of your methodology/methods when you introduce them and how the design of your study has considered and responded to them.*
- *If your argument is based on ecological conceptualisations of resilience, you may wish to rethink the way you have presented the discussion section of your findings. Be clear where and how findings suggest developing ecological conceptualisations of resilience building and how the intervention can respond to these within each module.*
- *Style improvements are needed such as 1) if you use numbers in your text, be consistent- either use numerical numbers (i.e. 1) or write the numbers in full (i.e. one). Spelling and grammatical errors/inconsistencies are present throughout. Review other articles published within the journal to be consistent with their style.*

Some additional recommendations are suggested for each section.

Abstract:

"We also present a literature review of family resilience interventions in which it is clear that these three processes are the basis for effective family functioning."

To avoid making overly bold claims, consider changing the wording to "We also present a literature review of family resilience interventions suggesting that these three processes are the basis for effective family functioning".

INTRODUCTION:
Consider starting the introduction in your own words rather than beginning with a quote.

In your introduction, it would be helpful to have a clear and explicit definition of 'family' as you consider it because this word can mean many things to many people.

Family resilience processes

Please include references to support this statement:

"These processes have also been identified in the literature as essential to fostering healthy family functioning and increasing quality of life of individuals in various contexts."

Family resilience interventions
At first, your literature review only includes interventions aimed at building family resilience following adversity surrounding mental health. To make the below statement, you would need to have reviewed interventions following physical illness also. Later you include Holtzkamp (2010) whom considers adversity in terms of economic deprivation and Stiel's et al. (2014) study that considers employment status. Please see general recommendations for how to structure your literature review for clarity.

"The interventions above are based on the premise that when one family member experiences challenges, be they physical or psychological illness, the result is often family disruption".

Preceding study phases and the research context
This section is missing needed information such as 1) what is the larger study that your work is part of/have findings been reported and where has funding been provided from? 2) What supports your claim that participatory action research in this study aided in developing trust

and relationships? Providing the reader with this information will aid them in determining any biases that may have resulted from your approach.

Participants

Prior to this stage of your article, you have suggested that research in the area of family resilience is culturally-contingent. This helps in explaining why local stakeholders have been included, however it does not explain why you have purposely included international experts. This must be explained and justified.

"The participants of the Delphi included international and national experts in the field of child, family, intervention development and resilience as well as local community stakeholders. The recruitment of participants was conducted purposively, and commenced by making use of a combination of bibliographic information: i.e., educational qualifications and publications, and snowball sampling".

The purposeful selection of experts based on the literature review carried out in stage two is also troublesome. If you have selected authors included within your review, it is likely that their opinions expressed within the study will be similar to their research area and therefore what new things will you have uncovered from your study? If you use the references from your review to explain your findings, it raises further concerns surrounding research biases and how you are supporting the claims of your research. Therefore, critically review this section from the position of a person reading your article.

It may be that the way you have worded this section is causing undue concern where it is not warranted.

Concerns are also raised surrounding the inclusion of the NGO staff members because you have previously stated that one of the purposes of their involvement in the research was to help them apply for future funding. Including them only at the last round of Delphi is also confusing to the reader without justification as to why. You explain this later, however not sufficiently. Up until this point in your introduction, you have justified their inclusion and explained the importance of local knowledge, yet your approach of including them last appears to undermine this position.

Again, the way you have worded sections and the limited amount of pre-emptive critiques that you have offered in the introduction and methodology section, will lead readers to be more sceptical of your approach and findings.

Procedures

Similar to other sections, you need to pre-emptively critique your analysis method and clearly state who was involved in making sense of the research.

Ethics

Consider rewording some statements. In the below example, you cannot 100% guarantee confidentiality in group situations, therefore stating that 'confidentiality is assured' is problematic.

RESULTS

From a reader's perspective, this is the most well-presented section. However, it is still not clear what new knowledge the results of your study add to the existing literature. Ask what you learned from the study that you did not learn from the literature review and clearly focus your narrative on this information.

DISCUSSION

The first paragraph of this section would be more useful within the introduction section.

Under working together:

Findings from this study suggests that the aim of this module should be to help family members map out or learn about existing social and economic resources as well as create opportunities to enhance resources within their community... The importance of social and economic resources in family functioning has been established consistently in different conceptual and empirical studies (for example, Benzies and Mysachiuk, 2009; Distelberg & Taylor, 2015; Power et al. 2016).

You need more support for this finding surrounding the community connections literature that you used earlier in your introduction.

CONCLUSION

You may wish to go back to each section of your article and ask yourself if it consistently does what you say you will do in your conclusion:

This study has sort to describe the development of a programme to enhance family resilience processes. This study highlights the importance of contextual and evidence-based work in applied research. It also emphasises that family theorists, clinicians and researchers should advocate for transformation for those who cannot advocate for themselves… This study has also shown the interwoven or synergistic nature of individual, family and community systems.

As with the introduction, do not end on a quote. This undermines your integrity as the expert of the article/subject matter.

References:

Include more articles, including recent publications. And some of these should be from the journal considering your work. This will aid in aligning your article for your reader and in being clear about what new information readers of this journal will get from reading your work.

Jonker, L. & Greeff, A.P. (2009). Resilience factors in families living with people with mental illnesses. Journal of Community Psychology, 37(7), 859–873. doi: 10.1002/jcop.20337.

Date Sent:31-Oct-2017

Author response to editor:

Dear Dr Blank

(cc: Rhonda Lewis)

Re: JCOP-17-145 - Decision on Manuscript

We appreciate the opportunity to revise and resubmit our manuscript. The comments and recommendations made by the reviewers were so constructive and useful. This assisted greatly in the improvement of the manuscript.

We hope that we have addressed the comments to the satisfaction of the reviewers and editor. If there were any misinterpretations of the reviewers' comments, we would welcome the opportunity to refine the manuscript.

Table of reviewer and author comments	
Reviewer 1	**Author:**
1. Please be careful throughout the manuscript to indent all paragraphs. There are several places throughout where the new paragraph is not indented.	Completed for all paragraphs, barring those directly following a heading.
2. Cafarella (2002) citation is missing from the reference list.	Completed and is now in reference list. Caffarella, R.S. (2002). *Planning programs for adult learners: a practical guide for educators, trainers, and staff developers (2nd ed.).* San Francisco: Jossey-Bass.
3. Page 12 denotes a "(see XXX, 2017). Please insert appropriate citation and ensure that it is listed in the references.	The insertion of XXX was done only for blind peer review purposes since these refer to the authors' themselves. This will be rectified if the manuscript is accepted.
4. Rational for study section: I think "diversity" should be "adversity;" possible typo?	Yes this was an error. This has been changed to adversity.
5. Preceding study phases and the research context section: The statement that starts with, "It was through this collaboration that the NGO..." is missing a verb.	Agreed. This was changed to: "It was through this collaboration that the NGO *identified*…"
6. Again, page 14 references (XXX, 2017 a & b). Please insert appropriate citation and ensure that it is listed in the references.	As above (comment #3)

7. Page 15, second paragraph: please change "develop" to "development".	Completed.
8. Although the delphi method is explained in the methodology, I would like for the authors to discuss (in the discussion section) other potential similar methodologies (e.g., group-based concept mapping, standard focus groups, etc.) that could have been used and why the delphi method was preferred.	This suggested was considered carefully and the following paragraph was added: The following was added on page 13: *"Different types of group-based methods exist which might also be applied in studies of this nature (such as group concept mapping, nominal groups, focus groups etc.). The challenge with these types of group-based approaches is often arranging for participants to meet at one place, at a time convenient for each participant. This was true even for this study. As noted below, given the participants' time schedules, the decision was made to proceed with the Delphi in a more convenient email-based format. In the case of group concept mapping – even on a web-based forum also presents challenges such as becoming familiar with a particular software. For example, Chang et al. (2017) describes an 'easy-to-use' concept mapping software in their study. However, using the Delphi via simple question and answer format, participants were able to respond to set questions and eventually, a questionnaire, and not have to be too creative first understanding new software and then responding to the questions.* *However, there are also different types of Delphi conducted in research; formats which*

	might be conceptually similar to focus, nominal groups or even workshops)…."
Reviewer 2	**Author**
• Avoid making any bold claims and include statements such as "research suggests" or "there was a general sense that". **Abstract**: "We also present a literature review of family resilience interventions in which it is clear that these three processes are the basis for effective family functioning." To avoid making overly bold claims, consider changing the wording to "We also present a literature review of family resilience interventions suggesting that these three processes are the basis for effective family functioning".	Once all the technical revisions were made, the manuscript was re-read in its entirety, specifically looking for absolute or 'bold claims'. This was a useful practical example of the third point made by reviewer 2 and was completed in the abstract.
INTRODUCTION: Your introduction and literature review should be sufficient to make a strong case for why your study is needed and what influenced its design. Consider starting the introduction in your own words rather than beginning with a quote.	I have removed the first sentence from Riley et al. (2008). The second sentence as the opening line. This has been altered slightly: "*The structures and systems within which families function continuously grow in its diversity (Seccombe, 2002) and families are increasingly in need of support that is more adequate*."
• Consider starting each section with a summative statement in your own	The sections in the introduction ended with a brief description of the next section. For

words to introduce the section more clearly. This may include or be followed by, a referenced statement to demonstrate that multiple other authors support this position. • The introduction of each section should also show any critical debates in this area to demonstrate that you have considered alternative point of views. These critiques should be addressed within each section.	example under 'family resilience processes' the initial paragraph ends with a sentence that reads: '*The next section is a review of some research studies that have concentrated on these factors*." Under 'family resilience interventions' was this intro: "*The following section describes but a few intervention studies, identified as aiming to increase a family's resilience….It also indicates a paucity of available family resilience-focused intervention research*." However, given the recommendation below regarding the improving the clarity of the literature review, the introduction was restructured entirely so that the arguments and literature aligned more congruently to the results and discussion of the paper.
In your introduction, it would be helpful to have a clear and explicit definition of 'family' as you consider it because this word can mean many things to many people.	A brief description is now provided on the definition of family and some challenges inherent in varying types of definitions. pps 3-4
To improve the clarity of your literature review, consider discussing studies that have commonalities together rather than providing a more linear and descriptive list of the studies you have included. For example, can you group the studies by locality, type of family (i.e. family with young children versus family with older children), type of adversity (i.e. mental	The aim of this literature section was to provide the reader with an idea of the various kinds of literature available on family resilience interventions as well as the type of adversities addressed in interventions that uses a family resilience framework. Ultimately, the front half of the paper was restructured to be more congruent with an ecological view on family resilience.

health challenges, economic /employment status)? This will aid in your summarising of studies, but also make more explicit the commonalities and differences within approaches and findings. It may also help with word count. Please be clearer about the number of papers considered as part of your literature review, what databases were searched and be more explicit regarding your exclusion/exclusion criteria and whom conducted the literature review and analysed the findings.	This was not a systematic review but rather a brief literature review on the types of family resilience studies available
Family resilience processes Please include references to support this statement: "These processes have also been identified in the literature as essential to fostering healthy family functioning and increasing quality of life of individuals in various contexts."	We have amended this statement: *"These processes are also investigated in other family studies and will be demonstrated below."*
Family resilience interventions At first, your literature review only includes interventions aimed at building family resilience following adversity surrounding mental health. To make the below statement, you would need to have reviewed interventions following physical illness also. Later you include Holtzkamp (2010) whom considers adversity in terms of economic deprivation and Stiel's et al. (2014) study	Based on the recommendation, we have restructured the entire introduction. Some of the intervention studies have been removed and others 'rearranged' so that the arguments followed logically.

that considers employment status. Please see general recommendations for how to structure your literature review for clarity. "The interventions above are based on the premise that when one family member experiences challenges, be they physical or psychological illness, the result is often family disruption".	The sentence indicated here (indeed, the paragraph following it) has been removed.
Preceding study phases and the research context This section is missing needed information such as 1) what is the larger study that your work is part of/have findings been reported and where has funding been provided from? 2) What supports your claim that participatory action research in this study aided in developing trust and relationships? Providing the reader with this information will aid them in determining any biases that may have resulted from your approach.	This section is now also revised with additional information on pps 11-12. The larger study is the first author's PhD study. The National Research Foundation of South Africa - indicated at the end of the article, funded the study. The findings of the previous two phases have been published in three journals: Current Psychology, Community Mental Health and Child and Family Social Work. This has been 'blinded' by XXX for peer review purposes.
Discuss critiques of your methodology/methods when you introduce them and how the design of your study has considered and responded to them.	Critiques and challenges of the methods employed are now indicated. The description of the research design has been expanded, as has some of the issues in sampling and

	procedures are also outlined. Pages 9-16
Participants Prior to this stage of your article, you have suggested that research in the area of family resilience is culturally-contingent. This helps in explaining why local stakeholders have been included, however it does not explain why you have purposely included international experts. This must be explained and justified. The purposeful selection of experts based on the literature review carried out in stage two is also troublesome. If you have selected authors included within your review, it is likely that their opinions expressed within the study will be similar to their research area and therefore what new things will you have uncovered from your study? If you use the references from your review to explain your findings, it raises further concerns surrounding research biases and how you are supporting the claims of your research. Therefore, critically review this section from the position of a person reading your article. It may be that the way you have worded this section is causing undue concern where it is not warranted.	We have restructured and expanded this entire section to address these points. The field of family resilience in South Africa is only beginning to grow. Therefore, there are not too many who have much experience in intervention development based on family resilience processes. The inclusion of the stakeholder cohort would also assist in ensuring the intervention remain a culturally and contextually-based intervention. Although the 'purposeful' selection of authors based on phase 2 of the larger study was the starting point– from there bibliographic searches were conducted as well as snowball sampling. Ultimately, it was difficult to keep track of the number of requests made to potential participants since the majority of them either did not respond or did not have the time to participate. On page 11 a further explanation is offered: "*Although this cohort was only involved in the last round (not everyone had access to a*

Concerns are also raised surrounding the inclusion of the NGO staff members because you have previously stated that one of the purposes of their involvement in the research was to help them apply for future funding. Including them only at the last round of Delphi is also confusing to the reader without justification as to why. You explain this later, however not sufficiently. Up until this point in your introduction, you have justified their inclusion and explained the importance of local knowledge, yet your approach of including them last appears to undermine this position. Again, the way you have worded sections and the limited amount of pre-emptive critiques that you have offered in the introduction and methodology section, will lead readers to be more sceptical of your approach and findings.	*computer and each trip to the community was a four-hour journey) intervention development is not a linear process and therefore if they were in disagreement or held different perspectives, it would be included in the findings."* In terms of pre-empting a possible challenge, the following explanation by Hasson and Keeney (2011) is also added: *"Additionally, Hasson and Keeney (2011) note that a Delphi offers a cross-sectional view of expert opinion to inform and so must also be guided by other literature. Another form of guidance can also be informed by the input of the community stakeholder cohort."*
Procedures Similar to other sections, you need to pre-emptively critique your analysis method and clearly state who was involved in making sense of the research.	This section was revised somewhat to make an easier read. However some issues were already clarified in other sections.
Ethics Consider rewording some statements. In the below example, you cannot 100% guarantee confidentiality in group situations, therefore stating that 'confidentiality is assured' is problematic.	We could assure confidentiality (in that no other participant could identify another's responses) for those who participated (especially in the first two rounds of the Delphi) since only one author collected this data. In terms of the round table discussion, focus

	group confidentiality agreements are explained and signed by each of the five participants. The following statement is added: *"This is ensured to the extent that the researcher would not allow others who are not involved in the research to be able to identify individual participants or their responses."*
RESULTS From a reader's perspective, this is the most well-presented section. However, it is still not clear what **new knowledge the results of your study add to the existing literature**. Ask what you learned from the study that you did not learn from the literature review and clearly focus your narrative on this information.	Part of the 'new' knowledge gained and contribution to South African family research and practice was the development of a family-based intervention, which focuses on developing a family identity as well as empowering families with knowledge and skills in establishing better social and economic systems. We hope the revision of the results and discussion makes this more explicit.
DISCUSSION • If your argument is based on ecological conceptualisations of resilience, you may wish to rethink the way you have presented the discussion section of your findings. Be clear where and how findings suggest developing ecological conceptualisations of resilience building and how the intervention can respond to these within each	This is an interesting point. The findings of the larger and current study speak to a need for a socioeconomic view of families and interventions. This called for a revision of both intro, some literature and discussion.

module. The first paragraph of this section would be more useful within the introduction section. Under working together: Findings from this study suggests that the aim of this module should be to help family members map out or learn about existing social and economic resources as well as create opportunities to enhance resources within their community... The importance of social and economic resources in family functioning has been established consistently in different conceptual and empirical studies (for example, Benzies and Mysachiuk, 2009; Distelberg & Taylor, 2015; Power et al. 2016). You need more support for this finding surrounding the community connections literature that you used earlier in your introduction.	Based on the revision explained above, the introduction section speaks to a systematic view of families and challenges in intervention development.
CONCLUSION You may wish to go back to each section of your article and ask yourself if it consistently does what you say you will do in your conclusion.	This recommendation was the starting point for the revisions made above. We tried to ensure that all the literature, presentation of results and discussion of the programme aligned with this in mind.
As with the introduction, do not end on a quote. This undermines your integrity as the expert of the article/subject matter.	The closing statement has been edited and references accordingly. It is no longer in the conclusion but in the discussion section.

	"*One of the most important contributors to healthy family functioning necessitates a state-wide commitment in all aspects of family life (Walsh, 2016a).*"
References: Include more articles, including recent publications. And some of these should be from the journal considering your work. This will aid in aligning your article for your reader and in being clear about what new information readers of this journal will get from reading your work. Jonker, L. & Greeff, A.P. (2009). Resilience factors in families living with people with mental illnesses. Journal of Community Psychology, 37(7), 859–873. doi: 10.1002/jcop.20337.	Based on the overall revision, much for recent literature has been added.
• Style improvements are needed such as 1) if you use numbers in your text, be consistent- either use numerical numbers (i.e. 1) or write the numbers in full (i.e. one). Spelling and grammatical errors/inconsistencies are present throughout. Review other articles published within the journal to be consistent with their style.	Agreed. Many typographical and grammatical errors were identified and corrected. We have asked an editor to revise the manuscript.