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An evaluation of the Family Resilience Strengthening Programme on family members from a rural community on the West Coast, South Africa.

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ABSTRACT

A community-based, Family Resilience Strengthening Programme was developed for implementation within a rural community along the West Coast of South Africa. The aim of this research was to evaluate the impact and the experiences of the Family Resilience Strengthening Programme on its participants. This study utilised a convergent mixed method design with a convenience sampling technique. Fourteen participants were recruited via a community NPO and consisted of either a couple or one family representative. Data was collected using Walsh's Family Resilience Questionnaire prior to, and after completion of the programme. Additionally, post-evaluation qualitative interviews were conducted with all participants to explore their experiences of, and recommendations for changes to the programme. Ethics clearance was sought and obtained from the Faculty of Community and Health Sciences Higher Degrees and the Humanities and Social Sciences Research Ethics Committee (HSSREC). The selection of participants, data collection and analysis was completed in accordance with the ethics standards and guidelines such as confidentiality, anonymity, informed consent, discontinuance, and appropriate referral. In addition, practices and precautions were taken in accordance with the ethical guidelines of safety of research conducted during a global pandemic, namely Covid-19. The qualitative data was analysed using content analysis, revealing transformative learning experiences through changes and better understanding of resilience processes at individual, family and community levels. Overall, participants reported improvement in communication, family cohesion and intra/inter-personal skills. Quantitative data was analysed using Wilcoxon signed-rank test. This revealed changes in individual rankings following implementation, however, identified no significant difference in the overall scoring of participants, following the engagement in the Family Resilience Strengthening Programme (FRSP). The FRSP improved specific family resilience processes and has the potential for broader implementation in South Africa.

DECLARATION

I hereby declare that the work in this dissertation titled: *An Evaluation of the Family Resilience Strengthening Programme on family members from a rural community on the West Coast, South Africa* is my own work, carried out under supervision of Dr Serena Isaacs from The University of the Western Cape. To the best of my knowledge, no portion of this work has 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.

Amanda Jessica Hutson

Amanda Jessica Hutson

December 5th, 2023

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Chapter 1

Introduction

1.1 Background and rationale

To address the value behind the evaluation of the Family Resilience Strengthening Programme (FRSP) on members of a rural community in South Africa, one needs greater understanding of systemic adversity experienced in South Africa, to better understand the lived experience within the family unit.

It is well known that there is no standard definition of family comprehensive enough to exist in the multicultural society of South Africa (The White Paper, Department of Social Development, March 2021). In history, and the world over, , kinship systems vary widely, with a privileged position being achieved by the nuclear family model (Hall & Makomane, 2018). The nuclear family model, as a lens to view the South African Family, becomes problematic as it stems from the belief that the concept of families and households are interchangeable, existing in an ideal 'nuclear form' (Hall & Mokomane, 2018; Khalema et al., 2016). De facto, household composition alone makes establishing family relationships and their independence difficult, as the nuclear family is one of the least common family forms in South Africa (Amoateng et al., 2007; White Paper, DSD, 2021). Family membership and its obligations, according to Sharma (2013), are subjective and can only be understood from the point of view of the family concerned. This aligns with the view of Hall and Makomane (2018), who emphasise that South Africa remains dominated by the normative framework of the nuclear family, despite this contradicting with the lived experiences of South Africans. Similarly, Khalema et al. (2016) postulate that society has influenced the structure of the family in South Africa and over time, the concept of family has been subjected to damaging influence of the Western-dominated nuclear prototype of family. It is possible to categorise families in several different ways, based on the type of marriage, their location and composition of the kinship group, even within a social reality (Sharma, 2013). As a result of South African families being more interconnected with the community, family formation is not only broader, but its function is greatly enhanced (Khalema et al., 2016). The family unit, in the context of South Africa, refers to guardians, skipped and or multiple generations, extended family, same sex-couples, polygamous families, single parents, child-headed households and blended families, that may be situated in various geographical areas that persist through time and space (Amaoteng et al., 2007; Hall & Mokomane, 2018; Khalema et al., 2016; Roman et al., 2016; Sharma, 2013; White Paper, DSD, 2021). These extended forms of families were found, specifically, to be more prevalent in rural areas (Amaoteng et al., 2007).

Regardless of the formation of the family unit, the social context of South African families, is not optimal. Despite achieving democracy, several communities have perpetuating levels of crime, violence (Domestic/GBV/Gang) and substance abuse, resulting in many families living under challenging conditions (White Paper, DSD, 2012, 2021). These families are viewed as those living in disadvantaged communities, facing difficult circumstances, living in poverty, having limited access to resources and services, experiencing high levels of unemployment, engage in risky behaviour and facing various problems in numerous aspects of life (Astoyants et al., 2016; Moss, 2010; White Paper, DSD, 2021). Communities may be described as dysfunctional, rife with violence, having increased levels of substance abuse, and families facing a multitude of problems (Ward et al., 2013). Families within these communities may find fulfilling their social roles to be challenging amidst the continued subjection to social and economic inequality, such as violence, unemployment, poverty, substance abuse, and crime to name a few (Moss, 2010; Ward et al., 2013; White Paper, DSD, 2021). They are also more likely to be perceived as “dysfunctional”

(Astoyants et al., 2016; Moss, 2010; White Paper, DSD, 2021). As families intersect with other systems, through their participation and contribution to the broader society, a family is viewed as dysfunctional, when it differs greatly from the known mores and accepted social norms and expectations. (Phenice & Griffore, 2000). The labelling of these families, under a perspective of "dysfunction" is problematic as it can lead to "moral decay" and "disintegration" of families. This can directly impact the wellbeing of family members and in turn, affect the broader society (Moss, 2010; Phenice & Griffore, 2000). However, focusing solely on the comparative factors that lead to defining these families as dysfunctional, promotes negative social identities (Phenice & Griffore, 2000). This is not only detrimental to families but counterproductive to South African National Development Goals (2030) and The White Paper on promoting wellbeing in South African families (White Paper, DSD, 2021).

Increasingly more theoretical research is being developed and disseminated to enhance the available literature on families. Perhaps one of the most fundamental components is the movement from a deficit to a strength-based approach (Phenice & Griffore, 2000; Ward et al., 2013). The deficit approach defines a family by what they lack, which can contribute to, and reinforce the negative social identity and stigmas that are attached to those identities (Phenice & Griffore, 2000; Silverman et al., 2023). With the strength-based approach, the limitations posed by the deficit approach is acknowledged, and the focus has shifted to family strengths and assets (Phenice & Griffore, 2000; Silverman et al., 2023; Walsh, 2002, 2003, 2016). Particularly during times of adversity, it is important to recognise and affirm the strengths and potential of families. This ultimately empowers them to combat feelings of helplessness, failure, and blame, while instilling a sense of pride, confidence, and resilience (Landoni, Silverio, Ionio & Giordano, 2022; Walsh, 2016).

According to the White Paper (2021), family policy can directly or indirectly facilitate or enhance a family's core function. These policies encourage stakeholders such as community organisations, leaders and practitioners to utilise them when developing interventions, in order to adapt and overcome adversity. (Moss, 2010; Isaacs et al, 2017; Walsh, 2016; White Paper, DSD, 2021). The family, as a key unit to society, governs the processes of making decisions which impact the allocation, transformation, utilisation, and management of resources within the family (Botha et al., 2018; Phenice & Griffore, 2000). The family unit greatly influences psychological and social development as it forms a large part of an individual's life (Botha et al., 2018). The practical application of family research theory in interventions, such as family programmes, where families engage in activities informed by specific outcomes, can build and strengthen family resilience (Moss, 2010; Isaacs et al., 2017; Phenice & Griffore, 2000; Walsh, 2016; White Paper, DSD, 2021).

The development of and engagement in monitoring and evaluation processes, following programme implementation, within the context of South Africa, are practically non-existent (Moss, 2010; Stewart et al., 2019; Ward et al., 2013; Wessels et al., 2016). Existing programmes, services, and policies to assist families are often not properly planned, coordinated, or evaluated (Moss, 2010). In research, evaluations are approaches one takes to determine the functioning of a programme, whether the objectives have been implemented and achieved successfully, and to identify the areas, if any, for improvement (Martin, 2015). Wessels et al. (2016) stipulates that it is of the utmost importance to establish whether a programme or intervention is effective prior to broader implementation. In South Africa the evaluative component of programmes and services often lack clear understanding of the context, resources, and service delivery methods applicable to the specific population (Moss, 2010). Evaluation of programmes are imperative to establish their impact as well as to ensure responsiveness in meeting the needs of the South African family.

The White Paper on South African families (White Paper, DSD, 2021), emphasises three important strategic priorities in order to increase family wellbeing, namely: *Promote Family Wellbeing*, *Family Relationship Strengthening*, and *Treatment and Support for Vulnerable Families*. The wellbeing of families can be promoted through the monitoring of service delivery, via data that is made publicly available, and then analysed in terms of the province, types of households, age, gender, race, and disability (Novak-Pavlic et al., 2022; White Paper, DSD, 2021). This is encouraged to gauge and illustrate family wellbeing, identify challenges that exist in service delivery, and monitor how service delivery, in various government departments, leads to access to resources and assets that families need to achieve wellbeing (White Paper, DSD, 2021).

To achieve the objectives outlined in the *Family Relationship Strengthening* priority, service delivery gaps in under-served areas are to be identified, and good practice, evidence-based programmes developed (White Paper, DSD, 2021). The training of volunteers and professionals, within these programmes and services, builds on the capacity of sectors to provide and reflect the ethos of family service. The delivery of approved, good practice, and evidence-based programmes, ensures that families can positively manage conflicts and have improved communication relationships and support in times of crises and distress (White Paper, DSD, 2021). Lastly the priority of the *Treatment and Support for Vulnerable Families* culminates from the investment and commitment brought forth from strategic priorities one and two (White Paper, DSD, 2021). The effectiveness of these priorities would gather the data on available treatments, programmes, and evidence-based information on the factors that affect vulnerable families (White Paper, DSD, 2021). Subsequently the support services and help-seeking strategies within/and available to communities, families and help providers are identified (White Paper, DSD, 2021). The dissemination of this material is key in providing information and creating awareness and allows various community stakeholders the opportunity to empower families seeking assistance through suitable referral, treatment, and support processes (White Paper, DSD, 2021). These priorities not only outline an imperative need for programmes/services but emphasise a need for focus on the strengthening of families in South Africa, through understanding and consideration of their context (White Paper, DSD, 2021).

The Family Resilience Strengthening Programme (FRSP, Isaacs, 2018), developed in collaboration with a low-income, rural community on the West Coast, align with these aims to strengthen family resilience processes, to promote healthy family life. The evaluation of programmes that promote family cohesiveness are integral, as the skills these interventions demonstrate are central to building the capacity of families to manage stressors more successfully (Walsh, 2016).

The FRSP was developed as an eight-week, psycho-educative, skills-based, manualised intervention. The programme attempts to assist families to develop new skills that will support and encourage stability in the family structure, as well as family processes, integral to strengthening family resilience.

Through implicitly addressing the priorities of the White paper on Families in South Africa (White Paper, DSD, 2021), the FRSP is aligned to the mission of the National Development Goals of South Africa (2030), which has a vision for rural communities. The vision is that by the year 2030, rural communities of South Africa must have better opportunities for full participation within the social, economic, and political domains of the country. They should have access to high-quality basic services that enable and promote nourishment and health, and for them to become increasingly skilled. This aligns with the goals, missions, and vision of our national government, to ensure the wellbeing of all South African communities.

1.2 Problem statement

There remains a paucity regarding the development, implementation and especially, evaluation of family resilience programmes, within the South African context (Roman et al., 2016; von Backstrom, 2015). Family resilience programmes are identified as interventions that strengthen and improve the family unit's functioning (Walsh, 2016). These programmes offer skills that are beneficial to all family members and may impact the immediate communities and society (Isaacs et al., 2018). The current study forms part of a larger study, which seeks to evaluate the adoption, implementation and evaluation of the FRSP, within several rural communities on the West Coast of South Africa. Given the dearth of literature on intervention evaluation in South Africa and more specifically, family intervention , the evaluation of the FRSP will allow insight into the South African family unit, provide skills and access to resources for vulnerable populations and possibly impact on how future programmes are implemented (Isaacs et al., 2018; Walsh, 2016).

1.3 Aims and objectives

The aim of the current study is to explore the experiences and determine the effect of the Family Resilience Strengthening Programme on its participants.

The objectives of the study are:

- understand the experiences and perceptions of participants on the Family Resilience Strengthening Programme
- determine the impact of the Family Resilience Strengthening Programme on participants before and after its implementation

1.4 Thesis outline – summary of chapters

Chapter 1: Introduction

Chapter one focuses on introducing topics relevant to the thesis. These topics include defining family, family resilience and family resilience strengthening programmes. It identifies a family resilience strengthening programme as well as the need for evaluation of such a programme. The chapter addresses the need for intervention and evaluation within the domain of families in the South African context. The aims and objectives of the study are stated and include exploring the impact of the Family Resilience Strengthening Programme on participants, before and after its implementation, as well as understanding the experiences and perceptions of participants in the said Programme.

Chapter 2: Literature review

Chapter two identifies and describes the literature on the topic of, and concepts related to, family resilience and its interventions. The literature review examines various sub-categories that need to be understood and borne in mind throughout the research. It acknowledges the available literature, as to create a map to understanding what is available, where the gaps lie, as well as what can be explored in the current research. The contextual image of the South African family is stated, in conjunction with the current family and family resilience programmes available, in the South African context. Furthermore, it identifies the theoretical framework of family resilience, that will be utilised for this research project.

Chapter 3: Method

Chapter three comprises the methodological considerations of this thesis. The research approach is identified as both qualitative and quantitiative in nature and its design is known as a convergent parallel mixed method design. The context of the research site, participants and sampling method is discussed, as well as the impact of the Covid-19 pandemic, with its precautions, relating to research. The chapter discusses the data collection tool, namely the Walsh's family resilience questionnaire (WFRQ- Afrikaans version). Analysis methods, for both qualitative and quantitative data, are examined. The chapter concludes with reflection on trustworthiness, reflexivity, and ethics considerations.

Chapter 4: Findings

Chapter four focuses on the results of the study. In alignment with both the research design and the aims and objectives of this mixed method study, qualitative data is first presented followed by the quantitative results. All qualitative data (based on the semi-structured interviews and the qualitative question posed on the WFRQ) was subject to content analysis and two broad themes identified. These themes are *Experiences and perceptions of the FRSP,* explores the level of resilience at an individual, family level and community specific level. The second theme, *Perceptions of the sustainability of the FRSP*, deals with the sustainability of the programme, addressing the content and delivery, possible changes, and future implementation recommendations. The quantitative results comprised of generated descriptive statistics, and a non-parametric Wilcoxon sign-rank test, conducted to determine the effect of the FRSP on its participants, both pre- and post FRSP implementation.

Chapter 5: Discussion

Chapter 5 examines the results, in depth, as presented in chapter 4. As the study utilised a mixed method design, the discussion focuses on the multidimensional, transformative learning, experienced by participants, as supported by both quantitative and qualitative results. The discussion is written in reference to the literature found in chapter 2, drawing on both the theoretical framework and existing knowledge. The recommendations and implications of future research, as well as the programme implementation and evaluation are discussed, at large. Furthermore, the limitations of this specific study are highlighted.

Chapter 6: Conclusion

Chapter 6 is the conclusion of the completed research study, summarising the key findings., It discusses the relevance of conducting the evaluation as well as value behind implementation of the FRSP in the South African context. The chapter concludes with rehashing the limitations, addressing the implications of this study and provides insights into the opportunities for future research, programme development and evaluation.

Chapter 2

Literature Review

2.1 Introduction

This chapter highlights the literature available in family intervention research and provides a comprehensive overview of various factors, that will be detailed and discussed throughout this research project. The aim is to acknowledge the contextual influences currently experienced within families. It furthermore addresses the available family programmes that exist in the South African context, thereafter placing emphasis on a South African family resilience programme, in relation to the framework that forms the basis for their study. The chapter concludes with describing the manualised intervention programme, developed by Isaacs et al. (2018) “The Family Resilience Strengthening Programme” (FRSP), along with the theoretical framework, that forms the basis for the programme under evaluation, namely the family resilience framework.

2.2 Contextual realities affecting the family in South Africa

In chapter one, the South African family was discussed at length. Factors such as household composition and homelessness, poverty, marriage and divorce rates, educational attainment, geographical location are considered. Access, or lack of access to basic amenities and social resources, and the negative impact thereof, are also reviewed.

In 2022, South Africa was reported to have a population size of 62 027 503, with an estimated 18 million households. While 23.3% of the 18 million households consist of only one person, 15.8% consist of 4 people and 13.9% of households contain more than six people. Approximately 11% of households are informal dwellings, while homelessness is at

17.5%, with homeless shelters constituting 29.5% hereof. National poverty levels were reported at 56.8% in 2009, with the Western Cape indicating that 35.4% of the population are living in poverty. The unemployment rate was recorded at 29.81%, for South Africans, in 2002 (O'Neill, 2023; StatsSA, 2017, 2022).

The national dynamic of the household structure changed, notably, for the period 2011 to 2022, where an increase of 8.2% was recorded for persons never married while 54% in 2011 and 62.2% in 2022; a 5.9% decrease in the number of legal marriages reported at 29.9% in 2011 and 24% in 2022; and a 1.4% decrease from 9.2% in 2011 to 7.8% in 2022, in the number of people co-habiting as partners from and the highest proportionate number of divorces, attributed to the Western Cape, at 3%. (StatsSA, 2017, 2022). Educational attainment for 2022 has risen overall by three percentage points since 1966 (StatsSA, 2017, 2022). Devastatingly, it is observed that 30.4% of children do not attend any early childhood development programmes, and while attendance of such programmes, for those between the ages of 5-6, are on the rise, there is a decline in attendance rates for those ages 15-24 (StatsSA, 2017, 2022). While 73.4 % of the age group 5-24, attend an educational institute, there is an unnerving 26.6 % of individuals who do not (StatsSA, 2017, 2022). Of those aged 20 and above, only 37.6% complete grade 12, while 6.9% have never been to school. Of the previously noted 18 million South African households, 42.1% are headed by woman, with 47.7% of them residing in rural areas (StatsSA, 2017, 2022).

Rural communities are often seen as being 'poorer' communities, characterised by high unemployment and low education rates, with a notable lack of access to clean, safe hygiene practices, as well as a lack of access to basic needs like food, personal safety and security, and safe spaces (Singh & Naicker, 2019). These communities mostly consist of large families, with many children (Singh & Naicker, 2019). In addition to the adversities experienced in these communities and the lack of infrastructure to serve growth, circumstances such as loadshedding and the lasting impact of the Covid-19 pandemic further cripple the economy (Singh & Naicker, 2019).

Eskom, the state-owned enterprise and main provider of electricity in South Africa, warned that it cannot guarantee the supply of electricity and began loadshedding in 2007 (Walsh et al., 2021). Loadshedding is defined as the deliberate shutdown of sections of the national power grid, in order to protect the country against a total blackout (du Venage, 2020; Goldberg, 2015; Laher et al., 2019; Walsh et al., 2021). The loadshedding crises has disastrous effects on the economy, wreaking havoc on those already at a disadvantage in communities. The consequences of loadshedding, in terms of health, safety, food security, foodborne disease, financial security and mental wellbeing (Laher et al., 2019; Walsh et al., 2021) result in the basic needs of individuals being threatened, exacerbated or not met, at all.

Besides having to deal with the loadshedding in itself, there are increased further social consequences such as an increase in criminal activities, lack of ability to succeed at school, job instability, tariff increases and alarming strain placed on healthcare sectors causing a negative ripple effect within communities (Banda, 2020; Goldberg, 2015). Business closures, due to these same factors, are further crippling the economy and providing even less positive outcomes for the future of individuals, within impoverished communities. Laher et al. (2019) states that certain mental health conditions (anxiety and depression) can be worsened by the constant and continued lack of basic services, loadshedding being one of them. As if the social and economic circumstances were not worsened enough by the impact of power outages (Aardt et al., 2019; du Venage, 2020; Goldberg, 2015), they coincide with and were further worsened by the covid 19 pandemic, with both implicit and explicit effects on the businesses, communities, and individuals of South Africa.

The Covid-19 Pandemic of 2020 has been equated to have the same abrupt and lasting impact on health, social, economic and political spheres, as those experienced from terrorist attacks, natural disasters, governmental take overs and revolutions (Fisher et al., 2020; Lal et al., 2020; Prime et al., 2020;). Various risk reduction contingencies were put in place, which included lockdowns, travel bans, social distancing, quarantines and massive adjustments to work, schooling and transportation systems and schedules (Lal et al., 2020). Across the globe, there was a universal struggle to ensure a reduction of the devastating impact of Covid-19 on health, social and economic sectors of society (Fisher et al., 2020). However, South Africa, located on the world's poorest continent and regarded as one the most unequal societies in terms of income distribution, where governments are struggling with basic needs, provisions are expected to be more immensely affected by these consequences (Buheji et al., 2020; Fisher et al., 2020; Maloma & Dunga., 2023).

The pandemic, according Walsh (2020), can be viewed as the 'perfect storm of stressors', causing sudden disruptions, crisis and loss. These stresses may include job loss, financial constrain, threat of disease and poverty, to name a few. In times of severe stress, new problems or pre-existing problems within a marriage or partnership are likely to develop or worsen (Maurović et al., 2020; Prime et al., 2020). These problems can contribute to, or result in, family conflict by way of marital discord, sibling rivalry and disruption of the existing family structure (Maurović et al., 2020; Prime et al., 2020).Vulnerable communities, such as those who have pre-existing adversities, live in poverty, experience marginalization, overcrowding of households and limited employment opportunities, will be more susceptible to the lasting consequences, and, are those at significant risk (Fisher et al., 2020; Krumer-Novo et al., 2021; Prime et al., 2020).

The lives of many individuals have been affected, either directly or indirectly, by the pandemic. There have been changes in the financial status of families, as individuals lost their incomes, partially or completely, threatening the financial safety and food security within the family unit. (Andrew et al., 2020; Fisher et al., 2020; Krumer-Nevo et al ., 2021; Prime, 2020, Riche et al., 2022). The mental wellbeing of individuals and the complexities of relationships (couples, siblings, child-parent and family unit) were challenged, due to changes in structure and routine, with an increase in conflict and tension, being confined together, experiencing illness and losses, all of which have cumulatively, affected the family, adversely. (Andrew et al., 2020; Fisher et al., 2020; Krumer-Nevo et al., 2021; Prime, 2020; Riche et al., 2022).

In areas with higher levels of adversity, such as the Western Cape, a disproportionate amount of stress and uncertainty was placed on families' shoulders, which brought their coping mechanisms, and levels of resilience to the forefront (Riche et al., 2022; Walsh, 2020). While the lived experience of the pandemic will differ for everyone, there have been families that utilised the pandemic as a source to bring about positive changes and build stronger bonds that resulted in a newfound resilience (Riche et al., 2022). The lockdown forced people to share spaces, allowing families time to improve communication, build on their levels of interaction and find ways to adapt to each other within the household (Riche et al., 2022). Through communication of their needs and feelings, with emphasis on the importance of honesty and respect, the family unit became a support system (Riche et al., 2022). The resilience of a family is substantially influenced through their values, culture, structure, and context (Riche et al., 2022; Walsh, 2003).

Increasing access to resources, such as utilising community based social support programmes or the utilisation of recreational spaces, prove valuable to families and are needed in communities with a low-income or social economic status (Denoon-Stevens &

Ramaila, 2018; Mampane, 2019; Nkwanyana, 2020). Large socio-economic status differences exist within South African families, and programmes designed to improve living standards, alleviate poverty and facilitate greater understanding of family relationships, may improve family life satisfaction and strengthen family units across all statuses of socio-economic class (Botha et al., 2018). Given the lived experiences and the further inflamed context in which South Africans live, following the pandemic, there is opportunity for a growth in understanding, respect and mutual aid within our families, communities, and greater society. Thus, the value and relevance of family resilience, has never been more indispensable.

2.3 The implementation and evaluation of family programmes in South Africa

Family-orientated programmes that have been developed in other countries and adapted for implementation in the South African context are centred on improving processes such as self-efficiency of parents, individual resilience of youth and parents with the intention that programmes promote family functioning (Benedetto & Ingrassia, 2017; Cluver et al., 2018; Doubt et al., 2018; Rose et al., 2018; Wessels et al., 2016). The elements that exist, within the realm of healthy family functioning, can be seen as aligning to the concept of family resilience. The section, hereafter, will explore and describe some of the existing programmes.

Rose et al. (2018) conducted a study, which aimed to establish the adaptability and appropriateness of a self-efficacy parenting programme in South Africa. The Circle of Security (COS) programme, which was developed in the United States, is an attachment-based, parenting programme that guides and equips parents to gain skills towards more effective parenting, while exploring their relationship with their child, as well as their own relationships, as parents (Rose, 2019). Three phases of the study were employed: First, a systematic review was conducted to determine the relationship between internalising behaviours in children and parenting. Second, a pilot study to establish the feasibility of utilising a western developed programme, within the South African context, commenced (Rose, 2019). Third, where the final phase of the study introduced the implementation of the official programme, over the intended period, to parents and teachers of children with internalising difficulties (Rose, 2019).

The pilot study, predominately a feasibility study, implemented the COS programme, within a rural fishing community located along the West Coast of South Africa. They encouraged reflection and introspection of parents and their parenting style, through evaluating whether the self-efficacy levels of parents changed, following participation in the program in order to determine the appropriateness, of a western developed programme, in the South African context.(Rose, 2019). In addition, the pilot study assessed the overall programme in terms of language, content, relate-ability and practicality of implementation (Rose, 2019). The programme was delivered over a three-day period, with nine participants. Data was collected via a mixed method approach. Quantitative data was collected through a psychometric tool, namely the TOPSE (Tool to Measure Parenting Self-Efficacy), and pre- and post- test scores analysed, using a Wilcoxon Sign-rank test and Sign-Test. Quantitative analyses revealed no significant changes in the subscale of play, however had a significant change in the subscales of control ($Z = -2.073$, $p < 0.05$), pressure ($Z = -1.965$, $p < 0.05$), learning ($Z = -2.521$, $p < 0.05$) and the TOPSE Total ($Z = -2.429$, $p < 0.05$). Qualitative data was collected through focus groups and thematically analysed to identify participants' satisfaction with and their experience of the *COS* Programme. Following implementation, the study found that parents had come to realise that their responsibilities within the parenting role, as a provider of a secure and safe space, were prioritised above the concept of play, the subscale which they found least beneficial. This was attributed to the availability of time and the overwhelming stresses of daily life, which were prioritised over play. The programme consists of an eight-module manual, with DVD video scenarios. Pre-evaluation was done at the start of the programme, on day 1 and post-implementation evaluation, with the addition of focus groups, conducted at the end of the final day (Rose, 2019). Limitations of this study included a small sample, consisting of only nine parents. Additionally, the duration of 3 full days posed limitations, wherein one module, chapter 4, was not included as part of the implementation. The three full days are a considerable amount of time out of a parents week, and participants were devoid of having time to adequately reflect and implement strategies, taught in the programme in their daily lives (Rose, 2019).

The third and final phase involved the full implementation of the COS programme, to parents of children, who had internalising difficulties. In this round, the intervention was adapted in terms of location, duration, content and data collection. The intervention was now hosted at the researcher’s university, with a sample including parents and teachers from schools, within the district of Belville in the Western Cape. The programme was run over the intended 8-week period, in the evenings, including all chapters. The number of participants were slightly higher in the full implementation phase, consisting of 23 Parents and 15 teachers (although the teachers themselves only participated in the research and not the intervention itself – they provided their perspectives on children’s behaviour by completing the Child Behaviour Checklist Teaching Rating Form before and after their parents’ participation in the programme). The participants completed a demographic questionnaire, the TOPSE, The CBCL (Child Behaviour Checklist, which measures behavioural and emotional challenges) and participated in two focus groups that took place at the end of the programme.

The data obtained underwent quantitative analysis using SPSS. Measures of central tendency were determined (mean, median and standard deviation), *T* tests were used to determine changes in scores at the pre- and post-tests and pre and post-test follow ups. The variables of parental self-efficacy and internalisation were correlated with the demographic variables. The qualitative data underwent thematic content analysis and aimed to understand the perceptions and experience of participants of the COS programme. The study found a statistically significant difference between pre- and post-test results, when considering parental self-efficacy. Parental self-efficacy increased after intervention implementation and these levels were maintained at the 3-month follow up. Internalisation symptoms, on the other hand, decreased, post implementation and maintained status quo. Although the teachers, when compared to parents, showed a lower level of internalisation, the internalising behaviour of children, decreased following implementation. There were, however, no differences in pre and post testing relating to how teachers' rated children's behaviour (Rose, 2019).

Benedetto and Ingrassia (2017), postulate that efficacy in parenting often translates to positive outcomes on the wellbeing of the parent, child, marital couples, and the family unit. Benedetto and Ingrassia (2017) further emphasise that through incorporating parental self-efficiency programmes into, or as a core component of family interventions, the confidence of the parents' ability in their skills can be improved. Thus, the ability to successfully navigate situations of adversity and family stresses, through positive emotions, and behaviour modelling will be positively impacted, influencing their children and the family unit (Benedetto & Ingrassia, 2017). While statistically significant changes show that this programme holds value to impact and maintain change, it remains evident that cultural and contextual sensitivity need to be applied, when developing new or implementing existing programmes, into the context of South Africans.

A pre-, post-test, evaluative study, similar to the study conducted by Rose (2019), was implemented and evaluated by Cluver et al. (2018) and Doubt and colleagues in 2018. The *Sinovuyo Teen*, translates from isiXhosa (one of the 11 official languages in South Africa) to "we have joy". It was developed by Oxford University, in collaboration with Clowns without Borders South Africa (CWBSA), an internationally registered and recognised NGO, responsible for the upskilling and training of local service providers, to be able to facilitate training and programme implementation, in local contexts (Cunningham, 2019; Cluver et al., 2018; Doubt et al., 2018). The Isibindi Project, Isibindi, meaning *courage* in isiZulu (another of the 11 official languages in South Africa), is a social franchised, community-based programme, that supports vulnerable children and families in South Africa, through the promotion of psychosocial and physical wellbeing (Doubt et al., 2018; Visser et al., 2015). Through a collaboration, between the various organisations, the *Sinovuyo Teen* programme could be developed, implemented and evaluated.

The *Sinovuyo Teen Caring Families Programme,* is an ongoing non-commercialised parenting programme, that is implemented within communities, with the intention of reducing parenting stress, improving parent / teen relationships and possibly reducing child abuse within families, with 10-18-year-old children, who have been deemed 'at risk' (Cluver, et al., 2018; Doubt et al., 2018). The study conducted by Doubt et al. (2018), evaluated the effectiveness of the programme through exploring the perceptions and experiences of both the facilitators of the programme and the participants (the youth and youth care workers) within a semi-rural community, deemed vulnerable in the Eastern Cape. Trained community facilitators presented the programme over a 12-week period, in the form of a weekly workshop that utilised various methods such as activity-based learning, role play and/or home-practice activities. The programme is group-based, and the participants are parent-child dyads. In addition to the weekly workshop course work, a meal gets shared by participants and transport provided if needed (Doubt et al., 2018). The evaluation was conducted through four focus group discussions, three semi-structured interviews and workshop observations post-programme implementation. Thematic analysis was the primary method of analysis in this qualitative study and yielded results illustrating that depression (both parents and children), substance abuse, the stress and pressure on parents, as well as the delinquent behaviour of children, had been reduced. In addition, parental supervision, positive parenting and social support had increased (Doubt et al., 2018). The outcomes of their study can be seen as a positive contribution, as parents, residing in poor neighbourhoods, use higher levels of harsh discipline on their children and display minimal warmth (Wessels et al. 2016). Furthermore, the analysis of the experiences and perceptions regarding the programme's effectiveness and impact has provided the insights that contribute to ongoing implementation and the future programme implementation of similar programmes. Doubt et al. (2018), states, that utilising facilitators from the community ensures cultural relevance, acceptance from community, encourages and contributes to a level of ownership and ensures successful delivery, while being able to provide insight into the context of the community. Additionally, embedding a programme within an existing service, allows for a greater support network and also improves the level of trust of the participants and retaining what has been learned in a post programme environment. Lastly, it was identified, through the study, that facilitators are key to understanding the effectiveness, acceptability and commitment to a programme. Their experience and input prove invaluable and will benefit any programme (Doubt et al., 2018). The limitations in this study include a small sample of facilitators, the uncertainty of whether the results can be generalised beyond the locations within the Eastern Cape, as well as the absence of a comparison group to strengthen the results. As this study utilises self-reporting, it is susceptible to having social desirability biases (Doubt et al., 2018). Although anonymity of the facilitators is maintained, it has to be considered that a critical response may be avoided, to prevent a negative view of the programme, within the social context (Doubt et al., 2018). In the study conducted by Cluver et al. (2018), a pragmatic cluster randomised control trial was done to test "*Sinovuyo Teen's"* efficacy in its final form. Caregivers and adolescents, from 40 communities, received and completed evaluation at baseline, and again at one, and five to nine months, postintervention (Cluver et al., 2018). A parent and adolescent programme consisting of 14 sessions, by trained community facilitators, was given to an intervention cluster. Alternatively, the control cluster attended a hand washing and hygiene promotion programme (Cluver et al., 2018). Results from the trail indicated that those who received the intervention, showed a reduction in abuse, improvement in parenting and parenting supervision, improved management of finances and household welfare, family planning and a reduction is substance abuse (Cluver et al., 2018). The outcomes of this study suggest the programme, contributes to a reduction in violence and an improvement of functioning, for parents and families, in low resource settings (Cluver et al., 2018). Furthermore, it emphasises that various positive outcomes are assured, when implementing a low resource programme, through trained community members (Cluver et al., 2018).

Lastly, a programme was designed, implemented, and evaluated (Patel et al., 2019), in a similar manner to the studies done by Doubt et al. (2018) and Cluver et al. (2018). The Sihleng'imizi Family programme, *Sihleng'imizi,* meaning 'we care for families' in isiZulu is a community-based family strengthening intervention, designed to enhance and advance the positive benefits of receiving a Child Support Grant, all the while strengthening families that are disadvantaged and improving the outcome of child wellbeing.

The programme runs off the premise that while cash transfers or grants are effective in the alleviation of poverty, it alone is inadequate in addressing the diverse and complex needs of families and children who are receiving social grants; thus, a combination of cash transfers and supportive interventions could positively impact families (Patel et al., 2019).

The development of the programme was adapted from the SAFE Children Family Programme in the USA and utilised some of the open access materials found in the Sinovuyo Caring Families and Sinovuyo Caring Families Teen manuals (Doubt et al., 2018; Patel et al.,2019). The pilot programme, conducted in 2016, in collaboration with two community organisations, comprising two rural and two urban research sites, originating from three communities within Limpopo. The pilot revealed positive results at an immediate level, as well as the three-month follow-up, which promoted the further refinement and adaption. In the advanced development phase, social workers were extensively trained, over a 14-day period, as facilitators of the programme and its implementation occurred over 6 months in 2017 (Patel et al., 2019). This qualitative study, aimed to determine the contexts of the child, caregiver, and family unit (pre-intervention/baseline) and to assess the effects of the intervention on child wellbeing, following implementation, as well as to compare the effects of the intervention with a randomised control group.

The final sample of the study comprised 40 families from the intervention group and 20 families from the control group that were identified from one main school within the Johannesburg metro, all characterised as socio-economically disadvantaged and poor (Patel et al., 2019). Fourteen sessions were conducted by the facilitators and each session focussed on specific outcomes in the following order : *Identifying Family Strengths; On the Home Front: Helping Kids Succeed in School; At School: Parents as Teachers and Advocates; Nutrition Education; Developmental Expectations; Communication with Children and Adults; Anger and Behaviour Management A; Behaviour Management B; Consequences and Conflict Resolution; Redefining Family Rules and Consequences; Making a Budget with our Money; Ways to Save Money and Making a Family Savings Plan; Social Support and Staying Connected* and *Evaluation and Graduation* (Patel et al., 2019).

The Sihleng'imizi Family programme, through combining a strength-based intervention to beneficiaries of cash transfers, aimed to strengthen child, care-giver, and families through five specific objectives. The five domains included: *family and child-caregiver relations*; *educational development*; *financial capabilities*; s*ocial wellbeing and community connectedness*; and *Hygiene, Nutritional and food preparation knowledge* (Patel et al., 2019). Results of the study indicate that minimal changes, in the five key dimensions, were experienced by caregivers in the control group (Patel et al., 2019). In the intervention group, findings suggest that families were empowered in developing skills in behaviour management, caregiving, and communication. Additionally, families showed greater involvement in their child's education; Positive engagement and social connectedness within community networks were enhanced; Greater awareness and increased knowledge on financial literacy, budgeting and saving. Lastly, while changes in knowledge and skills relating to overall nutrition was minimal, there were slight increases in understanding the importance of breakfast daily, as well as significant increases in the number of caregivers who, following implementation, saw the importance of having a healthy lifestyle when making food choices (Patel et al., 2019). Similar to Cluver et al. (2018), a follow up study was conducted by Ross and colleagues (2020) after nine months. The aim of their study was to determine the retention of the skills and knowledge learned in the intervention, in comparison to the control group. The intervention group comprised 25 families and the control group 15 families using in-depth interviews. The findings indicated that participants in the intervention group implemented and retained the skills and knowledge learned within the programme across all five dimensions at the nine-month follow-up. Surprisingly, the control group displayed similar results, except for one participant employing harsh discipline methods, and a few participants being unable to save or budget efficiently. The lack of exposure to the programme can account for the differences between the control and intervention groups, while the similarities could be attributed to the control group being exposed to the intervention group and learning new skills, alternatively through recognising the needs by means of the types of questions the researchers asked. Both control and intervention group reportedly recognised the importance of certain food choices. Overall, the findings of the Sihleng'imizi programme illustrate that broader services and care is needed for children and families in South Africa, to aid in their wellbeing. Family strengthening interventions that are preventative, can enhance and empower individuals with knowledge and skills, enabling them to improve their competencies and collective support networks.

The literature thus far has proved evident that there are programmes that focus on the wellbeing of families and children. Programmes with such focus have shown to pose incredibly positive influence across the development and empowerment of individuals, families, communities and society. The outcomes of the programmes show an increase in confidence of skills, ability to successfully navigate situations of adversity and family stresses, positive emotional and behavioural modelling; a positive impact on the wellbeing of all members of the family, reduction in stress, positive parenting and the ability to better understand children, self and others, a positive self-concept, higher levels of self-confidence and the ability to adapt within their environment (Benedetto & Ingrassia, 2017; Cluver et al., 2018; Doubt et al., 2018; Mampane, 2019; Rose, 2019).

Despite the final study on the Sihleng'imizi programme, done by Patel et al. (2019), having no mention of Walsh's family resilience framework (Walsh, 2003), it is noteworthy that the content of the sessions, within their programme, closely relate to theoretical framework and share similarities with the FRSP (Isaacs et al., 2018). (The programme under evaluation in this research and framework are discussed 2.5 and 2.6 below). One exploratory study was conducted by Fierloos (2017), who evaluated the outcomes of the Sihleng'imizi programme in relation to family resilience using theoretical knowledge of four resilient determinants, specifically, the use of social and community resources, values and beliefs, family warmth and parenting skills and the family resilience assessment scale (Fierloos, 2017). The self-reported outcomes, from one facilitator and 10 caregivers that had been in the original Sihleng'imizi Family programme intervention, indicated that there was a decrease in physical punishment, with increases in communication and cohesion, non-violent discipline methods and access to practical and emotional support. It was concluded that the Sihleng'Imizi programme strengthens the resilience of families (Fierloos, 2017).

2.4 Family resilience programmes in South Africa

To the best of the researcher's knowledge, no formal family resilience programme has been developed, implemented, and evaluated in the South African context. The search for literature reveals, as discussed above, that the existing programmes share similar outcome goals to those outlined family resilience framework (Walsh, 1996). There is only one other South African study that has a specific family resilience *focus* and utilises the family resilience framework (von Backstrom, 2015).

The research study conducted by von Backstrom (2015), aimed to identify the key processes that influence family resilience, in relation to the three processes emphasised by Walsh family resilience framework (von Backstrom, 2015). The purpose of this study was to not only determine the relevance of the Walsh's family resilience theory for the context of South Africa, but also to find possibilities of improving service delivery to distressed families in these contexts (von Backstrom, 2015). The study was conducted in a semi-urban area in a South African township in the Western Cape. Thirteen case files were selected from a previously conducted family intervention programme, in 2012, relating to the development and utilisation of resilience skills. The intervention programme was run at the researcher's university, under the supervision of a registered educational psychologist, in which families were provided with interventions that assisted them with emotional and familial needs (von Backstrom, 2015). These case files were analysed to identify initial themes and create a description of the demographics for the researcher. (von Backstrom, 2015). Two families (from the thirteen case files) were contacted and agreed to participate in the study, however, at the time of interviews one family had withdrawn, resulting in primary data being collected from one family only (von Backstrom, 2015). Using an embedded case study design, qualitative analysis was conducted in the form of unstructured interviews and photovoice. The data was then thematically analysed to determine the family resilience processes that promote and encourage a healthy family function. They derived questions to ascertain the lived experience of the 13 families in relation to the family resilience theory. Through the analysis conducted in this study, it was found that during adverse circumstances, the belief systems, problem solving processes, communication and organisational patterns played a pivotal role in supporting the participant's family (von Backstrom, 2015). The main limitation of the study was attributed to the lack of participation, as only one African family took part in the collection of new data, making the 12 other families insights confined to what was available in their case files. This makes the focus of this study's new data, very singular and only representative of one population group. Additionally, only the mother participated, making the lack of insight from a male and father another limitation (von Backstrom, 2015). Regardless, the overall results still proved valuable, as it found that the processes that are utilised in family resilience, as outlined by Walsh's family resilience framework, was in fact relevant to the South African context. The protective processes that Walsh (1996) identified in the Family Resilience Framework, is similar to those utilised by the South African families, as the study found that belief systems, communication processes and organisational patterns played a role in the family's overall resilience. However, the concept of making meaning out of adversity is dependent on the cultural background and understanding. Von

Backstrom (2015) reported that interventions for the South African family will only be effective if the cultural impact on family functioning is understood, if the conceptual circumstances that exist in populations are considered and if better service delivery is encouraged for these at-risk families. This suggests a need, that the family resilience framework be adapted to fit the South African context (von Backstrom, 2015). This is the only programme that had a specific focus on family resilience. It can therefore be inferred that the status of formally developed family resilience programmes in South Africa, is practically non-existent.

The department of social development states that there are a number of programmes that exist within various sectors and organisations, that support families and promote wellbeing in the context of South Africa (DSD, 2021). These programmes, according to Stewart et al. (2019) and Wessels et al. (2016), lack in formal development, implementation and evaluation. With specific reference to the rural development context, various adversities, the effect of poverty and minimal opportunity, influence the family functioning (Mampane, 2019). These informal programmes, run through the department of social development in collaboration with community organisations, are usually incorporated into workshops that create awareness and knowledge around concepts of positive parenting, substance abuse, domestic violence, conflict resolution, and child development, to name a few. Through the informal ‘workshops’, addressing these concepts, it may lead to individuals confronting their adversities, related to power and oppression. Additionally, personal experiences can be explored, and a space for change, through effective action, can be established. Collectively, this illustrates the need for programmes focusing on family resilience, to be researched, developed, recognized, implemented, and evaluated. Furthermore, emphasis should be placed on providers, practitioners, and scholars to adopt a resilience approach (Curtin & Cohn, 2015); so that we focus on what is present (Boston & Broad, 2007), building on the empowerment and strengthening of the families in our communities, through family resilience programmes.

2.5 Theoretical framework: Family resilience framework

The family resilience theory was born out of a plethora of research conducted on individual resilience that identified an influence from relationships with other individuals (Walsh, 2003). Similar to individual resilience as described by Maurović et al., (2020) family resilience is born from the context of 'risk' and is strengthened by protective factors. Family resilience is a concept that was grounded in the family systems theory (Walsh, 2002) and further developed into a comprehensive theoretical frame for families within the context of adversity. It views a family as an open system that functions and evolves in relation to their sociocultural context across generations (Walsh, 1996, 2002). Walsh (2003) proposed the family resilience framework is best suited to identify and target key family processes that can reduce stress and vulnerability in high-risk situations, foster healing and growth out of crisis, and empower families to overcome prolonged adversity. Walsh's family resilience theory led to the development of three key domains: organisational patterns, communication processes and belief systems (Walsh, 2003). These domains are made up of three factors each.

The ***family organisational patterns*** domain includes factors such as a families' *flexibility* to adapt and their capacity for change when facing a challenge. Their *connectedness*, through having a level of respect and be accepting of differences and boundaries and being mutually supportive of one another and lastly *social and economic resources*, the ability to build community networks, have financial security and maintain a balance between work and family strains (Walsh, 1998, 2002, 2003). The second domain:

Communication Processes contains factors central to clarity, namely: the ability to be able to clarify any situation that is unclear or ambiguous; open emotional sharing: the ability for family members to share their feelings openly, mutual empathy, being responsible and having collaborative problem-solving abilities, that are focused, and goal orientated (Walsh, 1998, 2002, 2003).

The last domain ***Belief Systems*** is where families make meaning of adversity, have a positive outlook, and express a level of transcendence and spirituality, where, through spirituality, faith, rituals, and larger values, adversities are viewed as something to learn and grow from (Walsh, 1998, 2002, 2003). The family resilience framework emphasises, that by using the afore mentioned three domains, practitioners are afforded the following: the opportunity to develop a sustainable approach when creating and understanding the effects of interventions, whilst strengthening resilience within families.

A family resilience perspective fosters a deeper understanding of the intra, and interpersonal relationship challenges experienced, and encourages utilising the existing strengths and discovering new skills within a family network, that promote a resilient and functioning family (Isaacs et al., 2018; Moss, 2010; Walsh, 2012). Utilisation of the family resilience framework is rooted in the belief that every family has the potential to improve upon their resilience and growth out of adversity (Walsh, 2012).

The evaluation of the Family Resilience Strengthening Programme within the framework developed by Walsh, proves beneficial as it focuses on the strengths that families possess and make use of, when managing the daily adversities that most families must endure. Furthermore, the evaluation in terms of framework permits the assessment of each family in terms of their functioning in relation to their unique values, structure, and context (Walsh, 2003). The aim is not to rescue ‘dysfunctional’ families but rather to engage with families who face adversity, target, and strengthen their existing processes to aid them in becoming resourceful and better equipped to deal with future adversities (Walsh, 2012).

Through evaluation of family resilience programmes, we can attempt to refine the programmes designed to best benefit family units.

2.6 Family Resilience Strengthening Programme (FRSP)

Grounded within positive psychology, family systems and ecosystemic theory and in alignment with Walsh’s Family resilience theory, a manualised intervention called the Family Resilience Strengthening Programme (FRSP) was developed (Isaacs et al., 2018). This contextually and strengths-based family intervention, was developed in the West Coast of South Africa. The phases of research and development were established through a needs assessment (which identified the family resilience needs in the West Coast rural community), a systematic review (determined the theory and practice models of family interventions), and a three-round Delphi study, which included a panel of experts in child and family studies, community members and stakeholders. The Delphi study ensured during the first two rounds, that there was a set of objectives and guidelines for performance. The final round, elected and established the programme duration, setting and format (see Isaacs, 2018).

This intervention is a 4-module psychoeducative, strength-based intervention, designed to increase the processes of resilience within families that face a multitude of challenges (Isaacs et al., 2018). Each programme module establishes a set of outcomes that align with either the domains or factors of the domains, as set out in the family resilience theory. The main outcomes of the programme are to strengthen family connectedness, communication processes as well as increasing families social and economic resources (Isaacs et al., 2018; Walsh, 1998, 2002). The implementation is intended to be delivered by programme trained facilitators, preferably, facilitator-trained community stakeholders, as this has been found to be affective when the facilitator is known, aware of and can relate to the contexts of these families (Isaacs, 2018). The method of delivery in the initial development phase was recommended to be facilitated at participants homes. However, following the formal development of the manualised intervention, the recommended format is to deliver the FRSP over an eight week period, comprising one hour per week. The trained facilitators will deliver the content of the programme in a face-to-face manner to the group of participants. These intended participants can either be one person (representative of the family), or the entire family unit, with the optimal group consisting of members from various family units. The programme is designed to offer those participating, the opportunity to better understand their family unit, gain new insights into the different systems at play and implement various skills into building a more resilient family.

Module 1, titled *'About family'* encourages a reflection of the family unit in which the existing strengths and weaknesses are identified and goals to improve on these aspects are developed (Isaacs et al., 2018). Module 2, is titled *'Talking Together'* aims to emphasises and strengthen the importance of open and positive communication (Isaacs et al., 2018). The third module, *'Sharing together'* acknowledges aims to helps better understand and interpret the various forms of interaction between family members, ultimately increasing and strengthening positive family functioning (Isaacs et al., 2018). The fourth module and final module *'Working together'* aims to increase knowledge, awareness and management skills of the social and economic resources available to families, as well as those resources still attainable within their communities (Isaacs et al., 2018).

Each of the four modules provides a case study of a family with certain challenges. The context of each family is similar to that which they would find within their own community. Utilising these stories, allows the participant to view these fictional families in such a way that could incite identification with the fictional characters, encouraging the participants to recognise their own strengths, challenges, fears, and anxieties, allowing them to explore various themes and navigate topics in a nonthreatening and safe manner (Burns, 2008). Following the fictional family case and its linking activity, the modules then allow for self-reflection of one’s own family. There are activities for self-reflection, activities to do as a family which include goal setting, sharing a meal, working out a routine, starting a conversation or creating a budget. In addition to the activities, there are pages that can be removed and utilised as ‘templates’ for creating a budget, planning family activities, and developing family rules and goals.

2.7 Conclusion

The value of evaluation can be seen as a necessity to determine the effectiveness of a programme. It also aids in identifying and improving the programme, to ensure the best possible delivery for future participants. Currently, within a context that requires much attention and will raise new challenges for families, this can encourage growth in various aspects of the family unit and can improve the family’s resilience. There are existing programmes that focus on aspects that coincide with concepts within the resiliency framework and only one study that specifically focuses on the theoretical underpinnings of on family resilience. The present study, is therefore the first formally developed, implemented, and evaluated family resilience programme in the context of South Africa, confirming the necessity and importance of such research.

Chapter 3

Method

3.1 Introduction

Utilising the aims and objectives as stipulated in chapter one, the foundation of the research was identified. This chapter will express explicitly the methods that were employed to further conceptualise the research method and will include the research design. It goes on to discuss the research context, sampling and participation. Data collection is discussed in terms of the instruments used, the procedures employed and ensures a visual representation of the data collection process (see Figure 1). Furthermore, the programme content that the participants were introduced to is discussed in addition to the methods of analysis. Lastly, the chapter manages the crucial aspects of any research project, which includes ensuring trustworthiness, identifies researcher reflexivity and at length acknowledges the various ethics guidelines and principles that were followed as well as Covid-19 safety protocols (as the data was collected during the pandemic) followed by both the researcher, NPO and the participants.

3.2 Research design

This research was conducted using a convergent parallel mixed method design (Fetters et al., 2013). Quantitative and qualitative methods are used simultaneously during the research process. Both methods hold equal weighting and are analysed separately while the results are interpreted and presented jointly (Demir & Pismek, 2018). A mixed method approach fulfils the purpose of corroboration and validation with the aim of triangulation through comparing quantitative and qualitative findings (Demir & Pismek, 2018). Walsh (2016) stipulates that while qualitative research can provide a thick description of situations, events, and experiences, it is criticised for inherent biases in inquiry and analysis. Similarly, quantitative methods hold their own concerns of questionable objectivity. Isaacs et al. (2018) postulates that a single methodological technique is not always sufficient for exploring the topic of family resilience. Studies that have utilised the mixed method approach, have found that when utilising both quantitative and qualitative components you may find conclusions that would not have been found when relying on one method alone, that the results of the separate sections may conflict with one another, but understanding them in relation to one another enhances the evidence and improves the overall quality (Moffatt et al., 2006). This mixed method approach is therefore beneficial to intervention research, as amalgamating quantitative and qualitative approaches can allow our understanding of family resilience to effectively develop (Walsh, 2016).

3.3 Research context

The community in which the study took place is a small, rural fishing village located in the Western Cape. There is a long-existing relationship between the university and the NPO of the local community. The predominant language of communication is Afrikaans. Isaacs et al. (2018; 2019) and Rose (2019), identified this community as poorly resourced, comprising of low-income individuals and being under-researched, furthermore as being exposed to varying levels of adversity and experiencing stressors daily. As a result of declining marine life, limited employment opportunities, high substance use rates (Isaacs, 2018), these families can be viewed as experiencing multiple challenges. The NPO staff members hold insight into families' circumstances, challenges and opportunities of empowerment as they have spent valuable time within these families and are familiar with constraints, deficits, as well as possible positive outcomes of future endeavours to empower this community (Isaacs et al., 2018, 2019). The NGO is endorsed by the Western Cape

Government, Department of Social development as an early intervention facility in West Coast. The NGO offers several social services, offering counselling sessions (social work, substance use, gender based violence, parenting, child and family support groups), ranging from individual to family and group sessions.

At the time of rollout of the pilot, South Africa was experiencing the effects of the Covid-19 pandemic, this made ensuring the safety of our participants and researchers a crucial aspect. As this research was conducted through the means of pre- and post-evaluation questionnaires and interviews, physical interaction was inevitable. The participants were screened prior to contact sessions where they were asked to disclose their travel history, whether they had any Covid-related symptoms as well as having their temperature taken. Only once screening was deemed ‘safe’, could the pre-evaluation questionnaire be administered. Participants were required to sanitise before entry to the venue. Covid-19 screening took approximately five minutes and was conducted prior to any contact session with all participants. Due to various factors such as language barriers and illiteracy, programme implementation and data collection took place on a face-to-face basis. Fortunately, no participants posed a risk, however it is noteworthy that should any participant have been deemed a ‘risk’, their participation would have been conducted via an online platform such as zoom and would have been audio recorded.

3.4 Participants and sampling

The study makes use of a non-probability, convenience sampling method. Convenience sampling is where the participants are selected based on being readily available and accessible (Showkat & Parveen, 2017). This method is deemed simple to apply, less costly, less complex and participants are more accessible, and conveniently selected (Showkat & Parveen, 2017). Given the position of the NPO and its relationship with the university, the NPO itself identified and recruited participants through the services they provide within the community. The participants were identified as the target population and viewed as representatives of their families who could benefit from involvement in such a programme. Overall, a total of 30 family members participated in the programme and WFRQ questionnaire (pre-evaluation). At the conclusion of the FRSP, all participants were invited to participate in the post-evaluation and focus group. There were several challenges experienced regarding post-evaluation which is described under data collection (3.7.3).

One participant was excluded on the basis of acute mental challenges and another participant passed away. The final sample (those who participated in the entire programme and its evaluation) consisted of 14 participants. The participants where from four neighbouring communities in the West Coast and identified dual roles in their family units (*husband, father, brother, sister, daughter, mother, wife and partner)*. The final sample consisted of, one male and 13 females, ranging in age from 22-61 years old (M = 44.5; SD = 11.72), and spoke in their first language, Afrikaans.

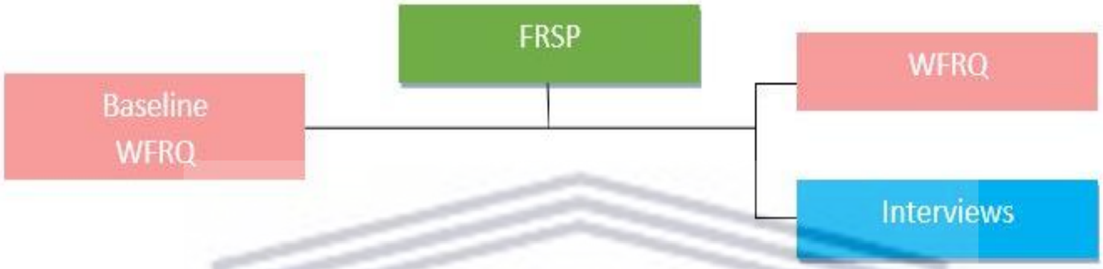
Although small in size, Vasileiou et al. (2018) posits that sample size should never be viewed in isolation, but be considered in relation to data adequacy. As the main objectives of this paper are to evaluate the effect of the programme on participants (quantitative), as well as explore their experiences (qualitative), it was concluded that the sample size was adequate for this mixed method study.

3.5 Data Collection

The collection of data was approached using a convergent parallel mixed method design (Fetters et al., 2013). The data for the quantitative component was in the form of a psychometric assessment tool; qualitative data was in the form of interviews (Discussed in detail under 3.6 and 3.7). The visual representation of the data collection process can be seen in Figure 1 below.

Figure 1

Visual Representation of the Data Collection Progress:



3.6 Data Collection Instruments

3.6.1 Walsh's Family Resilience Questionnaire

Walsh's Family Resilience Questionnaire (WFRQ, Appendix C), a psychometric tool developed by Walsh to measure the level of family resilience, was translated and adapted to Afrikaans and researcher-administered (i.e.. it was read out loud and explained in a group format). Both English and Afrikaans items were on the questionnaire when it was provided to participants.

The WFRQ has a total of 33 items. Thirty-two items on the WFRQ can be measured quantitatively as they require the participant to select an appropriate option on a 5-point Likert Scale measuring seldom/never (1); rarely (2); sometimes (3); often (4); almost always (5) per statement. The final item on the scale requires the participant to comment on the available factors/resources that they utilise to assist them through stressful situations and will be reported on under the qualitative results. The scale has been evaluated in its original format, as well as in formats that have been translated, adapted and implemented in various contexts (see e.g. Duncan et al., 2021; Haji et al., 2018; Li & Li, 2021; Nadrowska et al., 2022; Rocchi et al., 2017; Sabah et al., 2021). This will now be briefly explained below.

The study conducted by Duncan et al. (2021) aimed to determine the validity and reliability of the original WFRQ using item-level analysis and confirmatory factor analysis (CFA). The study was conducted using 603 participants who were recruited from a large university in the United States (mid-South) and participants were predominately white, female and born following the year 1995 (Duncan et al., 2021). The study investigated the factor structure of the WFRQ and deemed that '*family resilience'* was second order factor with the standardized factor loadings for the overall construct ranging .90 to .96 (p < .001). *'Belief systems', 'organization patterns'* and '*communication/problem-solving'* formed the first order factors and is measured by the 32 items as set out on the questionnaire with a high internal consistency for family resilience, with a Cronbach's *a= .94* for the overall construct (Duncan et al., 2021). First order factor loadings for the 13 items of '*belief systems'* measured standardized factor loadings ranging from .25 to .78 (p < .001), and a Cronbach's *a= .88* (Duncan et al., 2021). The domain of '*organization patterns' (9 items),* measured standardized factor loadings ranging from .45 to .74 (p < .001), and a Cronbach's *a= .85* (Duncan et al., 2021). The remaining 10 items under the domain of '*communication/problem-solving'* had standardized factor loadings which ranged from *.58 to .76 (p < .001)*, with a Cronbach's *a= .90* (Duncan et al., 2021). The WRFQ based on the psychometric properties as determined by Duncan et al. (2021) support the notion that *family resilience* can be researched as an overall construct, in addition the first order constructs *belief systems', 'organization patterns'* and '*communication/Problem-solving'* can be researched as singular domains.

Haji et al. (2018) conducted a study utilising simple random sampling and selected a total of 350 families from a military centre in Tehran, Iran in 2017. The scale was adapted and translated to Persian for use in Iranian contexts (Haji et al., 2018). The validity and test-retest reliability was conducted and proved that the instrument is reliable and valid and for various settings (research, educational and clinic) and may contribute to the evaluation and development of intervention programmes that promote family resilience in Iranian families (Haji et al., 2018). The Cronbach's alpha for Family organisation patterns = *.70;* Communication and Problem-solving Processes = .85 and Family Belief Systems = .94. The CFA supported the factor structure of the original WFRQ, the overall scale revealed similar results as found in the Italian Rocchi et al. 2017 and Chinese (Li &Li, 2021) translations (Haji et al., 2018). The Persian translated WFRQ, based off Walsh approach is the first available measurement tool in assessing family resilience in Iranian Families (Haji et al., 2018).

Nadrowska et al. (2022) translated and adapted the WFRQ to Polish for 930 participants from both rural and urban settings. Factor loadings *family organisational processes* ranged between .35 to .87 with a Cronbachs *a*= .86; *communication and problem-solving processes* ranged between .69 to .85, Cronbachs *a*= .94; and *Belief Systems* ranged between .51 to .86, with Cronbachs *a*= .86 (Nadrowska et al., 2022). In the data analysed in their study Item 22, revealed a low factor loading of .25, and was thus removed without affecting the fit measures (Nadrowska et al., 2022).

Sabah et al. (2021) utilised CFA and aimed to confirm the factor structure and validity of the WFRQ in its Arabic translated format. The study consisted of 240 participants from Algeria and 140 participants from Iraq. Similar to Duncan et al. (2021), Sabah et al. (2021**)** computed CFA found that the loading of all items were acceptable. Factor loadings for the items of *'Belief systems', 'organization patterns'* and '*communication/problem-solving'* ranging between .35 to .86 (Sabah et al., 2021).

The WFRQ was revised, reduced to 26 items and translated in a study conducted by Rocchi et al. (2017). The study aimed to adapt and validate the Italian version of the WFRQ to assess resilience within families, where a member of the family has a chronic illness (Rocchi et al., 2017). The study utilised a sample of 421 participants. A polytomous Rasch analysis supported the deletion of five items (item 10, 11, 16, 22, 23) resulting in 26 item short-form questionnaire, namely the Walsh-IT-R (Rocchi et al., 2017). The first domain for the revised scale is now labelled *'shared beliefs and support'* with a factor loading ranging between .62 and .76 and a Cronbach's *a= .93;* The second domain *'family organization and interaction',* with a factor loading ranging between .61 and .73 and a Cronbach's *a= .86* and the final domain, *'utilization of social resources'* with a factor loading ranging between .53 and .55 and a Cronbach's *a= .57* (Rocchi et al., 2017).

Lastly, a study done by Li and Li (2021), translated the WFRQ-R scale that was adapted in the study done by Rocchi (2017) into a Chinese version and evaluated the reliability and validity in assessing family resilience amongst Chinese family stroke survivors and caregivers. The three factors in the adapted and translated Chinese version of the questionnaire is '*family belief systems'*, with factor loading ranging from .35 to .57: '*Organization, communication and Problem-solving',* with factor loading ranging from .44 to .59 and 'Utilization of External Resources' with factor loading .50 to .65 (Li and Li (2021). The content validity index was .93 and Cronbach's *a= .83* for the WFRQ-R-CHI (Li and Li, 2021).

The rationale for describing these studies is that it provides additional evidence that the psychometric properties of WFRQ are acceptable and is useful as a tool to measure family resilience across various social and geographical contexts; The questionnaire is valid for multicultural use and is able to differentiate between participants with various performance levels as a result of mental and physical health (Duncan et al., 2021; Li & Li, 2021; Rocchi et al., 2017; Sabah et al., 2021)

Although it would have been ideal to perform an exploratory factor analysis on the adapted Afrikaans version of the WFRQ, to validate an instrument, the sample size is suggested to be at least five to ten times more than its number of items, inflated by ten percent (Li & Li, 2021). In addition, Bujang et al. (2018), state that while it is not impossible to conduct a Cronbach's alpha on a small sample, it is impractical, a waste of resources and would require justification on its scientific necessity. Taking these considerations into account conducting a reliability analysis on this research study comprising of 14 participants, would not be a valid assessment of the internal consistency of the scale.

3.6.2 Qualitative Interviews

The second instrument was the interview discussion guide (Appendix D). The interview questions were formed around the objective of identifying the experiences and perceptions of participants on the FRSP following their participation in the programme. During the interviews, participants were asked questions regarding their experience of the programme; what they learned; whether the programme affected their family life; if there are skills that they can utilise in their families; what they found least and most enjoyable from the module content and programme and lastly whether there are things they would like to change or add and if they had any comments regarding how a programme like the FRSP can be effective in their community. In addition to the interview transcripts, the final question of the

WFRQ asked whether there are any factors or resources that help or can help within their communities during stressful times. This was analysed under the qualitative component.

3.7 Data Collection Procedures

This study strived to uphold ethical standards of research to the highest degree. Ethics clearance and registration (Appendix F) was sought from the Faculty of Community and Health Sciences Higher Degrees and the Humanities and Social Sciences Research Ethics Committee (HSSREC). All participants involved were provided with an information sheet (Appendix A) in which they were informed of the study, their rights, and responsibilities. They each signed a consent form (Appendix B) in which they stipulated that they understood the study and agreed to participate in both forms (quantitative and qualitative) of its evaluation. The collaboration/permission to conduct the study with the NPO was obtained in writing (Appendix E).

The FRSP consists of a four-module, manualised programme that is envisioned to be delivered by trained facilitators who are familiar to the participants. It is proposed as an eight-week programme (one hour per week) which aims to strengthen different family resilience processes. The morning of the commencement of the FRSP, the pre-evaluation was conducted by the researcher. Each person was given the questionnaire and every item was read aloud in English and Afrikaans and explained when necessary. Approximately 30 minutes after the pre-evaluation, the implementation of the FRSP was started. The FRSP was facilitated in Afrikaans – the community’s predominant first language. Thirty family members participated on the first day and 21 participated on Day 2. Refreshments and lunch were provided for facilitators, participants and staff each day.

Given the restrictions of the pandemic context, the FRSP was implemented over two full days at two local venues (the school for special needs and the library) in late November

2021. In order to be included in the research component of the study, community members were required to complete all four modules. A detailed roster was kept daily. Both researcher and supervisor were present for the two days. The NPO, which consisted of nine staff members who had received online training of the FRSP previously, were responsible for facilitation. The Director of the NPO lead the introductions to facilitators and programme content, while each section of the content was assigned to approximately two NPO staff members to facilitate. This is in keeping with the recommendation from Isaacs et al. (2018) regarding utilising local and familiar facilitators during intervention implementation.

In this research study, various constraints were experienced after the end of the programme. The NPO staff/facilitators were meant to administer the WFRQ and conduct the focus groups a week after the FRSP. This did not occur. The NPO postponed the post-evaluation until the beginning of the new year, 2022. Unfortunately, many of the programme participants did not participate. There was quite a bit of concern regarding the questionnaire and focus group administration and so the research team decided it would be best to conduct the post-evaluation themselves telephonically and per individual interview (rather than a focus group). Due to these constraints, the post-evaluation occurred nine weeks after the programme was implemented. As the community is approximately a four-hour drive from Cape Town, the researcher needed to request telephone numbers of everyone who participated for the full two days and try to contact them. The researcher reminded them of the study and their participant rights, ask them if they were willing to be interviewed telephonically and request their verbal consent. Of the 30 participants who did the pre-evaluation assessments, 14 participants agreed to taking part in the final phase of data collection. The telephonic interview (discussed in 3.6.2 / Appendix D) was conducted in Afrikaans by the researcher asking questions that focused on participants' experiences of the programme and recommendations for improvements. The interviews were conducted in

Afrikaans as this was the participants preferred language, these were then transcribed verbatim and translated to English. Pseudonyms have been used to maintain confidentiality.

3.8 Data analysis

Adhering to the objectives of the study the qualitative data (from the individual interviews) was analysed using qualitative content analysis. Content analysis and thematic analysis are often used interchangeably, as they are both qualitative data analysis methods requiring the researcher to provide a thick description of the theme and its interpretation (Vaismoradi & Snelgrove, 2019). Thematic analysis differs from content analysis as it is primarily an *interpretative, qualitative* research approach through which themes are developed based on the subjective nuanced interpretation and insight of the researcher (Vaismoradi & Snelgrove, 2019). Vaismoradi and Snelgrove (2019) postulate that content analysis provides an in-depth yet simple account for the similarities and differences in a set of data and that the context, background and findings are analysed adhering to a stricter step-by-step approach. Content analysis offers a deeper more structured focus examination of the participants context, background, experiences and their meanings, proving more valuable than the nuanced understanding of experiences that thematic analysis will offer. In light of this research study and objectives content analysis was employed.

Reinke de Buitrago (2019) identified a possible limitation of conducting the qualitative content analysis, indicating that when using qualitative content analysis across cultures and languages, it needs to be done with caution. It would require a process of foreword-back translating and awareness of the researchers own biases and understanding of the participants context (Reinke de Buitrago, 2019). This limitation was kept in mind throughout the programme implementation in the current study by means of supervision, journal keeping and member checking. Pre- and post-implementation questionnaires were administered primarily in Afrikaans transcribed verbatim and translated to English ensuring a level of caution, warranting that the translation does not change the value of the input as suggested by Reinke de Buitrago (2019). Semler (2000) emphasised that the content analysis technique can provide rich and meaningful interpretations when relying on coding and categorisation of data and extends beyond a mere 'word count'. When implemented correctly, it is a powerful technique that produces reduced content categories from large text sources, explicitly following the coding rules (Semler, 2000). It is with this in mind that the coding steps as outline by Roller (2019) were utilised.

Roller (2019) identifies that content analysis can be completed in two phases and comprises eight steps in total. Phase one, data generation (Coding) comprises of the first five steps: 1: *absorbing content, 2: determining the unit of analysis, 3: developing unique codes, 4: conducting preliminary coding and 5: coding the content* (Roller, 2019). The first phase of the analysis consisted of extracting the qualitative question on the WFRQ on each of the 14 participants. The interviews were transcribed verbatim and then translated from Afrikaans to English. The interviews were then read and reread to ensure becoming familiar with the content. Through reading and rereading the transcripts, the participants responses to the questions asked in the interview have similar or completely opposite topics, words or phrases. As each interview was read a colour system developed, one colour highlighted the responses of similar nature while another colour was used for responses that were ‘different’. The codes were developed, and the data extracted each time it occurred throughout the transcripts.

Phase two involves categorisation and interpretation of the data through steps *6: identifying categories across codes, 7: identifying themes and patterns across categories*, and *8: to draw interpretations and implications.* The second phase commenced with all the codes established in phase one. This is where the codes were taken, and categories identified. Once the categories are identified the codes are then further summarised into subcategories. The final step, Step 8, is the *final report* to note your findings, interpret them and identify if these findings have any implications for your study or future studies (Roller, 2019). This will be provided throughout the results and discussion in Chapter 4 and 5.

The quantitative data, gathered through the administration of the WFRQ, was captured and analysed into the latest version (v27) of SPSS. According to Field (2013) the Wilcoxon signed-rank test is a non-parametric test that is utilised when comparing two sets of scores derived from the same participants. The most basic description to differentiate between parametric and non-parametric procedures is based on the assumptions regarding the distribution of the population from which the sample is taken, an example of such an assumption is that data may be normally distributed (parametric) and that the shape or parameters of the data does not rely on an assumption (non-parametric) (Kuar & Kumar, 2015). The quantitative analysis was conducted as one part of the evaluation of all voluntary participants. The non-parametric test was implemented as the data did not meet the assumption for normality as determined by the Shapiro-Wilks test and Q-Q Plots. Owing to the expected small sample size, a Wilcoxon signed-rank test was conducted to deduce any changes in the family resilience processes as perceived by participants of the programme.

3.9 Trustworthiness

A focus on trustworthiness in research, ensures that all data collected and analysed is done impartially and with precision (Anney, 2014; Nowell et al., 2017). In qualitative research we use the criterion of dependability, credibility, transferability and confirmability. For quantitative research, the focus is on reliability, objectivity and validity (described above) (Anney, 2004; Guba, 1981; Nowell et al., 2017; Schwandt et al., 2007). The processes ensuring trustworthiness, in this study, included: debriefing (completed by means of continuous feedback through research supervisor as well as a feedback report from a proposal panel); triangulation (by utilising various data collection methods such as questionnaires as well as individual interviews); member checking was ensured as the questionnaires were conducted on a one-on-one basis, allowing for a discussion for clarity and meaning with each item; and an audit trail as well as a reflexive journal was kept throughout the data collection process (Anney, 2004; Nowel et al., 2017). In addition, lengthy responses utilised in the results chapter are evident of ‘thick, rich descriptions’ which ultimately improves the trustworthiness of the data.

3.10 Reflexivity

No approach to research is free from scrutiny (Walsh, 2016). Walsh (2016), Babbie and Mouton (2013) emphasise that it is of vital importance that from conception to interpretation of research, it should be considered in relation to the researchers own biases, assumptions, values, preferences as well as subjectivity must be recognised and acknowledged. In relation to this research project, the importance of an elevated sense of awareness regarding subjectivity is needed in order to comprehend the capacity within human beings to rise above and move through their experiences of adversity as well as to map out the family processes (Walsh, 2016). I was the primary researcher in this study, which has been conducted to explore the experiences and determine the effect of the FRSP on its participants and serve as my dissertation to obtain my MA Degree in Psychology.

Through introspection, and peer critique (Patnaik, 2013), I as the researcher continued to strive to reduce my own bias and that my influence on participants and the study was constantly monitored through supervision and bracketing to ensure maintaining an elevated sense of awareness regarding subjectivity. I can be classified as a middleclass; white; educated woman. While my education, racial classification and upbringing has shaped my thoughts and formulated my personality, it also remains an influence on how I am perceived and engage with people. My studies and various educating roles instilled a passion for teaching, learning and empowerment. Throughout this study, I embarked on various levels of introspection. Prior to any involvement with the participants, literature or programme content, I, as a former student of my supervisor, had to disengage with the stereotypical thinking views of *student-teacher* relationships. I had to change how I viewed myself and acknowledge that I was no longer the student. I was now a peer, a researcher with valuable opinions and insights. This change in thinking has shaped the way I view myself, my opinions and ultimately changed my engagement and navigation of intra-interpersonal relationships and interactions. Another crucial element throughout this study was the engagement with the programme content, interview schedules and interaction with participants. Maintaining awareness of the possible power-dynamics that may result due to my identity and university affiliation as a researcher, formulated how I engaged with content, development of interview questions and discussions with participants. While the NPO lead the FRSP, I introduced myself and continuously reinforced a non-hierarchical standpoint when participants referred to me as Ma'am or Mrs, asking them to use my first name. The introduction and discussion of research related material (information sheet, consent form) were done in Afrikaans, as this is the participants home language. Throughout the duration of the programme, we ate together, engaged in conversations and shared our own family experiences in relation to content. One of the features in the programme design is to provide the families with the opportunity to engage with other families and their unique experiences. It is noteworthy that there was a change in the depth of interaction once, as researcher, the participants were able to relate on a level of being individuals within family units, with our own unique experiences.

3.11 Ethics

As previously mentioned, ethics was first sought from the Humanities and Social Sciences Research Ethics Committee (HS20/6/32)

The Guidelines of Ethics is concerned with various elements namely confidentiality, anonymity, informed consent, discontinuance, and appropriate referral (Babbie & Mouton, 2013; Bless et al., 2006). The information retrieved from participants is kept confidential and identifying information is known only to the researcher and her supervisor. Participants were made aware that they could withdraw from the study at any point without consequences. Furthermore, they were informed that participation in the research was not contingent on them participating in the programme. There would be no ‘programme-related’ consequences to refuse research participation. Participants were provided with an information sheet and consent form in their home language (see appendices A & B). As the post evaluation changed from focus groups to individual telephonic interviews, the information contained in the information sheet was verbally repeated, participants were reminded of their rights and consent was requested verbally prior to the commencement of the interview.

In the instance where participants required further professional intervention, they would have been referred for counselling at the NPO – however this did not occur. All data is kept on a security encrypted drive, on a password-controlled computer which only the researcher and supervisor have access to. This data will be destroyed after five years. The researcher adhered to the protection of personal information, as per the Protection of Personal Information Act 4 of 2013 (POPI Act, 2013).

3.12 Conclusion

This chapter identified the research design as a mixed method approach where both quantitative and qualitative data was collected to ensure the research objectives were met. These objectives included exploring the impact of the FRSP on participants prior to and post implementation as well as understanding the experiences and perceptions of the participants. The West Coast community was the location of research with 30 participants and nine facilitators from the local NPO. The data collection and analysis section identified the steps taken while collecting data as well as the psychometric properties of the chosen methods and framework. The chapter concluded with discussing the way trustworthiness, reflexivity and ethic consideration were employed, maintained, and ensured.

Chapter 4

Results

4.1 Introduction

The results of the study assist in understanding the experiences of the participants while evaluating whether the Family Resilience Strengthening Programme (FRSP) can be an effective intervention in the strengthening of resilience within the family unit. The research design, as stated by Demir and Pismek (2018) should be conducted and analysed separately while being discussed and interpreted jointly (Chapter 5). Qualitative data collected through telephonic interviews, identifying the perceptions and experiences of the participants following the FRSP were examined using an inductive approach, meaning that that patterns were looked for to determine a working theory regarding the programme impact or influence on the lives of the participants. Subsequently, quantitative data was examined using a deductive approach, meaning that from the theory a questionnaire, namely the WFRQ was completed by participants to establish a baseline, then analysed to determine the impact of the FRSP on participants after its implementation.

Although Deductive and Inductive approaches can seem different, Blackstone (2018) argues that it can be quite complimentary as they together they provide a more comprehensive understanding of the data. Integrating inductive and deductive approaches allows the researcher to benefit from the strengths of each method and compensate for any limitations while having a more diverse and well-rounded exploration of various theories and hypotheses (Akpan, 2011; Alrasheedi & Abualfalayeh, 2020). The inductive approach allows researchers to start with specific observations and experiences (the experiences and perceptions of participants on the FRSP) and then work towards developing broader generalizations or theories. This approach is often used in qualitative research where the goal is to explore and understand phenomena in depth. The deductive approach involves starting with a hypothesis or theory and then testing it with data (in this case, determining the impact of the FRSP on participants before and after its implementation). This approach is commonly used in quantitative research where the goal is to test existing theories or hypotheses. The first objective was to identify the experiences and perceptions of participants on the FRSP; thus, the qualitative data results are first presented. The second objective was to determine the impact of the FRSP on participants both before and after its implementation: thus, quantitative data results are presented thereafter.

4.2 Objective 1: The experiences and perceptions of participants on the FRSP

Qualitative data was collected by means of telephonic semi-structured interviews. In addition to the interviews, the Walsh Family Resilience Questionnaire (WFRQ) has a qualitative question which was included as part of the qualitative analysis. The data set, including both the telephonic transcripts and qualitative question from the scale underwent content analysis, strictly adhering to the coding rules as set out by Roller (2019). Following the steps as outlined in the previous chapter (Roller, 2019), the content analysis process identified the codes. These codes were then reduced to categories and the categories to themes. Upon completion of the analysis the following two themes, each with three subthemes, emerged:

Table 1

Outline of Objective, Themes, and Subthemes

Objective	Theme	Subtheme
1. Understand the experiences and perceptions of participants on the Family Resilience Strengthening Programme	4.2.1 Experiences and perceptions of the FRSP	4.2.1.1 Perceived effects and experiences of resilience processes at an individual-level
		4.2.1.2 Perceived effects and experiences of resilience processes at a family-level
		4.2.1.3 Perceived effects and experiences of resilience processes at a community level
	4.2.2 Perceptions of the sustainability of the FRSP	4.2.2.1 Perceptions of module content and delivery
		4.2.2.2 Recommended content additions
		4.2.2.3 Making the FRSP effective within the community

4.2.1 Experiences and perceptions of the FRSP

Resilience can be understood as the ability to overcome or work through adversities (Southwick et al., 2014). The FRSP's main aim is not to *instruct* people what they should and should not do, but rather to *guide* them through exploring and enriching the existing resilience processes they already possess. This theme explores perceived experiences and perceptions of participants resilience processes at an individual, family and community level.

4.2.1.1 Perceived effects and experiences of resilience processes at an individual-level. Participants reported that attending the FRSP provided them an opportunity for their own development and growth. They described the programme as being enjoyable, helpful, positive, and informative. The excerpts below illustrate that the programme enriched the individual through the values and skills they could implement within their own lives.

> *"It was very helpful, and I actually really enjoyed it… I learned a lot." (Betty, 36)*
>
> *"For me it was very positive… very instructive. Really, we have learned so much out of that programme." (Tina, 49)*
>
> *"I experienced it as being very instructive because you can take those examples and come and apply it here in your house." (Annabell, 50)*

Through the reported experiences there was an improved level of self-esteem and changes in intrapersonal skills. Participants showed awareness through practiced being conscious of the things they talk about instead of repeating their old communication and behaviour patterns. The activities enabled personal growth by boosting confidence, as participants were forced to step out of their 'comfort zones'.

> *"Yes, what I will say is the activities, look… everything was good for me. But the activities were actually the thing that, I didn't say it then but, I am not actually someone that likes to*

> *speak in front of people as such. However, I got a chance to go there, I didn't want to, I am very shy, so that was something that was really nice for me, something that boosted me as a person where I could go stand in front of people and speak and that shyness was actually not there. It was also something that stood out for me, those activities. I could sit and admire those people that stood up in front, the things they shared and the things that were brought up, so yes, the activities were really good in my opinion." (Idette, 58)*

> *"We have actually found benefit to be able to learn something… we learned how to approach our situations." (Paul, 55)*

> *"We should not do the same things over and over again. So, to talk the same stuff over and over again. We should talk about the things that are important [in our family]." (Sandra, 46*

> *"listening better and also thinking about what you do, you think before you give a response…I also have more patience and keep a level head if you understand..." (Roxanne, 61)*

These excerpts above indicate that the participants took different lessons from the activities and lessons of the programme. For example, how to approach family situations differently, engaging in conversations and situations calmly and thinking before they speak, this speaks to communication, conflict management as well as emotional regulation as a skill.

Additionally, they reported how to embrace and work through emotions by facing their feelings, by reflecting on childhood wounds there is emphasis on the importance of self-care and healing. The consistency of applying what they have learned (through the activities) aiding in communication, being assertive and having healthy boundaries.

> *"It was very good; I learned a lot from it. Like within a family, how you should communicate, how to handle conflict and all that stuff yes. When you're sad, how to work through it and all of that." (Cindy, 39)*

> *Shjoe, I learned a lot from it, it was a lot for me, it touched me deeply. It opened old wounds, took me back to my childhood days and scratched out old things- but it was necessary. To put*

> *it this way, things that happened to me in my childhood just popped up….that I need to keep faith, that I need to look after myself. That I must keep faith, that I should not become stuck in a problem. That I need to start fresh every day and take care of myself. no but that I must keep faith and that all hope is not lost. I must not just go lay down, I need to keep moving and get out of the house…, I also have more patience and keep a level head if you understand." (Roxanne, 61)*

> *"Do you know, that is very interesting because I really apply everything here in our household, every day still, since those three or two days that we had that. I have applied it and I am still learning every day. A person actually learns from every bit you do every day. I think that there will come more of these things and so on, from other people that have not experienced what I have experienced and so yes. About two weeks ago my mother actually commented that this programme has actually had an impact on me. Saturday is my child's first athletics in Clan William, and I said I want to be there, I want to attend my child's first sports day, I feel like I must just be part of it." (Cathy, 28)*

Being enriched at a personal level, promotes a better understanding of themselves as individuals as well as a better understanding of themselves in relation to their families.

4.2.1.2 Perceived effects and experiences of resilience processes at a family-level.

While positive experiences were reported on an individual level; a family-level resilience process can be seen through the development of skills and family-specific goals. Skills such as effective communication are strengthened through implementing similar practices to what is found in the case studies, within the participants' families and building on the long-term goals of respect and connectedness. One participant stated, *"you can take those examples and come and apply it here in your house."* These experiences seemingly triggered changes and had an impact on participants' family life. Participants reported improved communication between family members, having a better sense of family connectedness and bonding as well as having discussions with more transparency and freedom of expression.

> *"Communication is much more and much more important to us now…we communicate better than we did before….taking into consideration the opinion of the children… we decide together what would be best, yes..." (Tina, 49)*

> *"It has brought a change because we speak more openly and freely with each other when we are not satisfied and how we should do things within the household and so on." (Cindy, 39)*

> *"It actually helps a lot when it comes to my young daughter and my teenage son…It has helped to better communicate and to be able to understand and talk to one another.(values learned) to always have respect for one another and to listen and appreciate each other." (Samantha, 39)*

While an increase in communication has been reported, as seen above, the below extracts show a noted change in other family processes such as sharing meals and making decisions together:

> *"Oh gosh, how do I say this, for me it was extremely liveable, like what I could actually take from it, the routine inside the family- which I never had before in my family. I could also learn about everything a person can do to bring that back into, into your family, especially the communication and so on. It was actually, for me, very good. Yes, that is exactly what I wanted to say now. We were used to doing our own thing. There wasn't still, let's take for example the evenings, our dinnertime. Look we did not sit together as a family and share a meal at a table. You just used to take your plate and one would sit in front of the television and another would sit somewhere else. That has now, I have brought that back subtly. I have had a conversation with my household and then I brought back that we now sit together and share a meal. Even if we sit in front of the television, if there is an advert, we have such nice conversations about our things. I mean there is a great, there is a change within my family as a result of that which we attended, the workshop we attended. So, I think it is something very positive that has been brought into my family yes. and I am still busy implementing other things which I have, which we have learned there yes." (Idette, 58)*

> *"And we can sit together at the table, sitting around the table and listening to each other's differences and listening to the children's differences, their opinions are also now taken into consideration." (Paul, 55)*

The conversations that the participants below report having within their families emphasise being more inclusive and building on the respect for each other as individuals as well as members of a family unit – whether from a parent or a child. Participants emphasise that children see how adults respond to various situations and acknowledge the accountability of each member in the family and the responsibility they have to each other.

> *"Yes, a person must think before you speak, almost like they say, put a guard in front of your mouth. Even if you want to say something to someone, then you first think to yourself, no, no, not now. You must also not talk while you are angry or make decisions when you are feeling heartbroken. a person does not get angered easily and you think before you give a response. Think first, what am I going to do to this person? because the children see you." (Roxanne, 61)*

> *"That our rules, the house rules that are there, that we have implemented get implemented correctly. The house rules that there are, each one must obey the rules. It works when the children see that we as parents respect and follow the rules and when they reciprocate that mutual respect." (Cindy, 39)*

> *" I learned that you need to start within your own household. First within your own household and then you can take it further." (Annabell, 50)*

The impact on the family can be seen through the increased family cohesion, the ability to be mindful of one another, to display respect toward each other as people as well as respect the boundaries of the individual, the parent, the child, the siblings, and the family unit.

4.2.1.3 Perceived effects and experiences of resilience processes at a community level. Access to, awareness of and availability of resources are crucial aspects to the functioning of a community – even more so in a low-income community. Participants shared their lived experience, giving their personal accounts of their *existing* and *desired* resources within their community. They mentioned this against the backdrop of living in particularly challenging circumstances. The participants all report living and experiencing similar adversities within their context, emphasising financial instability, drug and alcohol abuse and unemployment.

> *"There is drugs and alcohol abuse, there are financial situations, I think those are the most important, the biggest is unemployment yes. So yes, these are the things that are the way they are here by us, unemployment remains the biggest challenge here" (Idette, 58)*
>
> *"There is drug abuse, there is a shortage of money- there is always a shortage of money- this is all daily occurrences." (Cindy, 39)*
>
> *"The challenges here are unemployment, poverty, that is the challenges that we face in our families as well as in the community" (Paul, 55)*

In light of the various adversities that participants experience, as illustrated above, participants rely on their spiritual resources of faith and religion. Their connection to a higher power through guidance and need for hope is expressed through prayer.

> *" We use our resources, we use our spirituality and faith, we stand together in faith, and we pray together.*" (*Idette, 58)*
>
> *"Prayer is the most important aspect for us…Even though we always do it, prior to facing any challenge we go into prayer, and we ask the father for wisdom, we ask that the father must step in and give us guidance- spiritual guidance so that we know how to solve the problem." (Mary,36)*

> *"Here in our house, we always pray first if there is a problem. We give it to God."* (Annabell, 50)

In addition to the to the core aspect of spiritual resources, participants identified that they have access to and availability of various community and social resources. These include, South African Police Services (SAPS), community organisations who assist with counselling, a local library and soup kitchens.

> *"We have[name omitted owing to confidentiality], a clinic and the SAPS, but we do need a place where people can go, like an aftercare to keep the children off the streets"* (Cindy, 39)

> *"We need more people to talk to and be understood by…. Sighs." (Sandra, 46)*

> *"There is a need for the immediate counselling needed following a traumatic experience instead of going through a whole referral process." (Mary, 36)*

However, while the existing resources are available, they sometimes prove inadequate in meeting the needs of their families and the greater community. Counselling is available to the community through the local NGO however there is a referral process that has been noted as a lengthy one. Some participants feel they are not able to receive psychosocial support timeously as the need arises. The participants reported a lack of mental health services as well as a lack of rehabilitation centre for those that have recovered from addictions to alcohol and drugs.

Participants also mentioned their concern about children in their community. There are children who do not attend school and 'children raising children' on the street. Although excessive drug and alcohol consumption was also mentioned with regard to children, they emphasise a lack of safe spaces for the children such as parks, extramural activities and aftercares-These were identified by a few participants as helpful interventions to keep children out of trouble.

> *"When a child out there does something wrong, maybe involved in crime then you always think that the child is rude or he is this, that or the other but you don't think that the child comes out of a family and that the problem may lie within the family….In our community we lack physical places to assist the drug and alcohol abusers- we lack jobs which makes the drug and alcohol use higher-There are also no extramural activities for kids or adults. No parks either." (Idette, 58)*

> *"Here by us there are tik problems and the problem with children" (Anabelle, 50)*

Furthermore, in response to whether or not a programme such as the FRSP can be beneficial in an online capacity, there were mixed reactions. Some participants perceived the internet as a resource that could stimulate community members and could attract a younger cohort *"Internet… that will probably cause a breakthrough-probably everywhere…everyone is on social media these days"* and *"it could work using the internet"*. While for others an online version would not suffice in this specific community due to a lack of resources *"Online version will not work, because the most people in our community do not have access to resources." (Mary, 36)* and *"the internet will not work because everyone does noy have a cell phone or access to data or things like that- That's right!"(Hellen, 46).* This emphasises that even in their 'similar' adversities the needs and access to resources such as technology and internet remain unique to the individual or family unit. An understanding of the participants experiences and needs is necessary can enhance programme sustainability

4.2.2 Perceptions of the sustainability of the FRSP

Programme sustainability can be understood as the ability to maintain and the capacity to continue a programme (Ceptureanu et al., 2018). In order for a programme such as the FRSP to continue reaching the target audience and serve its intended purpose, this theme will explore participants perceptions of the module content and delivery, the suggested or recommended additions to the module content and the overall perceptions on how the FRSP can be effective within the community.

4.2.2.1 Perceptions of module content and delivery. Participants expressed that, through the participation in the programme, they were able to relate to other families and had an opportunity to explore and experience the situations of others. This allowed them a different perspective and insight into their own families. Most participants focused on the way in which the content was delivered. Participants appreciated being provided a safe space to be vulnerable and ability to stand up and show emotion. Furthermore, they also noted the patience and planning of facilitation. The manner in which the programme was conducted, provided them practical examples that they were able to take from and implement in their own households.

> *"What stood out for me is the way in which it was the whole thing was given to us: It stood out for me, you all had so much patience with us, and you all put in so much effort and I can say you all were excellent!" (Tina, 49)*

> *"I enjoyed the programme thoroughly it was wonderful, and I learned so much that I now implement within my own house" (Cindy, 39)*

> *"Oh, of the programme, specifically to get to know other people. To experience what other people experience, because not everyone's circumstances are the same. So that was one of the best topics, you learn from others, they learn from you and so that can make everyone a better person at the end of the day, so that is it." (Cathy ,28)*

4.2.2.2 Recommended content additions. Initially, when asked about recommended changes to the module content, most participants stated that they enjoyed the modules as is and could not identify any changes.

"There is nothing that I can think of at the moment because everything was really, it was really just good." (Idette, 58)

"No, nothing." (Sienna, 58)

"Everything is fine. not that I can think of at the moment." (Charmaine, 22)

The question was then rephrased to make participants aware that their suggestions would be valued and incorporated in the future development of the programme. The excerpts below illustrate the suggested additions to the content such as an increase in contact time, involving more 'church' work, continuing with face-to-face sessions, and conducting the programme more often and over weekends.

"The work of the church- more aspects of church-work should be put in…We need more time" (with the content) ... Come together as we have, better in person, need more time." (Hellen, 46)

"Possibly offer the programme more often? I think that it would be more effective to implement it over a weekend, that way people are also kept busy, that keeps them from getting involved in the wrong stuff." (Mary, 36)

Several participants made further recommendations to include more information regarding adolescents with specific reference to laws regarding schooling and on how to communicate with them.

"I would say what can be changed or added is to include and make the laws regarding children more easily understood. The government has made the laws regarding children very strict so that you don't always know what to do with a child of 12 years old that does not want to attend school or wants to forge their own path or make their own choices, because we do not have authority. But I think of the children's laws and that change that could make a small change." (Tina, 49)

> *"I think we could add a section on teenagers that are living in the house and are starting to live the typical teenage years- sometimes you talk to them, and they don't understand. What I mean by this is that we get the children involved with this too. It does not have the same benefit if the parents are implementing these things, but the children don't have anything, so let the children also get it so that they understand what this is about…. It will be good because I think we as parents learned so much that we can implement and if there are programmes like this for the children too it will just bring about a change, also within the community and also where children can be kept busy with loads of things that keep them active, breaking away from the negative stuff." (Cindy, 39)*

> *"We thought about it, we want to implement, we want to host sessions with the parents and children- we want to call meetings with the guys in the community…to share the knowledge and teach them the values we have learned." (Tina, 49)*

As children's development is a source of concern in this community, this suggestion speaks to the need for assistance in understanding and guiding children for overall betterment within the community. There is evidence that the community want to incorporate the youth and bring about change through them.

4.2.2.3 Making the FRSP effective within the community. The community members in a community programme are key informants in determining the sustainability of a programme. The community know best what can be achievable given their resources and daily circumstances. When taking into consideration the changes as suggested in the previous section, in conjunction with the future of such a programme, those that participated in the programme confirmed the need for a programme like the FRSP in their community. When sustaining such a programme in the community, some participants suggested that the programme be made available to the youth in the community in an online capacity, (there was no age-related criteria to the programme) the pilot group consisted of adults only. The FRSP was recommended regardless of the method of implementation as it was stated to be able to "bring about a change in the community."

> *"I hope that there will be more programmes like this that are offered because there are many families out there that have it hard and that do not know how to handle things." (Mary, 36)*
>
> *"Yes, no, I think like especially in our community, a programme like this would do wonders, like I think in my place, in my community we really need something like this because we are family. We actually all know each other because it is a small place and I think there is just not, just not, that which should really be in the families. Each one just does their own thing, understand. There is no, as I say now, no communication like those things, no routine, or things like that. If you look at our children, their ways or something like that, that should be happening in the family. Something, yes that I can, something nice that I will never forget that someone mentioned- when a child out there does something wrong, maybe involved in crime then you always think that the child is rude or he is this, that or the other but you don't think that the child comes out of a family and that the problem may lie within the family. So that is why I think that this will be good for my family, for my community so yes." (Idette, 58)*

This theme is a reflection that the participants recognise the need for regular intervention to maintain gains and have a greater and continued impact of the FRSP.

4.2.3 Summary of qualitative results

The qualitative section explores the context of the participants through looking at the community as a whole considering their available and needed resources. Overall, participants reported changes experienced in their individual and family resilience processes such as better communication patterns, family cohesion, improved self-esteem, time management and changes in routine and behaviours. Through the responses we can see that a family programme has a ripple effect on the individual, the family and flows out into our communities and the greater society. Through identifying the experiences and perceptions of the participant, we are able to review the physical content through their eyes and understand what works and what does not, how we can adapt and tailor the programme ensuring that it gets further developed and implemented in such a way that it targets the appropriate age group using the appropriate technology.

4.3 Objective 2: The impact of the FRSP before and after its implementation

In accordance with the second objective of this research project, namely determining the impact of the FRSP, quantitative data was collected via the WFRQ before and after programme implementation. Descriptive statistics and frequency distributions were generated. There were no missing values. Data normality was also tested using the Shapiro-Wilks test. Thereafter, Wilcoxon signed-rank test for non-parametric data was then applied.

Table 2

Descriptive statistics of the WFRQ pre and post implementation

		Total WFRQ Pre-intervention	Total Post WFRQ Post-intervention
N	Valid	14	14
	Missing	0	0
Mean		4.06	4.24
Median		4.23	4.44
Mode		5	4
Std. Deviation		.650	.351
Variance		.423	.123
Skewness		-1.509	-.878
Std. Error of Skewness		.597	.597
Kurtosis		1.909	.049
Std. Error of Kurtosis		1.154	1.154
Range		2	1

Note. Table 1 shows the mean scores before and after the intervention are 4.06 and 4.24 respectively. The median scores are 4.23 and 4.44. This indicates that there was a *slight* elevation in family resilience scores after participation in the programme by 14 participants.

Figure 2

Frequency distribution of the mean scores for the WFRQ pre-intervention

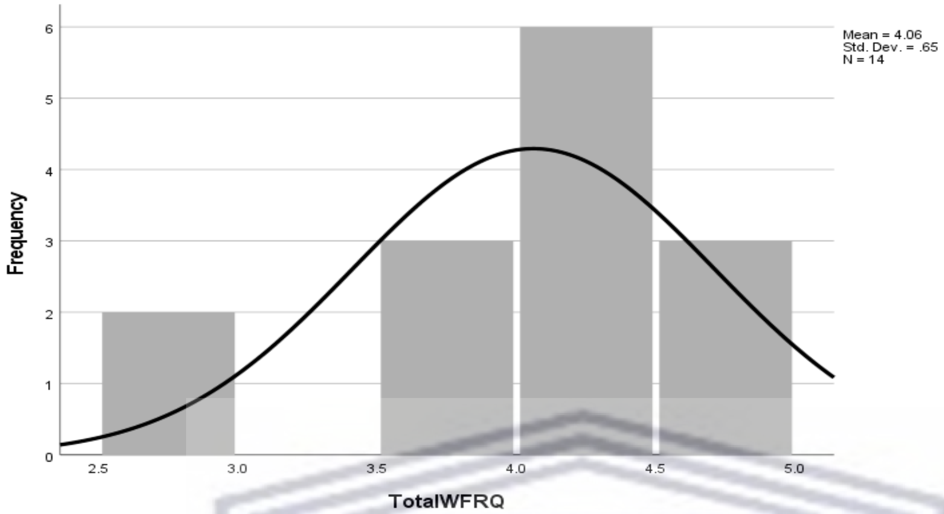
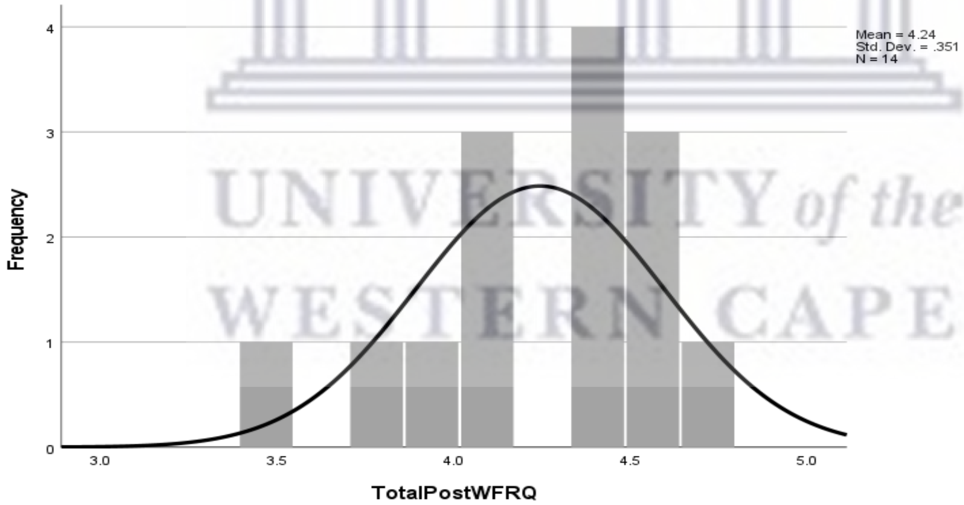


Figure 3

Frequency distribution of the mean scores for the WFRQ post intervention



Note. The frequency distribution in figures 2 and 3 indicates that the scores might be more negatively skewed – the visual representation of the means mirror the tabled results (Table 2). These statements are made tentatively as visual representation is not always accurate.

Table 3 below reports on the Kolmogorov and Shapiro-Wilk normality test. These tests were run in order to assess the design requirements for the test of difference.

Table 3

Comparison of Kolmogorov-Smirnov and Shapiro-Wilk normality test

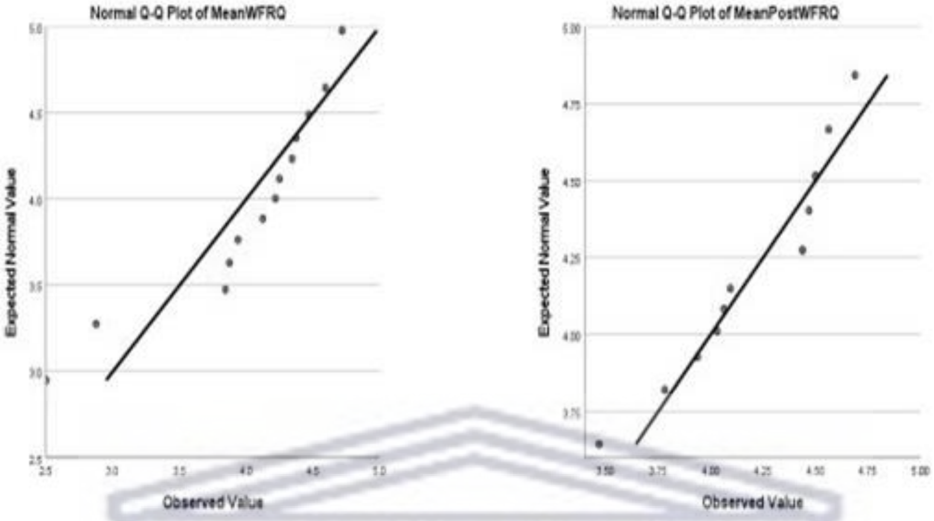
	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Total WFRQ Pre-intervention	.227	14	.049	.832	14	.013
Total Post WFRQ Post-intervention	.281	14	.004	.895	14	.096

a. Lilliefors Significance Correction

Note. This test (Table 3) showed that the scores for Total WFRQ (therefore, the family resilience scores that were received before the intervention) was significant ($W = .83$, $p < .01$). The Shapiro-Wilk test did not show evidence of non-normality ($W = .90$, $p > .096$) post intervention. According to Mishra et al. (2019), The Komogorov-Smirnov test is not appropriate for use when sample sizes are less than 50. In this case, with a sample size of 14, the Shapiro-Wilk test is reviewed.

Figure 4

Q-Q plots of Shapiro-Wilks normality test.



Note. Since a small sample size can result in the Shapiro-Wilk detecting small deviations from normality, the dataset was assessed visually with the Q-Q plots. The Q-Q Plots displays a deviation for both datasets. Therefore, the assumption of normality was not met. It was determined that the non-parametric test, the Wilcoxon signed-rank test will be implemented to test whether there was a significant difference before and after the attendance of the Family Resilience Strengthening Programme.

4.3.1 Wilcoxon signed-rank test

The data met the assumptions of the Wilcoxon signed-rank test as set out by Field (2013). The data was measured on a continuous scale, the independent variable consisted of matched pairs (one sample with two sets of scores) and the distribution of the groups appear visually similar (see figure 2 and 3 above).

Table 4

Wilcoxon ranks

		N	Mean Rank	Sum of Ranks
Mean Post WFRQ - Mean WFRQ	Negative Ranks	6[a]	6.17	37.00
	Positive Ranks	7[b]	7.71	54.00
	Ties	1[c]		
	Total	14		

a. Mean Post WFRQ < Mean WFRQ

b. Mean Post WFRQ > Mean WFRQ

c. Mean Post WFRQ = Mean WFRQ

Note. Based on the rankings above, it appears that six participants scores decreased after the programme while only seven participants had an increase in their family resilience scores (WFRQ). One participant's family resilience score remain the same.

Table 5

Wilcoxon signed-rank test

	Mean Post WFRQ – Mean WFRQ
Z	-.595[b]
Asymp. Sig. (2-tailed)	.552

a. Wilcoxon signed-rank Test

b. Based on negative ranks.

Note. The quantitative data revealed that there is no significant difference or change in family resilience scores after engagement of the Family Resilience Strengthening Programme ($Z = -0.595$, $p > .55$). Therefore, although the qualitative findings indicated changes, the quantitative results indicated no significant change as a result of participation in the programme.

4.4 Summary of quantitative results

A Wilcoxon signed-rank test was run to determine the impact of the FRSP on participants following the implementation. The post intervention data indicated no significant difference. The discussion of these results will follow in the following chapter.

4.5 Chapter conclusion

This chapter presented both qualitative findings and quantitative results of the data analysis. The objectives were two-fold; first to understand the experiences and perceptions of participants on the FRSP as well as to determine the impact of the FRSP on participants before and after its implementation. Through content analysis, the qualitative findings identified two main themes. The first explored experiences and perceptions of the FRSP with focus on resilience processes at an individual, family and community level. The perceptions of the sustainability of the FRSP were explored in the second theme where participants' experiences of the programme content and delivery, their recommended content adaptions and their perceptions of making the FRSP effective within their community were identified. The quantitative component computed statistical tests following pre- and post-evaluation questionnaires (WFRQ) in order to determine the impact that the FRSP had on the participants prior to, and following the implementation of the programme. Descriptive statistics indicated a *slight* increase in median scores of family resilience. Frequency distributions indicated that the scores might be more negatively skewed. A sample size of 14, deemed the Komogorov-Smirnov test inapt, resulting in the data set being evaluated against the Shapiro-Wilk test revealing scores of family resilience as significant prior to intervention and no significant difference post intervention. Subsequently, data was assessed visually with Q-Q Plots, displaying a deviation for both datasets. Thus, the assumptions of normality were not met, and resulted in employing the non-parametric, Wilcoxon singed-rank test. The dataset revealed that there is no significant difference or change in family resilience scores after engagement of the Family Resilience Strengthening Programme.

Chapter 5

Discussion

5.1 Introduction

Every individual, family or community has their own set of needs and required resources to function as a system (Poland et al., 2021; Walsh, 2016). These resilience processes described through the family resilience framework and strengthened by the Family Resilience Strengthening Programme (FRSP), is based on the belief that any family possess the potential to grow from adversity (Walsh, 2012). In the case of a country such as South Africa, the economic, social and political struggle are so engrained into our systems, and are the lived experience of most families in within our communities (Moss, 2010; Riche et al., 2022; Singh & Naicker, 2019; Ward, 2013), that adversity is almost a constant feature of all families. There is a critical need for the development and evaluation of programmes that promote and emphasise family wellbeing and resilience strengthening within the South African context (White Paper, DSD, 2021; Isaacs, 2018). This convergent mixed method study was designed to explore the experiences and determine the effect of the FRSP on its participants. The chapter will discuss the main findings in relation to the literature review formulated around the context of South Africa, available family programmes and the family resilience framework. The structure of the chapter is aligned to, and will be presented in the order of the studies objectives as detailed in chapter 1.

5.2 The experiences of participants on the FRSP

The findings of this study illustrate that while we cannot ‘swoop in and rescue’ individuals from their contexts, we can assist them in finding their strengths and developing a stronger set of skills/ level of resilience to overcome their adversities (Walsh, 1998, 2002, 2003). To promote a resilient and functioning family in relation to positive patterns across *family organisational patterns*; *communication processes* and *belief systems,* the existing strengths of the family in conjunction to the addition of new skills must be utilised to enhance intra-interpersonal relationships, challenges and experiences to overcome adversities (Isaacs et al., 2018; Moss, 2010; von Backstrom, 2015; Walsh, 1998, 2002, 2003; 2012). The FRSP, as seen through the participants experiences and perceptions, have shown that despite the adversities they face within this community, this programme seems to have had a positive impact on individual, family and community-level resilience processes. These processes intersect one another and have a ripple effect from individual to broader society.

The **resilience processes at an individual-specific level** appear to have been strengthened through the opportunity for introspection and growth. New growth is accelerated through unexpected life events, when those life events disrupt the negative chains that are holding us (Walsh, 2016). For the participants, the FRSP can be inferred as a life event that disrupted the chains and allowed them to strengthen their resilience through new growth. Resilience is the capacity to adjust and achieve good outcomes and can occur at community, family and even individual levels (Maurović et al., 2020). One participant acknowledged that through participation in the intervention she was able to reflect on aspects of her childhood that she had buried and grew from this. This understanding of herself and her own processes at the individual level starts the process of identifying and key processes can aid in the reduction of stress and vulnerability and ameliorate growth and healing (Benedetto & Ingrassia, 2017; Walsh, 2003). Participants point out that participation afforded them the opportunity to relate to other families, explore and experience situations of others and gain insight and new perspective into their own families. Much like the literature in family orientated programmes (See e.g. Benedetto & Ingrassia, 2017; Cluver et al., 2018;

Doubt et al., 2018; Mampane, 2019; Rose, 2019), there was a common thread between participants reporting a strengthened sense of self-confidence, self-awareness, mindfulness of their own behaviour and being conscious of avoiding repeating old negative patterns. According to Benedetto and Ingrassia (2017), the modelling of positive emotions and behaviour positively influences the success of the family unit in their ability to navigate situations of adversity and family stresses. Participants have emphasised that following implementation, they have a greater understanding of, and appreciation for their own identities. With this level of awareness, they were able to better shift their focus into the main construct of our focus – the family.

The **resilience processes at a family-specific level**, revealed participants had a greater understanding of and appreciation for the identities of each of their family members and more consideration towards how they relate to and impact one another. Through taking what was learned in the programme, participants were able to *apply* these new skills and ways of thinking within their households. They had a more positive outlook, with a belief in the possibility of change and strengthening their resilience as a family. They report starting small and making changes through daily application and learning ("*because I really apply everything here in our household, every day still, since those three or two days that we had that. I have applied it and I am still learning every day"* and *"We were used to doing our own thing. That has now, I have brought that back subtly. I have had a conversation with my household and then I brought back)* they have become more transparent in their discussions with one another, expressing how they feel as opposed to repressing those feelings.

Walsh (2016) stipulates that when family life is inundated with adversity, in order to keep functioning for the family, the parent may often supress emotional reactions and that it is imperative to have an environment where they can express open emotion. In the family resilience framework, the subscale of communication processes relates to the ability to have open emotional sharing (Walsh, 1998, 2002, 2003). Based on the participants ability to make minor changes in their processes and open to expressing themselves more, an inference can be made that the FRSP has provided a positive change on the domain of communication processes.

Introspection and reflection on one’s family unit can be difficult for members of a family when the reality of the circumstances in which you live are so challenging. As Walsh (2003) and Riche et al. (2022) point out, resilience of families is extensively influenced by the culture, values, structure and perhaps most importantly their contexts. This speaks to the value behind learning through engagement with fictional characters (as case studies are presented in the manuals) as it fosters a safe space where the fears, anxieties, strengths and challenges can be explored and expressed in a non-threatening manner (Burns, 2008). The participants experienced a safe *space* that allowed them to navigate themselves and their families through the programme. Participants emphasised the value for them in being able to relate to each other and share their lived experiences and family dynamics with one another. This allowed them to explore and recognise different facets within the family unit and how each participant deals or dealt with it. For the participants, they could learn from each other, an intended feature in the development of the FRSP (Isaacs et al., 2018). This safe space may be a very different experience for them in relation to their daily lived experiences, not only have the participants been introduced to a safe space, but through this space experienced the ability to express their own emotions and vulnerability.

Following implementation, some participants immediately implemented inclusion of all family members in household decisions and ‘taking the time’ to share a meal together while engaging in conversations. *Communication processes* (Walsh, 1998, 2002, 2003) seem to be the most strengthened component or family resilience process, as there is a reported change in the way the participants and their families interact, engage and understand one another. Through interventions of this kind, positive interactions such as making time for one another, and effective communication are encouraged (Sixbey, 2005; Walsh, 2012). Furthermore a family's ability to make meaning, recognise problems and make informed discissions together are encouraged (Fierloos, 2017) and promote stronger relationships, helping families rise above adversities and draw strength in coping (Benedetto & Ingrassia, 2017; Sixbey, 2005; von Backstrom, 2015; Walsh, 2012, 2021).

Furthermore the component of *family organisation patterns* has also been strengthened as the participants have indicated that they have more respect and mutually understanding which has affected their connectedness. The improvement of the family patterns in this domain are seen to provide families with a level flexibility in their ability and capacity to adapt when facing challenges (Walsh, 1998, 2002, 2003, 2021). Through these small but powerful adaptions of their behaviour and interactions with one another, family members started feeling more included and felt stronger in their bonds. These bonds led to an increase in respect for each other as individuals, having a more responsible approach to following household rules and being more accountable for their actions. There were unanimous reports of having established a better understanding of the roles and the expectations they have of one another across the participants experiences. This is in alignment to outcomes and impact of the interventions found in family orientated studies as discussed in the literature (See Benedetto & Ingrassia, 2017; Cluver et al., 2018; Doubt et al., 2018; Mampane, 2019; Rose, 2019), where the participants had an increase in factors associated to organisation patterns that resulted in an increase in their confidence, their ability to adapt in their environments and better management of household welfare, finances and family planning.

The subcomponent of organisation patterns with specific reference to the social and economic resources have not yet shown a lasting impact on financial security, however the participants indicate that there is the financial state in which they live are not optimal but they have shown that they have strong community networks which related to the last subtheme in chapter 4 – the **resilience processes at a community-specific level**.

While the FRSP is concerned with family resilience, Walsh (2012) indicates that interventions could involve larger systems such as community organisations or agencies. When families are involved with community groups and faith organisations, their resilience is also strengthened through gaining access to resources and becoming less isolated (Walsh, 2012). This multisystemic approach aids in families become more resourceful through the strengthening of bonds and functioning and the important problems are identified and are addressed which accelerate resilience in the family and community network (Benzies & Mychasiuk, 2009; Isaacs, 2018; Patel et al., 2019; von Backstrom, 2015; Walsh, 2012, 2021).

The participants in this study are all involved in faith organisations and partake regularly in programmes run through community organisation validating the strengthening of community resilience. According to Benzies and Mychasiuk (2009) a family is not only influenced by the interactions and characteristics of their individuals only, but by the physical environment and their communities. Through the interwoven involvement in communities and organisations families are given a sense of belonging within and an appreciation for their communities (Benzies & Mychasiuk, 2009).

Interestingly, on the domain of *belief systems,* there is indication that the programme has given them a more positive outlook. Hernandez (2002) stipulates that a central component of making meaning out of adversity and utilising the protective factors that communities provide are likely beneficial in family resilience. As participants in this study are aware of the available resources they have and regularly use and the limitations thereof in addition to the value of community, this indicates that to some extent the process of making meaning out of adversity is evident. All participants accentuate their reliance as individuals, families and a community on the spiritual resource of hope.

According to Walsh (2012) faith forms the basis for hope, which is not surprising giving the communities strong affiliation to Christianity. The Western Cape, according to StatsSA (2021), holds the highest proportion of Christians at 85.6% in the country. The participants expressed their reliance on spiritual resources and emphasised that prayer, faith and religion is their driving force for hope and guidance. This concept of hope and faith strongly resemble the notion that regardless of how desolate the present is, hope allows families to envision a better future (Walsh, 2012).

Participants express their access to various resources, programmes and infrastructure that they utilise for daily functioning. There are the resources of local police stations, NGOs, churches, libraries, meal centres and counselling centres. Despite the availability of these various resource, there are some challenges in relation to access. Participants noted that at times these resources prove insufficient in meeting their needs. There is a lack of mental health services and timeous psychological support, lack of rehabilitation and recreational facilities and a serious concern for children and their wellbeing. The perceptions of the participants regarding the pervasive problem with service delivery and access to resources in rural areas in South Africa are confirmed by the literature (Banda, 2020; Buheji et al., 2020; Denoon-Stevens & Ramaila, 2018; Fisher et al., 2020; Goldberg, 2015; Laher et al., 2019; Maloma & Dunga., 2023; Mampane, 2019; Moss, 2010; Nkwanyana, 2020; Riche et al., 2022; Singh & Naicker, 2019; Walsh, 2020; Walsh et al., 2021; White Paper, DSD, 2021).

NGO/NPO's are the backbone of societies as they are considered to be a sector that support and alleviate the shortcomings of governments thorough the delivery of social services and programmes that benefit communities (Choto et al., 2020; Tshiyoyo, 2022;

Zupančič & Pahor, 2016). Noting the lack of mental health resources or insufficient process in obtaining support, it is evident that despite limited resources NGO/NPO's can provide mental health services which have been shown to have positive outcomes (Choto et al., 2020; Doubt et al., 2018; Thara & Patel, 2010; Tshiyoyo, 2022; Visalakshi et al., 2023; Wessels et al., 2016; White Paper, DSD, 2012; Zupančič & Pahor, 2016).

The FRSP aligns with this, and can to some degree meet the community needs and it is a low-cost and low-human resources required resource. The programme provided a safe space that is affordable (there was no cost to participants for participation) in which to reflect on the strengths and weaknesses within themselves and their families addressing the psychological impact on the wellbeing of families. Participation in a mental health programme in a group setting has shown to have positive mental health outcomes as experienced by these participants.

Furthermore, the shortages of essential service delivery and infrastructure that address adversities experienced in these communities are poorly managed (Mampane, 2019; Novak-Pavlic et al., 2022). Recreational activities and spaces such as aftercares and community centres, more so the lack thereof, has been identified by participants as being a contributing factor to the excessive drug and alcohol abuse and juvenile delinquencies. There are children in the community that are not attending school and are now raising their own children on the streets. In line with the perceptions of the participants, literature showed that recreational spaces are few, non-existent or simply too dangerous to use in lower socioeconomic areas, their funding is often misallocated to service delivery that is deemed more important and the value they hold for human development, growth and support are disregarded (Denoon-Stevens & Ramaila, 2018; Nkwanyana, 2020). Mampane (2019), found the use of a drop-in centre offer spaces for children to be assisted with homework, get additional classes, provide nutritional food and has programmes that focus on mental, physical, and social wellbeing, providing families with a valuable resource for assistance in the support and success of children wellbeing.

The better understanding of oneself and one's family in relation to the larger systems in communities helps with the identification of various systems in relation to their strengths and weaknesses. Access to community support resources acts as a safeguard when facing adversities in low socioeconomic settings (Mampane, 2019). The ability for multiple families to come together, identify their strengths and weaknesses while hoping for a better community aid in community cohesion and resilience. Community access and availability of resources within various contexts are essential when development, implementation and sustaining a programme are being considered within a community (Ceptureanu et al., 2018). While one of the limitations of family programmes are emphasised by Moss (2010), as the lack of understanding the population, their contexts, the resources and appropriate service delivery methods, this research has shown that the families within this community hold the knowledge and awareness necessary to guide the researchers in addressing these limitations.

5.3 The impact of the FRSP on participants before and after its implementation.

In terms of the quantitative component of this study, the results are not significant statistically. In chapter 3, the psychometric properties of the WFRQ in its original format as well as the translated and adapted formats revealed that the scale is both reliable and valid across contexts (Duncan et al., 2021; Haji et al., 2018; Li & Li, 2021; Nadrowska et al., 2022) Rocchi et al., 2017; Sabah et al., 2021). However, it is noteworthy that when translating the scale to another language it can cause ambiguity. For example, the Persian, Polish, Arabic and Chinese translations (as indicated in chapter 3) had deleted items or reduced the items on their scales following translation. As this sample was too small to test the Afrikaans translation of the scale, this may be attributable to the non-significant findings. Furthermore, possible explanations may relate to the challenges experienced in programme implementation and the data collection processes, as well social desirability bias (when a participant answers according to what they think the researcher would want to hear) needs to be considered and may explain why initially, six participants had high scores and following implementation they had lowered scores.

Walsh (2016) states that questionnaires can be useful to rate changes within the family over time as well as determine practice effectiveness research in pre- and post-assessments. However, only through the exploration of questionnaire response interviews, are the ratings most useful. While not everything is measurable, family resilience processes are best explored through mixed method approaches (Isaacs et al., 2018; Moffatt et al., 2006; Walsh, 2016). Quantitative data is central to reducing findings to numbers while qualitative data explores and makes room for deeper meaning. It was evidence in this study that there was more to be learned through the participants experiences qualitatively (Moffat et al., 2006). Qualitative methods are aligned with strength-based approaches and encourage the empowerment of participants, a crucial component for family interventions (Boston & Broad, 2007).

The study conducted by Benedetto and Ingrassia (2017), where parent self-efficacy was included in family-based interventions revealed that an individual’s ability to view themselves confidently as having mastered performance in various situations in turn enables better modelling of behaviour, coping, positive emotions and in turn improves stressful family situations (Benedetto & Ingrassia, 2017). This study has similarly shown the capacity to navigate situations of adversity and stress that have been successfully impacted. Through participating in the programme, the results suggest that the ‘impact’ of the FRSP on families have been expanded on the building blocks of resilience to better overcome adversity as a family unit though their own individual growth, ability to better communicate, increased ability to be respectful toward each other and work closely together as a unit.

This multidimensional transformative learning experience that participants experienced, impacts and strengthens their understanding of themselves, their identities, and roles in relation to the family units functioning and wellbeing. While quantitative data revealed no significant change or difference in the overall resilience scoring following the programme implementation, minuscule changes are noted through their individual ranking indicating seven of the fourteen (50%) participants scores had increased. In addition, the experiences and perceptions of participants were explored, the results can be understood as having had a strengthening effect on the resilience processes of those who had received the FRSP intervention.

5.4 The perceptions of participants on the sustainability of the FRSP

The content and delivery of the programme, the desired additions or adaptations to the programme and whether or not a programme like this is or can be made effective within their community was also explored with participants. Both the *White Paper on Families in South Africa* (White Paper, DSD, 2021) and the National Development Goals of South Africa (2030) stipulate strategic principles and development goals, that aim to allow rural communities such as the one in this study to become increasingly skilled though and promote access to high-quality basic services that enable and promote nourishment, health and wellbeing. Taking into consideration the needs and context of the participants was the driving force behind determining if content could be adapted, removed or altered for the betterment of the service delivery of interventions (Moss, 2010; von Backstrom, 2015). Interventions developed for the South African family according to von Backstrom (2015), will only be effective if the cultural impact on family functioning is understood, if conceptual circumstances that exist in populations are considered and better service delivery is encouraged for at-risk families.

The delivery of the programme through trained, local NGO facilitators were positively experienced by the participants with stating that they could feel the amount of effort the facilitators put in and were appreciative of the fact they the facilitators had a high level of patience with them. Facilitators that are well trained are vital in programme delivery and can secure cultural relevance in programmes (Doubt et al., 2018; Wessels et al., 2016). The fact that participants have displayed a level of feeling respected, safe and understood by the facilitators contribute greatly to the working alliance of using local facilitators. Facilitators that are well trained are vital in programme delivery and can secure cultural relevance in programmes (Doubt et al., 2018; Wessels et al., 2016). The fact that participants have displayed a level of feeling respected, safe and understood by the facilitators contribute greatly to the working alliance of using local facilitators. In the systematic review done by Isaacs et al. (2018) which looks at best practices in intervention, the need for the use of local facilitators have shown to increases participant engagement further enhancing the findings. This is further supported by the study conducted by Wessels et al. (2016) who found significance in integrating programmes within existing services as they enhance recruitment and programme retention and may possibly eliminate some of the probable barriers. This is further supported by the study conducted by Doubt et al. (2018) which found that utilising facilitators from existing organisations/institutions within the community, ensures successful programme delivery, as they understand better than anyone the context of the participants, they have built rapport which improves the participants support network and uphold post programme learning retention. The experiences and perceptions of the participants not only reveal similar to other studies (Doubt et al., 2018; Wessels et al., 2016) but greatly link to the theoretical framework of family resilience (Walsh, 1998, 2002, 2003). In the domain of *family organisational patterns* there is a dimension relating to the utilisation of *social and economic resources,* where families build on community networks (Walsh, 1998, 2002, 2003), using the local facilitators can be viewed as a social support network or resource, which provides families with another layer of support.

Initially, when asked what should be changed participants stated that there is nothing that must be changed and that the content was perfectly relatable to them. Once explaining the value of their insights in adapting this programme to meet the needs of individual who will partake in the programme they had some perceptions on changes. Several participants requested to involve more "church" related content which links closely to the building block of resilience found in *belief systems* as proposed by Walsh (1998, 2002, 2003). While it is presumptuous to speak on behalf of all South African families, it is noteworthy that within the context of a multicultural society such as South Africa, belief systems form an integral part of almost all cultures in South Africa and are protected by constitution (Idang, 2015; Moleya, 2018; White Paper, DSD, 2021).The results address the importance of faith, hope and spiritual sources for this specific community as these belief systems aid in how the family experience, view, organise and manage adversity and crises and how they emerge from it (Walsh, 2016).

An additional suggestion for inclusion of a section pertains to laws regarding schooling and how to communicate with adolescents. This showed that families are reaching out to ask for assistance to better guide and understand their children from different perspectives (through faith, education and creating safe spaces) to improve their relationships, communication, and overall connectedness (this relates to the resilience processes at a family level). Participants are wanting more knowledge in order to strengthen their families.

Some participants noted that the two-day period of the programme was sufficient, while others wanted more time with content. The suggestion of time speaks to individual learning needs. While some participants can get through the content at a faster pace, others may need more time to process and work through the modules.

It is noteworthy that the modules were available in English and Afrikaans, which caters to the needs of two language groups only. However not everyone was able to read through the manuals owing to literacy challenges. Especially within the context of rural development there has been barriers to access education (Mampane, 2019). The reality is that lack of good quality education affects the literacy levels and comprehension skills of individuals and being a previously disadvantaged population in terms of basic education may be influenced by how easy it is for individuals to work through the programme. The community in which the study took place has two primary schools and no secondary school. The nearest secondary school is in the next community.

Another suggestion was for the programme be made available over weekends and be made available more often. The suggestion of making it available over weekends and more often links closely to the value of recreational spaces and activities encouraging positive development, which can reduce social delinquency (Denoon-Stevens & Ramaila, 2018; Nkwanyana, 2020). These results show that participants value the FRSP as a resource that can bring about change and minimise involvement in negatively associated social settings and activities.

Some participants mentioned that the programme could be incorporated into an online version, while others preferred to keep it as it was delivered to them, face-to-face. The online version was mentioned with reference for inclusivity of youth, as technology and access to it, is rising, particularly for the youth. These suggestions emphasise the need for a family programme such as the FRSP to cater to the needs of and be pitched at different age levels, using the appropriate formats and technologies. Some participants however, had mixed feelings in response to the internet being a resource.

The need for in-person delivery highlighted again, the lack of resources in the community which was accentuated through the participants emphasised demand for technological services like the internet. While some participants view the internet and online platform as a stimulating resource that can assist in the community development, others note the lack of access (physically to a computer, tablet or phone as well as the financial means to pay for and have access to data). This links to a similar understanding that while some people do have the resources and find it useful for others reality is not the same (Sabah et al., 2021).

5.5 Conclusion

This chapter discussed the experiences, perceptions and effects of a family resilience strengthening programme on the families within the rural community on the West Coast, South Africa. This discussion has illustrated that the programme has provided families the means to build on and strengthen the resilience processes within the family unit. Despite adversities evident in influencing the resilience levels of families, such as financial, social, and emotional stressors, it is evident that the programme provided the participants with a multidimensional transformative learning experience. Families were provided with the tools to strengthen existing traits and processes which buffer against the negatives and aid in facing adversities with greater resilience.

Chapter 6

Conclusion

6.1 Introduction

Family interventions that are formally developed and evaluated are minimal in South Africa (Ward et al., 2013), or as in the case of family resilience, non-existent. The literature has illustrated that that the contextual reality of the South Africa and communities place significant strain on the family unit (see e.g. Laher et al., 2019; Riche et al., 2022; Singh & Naicker, 2019; Walsh, 2020; Walsh et al., 2021; White Paper, DSD, 2021). While government organisations have put in place strategic principles and priorities with an envisioned goal of development and sustained wellbeing for South African families, there is much work that still needs to be done. Boston and Broad (2007) has characterised the family unit as the central feature of family centred services through maximising their choices, utilising a strengths approach and being culturally sensitive. South African programmes in particular need to establish interventions that are cost-effective, preventative and able to be delivered by non-professionals through evidence-based testing of their interventions (Ward et al., 2013). This research study is concluded in this chapter. The objectives are restated, followed by the research implications and concludes by discussing the limitations as well as the value of the evaluation of the Family Resilience Strengthening Programme (FRSP) and what this means for the future of family resilience in the South African context.

The current study forms part of a larger study aiming to evaluate the adoption, implementation and impact of the FRSP in rural communities on the West Coast of South Africa. The aim of *this* study was to evaluate the programme in terms understanding the experiences and perceptions of participants after the implementation of the FRSP and determining the impact of the programme on participants before and after its implementation.

6.2 Implications of Findings

6.2.1 When theory becomes practice

The literature review highlighted various programmes in South Africa that focus on well-established and researched programmes (Benedetto & Ingrassia, 2017; Cluver et al., 2018; Doubt et al., 2018; Mampane, 2019; Patel et al., 2019 and Rose, 2019). Their central focus is the wellbeing of families and children and not specifically family resilience strengthening as focused on by Isaacs et al. (2018) in the FRSP. One study and one programme in the South African-based literature (von Backstrom, 2015; Patel et al., 2019) intersect specifically with the concept of *family resilience* and *family resilience framework* as proposed by Walsh (2003) as well as the *FRSP* developed by Isaacs et al. (2018).

Von Backstrom's (2015) study investigated the relevance of Walsh's family resilience theory for the context of South Africa. Similarly to this research, it was determined that the processes of belief systems, problem solving processes, communication and organisational patterns as suggested by Walsh in the family resilience framework played a pivotal role in building resilience for families to overcome adversity when these patterns and behaviours are positive in nature (von Backstrom, 2015; Walsh, 1998, 2002, 2003).While the main study on the Sihleng'imizi programme (Patel et al., 2019) shares similarities with this study's theoretical framework in the deeper constructs of family functioning and wellbeing, it is the study conducted by Fierloos (2017) that confirms its association to and strengthening impact on the resilience levels of families specifically. All studies recommend the development and evaluation of family interventions that are adapted to fit the South African context.

Part of the contribution of the FRSP is taking the theoretical framework and embedding it into the programme to provide families with tools to strengthen their resilience processes. While the family resilience framework is valuable in theory, only through the implementation from community organisations and investment from participants were we able to see the theory 'come to life' and the resilience processes of individuals, families and communities strengthened. The results and discussion has shown how the individual, family and community processes have been reached and the ripple effect it has had. In addition, it has further emphasised the importance of Walsh's Theory, as it has shown to extend beyond the processes of the individual and family resilience and has achieved community level aspects too. It is important to note that especially, while developing and implementing initiatives to support families in supporting themselves, it should not detract from the focus of increasing the availability of and access to sufficient resources essential to a family's functioning in adversity (Amaoteng et al., 2007, Wessels et al., 2016). The FRSP has, in alignment with governmental objectives and a highly valued theoretical framework, developed a first of its kind family resilience strengthening intervention programme in the South African context.

6.2.2 Reflection and practice creates a strengthened family unit

The aim of the FRSP, is to strengthen the resilience capacity within family units through positive psychology. While reflection on their processes and practicing of the strengthening tools provided throughout the manuals revealed positive changes in families in terms of how they communicate, connect, and understand themselves and each other. Communication patterns and organisational processes proved to be the most effected, while belief systems and financial and economic resources and making meaning out of adversity were least the effected. This study proves evident that to some degree, the resilience processes within the family unit of those who have participated in the FRSP, within the rural community in the West Coast, South Africa have been strengthened.

6.2.3 Evaluation and continued collaboration

Although the quantitative results do not necessarily show a significant improvement for family resilience, the qualitative component provided an important depth to the evaluation of the first pilot of the FRSP. Von Backstom (2015), emphasised the need for continuous support and intervention programmes needed for families that reside in communities where there is evidence of various risk factors in South Africa. Continuous support and intervention programmes also mean continuous evaluations of these programmes. The feasibility of the FRSP within adverse communities in terms of what is available and what is needed in these contexts must be considered. The lived experience of the participants' context remains similar in relation to various adversities experienced by low socio-economic status families in South Africa (White Paper, DSD, 2021). Apart from the already harsh reality within South African communities in the Western Cape, the prevalence of inequality, gender-based/domestic violence, substance abuse, corruption and in turn the emotional, social and financial stress are on the rise (Riche et al., 2022). Rural communities, such as the one in which the participants in this study live in, are confronted with financial instability, drug/alcohol abuse and unemployment and poverty. Thus, assisting these families through identifying and strengthening the processes that make them successful in overcoming adversity is crucial.

Walsh's family resilience framework (Walsh, 2003), has been a valuable contribution for researchers to better understand the resilience processes within family units. It has been the backbone of research conducted by Isaacs (2018) and encouraged a first-of-its-kind developed programme. The programme by virtue of this research shows promise in strengthening the resilience capacities of family units. The importance now, is the continued collaboration with various stakeholders to ensure that families can continue to receive the material and build their strengthened resilient family unit.

6.3 Limitations

Uncontrollably, the first limitation of this study is owed to the Covid-19 pandemic occurring during the indented implementation phase causing a delayed project plan and resulted in only having two full days to implement. Additionally, due to the constraints discussed in chapter 3, the post-evaluation occurred nine weeks after the programme was implemented. At pre-evaluation there were 30 participants, however when post evaluation was done, only a total of 14 participants partook in both programme days and the evaluation itself. The delay in obtaining the post evaluation is a limitation in terms of causing delays in the research plan as well as contributing to the small sample size. It can however simultaneously be a strength, allowing the researcher to examine the amount of information retained by the participant. However, it could have also contributed to the non-significant statistical findings of the study. The low number of participants resulted in the internal consistency of the measurement tool not being assessed and data is not generalisable in all contexts. In terms of the measurement tool, cognitive testing (which was not used in this study) would have promoted the validity of the measure in terms of understanding the participants aptitudes and ability to answer the questionnaire. Furthermore, the perceptions and experiences of the participants were practically from an all-female perspective as only one participant was male, the other 13 females. Thus, the interpretation can be skewed owing to gender. Member checks could not be completed adequately post evaluation, due to challenges liaising with participants. The final limitation is that this research is conducted at a single NPO within a specific context, in a single programme over a condensed time frame.

6.4 Recommendations for future research

Through the results, discussion and above limitations there are some recommendations for future implementations of this programme as well as any similar programme focusing on family resilience. While the big constraint of the pandemic is not a factor that could have anticipated, there seems to be value in making programmes such as these available online which could reach a wider audience.

While an online option does provide the opportunity for a greater reach and evaluation of the programme using different modalities it does assume the availability of and access to resources. It was clear from the perceptions and experiences of this studies participants that online platforms do not work in all contexts owing to resources. In relation to the constraints in terms of the NGO, it can be recommended that a service level agreement be established prior to implementation of the programme to ensure responsibility and accountability of involved stakeholders. The lack of participation from male members in the family as seen in this research study as well as prior studies (Sabah et al., 202; von Backstrom, 2015) from the literature may mean another field of inquiry, in terms of the gender dynamics in families. The context of South Africa being so diverse, it would be beneficial for any programme development, implementation and evaluation, to take into consideration language barriers and writing skills of its participants in a context where quality education has not always been possible. The diversity of the context of South Africa may call for a need for programmes to be accessible in the participants language in both manuals and facilitation and perhaps the need for multicultural application is necessary making the programme available in more of the 11 official languages. However, it might be more feasible to make the programme available in the second largest, South African and second most prominent spoken language in Western Cape, isiXhosa. (Alexander, 2023).

Subsequently, it would be beneficial to the field and members of various families/communities to implement the programme over the full eight weeks period, at various community organisations, utilising various racial groups, social classes and contexts. Also, to complete the evaluation, inclusive of a three-month follow up. While the data set does absolutely have its limitations, preliminary policy recommendations following the evaluation of the FRSP could be built on and strengthened by future research. These recommendations align with the Development Goals and White Paper on Families (White Paper, DSD, 2021; South African National Development Goals 2030, 2012). There is a need for policy advocacy which it is needed to raise awareness about the intervention, its objectives and outcomes. It may also be valuable to further the resource allocation and upscaling of the intervention; where private, government and philanthropic organisations could be approached and partnered with to upscale and increase funding to advocate for the availability of this intervention to South African families. Additionally, stakeholder engagement and investment in training and building the capacity of those responsible for delivery of this intervention. The final recommendation is evident through this research and calls for addressing the monitoring, evaluation and sustainability planning of family resilience interventions. To emphasise the importance of having established frameworks in which there are standardised mechanisms in place for continued data collection, evaluation and progress monitoring, in order to be able to identify and adapt to the need of the South African family Unit.

6.5 Conclusion

This research is the first study to evaluate a family resilience programme in South Africa using a mixed method design. The study has sufficiently met the aims and objectives of the study and contributes to the shortage of family resilience programmes as well as addresses the lack of evaluation of family programmes. It is evident that, although the impact of the programme was shown to be non-significant, the qualitative feedback demonstrated the FRSP achieved its goal of strengthening some family resilience processes. Despite the programme being only at its conception, meaning that these participants are the first to have been given the resource of resilience strengthening through a programme, that is essentially one of its kind focusing specifically on family resilience improvements in two domains of resilience have been noted at individual, family and community levels. The programme encourages introspection and through that, a positive cycle starts with the individual and has a domino effect that impacts the whole family unit. Through a more resilient family unit, we will have safer and better managed households, that will lead to better managed communities and eventually a greater general society. This programme shows its value for broader implementation within the South African Context.

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APPENDIX A: INFORMATION SHEET

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INFORMATION SHEET

Project Title: An Evaluation of the Family Resilience Strengthening Programme on family members from a rural community on the West Coast, South Africa.

What is this study about?

This is a research project being conducted by Amanda Hutson, under the supervision of Dr. Serena Isaacs at the University of the Western Cape. We are inviting you to participate in this research project because as a member of this community, you are about to participated in the Family Resilience Strengthening Programme (FRSP). The purpose of this research project is to evaluate the FRSP. You would have experienced the FRSP and might have thoughts and opinions on what you experienced and any changes you might suggest for the future use of this programme.

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

You will be asked to evaluate the programme you participate in the following way: This participation will be in the form of questionnaire and a focus group. You will be asked to complete the questionnaire prior to, as well as after completion of the programme. You will be asked to partake in a focus group after the programme to discuss your experiences and recommendations of the programme.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, your name will not be included on collected data and only the researcher and research supervisor will have access to your identity. When you complete the questionnaire and partake in the focus group, the questionnaire will be labeled with a code and will not contain information that may personally identify you. The focus group will be audio recorded and transcriptions thereof will make use of pseudonyms. To ensure your confidentiality all data is kept on a password-controlled computer which only the principal researcher and research supervisor has access to. All completed questionnaire, field notes and interview transcriptions will be kept in a locked cupboard. If we write a report or article about this research project, your identity will be protected.

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. In this event, we will inform you that we have to break confidentiality to fulfill our legal responsibility to report to the designated authorities.

What are the risks of this research?

There may be some risks from participating in this research study. As a result of participation in this programme and study, you might feel uncomfortable, anxious or embarrassed. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is designed to evaluate the FRSP in terms of material content and delivery. This evaluation may help the investigator understand your experience and make recommendations for adaptation and implementation of this programme within families and communities such as yours. The benefits to yourself, include participating in the programme and possibly improving your own family experiences and processes.

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 will not be prevented from participating in the programme should you choose not to participate in the evaluation. 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 for which you otherwise qualify.

What if I have questions?

This research is being conducted by Amanda Hutson under the supervision of **Serena Isaacs** at the Departmental of Psychology at the University of the Western Cape. If you have any questions about the research study itself, please contact Serena Isaacs on 021 959 3096, sisaacs@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:

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This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee (Reference number: TBC)

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BYLAAG A: INLIGTINGSBLAD

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INLIGTINGSBLAD

Projek Title: Evaluering van 'n Gesins Veerkragtigheids Versterkingprogram met famielielede vanaf 'n landelike gemeenskap in die Weskus, Suid-Afrika

Waaroor gaan hierdie studie?

Hierdie navorsingsprojek word gelei deur Amanda Hutson, onder die toesig van Dr. Serena Isaacs van die Universiteit van Wes-Kaapland. Ons nooi u uit om aan hierdie navorsingsprojek deel te neem. Ons glo dat as 'n lid van u gemeenskap,oor die nodige kenis en insig is u beskik om 'n bydra te lewer oor die implementering en evaluering van 'n veerkragtigheidsprogram. Die doel van hierdie navorsingsprojek is om 'n Gesins Veerskragtigheid Versterkingsprogram (GVV) te evalueer deur die ervaringe van deelnemers soos u te verkry. U denke en opinies na die ervaring van die GVV asook enige bydraes en toepaslike voorstelle vir die toekomstige gebruik van hierdie program sal hoog op prys gestel word.

Wat word verwag van my as ek deelneem aan die program?

Daar sal van u verwag word om die program te evalueer deur ‘n vraelys te voltooi en aan n fokusgroep deel te neem. Die vraelys moet voltooi word voor en na u deelname aan die program. Daarbenewens sal u gevra word om, na die program deel te neem aan ‘n fokusgroep om u ervarings van en aanbevelings ten opsigte van die program te bespreek.

Sal my deelname aan hierdie studie vertroulik gehou word?

Die navorsers onderneem om u identiteit en aard van u bydrae te beskerm. Om u anonimiteit te verseker, sal u naam nie nerens verskyn op die versamelde data nie. Slegs die navorser sowel as die navorsingstoesighouer sal toegang hê tot u identiteit.

Indien u die vraelys en fokusgroep sou voltooi, neem in ag dat die vraelys anoniem sou wees en geen persoonlike inligting sal besit waardeur u geïdentifiseer kan word nie. Die fokusgroep sal opgeneem word of audio en transkripsies van die fokusgroep sal gemaak word deur skuilname te gebruik. Om u vertroulikheid te verseker, sal alle data veilig gehou word deur middel van ‘n wagwoordbeheerde rekenaar, waartoe die navorsers alleenlik toegang sal hê. Alle voltooide vraelyste, navorsingsnotas en transkripsies sal in ‘n geslote kas bewaar word. Indien ‘n verslag of artikel in verband met hierdie navorsingsprojek geskryf sou word, sal u identiteit beskerm bly. Neem asseblief kennis dat ns in oorleg met wetlike vereistes en/of professionele standaarde, inligting bekend moet stel wat onder ons aandag kom, rakende kindermishandeling, verwaarlosing of potensiële skade aan u of ander.In hierdie geval sal ons u inlig dat ons vertroulikheid moet verbreek om ons wetlike verantwoordelikheid na te kom deur aan die aangewese owerhede verslag te doen.

Wat is die risiko’s van hierdie navorsing?

Deelname aan hierdie navorsingstudie kan moontlike risikos inhou. As gevolg van die deelname aan hierdie program en studie, mag gevoelens van ongemak, anstigheid en verleentheid moontlik ervaar word. Alle menslike interaksies wat u vra om,oor uself of ander te praat, hou ‘n mate van risiko in. Ons sal nietemin alles in ons vermoë doen om soodanige risikos te verminder en so spoedig moontlik op te tre om u te help om enige ongemak hetsy, sielkundig of ander wat u mag ervaar toepaslik aan te spreek. Waar nodig, sal ‘n toepaslike verwysing na ‘n professionele persoon verskaf word vir verdere ingryping en ondersteuning.

Wat is die voordele van hierdie navorsing?

Die navorsing is gefokus daarop om die Gesins Veerkragtigheid Versterkingsprogram te evalueer in terme van wesenlike inhoud en voordrag. Hierdie evaluering kan die navorser help om u ervaring te verstaan en aanbevelings te maak vir die aanpassing en implementering van hierdie program binne gesinne en gemeenskappe soos u eie. Die voordele vir uself in die deelname aan die program is die verbetering van u eie familie-ervarings en prosesse.

Moet ek aan hierdie navorsing deelneem, en mag ek enige tyd onttrek?

U deelname aan hierdie navorsing is heeltemal vrywillig en u mag enige tyd besluit om te onttrek. U mag ook besluit om geensins deel te neem nie. Sou u besluit om te onttrek gedurende die studie of geensins deel te neem nie, sal u nie gepenaliseer word of enige voordele verloor waarvoor u andersins sou kwalifiseer nie.

Wat as ek vrae het?

Hierdie navorsingsprojek word deur Amanda Hutson gedoen, onder die toesig van Dr. Serena Isaacs by die Departement Sielkunde aan die Universiteit van Wes-Kaapland. Indien u enige vrae het oor die navorsingstudie self, kontak Serena Isaacs by 021 9593096 , sisaacs@uwc.ac.za Indien u enige vrae rakende hierdie studie en u regte as ‘n navorsingsdeelnemer het, of as u probleme met die studie wil rapporteer, kontak asseblief:

Dr Maria Florence

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Hierdie navorsing is goedgekeur deur die Universiteit van Wes-Kaapland se Menslike en Sosiale Wetenskappe Navorsingsetiekkomitee.

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APPENDIX B: CONSENT FORM

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CONSENT FORM

Project Title: An Evaluation of the Family Resilience Strengthening Programme on family members from a rural community on the West Coast, South Africa.

The evaluation of the Family Resilience Strengthening Programme

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve, and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

This research project involves making **audiotapes** of you. This is done so that the researcher has an accurate account of the information you share and can analyse the data accurately and not only from memory. The recordings will be transcribed by the researcher. The audio file will be kept on a password-controlled computer in a secured folder.

______ I agree to be **audiotaped** during my participation in this study.

______ I do not agree to be **audiotaped** during my participation in this study

Participant's name………………………..

Participant's signature………………… Date……………………

BYLAAG B: VRYWARINGS VORM

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VRYWARINGS VORM

Proje Projek Title: Evaluering van 'n Gesins Veerkragtigheids Versterkingprogram met famielielede vanaf 'n landelike gemeenskap in die Weskus, Suid-Afrika

Die studie is aan my beskryf in n taal wat ek verstaan. My vrae oor die studie is beantwoord. Ek verstaan wat my deelname sal behels, en ek stem in om deel te neem uit eie keuse en wil. Ek verstaan dat my identiteit aan niemand bekend gemaak sal word nie. Ek verstaan dat ek enige tyd kan onttrek sonder om 'n rede te gee en sonder vrees vir negatiewe gevolge of verlies aan voordele.

Hierdie navorsingsprojek behels die maak van bandopnames. Dit word gedoen sodat die navorser 'n akkurate weergawe het van die inligting wat u deel en dat die data akkuraat ontleed kan sonder om net op geheue staat te maak. Die opnames sal deur die navorser getranskribeer word. Die klanklêer word op 'n wagwoordbeheerde rekenaar in 'n beveiligde leêr gehou.

___ Ek gee toestemming dat ‘n bandopname opgeneem mag word tydens my deelname aan die studie

___ Ek weier dat ‘n bandopname opgeneem mag word tydens my deelname aan die studie

Naam van Deelnemer: ………………………………………

Handtekening van Deelnemer: ……………………………….

Datum: ………………………………. ………………………

APPENDIX C: WALSH FAMILY RESILIENCE QUESTIONNAIRE (BILINGUAL)

UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF PSYCHOLOGY

Private Bag X 17, Bellville 7535, South Africa

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Walsh Family Resilience Questionnaire - ©Walsh 2013

Aanwysings: Alle gesinne staar stresvolle lewensuitdagings in die gesig. Ons stel belang in u gesin se ervaring. Deel asseblief u siening oor hoe u gesin krisisse en spanning hanteer. Lees elke stelling hieronder en omkring 'n nommer, 1 - 5, om aan te dui in watter mate dit vir u gesin geld.

Selde / nooit (1); Ongereeld (2); Soms (3); Dikwels (4); Byna altyd (5)

	Selde/ Nooit	Ongereeld	Soms	Dikwels	Byna Altyd
1. Ons gesin hanteer saam probleme as 'n span, eerder as om hulle individueel aantepak// Our family faces difficulties together as a team, rather than individually.	1	2	3	4	5
2. Ons beskou nood met ons uitdagings as algemeen, verstaanbaar in ons situasie // We	1	2	3	4	5

view distress with our challenges as common, understandable in our situation (*Our family understands that problems are stressful and that its normal)*					
3. Ons benader 'n krisis as 'n uitdaging wat ons met gedeelde pogings kan bestuur en baasraak // We approach a crisis as a challenge we can manage and master with shared efforts *(Problems are challenging and we handle it together as a family)*	1	2	3	4	5
4. Ons probeer om stresvolle situasies te verstaan en te fokus op ons opsies // We try to make sense of stressful situations and focus on our options (*we try to understand the situation and rather focus on what options/possibilities there are)*	1	2	3	4	5
5. Ons bly hoopvol en vol vertroue dat ons probleme sal oorkom // We keep hopeful and confident that we will overcome difficulties	1	2	3	4	5
6. Ons moedig mekaar aan en bou voort op ons sterk punte // We encourage each other and build our strengths	1	2	3	4	5
7. Ons gryp geleenthede aan, neem aksie en volhard in ons pogings // We seize	1	2	3	4	5

opportunities, take action, and persist in our efforts (*We use all opportunities, we take action and we don't give up)*					
8. Ons fokus daarop om te doen wat moontlik is en probeer aanvaar wat ons nie kan beheer of verander nie // We focus on doing what is possible and try to accept what we can't control or change	1	2	3	4	5
9. Ons deel belangrike waardes en lewensdoele wat ons help om bo probleme uit te styg // We share important values and life purpose that help us rise above difficulties	1	2	3	4	5
10. Ons gebruik geestelike bronne (godsdienstig of nie) om ons te help om goed te hanteer // We draw on spiritual resources (religious or not) to help us cope well	1	2	3	4	5
11. Ons uitdagings wek meer betekenisvolle lewensprioriteite en versterk ons bande //Our challenges inspire more meaningful life priorities and strengthen our bonds *(when we experience challenges, it changes our thinking about what is important and strengthens our bonds)*	1	2	3	4	5

12. Ons swaarkry het ons medelye en begeerte om ander te help verhoog // Our hardship has increased our compassion and desire to help others	1	2	3	4	5
13. Ons glo dat ons deur ons uitdagings kan leer en sterker word //We believe we can learn and become stronger through our challenges	1	2	3	4	5
14. Ons is buigsaam om aan te pas by nuwe uitdagings // We are flexible in adapting to new challenges	1	2	3	4	5
15. Ons bied stabiliteit en betroubaarheid om stresvolle tye vir familielede te onderdruk // We provide stability and reliability to buffer stressful times for family members	1	2	3	4	5
16. Sterk leierskap deur ouers / volwassenes bied warm koestering, leiding en sekuriteit // Strong leadership by parents/adults provides warm nurturing, guidance, & security (*strong leadership is a good base to provide nurturing, guidance and security for the family)*	1	2	3	4	5
17. Ons kan op familielede vertrou om mekaar in moeilike omstandighede te help //	1	2	3	4	5

We can count on family members to help each other in difficulty					
18. Ons gesin respekteer ons individuele behoeftes en verskille // Our family respects our individual needs and differences	1	2	3	4	5
19. In ons onmiddellike en uitgebreide familie het ons positiewe rolmodelle en mentors // In our immediate and extended family, we have positive role models and mentors	1	2	3	4	5
20. Ons kan staatmaak op ondersteuning van vriende, bure en ons gemeenskap // We can rely on support of friends, neighbours and our community	1	2	3	4	5
21. Ons het ekonomiese veiligheid om deur moeilike tye te kan gaan // We have economic security to be able to get through hard times (*we have financial security to be able to get through hard times)*	1	2	3	4	5
22. Ons het toegang tot gemeenskapsbronne wat ons gesin help deur moeilike tye, byvoorbeeld gesondheidsdienste, kindersorg, buigsaamheid in die werk // We have access to community resources that help our family	1	2	3	4	5

through difficult times, e.g., health services, childcare, job flexibility.					
23. Ons soek duidelike inligting oor die toestand waarmee ons te doen het en die opsies wat voorlê. // We seek clear information about the condition we are dealing with and options ahead. (*we are able to get the most important information/do our research so that we understand the problem properly in order to deal with it)*	1	2	3	4	5
24. In ons gesin is ons duidelik en konsekwent in wat ons sê en doen. // In our family, we are clear and consistent in what we say and do.	1	2	3	4	5
25. Ons kan ons opinies uitspreek en eerlik met mekaar wees. // We can express our opinions and be truthful with each other.	1	2	3	4	5
26. Ons kan baie verskillende gevoelens deel (bv. Hartseer, woede, vrees, vreugde, waardering) //We can share many different feelings (e.g. sadness, anger, fear, joy, appreciation)	1	2	3	4	5
27. Ons kan begrip toon, verskille aanvaar en negatiewe oordele vermy // We can show	1	2	3	4	5

understanding, accept differences and avoid negative judgments					
28. Ons kan humor, plesier en viering deel en verligting vind van laste en stryd. // We can share humour, fun, and celebration and find relief from burdens and struggles.	1	2	3	4	5
29. Ons werk saam om besluite te bespreek en te neem, en ons hanteer meningsverskille regverdig. //We collaborate in discussing and making decisions, and we handle disagreements fairly.	1	2	3	4	5
30. Ons fokus op ons doelwitte en neem stappe om dit te bereik. // We focus on our goals and take steps to reach them.	1	2	3	4	5
31. Ons vier suksesse en leer uit foute. // We celebrate successes and learn from mistakes.	1	2	3	4	5
32. Ons beplan en berei ons voor op die toekoms en probeer krisisse voorkom // We plan and prepare for the future and try to prevent crises	1	2	3	4	5

Is daar enige ander faktore of hulpbronne wat u gesin help of kan help met u stresvolle omstandighede?// Are there any other factors or resources that help your family through stressful times or situations. Lewer kommentaar// Please comment:

Name:______________________________

Cell: ______________________________

Sex:______________________________

Age:______________________________

APPENDIX D: INTERVIEW

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DEPARTMENT OF PSYCHOLOGY

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INTERVIEW SCHEDULE

The following questions have been developed to enable us to gather information regarding your unique experiences as well as obtain information on how to adapt and improve this programme to benefit communities such as your own. We are aware of the sensitivity of the following questions. Your responses will remain anonymous as stipulated ensuring your identity remains unknown, only the researcher and research supervisor have access to your responses. We thank you in advance for your participation in this research project.

INTERVIEW QUESTIONS

1. What are some of the challenges families experience in your community?
2. How did you experience the programme?
    a. What did you learn?
    b. How do you think this programme will affect your family life?
    c. What skills do you think you'll use?

3. What did you like most of the programme?
4. What do you think should change?
5. Any other comments on how a programme like this can be effective?

BYLAAG D: ONDERHOUD

UNIVERSITEIT VAN WES-KAAPLAND

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E-pos: sisaacs@uwc.ac.za

ONDERHOUD SKEDULE

Die volgende vrae is ontwikkel om ons in staat te stel om inligting rakende u unieke ervarings te versamel, sowel as om inligting te bekom oor hoe u hierdie program kan aanpas en verbeter in gemeenskappe soos u eie. Ons is bewus oor moontlike sensitiwiteit wat die volgende vrae kan meebring. U antwoorde sal anoniem bly soos aangedui om te verseker dat u identiteit onbekend bly, slegs die navorser en die studieleier het toegang tot u antwoorde. Ons bedank u vooraf vir u deelname aan hierdie navorsingsprojek.

Onderhoudsvrae

1. Wat is van die uitdagings wat gesinne in jou gemeenskap ervaar?

2. Hoe het jy die program ervaar?

a. Wat het jy geleer?

b. Hoe dink jy sal hierdie program jou gesinslewe beïnvloed?

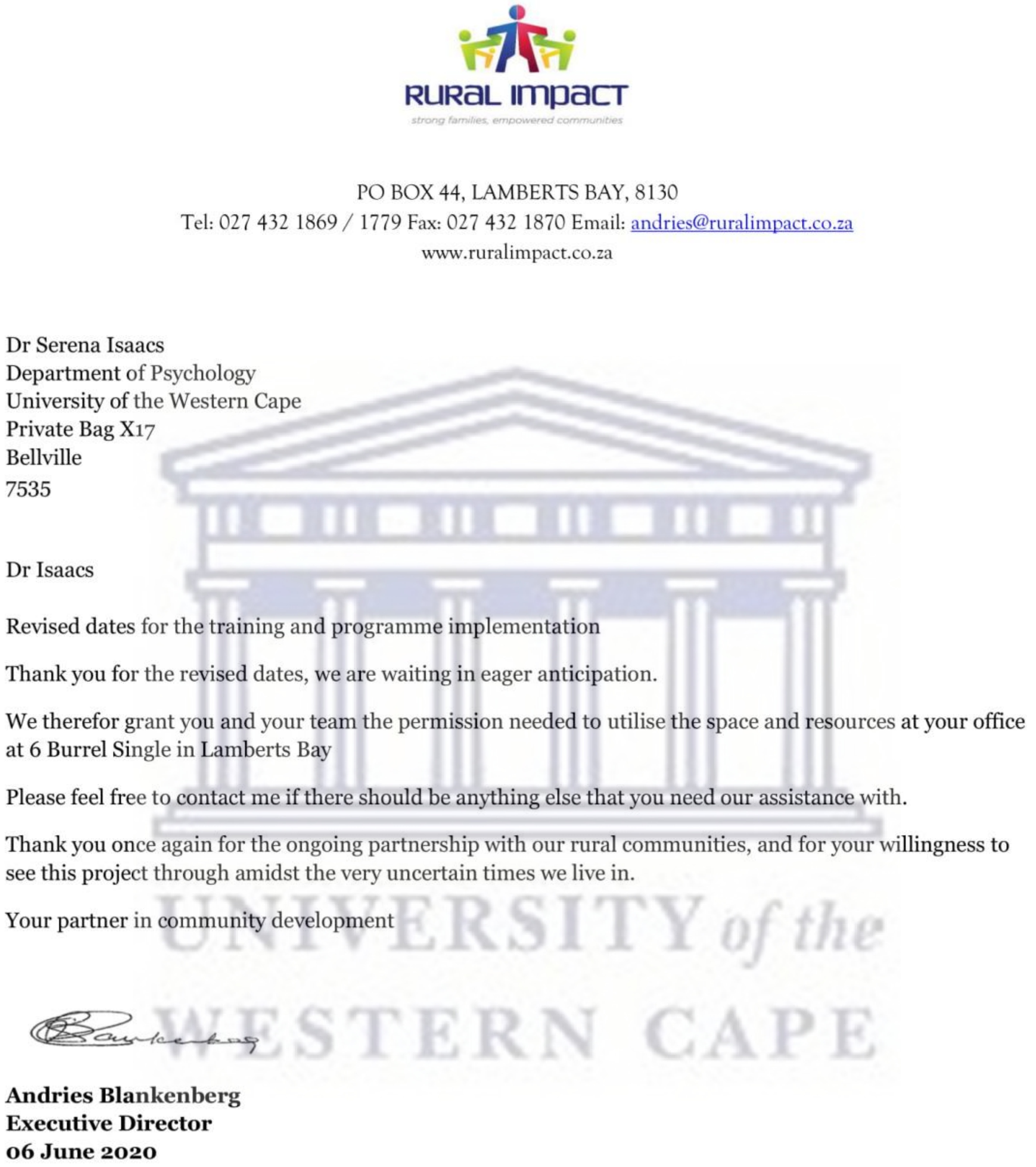
c. Watter vaardighede dink jy sal jy gebruik?

3. Waarvan het jy die meeste van die program gehou?

4. Wat dink jy moet verander?

5. Enige ander opmerkings oor hoe 'n program soos hierdie, effektief kan wees?

APPENDIX E: LETTER OF SUPPORT



RURAL IMPACT
strong families, empowered communities

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www.ruralimpact.co.za

Dr Serena Isaacs
Department of Psychology
University of the Western Cape
Private Bag X17
Bellville
7535

Dr Isaacs

Revised dates for the training and programme implementation

Thank you for the revised dates, we are waiting in eager anticipation.

We therefor grant you and your team the permission needed to utilise the space and resources at your office at 6 Burrel Single in Lamberts Bay

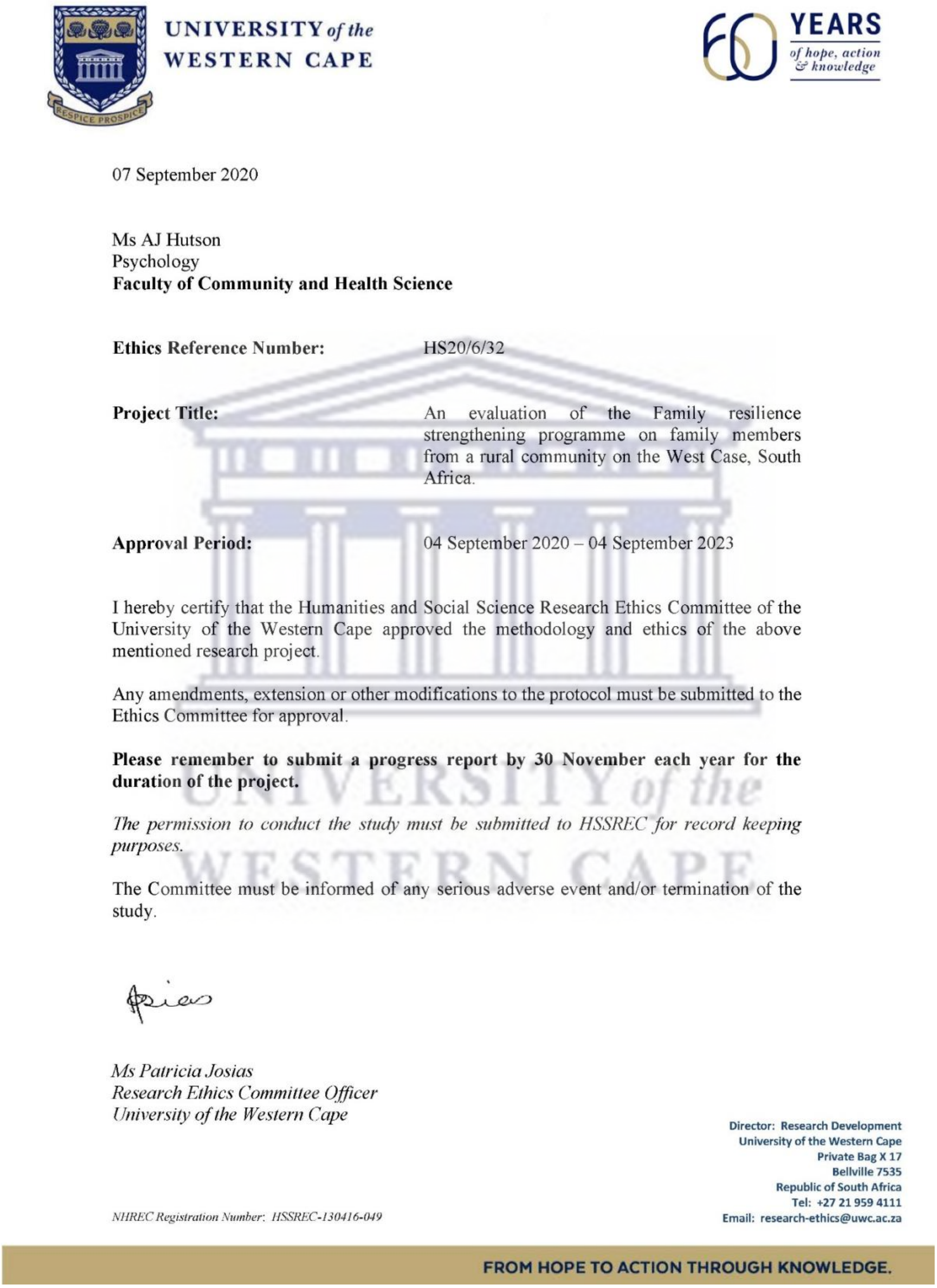
Please feel free to contact me if there should be anything else that you need our assistance with.

Thank you once again for the ongoing partnership with our rural communities, and for your willingness to see this project through amidst the very uncertain times we live in.

Your partner in community development

Andries Blankenberg
Executive Director
06 June 2020

APPENDIX F: ETHICS CLEARANCE LETTER



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07 September 2020

Ms AJ Hutson
Psychology
Faculty of Community and Health Science

Ethics Reference Number:	HS20/6/32
Project Title:	An evaluation of the Family resilience strengthening programme on family members from a rural community on the West Case, South Africa.
Approval Period:	04 September 2020 – 04 September 2023

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Director: Research Development
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NHREC Registration Number: HSSREC-130416-049

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