

AN IMPLEMENTATION EVALUATION OF THE FAMILY IN FOCUS PROGRAMME

REPORT FOR THE FOUNDATION FOR COMMUNITY WORK

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Acronyms

DSD	Department of Social Development
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
FCW	Foundation for Community Work
FIF	Family in Focus
HV	Home Visitor
PC	Project Coordinator
TL	Team Leader
TVET	Technical and Vocational Education and Training

1. INTRODUCTION

1.1 The Family in Focus (FIF) Programme

FIF is a well-established non centre based ECD programme operating in the Western Cape. It has expanded rapidly from 18 home visitors reaching 644 children in 2005 to a target of 245 home visitors reaching 11 800 children in 2015. Through this scaling up process it has become the largest ECD home visiting programme in the Western Cape and probably in South Africa. FIF has had to change systems and practices in order to manage the scale up process and the challenges of maintaining quality when control is exercised at multiple levels and the programme operates across multiple communities.

FCW documents explain that FIF is an ECD strategy that seeks to reach out to young children and their caregivers who live in poor and marginalized communities where there are limited resources for the care and stimulation of young children. FIF aims

- to serve as a strategy for ECD intervention in impoverished communities
- to assist primary caregivers and women in particular, to form groups in order to support each other
- to create a cadre of cost effective ECD workers who provide support to children’s parents and other family members.

There is a strong focus on holistic child development including school readiness, health and protection. While this is not specifically mentioned in programme documents this involves referrals for health and social services where necessary. Donors indicated that they fund this programme because it creates access to ECD services for children who are not in centres, so that they are not disadvantaged on school entry, as well as developing parents.

1.1.1 The FIF Model

Parenting Programme	Home Visiting Programme	Community Ownership
<p>FIF operates from the premise that parents are the first and best teachers of their own children.</p> <p>Parenting programmes and meetings are used to build support and social networks for parents.</p> <p>Parenting programmes enable parents to provide age appropriate activities that facilitate the holistic development of their children.</p> <p>2 workshops per month to consolidate work done in the home visit and leave home work for parent/caregiver to do with the child.</p>	<p>Trained home-visitors meet with parents individually in their homes or with groups of parents and their children to facilitate stimulating, age - appropriate activities with their children according to the manual.</p> <p>Use resources found in and around the home.</p> <p>One home visit a week with each of their 35 families</p>	<p>Each FIF Project starts as a joint effort between the community and FCW in response to local needs. Through a community consultation process stakeholders are encouraged to form a coalition or committee.</p> <p>The aim is for each community to take ownership of the process and outcomes of the FIF project.</p> <p>Each FIF project committee is supported in a process to develop the capacity to manage their project independently.</p>

The **FIF Home Visiting Field Guide** provides information for

- Pregnancy
- A 5 week guide to health, nutrition and responsive care issues for 0 – 24 months plus activities for different age bands (6 weeks to 6 months, 7 – 12 months, 12 – 24 months)
- A 48 week programme for 3 to 4 year olds. This details activities for home visits and parent workshops every second week dealing with the same themes. Parent home work is provided and assessment outcomes for each session.
- Parent workshop outlines which focus on building parent knowledge and reinforcing the content of the visits. There is also a Parenting Programme Guide which gives detailed instructions on how to run each workshop.

Programme Theory

The theory of change is not explicitly documented but interviews confirm that the model rests on the following assumptions:

Parents living in poverty, in communities beset with multiple problems such as unemployment, overcrowding, crime and violence and limited recreational facilities, lack the material resources, knowledge, and support to provide adequately for their young children's holistic development (especially school preparedness).

Support, encouragement, information and skills transfer to primary caregivers/families will result in their becoming informed, skilled and motivated to interact with and stimulate their children, meet their holistic needs and will enable children to enter school on an equal footing with children who have attended ECD centres.

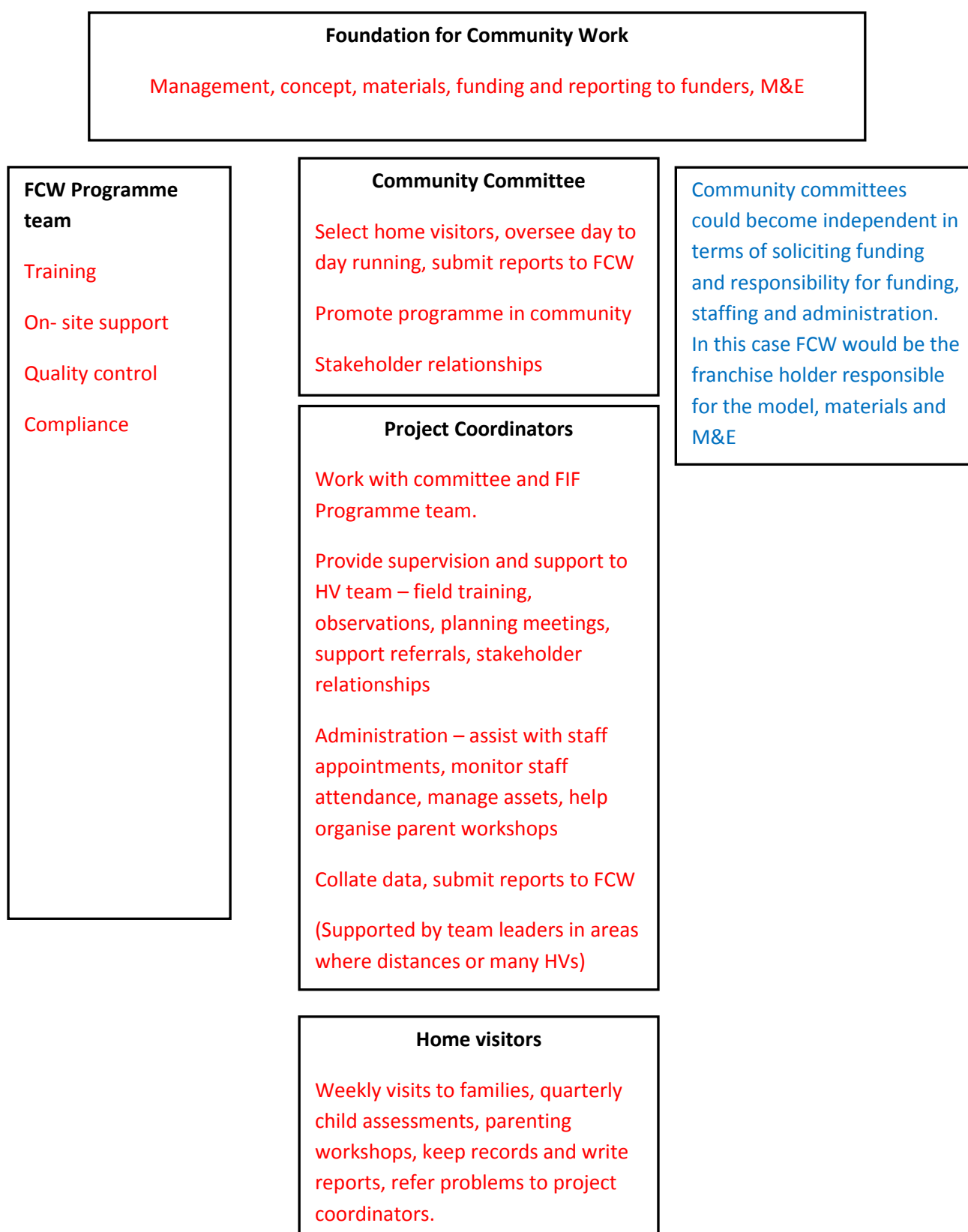
An intervention involving 1) home visits in which home visitors interact with caregiver and child, model appropriate activities and use of household resources for stimulation, 2) parenting workshops to support the home visits through information and activities and which provide caregivers with an opportunity for personal development and the social support of other caregivers; will lead to positive caregiver behaviour and attitudes which in turn will mediate school readiness.

As indicated this is not an outcomes evaluation but will examine the programme inputs, uptake and provide qualitative data on how caregivers and programme staff experience programme delivery.

1.1.2 Different Staff Roles and Structures in the FIF Programme

A number of different staff are involved in programme delivery, oversight and support which are given in Figure 1.

Figure 1: Different Structures and Roles in the FIF project



1.2 Evaluation Brief

The brief was to undertake a focused implementation evaluation to provide information on what is working well and what is not. Staff, user and donor perceptions of the purpose and value of the programme would be examined as part of this. The implementation evaluation will complement an impact evaluation currently being undertaken by Ms Hlalani Gumpo, a University of Cape Town doctoral student.

FCW management indicated that a new form of FIF is currently being piloted. While there is a strengthened focus on holistic development, pregnant women and very young children, the main focus is the 'fine-tuning' of FIF to ensure good quality delivery backed up by competent reporting and documentation. The Home Visiting and Parenting Workshop programme has been manualised and the M&E strategy revised to provide a much stronger focus on implementation support and monitoring by both the FCW Programme team and the area-based Programme Coordinators. It is intended that this will address issues such as home visitors not getting into the field as they should. At the same time FCW management is considering the viability of 'shedding' well-established FIF projects which will become independent 'franchises' and limiting caregiver participation in the home visiting component of the programme to a period of two years.

This evaluation will, in addition to indicating what is working well, provide proposals that may assist in streamlining areas that are not working well. However, as has been widely documented (Biersteker 2007; 2008; Biersteker & Picken, 2013; Dawes et al, 2012; Richter et al, 2013) many of the challenges facing non centre based ECD programmes (in particular those related to human resources) require systemic changes rather than those FCW could put in place.

2. EVALUATION QUESTIONS

The key question is whether the FIF programme is being delivered as intended and if not where the gaps are, what factors contribute to this and possible solutions. This is particularly important in the context of scale up of the programme. It is also important to ascertain if there are common understandings of the programme and its benefits.

Purpose and Benefits of the FIF Programme

- How do different role players understand the programme purpose and benefits if any?

FIF Programme Implementation

- Is the model working in terms of the link between the parenting programme and home visiting?
- How is programme delivery experienced by different role players?
- Do families receive the intended dosage of the programme?
- Is there consistent delivery of programme content?

- Is there enough time to deliver the programme activities adequately?

Management, Support and Monitoring

- Do newly appointed home visitors receive adequate training?
- Are home visitors supported to deliver the programme effectively?
- Do records and reports provide reliable and helpful information?
- Is the decentralised management by committee working effectively?

Development of a Cadre of ECD Workers

- How do home visitors, Project Coordinators and team leaders view their roles?
- What are the requirements to be a home visitor?
- Is home visiting emerging as a viable ECD career option?

3. Method

3.1 Sample Sites

Klapmuts, Franschhoek, Atlantis and Delft were selected for focus data collection and scrutiny. These sites represent an urban, peri-urban, rural mix and in all sites there were both Afrikaans/English and Xhosa speaking home visitors and caregivers.

Information for the project as a whole was provided by the FIF management and Programme team, and a survey and focus group with Project Coordinators from all sites and some committee members.

3.2 Data Sources

3.2.1 Interviews /Focus Groups

- In each of four sites: Parent focus group: one Afrikaans/one Xhosa

Home visitor interviews in Afrikaans/Xhosa

- FCW senior management
- FCW FIF Programme team
- Project Coordinators from FIF projects across the provinces (including some Committee members)
- Donors: Department of Social Development, Imam Haroon Educational Trust and DG Murray Trust

Fourteen Project Coordinators/team leaders and four committee members interviewed also completed an individual written survey.

The intention was for focus group participants (Home visitors and Caregivers) to be a diverse mix of those more and less experienced in the programme and different ages. A limitation is that there were several new home visitors and caregivers in some focus groups who had not experienced enough of the programme to respond to all the questions. Respondent details are given in Appendix 1.

Caregiver and home visitor interviews were conducted by Xhosa and Afrikaans speaking fieldworkers who were trained and briefed by the evaluator. Key points from the Xhosa interviews were translated but the evaluation worked with the original Afrikaans digital recordings. The evaluator conducted the other interviews and focus groups. There were several discussions with FCW management to understand different aspects of the programme and clarify emerging data from the different role players. Interview schedules are given in Appendix 2.

3.2.2 Documentary sources

Documents consulted included reports, examples of different record and reporting forms, parenting registers, referral letters.

4. Findings and Reflections

4.1 Understanding of the FIF Programme

All three donors interviewed had a strong but not sole focus on access for children who would never be reached by ECD Centres leading to school readiness as a key purpose of the programme. Other contributions were also noted:

In terms of our broader strategy the value of out of centre programmes is access and its contribution to child outcomes (Donor)

Referrals and social strengthening are very important for Social Development – we want a strong element of developing parents, but the other thing is that we don't want them (the children) to fall behind when they go to school (Donor)

Table 1: Project Coordinators/ Team Leaders /Committee Member understandings of aim of FIF

Parents take part in children's life/ helped to take responsibility/ families built	9
Prepares children for school (confidence)	5
Education/equal chance for children not in ECD centres	3
Enrich lives/brings hope/ skills and empowers parents	3
Access to network of social support/services/referrals	1

Table 1 summarises survey responses from Project Coordinators (PC) and Team Leaders (TL) on the aim of the FIF programme. They viewed developing parents to participate in the child's life, take responsibility and preparing children for school/giving them an equal chance with children who attend ECD centres as the key outcome that FIF was attempting to achieve. School preparedness was not seen as purely academic but also as involving confidence and social skills. Only one Project Coordinator mentioned that the programme provides social and economic support.

An advantage of the programme over ECD centre attendance is that parents themselves get support. (PC)

FIF offers a network; we pick up social and economic issues. Home visitors are not social workers but they are ground workers and we can put them in touch and tell them where to

go. Issues such as documents, grants, domestic violence and HIV – we make sure people know what the other services are and where to go. (PC)

Home visitors in the four sample sites also saw relationship building and strengthening parent responsibility, as well as learning as the key aims of FIF. They noted that FIF is free and helps parents who are struggling, or cannot afford a crèche. One home visitor talked of linking parents to the clinic and social workers in the case of a problem.

What it does for parents – they take full responsibility for the child - you don't know what is going on if child is just outside (HV)

To improve communication and relationship with parent and child (HV)

To keep families together so they can raise the child and keep her safe from bad influences (HV)

Parent knows how to work with child, as they go on at school parent knows their role (HV)

It helps that the parent to know that he/she the first teacher of his child (HV)

To teach children at home and to bring toys so that when children are going to school they have foundation (HV)

Saves parents cents because we go from door to door - as parents don't have money (HV)

I love to work with a pregnant mother – show her what to do. We go to the house; where someone is pregnant, ask if they have booked, are they taking folic acid/ vitamins etc. (HV)

Home visitors were also asked whether they thought that the FIF programme was more suitable for any particular age and stage. Without exception they explained the importance of starting with parents in pregnancy and continuing until children go to school. This shows that the more recent programme focus on the first 1000 days is well understood and accepted.

Parents/caregivers mostly gave examples of preparing children for school and activities they could do for this – counting, colours, body parts and making time for their children. They were clear that they were being helped to teach their own children. One caregiver commented on assistance with problems that they may have.

Help me to teach my child how to write and pass the teachings to the child. Receiving help is so nice; children are relaxed when seeing the home visitor (Caregiver)

Shows us how children should be spoken to, taught and other stuff (Caregiver)

Recruits children who are not going to school and prepares them for school (Caregiver)

Home visitors are going door to door helping us with problems we have (Caregiver)

Overall feedback is consistent with the programme goals and donor expectations of strengthening the parent as well as providing an ECD service to children who do not have access to ECD facilities.

While the programme is reported to be reaching those who do not have access to ECD centres Project Coordinators were also asked about the kind of families that enrol and whether there were

any who need it that do not enrol. This raised the challenge of 'No Go' areas due to gangsterism and the difficulty of reaching those who have severe social problems such as alcohol and drug abuse.

The question arises whether referrals for services or dealing with problems is something that should be more emphasised in programming. While there were many references in the focus groups to challenging community circumstances, domestic violence, poverty and crime, the focus group facilitators had to probe deeply for home visitors to mention that assistance with problems is part of their role. Two letters of referral were supplied by one project.

Summary and points for follow up:

The purpose/rationale of the programme for supporting the holistic development and school readiness of children by working through the parents is well articulated by those delivering the programme and the beneficiaries. There is also a clear understanding of the value of starting with pregnancy and proceeding until the child is of school going age. Support for families through referrals and networking was seen as key by the Project Coordinators but home visitors did not refer to this without probing. How key this is to the programme, and if it is how referrals are recorded, should be resolved. There is provision for reporting referrals in the monthly home visitor report but evidence of referrals is not consolidated and any referrals take place at the project level.

4.2 Different Role Player Perceptions of the Benefits of FIF for Children and Caregivers

4.2.1 Home Visits

Project Coordinators most often said that participation in the FIF programme's greatest benefit was that children were safe and taught by their parents, followed by the use of household items/toys for learning. Caregivers had appropriate information and had learned to educate their children, and to feel important and responsible.

Home visitors empower the parent – most don't care about children they are busy with their own stuff. (You) must first educate the adult, talk about the clinic, about what to do. If you win the mother she will be able to educate the child (PC)

Parents think they can't do anything for the child because they don't have money. We make them realise you need to love yourself first and pass this to the child (PC)

Home visitors help them (parents) get to grips with their lives. They are taking charge, better moms; going back to school, better appearance (PC)

The Department of Social Development noted that FIF is an important mechanism for children accessing clinics, immunisations and exposing the family to information and support and expressed the wish to do more about nutritional support.

Home visitors referred to the use of household items and the making of play materials as an important benefit for the child as well as caregivers being more patient with their children, more open with their problems and sitting down to play with the children.

They are using things in the house – buckets, lids, the shape of the TV or microwave; these are not expensive (HV)

I see how the mother and child are communicating, when I visit the mother shares a story and writing with the child (HV)

People take you into their confidence; the programme supports the family (HV)

Parents are open about social problems, especially the single parent (HV)

When I started there were a lot of young moms on drugs – two used tik lollies and I see a huge change, two have stopped using. I called and spoke to one and also with the ouma. The first child is disabled the second is fine. I don't work in that area anymore but I see her going to the shop, she takes the three children with her to the shop and I can see that she is shopping – money was previously all used up (HV)

Parents are asked which crèche the child was attending because of progress and good (school) results of the children who attended the FIF programme (HV)

Caregivers reported that they had learned that they had to be involved with their children in order to prepare them for school and what to do, to be more respectful and gentle with the child. Some reported that they were better able to handle family issues and one referred to the support of the home visitor on any problem and links to community issues.

I have more confidence to be involved with the children – help them be more prepared for school (Caregiver)

They helped me talk with the child, to respect her and get her to respect others (Caregiver)

I used to scream and scold but I have learned a lot - now I explain (Caregiver)

They showed me how to wash the child and not be rough (Caregiver)

My child was very slow and they showed me how to check if the child can see or hear. She is a friend of mine, I can ask her anything (Caregiver)

Summary

The main benefits of the home visits referred to by project staff were both better parenting and communication with the child, which was echoed by the caregivers. Project staff also referred to support for caregivers' social problems.

4.2.2 Parent Workshops

The FCW FIF Programme team indicated that the workshops are a critical aspect of the programme, to reinforce what is learned in the short home visits.

Project Coordinators and home visitors were questioned about the importance of the parent workshops – what parents were intended to gain from them that was different from the home visits and why parents attended.

Project Coordinators explained that it was an opportunity to gain more information about the programme but also to learn about themselves and engage with others in the community and become empowered. It is a platform for questions, sharing and support. There was agreement that

this was essential in the communities in which FIF works. Gaining knowledge and understanding of their role and importance to the child as well as engaging with others led to increased confidence, motivation and self- respect.

Parents are becoming younger and younger- this programme has so many topics you can cover in parenting workshops to teach them how to stimulate – crucial content that speaks to parenting skills (PC)

At home they do literacy, numeracy and lifeskills. The workshops offer a personal looking into yourself, realising 'it is not just me in this rut'. When men come to workshops they have the very rare experience of being listened to, respected – not the same as at home. It brings the community together; we are neighbours but we do not speak (PC)

There were also opportunities for practical activities to assist with programme activities; parents can use toys they make in the programme.

We made toys – daddies and mummies made beanbags and butterflies and took their work (PC)

Workshop topics Project Coordinators highlighted as being very important were

Parents are Precious– *parents don't realise how important they are.*

Discipline - *they beat them, say they are stupid. We tell them the child has feelings.*

Hopes and Dreams *is a great topic about dreaming for the child.*

Home visitors said that workshops were an opportunity to gain information, learn how to play with the child, make equipment and the focus of the workshop was on strengthening the parent. At workshops parents also have the opportunity to share, hear from other parents and become freer themselves to share. If children accompany their caregivers they have a socialising opportunity with other children.

Workshops play a big role. We give them a lot of information and you find out there were lots of things that caregivers were not aware of like how to speak to your child and how important education is at that young age (HV)

If they are new parents they think when did I last cut out, colour in? They've been out of school for 100 years (HV)

We did Thandi's story - a child who was abused. We divide them into groups to discuss the story and we asked questions. We make copies of the story book (HV)

Not many of the caregivers in the group interviews could give feedback on the workshops (some were new and some who had indicated that they do attend workshops did not contribute), but a few caregivers commented that they had learned activities to do with children and some practical life skills advice:

We were given papers to draw and a supply of papers to teach children at home (Caregiver)

A toy ring, something we can do with the children... (Caregiver)

Learned how to handle family, finances... (Caregiver)

Summary

Project Coordinators emphasised the personal development aspects of the workshops while home visitors focused more on strengthening parents to be able to provide educational content. The very limited input from caregivers mostly focused on child stimulation activities they participated in but one did refer to learning how to handle the family and finances (which may have been an external workshop as this is not in the guide).

4.3 Community Buy-in for the Programme

Project Coordinators, home visitors and caregivers were asked what the community says about the programme to give a sense of how well known and accepted FIF is.

Project Coordinators indicated that families who had seen results in other families wanted to join the programme. There is awareness of FIF through networking with local schools. Principals and others are reported to attribute the difference in learning abilities of FIF exposed children from those who have not been in the programme to the intervention. FIF parents are also more likely to be involved in their children's education as they progress to school. The fact that FIF provides income for local home visitors is also valued.

The community hear from graduate parents whose children are doing well at school and this motivates others (PC)

We network with schools and parents are more involve (PC)

Some of the donors also commented on the fact that the programme was well embedded locally and home visitors liked and respected. They also said that principals are happy with the children who come from the FIF programme and with Grade R and 1 uptake facilitated by FIF.

Home visitors reported that the programme is known particularly with the schools and that this encourages others to wish to join. Parents sometimes introduce others to the programme. In many areas home visitors reported that they are respected (called Teacher or Miss) and known by name.

It is known, a lot of children have come through programme and speak well of it. Now (they are) in high school. People say that if it were not for FIF children wouldn't be where they are, would be in prison etc. (HV)

At the school – the head talked about FIF and how good it is. Recommends it to other (HV)

One parent tells the other parent – then people approach you when you come to the street (HV)

Those who have older children wish the programme was existing a long time ago and for the fact that is free. People want to join workshops and we allow them to come. They encourage one another (HV)

The gangs do get to know the home visitors and protect them because they appreciate what is being done for their children (HV)

However there are also areas where the FCW Programme team reports that the programme is not known a street away from where it operates. They have identified the need for more workshops to introduce it. The Klapmuts home visitors reported that there is confusion in the community about the purpose of FIF; people want to know why the child is at home and not in the crèche. They feel that a community meeting with FCW participation would be helpful to explain the programme.

Finally there is resistance from people in areas where home visitors have not followed through or been good at what they do. In some areas crèches feel that the programme is in competition with them.

Once I went and the people said the previous HV was (bad) and would not let me explain, chased me away (HV)

The crèches do not want it they say we taking their children. How I do not know because if the child is taken out of the crèche we see them playing on the street and we go and talk to their parents and recruit (HV)

Other people are criticising that we using them to get paid (HV)

The FCW Programme team reported that they had requested all areas to do awareness raising workshops. This would be important for both recruitment and networking purposes and help to build relationships where these are strained.

Summary and points for follow up

Community buy-in appears to vary according to area and stakeholder. Strong links to primary schools are a major source of FIF credibility. Bad experiences with some home visitors, low visibility in some areas and 'turf' concerns from crèches suggest that the recent FCW focus on reintroducing FIF in communities should be a regular activity.

4.4 The Programme Delivery Process

4.4.1 A Typical Home Visit

Administrative data sheets for the four areas reported that almost all visits in the reporting period had been completed. However as will be seen below there seems to be variation in how long these visit are.

As an indication of whether the home visit process was understood and followed intended procedure, home visitors and caregivers were asked to explain to the focus group facilitators what happens in a typical visit.

Caregiver reports on the home visits suggest that there is some variation across home visitors. The general pattern seems to be to question the child about the homework (name, body parts, simple numbers). Drawing, playing with toys and singing songs were mentioned and storytelling in two sites. Several caregivers referred to the home visitor teaching the child/ren.

This is worth noting as involving the caregiver in delivering activities is key to the programme ('the three of us sit down'). The FCW Programme team indicated that it 'has taken a very long time to get

them to understand that they are not a crèche worker'. This is borne out by a donor who commented that during their field visits 'it didn't seem as if the home visitor was working with the parent, not so much coaching the parent'.

However the Programme team also reported that the "home visitors allow the parent to sit and work with the child **if there is time**".

Home visitors described a typical visit as involving greeting, praying and checking homework, then working with the children. Getting parents to sign is an important part of the session as is reminding caregivers about the next workshop.

Home visitors gave examples of age differentiated activities for infants (tell mother about massage, check clinic card), 2 – 3 and 4-5 years old children. They said that this is difficult in the short period of the visit (even though the time period they report is shorter than the expected 30 minutes).

Only 20 minutes to do everything. Come in: Mom Hi, Greetings, How's everything. The 18 month old has a disability, discuss with mom, appetite, all of this for a little while. Pick up baby she doesn't register I am someone else, only sitting up now. No cure, she is so tiny. She does smile at me. Then I have to speak to baby and mom. Everything the book says, encourage her even if she can't, don't treat her different. Read a book to the three year old. Three year old brings out home work. Before you know it time is gone (HV)

When I go in also greet my parents, if I have two children I take the baby, ask the four year old where're your ears, eyes etc. Take both children and work with them in that 20 minutes. Set out home work (HV)

Time is also short if the situation at home is not good.

Sometimes when you come in they come in with problems, you must listen before you can join in with activities. Is there someone who can help? See what child is doing. Check homework, then activities with child and parent. Before I come with register to be signed, remind mother about the workshops (HV)

Take time even if there isn't enough time – listen first some have many problems. The parent trusts the home carer (HV)

If the place is in a mess (I) help mother to make space to play, ask a few questions, chat. If mother's face is not good, try to put things at ease. Encourage and comfort for children (HV)

One caregiver reported that it "gets very mixed up because there is a new juffrou every time, makes the children 'deurmekaar' as they got used to doing things in one way and then there is a different way – this is the fourth home visitor in three years and the new one is impatient with the child. "

One caregiver reported that her visit was **monthly**, another in the same group **twice a week** (children in this street meet in groups in different caregivers' homes which may explain some of the variation).

In one focus group a caregiver complained that the home visitor did the same activities with her two and four year old. In another that the home visitor only had time to work with one of the children.

There was only one example of referral support. A caregiver reported being helped with getting the child's grant transferred to the grandmother who is the carer. She also mentioned that they have

assisted with the child's entry to school. In Franschhoek they mentioned the checking of the clinic card for immunisation.

Summary and points for follow up:

The data suggests that while there needs to be some flexibility in how visits are conducted, that there needs to be clarification of the length of the visit and possibly the number of the visits as different caregivers and home visitors reported differently on this. Multi-problem families or and households with children of different ages seem to require a longer time.

While there were many reports of working through the parent which is key to the model, the description of the home visits often suggested that there was a great deal of home visitors demonstrating the activities. This may be because caregivers are not willing or ready to take this on, but it is something to be checked during the field monitoring visits. Or this may be a function of the short visiting period (in view of the Programme team member's comment on allowing the parent to sit and work with the child if there is time). Variations in approach across home visitors may be as a result of the need for training or the need to enforce compliance with the programme requirements.

4.4.2 Parenting Workshops

Parenting workshops are built in as a key component of the programme and recognised as valuable for all the reasons given above. The quarterly report to DSD indicates that 8623 parents attended 331 workshops. This is a significant number but a more detailed breakdown including the number of home visitors who offered workshops, the number of attendees who are not in the home visiting programme, how many workshops were expected (presumably 4 or 5 rather than 6 because of the January school holidays) would enable a better understanding of uptake.

This is critical as respondents all reported a number of challenges with offering them and poor attendance. This is not unusual in local programmes aimed at parents and particularly when the programme continues over a long period of time (Dawes et al, 2012). The FCW FIF Project evaluative report May 2014 reports that few parents attended the monthly workshop in Franschhoek and Atlantis, but that attendance was good in Klapmuts because there is always something to eat. It is therefore a concern that a key element of the programme theory of change may not be deliverable as intended.

Current attendance

A key issue for parent workshop attendance is not only the total attendance at each workshop but the issue of **repeat participation** (dosage). FCW provided records of parenting workshops for the sample areas for January and February. Unless records sent were incomplete not all home visitors have offered workshops. Topics for the period included Hopes and Dreams, the Importance of ECD, and Child Development. Only one home visitor had run all three. The Franschhoek registers were not labelled and dated so it was not possible to analyse these but approximately 7 parents attended each workshop. Table 2 shows attendance and repeat attendees in 2015.

Table 2: Parenting Workshop Attendance January and February 2015

AREA	Number HV	Possible attendees	Actual Workshop 1	Actual Workshop 2	Actual Workshop 3	Attended >once
Delft	4	140	42 (4 HV)	36 (4 HV)	12 (1 HV)	11
Klapmuts	7	245	84(5 HV)	77(7 HV)		24
Atlantis/Witsand	23	805	285 (17HV)	412(20HV)	49 (4HV)	61

Even if caseloads are not yet at full capacity and report statistics suggest that they are, a very low proportion of caregivers attend. A check of whether all those attending were enrolled in the home visiting was not undertaken.

According to home visitors they make a serious effort to remind them of workshops – in two of the focus groups this was specifically mentioned as part of what they do on visits.

At the home visit we talk to the parent, talk about workshop. Continually remind them. I remind them the day before and the morning itself to get them there (HV)

(They) go to SASSA, court or do the washing. We arrange and they say they are coming and then they don't come (HV)

They (parents) complain they do not have enough time to do their chores and we lose children and families because of workshops. Parents are looking for jobs (HV)

What is the reason – someone said they aren't interested. There is nothing to eat or drink. Gaan daar iets wees? No I must quickly go out, must wash my husband's clothes etc. I must buy drink or bread and fish from my stipend to encourage them to come to the workshop. Then they come for the sandwich and juice (HV)

I entice them with snacks. I once had a lot of parents and I couldn't work out why and then I remembered I said I would bring pakkies (HV)

Some of the focus group respondents indicated that attendance is down from last year

People used to come out a lot but this year's a challenge. Sometimes 7 sometimes 9. I was meant to have 12; I was there by the house. Workshops are a very big challenge, we always see the same people (HV)

6 or 7 usually come to workshops but only 3 last Friday (HV)

They do come but this year they do not attend well, out of 37 only 5 attending, last year out of 37, 20-25 caregivers attended workshops (HV)

It seems that a lot of the anxiety about the poor attendance has to do with home visitor job requirements. While FCW management indicate that they would expect a workshop to have at least 10 people workshops are being run with fewer participants than this.

Some caregivers interviewed commented that they have not attended because they do not have childcare, the message comes too late to make arrangements, or they had attended and the home visitor wasn't there when they came. They proposed a regular time slot.

In some areas a group for the children is offered at the same time run by the team leader. This may be a draw card as caregivers expressed the wish that there could be more socialisation opportunities for the children. But there are challenges with taking children too.

Not everyone's free at 11 and at 1 must fetch child at school – could rather do in the pm so we can leave children at home with older children (Caregiver)

Need to find someone to care for children. Some have always taken their children no one to leave them (Caregiver)

If the weather is bad can't take babies with you (Caregiver)

In one focus group home visitors gave several reasons that parents in their area did not like the workshops (some home visitors in this group indicated that they are not prepared to offer them because they do not have sufficient allocation to cover expenses, so it is not easy to know how this relates to their comments about parent resistance).

They do come but they get bored especially when they have to comment. They are happy about the topic, but when it's time to comment they reply that they can't write especially now we do it every day (often) (HV)

FIF introduced new books and parents are moaning that they are not children, repeating what I learnt last week (HV)

A monitor came and promised that if a parent attended more than twelve times they are going to receive certificates. We told parents and they are not getting them (HV)

During workshops caregivers do not want to participate, writing or making dough and do not want icebreakers saying that they are not children (HV)

A common concern raised by Project Coordinators and home visitors is the lack of sufficient funds to buy necessary equipment.

We need stuff – the book asks for kokis, pens, stationery supplies, name tags, paper, we don't have these thing (HV)

Project Coordinators commented that other workshops in their communities offer food, but home visitors who have offered food from their own stipends have not found that this necessarily improves attendance, a fact borne out by the Programme Team.

Summary and points for follow-up

While project staff have reported on the benefits of attendance and the importance of workshops as part of the overall intervention, indications are that fewer than half the caregivers attended workshops and that regular attendance is far lower than that. There are suggestions that caregivers do not prioritise workshops, that times and bringing children may not be convenient. Take up of

the workshops may be negatively affected because the topics are not of interest to parents or by poor delivery of the workshops as well as logistics of timing and venue. It would be important to put in a system to monitor whether workshops are offered as intended (FCW management indicated that home visitors need more training in facilitation). While food has been mentioned as an incentive in some cases, it would be useful to explore others. A child playgroup may be an incentive provided that it is not used as a babysitting service. The frequency of workshops may be too much to ask of caregivers. A sufficient level of attendance should be determined (many programmes suggest 75%) and if this is not achievable workshops cannot be seen as a major delivery mechanism for all families and the model will require adaptation.

4.5 Enabling and Challenging Factors in Implementing the FIF Programme

Project Coordinators/team leaders and home visitors were asked about what facilitated running the programme and to identify the challenges. This feedback has been grouped into common themes. Some of these relate to the working conditions in the communities where the programme is structured, others to the programme requirements and support (curriculum materials, field supervision and support, training, reporting, recruitment, finance, caseloads and working conditions).

4.4.1 Factors Related to the Work Environment

Intrinsic motivation

The most frequently mentioned factors which made it easier to implement the programme related to intrinsic motivation: *loving the work, wanting to help children and the disadvantaged, being a people person*. Some home visitors reported that they have joined *in order to put bread on the table*. This is probably a more frequent motivation than reported and is a risk factor in terms of attrition if a better opportunity arises.

Parent interest and involvement

Parents who are interested; work with you; open their doors; brighten up when you visit; all make it easier to implement the programme. On the other hand uncooperative parents and those who do not participate fully in the visits are a huge challenge. This does not refer to off days (“Some parents, you can see the face, she is not okay today”) but is a much deeper problem of not valuing or engaging with the programme at all or not following through with stimulation when the home visitor is not there.

Some houses there are no people or sleeping, you have to go back. We work on planners, we do one every week. So in an hour you are meant to do three people but two are sleeping so you have to go back to the other side. Imagine if all your 12 are sleeping, have to work hours later. It happened to me (HV)

When visiting you find the caregiver busy and not willing to participate (HV)

Parents are interested when you are present but when you leave there is no continuation of stimulation and not helping children with homework (HV)

We advised parents to collect boxes and toilet rolls and they say do not have space and this boxes causes rats (HV)

Hard, when there is a parent who is not at all interested. 'I am tired, I am busy'. Sometimes you come to four of 8 houses where parent is not interested. We have to reach all these families. On Monday have to do 7 houses – I only found 3. I was so angry. Then I go back yesterday still don't find her. One mother I went 4 times. I said this is your child. The big problem is that you have to work with the mother. If it was just the child I could have done that any day (HV)

Summary and points for follow up

FIF has broad recruitment criteria - the caregiver must be unemployed, children not attending an ECD centre and families reliant on social security. Indications that many families repeatedly fail to meet their obligations in terms of availability for visits and participation in the sessions, suggest that recruitment criteria may need to be tightened or a cut-off point made with non-compliant families. Reports that working caregivers have been recruited and that some children receive the home visits at the crèche also suggests that home visitors are making up numbers rather than selecting according to criteria. Project Coordinators need to oversee recruitment more closely. Some of the new home visitors in the focus groups seemed to have little motivation or understanding of FIF other than it provides work.

Safety

Poverty, gangsterism and crime in many communities in which the programme operates were a common theme from Project Coordinators, home visitors and donors. For example a donor explained how crime had reduced enrolments in the area they are funding this year and this was difficult to explain to the fund's trustees. Working conditions are stressful and crime discourages workshop attendance. These quotes are typical:

Unemployed parents – some parents are selling drugs around me while I do my session because they have no income (HV)

Community dynamics can be hard to work with. The Sector Police Forum advises if we can enter. It is also dangerous to go into a house if men are there alone – I have been in and found three men sitting with a gun. The gangs do get to know the home visitors and protect them because they appreciate what is being done for their children (PC)

Where I work is it a big risk to walk – fortunately when I have my bag they know I am a home visitor. There are many gangsters and I cannot control where a bullet will go. Two bodies a week go out. There is rape and murder. The gangsters say I must walk fast and go home. I have to go for my stats or I won't get my stipend. I love the work but the money is also important (HV)

In our area (there's a) lot of gangsterism and shooting. It's not safe to walk at all. In our road right in front of my house last night there was shooting. They walk with guns. I have only had two workshops in the last few months (HV)

Some of the Project Coordinators mentioned that stakeholder involvement helped the programme to operate well and home visitors gave examples of networking.

Summary:

Working in areas where crime and violence are common impacts on home visitors' ability to deliver the programme as required.

Getting around

Several Project Coordinators and home visitors mentioned that distances between homes were a challenge. Although they organise their visits to cluster in an area, if families are not available they may have to come back on other days. Project Coordinators in rural areas mentioned the need for transport/ a vehicle.

Walking distances, the houses are far, worst part is when you arrive you find out the caregivers are not at their homes (HV)

An EPWP requirement for signing in and out at a central point was also noted as a challenge. In one area some home visitors have to take a taxi at their own cost to do this because the Project Coordinator has not been able to find an acceptable body e.g. a school or preschool close by which is willing to supervise signing in.

Very hot or wet weather made working conditions difficult and several requests were made for rain wear (coats and gumboots).

Summary and points for follow up

Distances that home visitors travel between visits and for clocking in purposes are time consuming and tiring and can affect implementation. Project Coordinators should assist home visitors to recruit homes that are reasonably close together, provide support in getting them to organise their schedules and identifying closer venues for signing in.

4.5.2 Factors Related to Programme Organisation, Systems and Resources

Curriculum materials

There was huge enthusiasm for the new field guide from the vast majority of Project Coordinators/team leaders and home visitors. It reduced planning time and gave the home visitor the security of knowing exactly what to do.

We got the green books; they tell you exactly what you must do (HV)

Outstanding, well set out, easy to follow the plan, you know what parent and child must do (HV)

Help you to be prepared when going to your visits (HV)

You are able to show parents we plan according/following the book (HV)

The field guide – it is much easier for home visitors, we can support but they can build on that (PC)

However, according to FCW management quarterly assessments had not been done.

Summary and points for follow-up

While programme staff at all levels appreciate the materials it would be useful to focus on whether materials are being used appropriately. Do all home visitors understand planning for different ages (some certainly do but others appear not to) and are they focusing on phonics, colours and numbers at the expense of the holistic development that FIF aims to facilitate? As quarterly assessments are not usually completed (and these are time-consuming and not differentiated by age) and as there is no plan for how they would be used, it would be sensible to drop this requirement.

Field support/supervision

Supportive supervision includes ensuring that the programme is running as intended (number and duration of visits and workshops, number of families/children, programme delivery as per manual) as well as ensuring that staff are adequately trained, supported, evaluated and that their conditions of service are adhered to. This would involve the FIF Programme Team, Committees and Project Coordinators and the team leaders.

FCW reported that they are giving a great deal of attention to the support and supervision as part of fine-tuning the programme. There are clear guidelines as to how Project Coordinators and home visitors should be assessed. One Project Coordinator commented '*It is an advantage to know what is expected in administration, the training and the quarterly workshops*'.

In addition to the Project Coordinators being required to accompany each home visitor on a visit for monitoring purposes once a month they '*must give a monthly report on all the supervisory visits they have done with home visitors (Programme Team)*'. FCW Programme Teams are in the field on a weekly basis too and also observe visits. They also meet monthly with the team leaders and have identified gaps with some of the home visitors through this process.

Half the Project Coordinators/ team leaders specifically indicated that the FCW FIF Programme Team has been very supportive which has assisted them in doing their jobs. The team leader system was also praised.

Nevertheless it appears that the support role of Project Coordinators and team leaders may vary across sites. In one site home visitors reported that the coordinator goes out with them if the parent wants to speak about something and then leaves. In another that she comes out a lot and helps if there is a new programme. In many cases this role falls to the team leader who seemed also to be playing a critical role in inducting new home visitors.

My team leader is good, helps and supports me. If something isn't okay she takes us aside and tells us what to do. She helps us with reports. If there is a problem we can talk about it (HV)

Have a very good team leader, at least once a week in the field with us. I was shown and supported on how to do the work (HV)

It was felt that team leaders should not have a full case load so that they are freer to perform the support functions

How can I be mentored if the mentor has also got 35 families?

Several home visitors reported that FCW provides weekly support in the field, observes how they work and provides feedback. FCW's instruction about what to do was seen to be very helpful. The frequency of this and visibility of FCW is new and in one case it was said *'they come a bit too often'*, indicating that this is taking some adjustment.

According to one Project Coordinator and FCW Management the field guide has removed the need for a planning meeting but there is meant to be a meeting for feedback referrals and emotional support. Some home visitors however talked of meeting every two weeks, some once a week, and some twice a week. FCW management feel that these meetings can be an excuse not to be in the field and that they should be limited, possibly once a month.

Meeting to debrief and share is a critical support for those working in difficult circumstances. A home visitor explained that meeting and *'feelings check'* helps her implement better. She feels that *"This prevents problems. We can't help others if we have a problem"*.

Good relationships are crucial for the good implementation of the programme and discussion of support and monitoring raised some issues of communication and relationships between committees, Project Coordinators, team leaders, home visitors and FCW.

For example only two Project Coordinators made a point of noting that their committee was helpful and enabled their work. However, FCW management have also noted that some Project Coordinators act independently of their committees, do not inform them of programme decisions and so on. FCW have had to ensure that committees are copied on all correspondence are invited to quarterly meetings and included wherever possible.

In one area home visitors raised concerns about overall support and supervision they receive highlighting both that the team leader was struggling and inadequately supported but also that they had *"No support from her instead she reports at the office that we are not working"*.

In some instances racial dynamics may be a factor in undermining relationships.

Summary and points for follow up

The level of support and monitoring FIF is working to introduce is critical for effective implementation and is an excellent practice. The need to tighten control at all staff levels and for all aspects of delivery and staffing is supported by the wide range of different practices that emerged in this evaluation. Monitoring quality of delivery in the visits could be enhanced by including more detail on facilitation, use of the session plans, and referrals. Paper work could be somewhat reduced by creating a cumulative form so that development of the home visitor can be seen over time.

In terms of relationships between the field staff and the Project Coordinators it would be useful for FCW to conduct discussions with all concerned to ensure that these are working well.

Training

Home visitor training is based on the following SAQA accredited unit standards

- Work with families and communities to support Early Childhood Development
- Prepare resources and set up the environment to support the development of babies, toddlers and young children
- Provide care for babies, toddlers and young children

- Demonstrate knowledge and understanding of the development of babies, toddlers and young children and
- Provide information about HIV and AIDS and Treatment options in community care and support situation

The challenge of ongoing training needs for replacement home visitors in the field was raised as a major issue. The training programme is usually offered once recruitment of new families and home visitors is complete at the beginning of the new financial year in April each year. Six weeks of training are offered, one week per month and during this period fewer visits take place. There is the general training and then field guide training. The general training is based on the unit standards above and covers background knowledge and methods. The field guide covers what needs to be put into practice in each session. FCW management is considering only training on the guide.

The fact that general training is only offered from April to September each year leaves a great deal of on the job training to the area projects. Project Coordinators report that when they get new recruits at the beginning of the year in service training takes a lot of time.

Within a month a new person may be able to be on their own (PC).

While waiting for formal training there is reliance on team leaders to mentor and on short workshops of two to three days. Home visitors feel this is insufficient.

Training – I don't know how they have got to where they are. Only three days. Need someone to guide me. We aren't all so clever (HV)

The workshops – SPICE - this is all the preparation we get (HV)

The manual - it's hard with 35 families and no experience. You may wish to go back and reflect. The Project Coordinator gives training HV)

I was also in the dark. Worked for 6 months without training (HV)

Some who had received FCW training commented that it is very good. There is a general request for certificates.

We don't get certificates which would help if we wanted to work in a crèche (HV)

I have matric; I want an accredited training can't stay here (HV)

In addition to home visitor training and refreshers FCW has identified the need for Project Coordinators to have management training. A short course on human resource management will soon be offered.

Committees are referred to in more detail below but they receive quarterly governance training as well as support to address common challenges such as home visitor turnover and how to implement the new programme.

Summary and points for follow up:

The challenge of sufficient training for incoming home visitors is a critical one as drop outs are frequent. Home visitors and parents alike have indicated dissatisfaction if they are not adequately prepared. Field mentoring for a few weeks and short workshops do not appear to be adequate

preparation and the comments from home visitors indicate their feelings of inadequacy. The mentoring and support of new home visitors appears to be ad hoc and to vary depending on the ability of the team leader or Project Coordinator. As it is not practical to offer the full training more than once a year there needs to be a more standard approach to on the job support. A further consideration may be to wait to replace drop out home visitors until training is due rather than making do for as many as 6 months.

Records and reporting

Different records and reporting templates were examined as part of the evaluation. They are listed in the References and Source Documents section below.

Poor reporting is a concern expressed by FCW management and the number of different reporting requirements and frequent changes of forms from DSD are a burden. Unfortunately a digital reporting system that was piloted, and which was greatly appreciated at all levels for simplifying statistical disaggregation and reducing paper based mistakes, has proved to be unaffordable at present.

DSD commented that they receive two arch files of evidence every quarter and that this is cumbersome for them but they need evidence of children accessing ECD programmes. They have tried to streamline by leaving more data at the project level with a register of all children attached to home visitors. However there are many reporting anomalies, for example in the latest quarterly report in excess of 10000 children 2000 children were missing. As FCW management explained, project generated registers and reporting forms are not necessarily synchronised. EPWP has additional reporting requirements.

Project Coordinators said that paperwork changes every year and that administration is burdensome. They related that home visitors generally hate administration and find it stressful. Some commented that *'reports are too complicated, home visitors don't understand sometimes, and are overcrowded with too much work'*. They commented on the need for training in reporting. Furthermore though they provide information about visits and statistics, reports do not appear to provide much information about how the programme is working and what needs to be adjusted or where help is needed. While there is provision to record challenges and successes on report forms these are filled in superficially, if at all.

Every HV had a whole book to complete this month (January). We have to check the reports and they are still not right (PC)

The stuff that comes up in the reports does not really help with management. It is a standard report and if the stats are not right you have to do it and do it and do it and still it may not be right. Have to check boys/girls age breakdown. Those are some of the stuff we are struggling with (PC)

Some of the home visitors reported that they do manage the reporting once it is understood, though it is stressful and time consuming. Others find it a huge burden (*'torture'*). Some complained that they have to pay for photocopies of reporting forms from their own pockets. In more than one area there were reports that parents complain and are suspicious about all the forms they must sign. This is a DSD compliance requirement.

Not difficult – but for every family, every day. There is a lot of writing (HV)

There is a whole report from Monday to Friday. There are 35 parents – we are meant to do it in the field every day (HV)

There are a whole bunch of pages. Parents want to know why they must sign. One for Social Development, one for FIF and one each for the workshop (HV)

We spent our own monies every Monday for copies for parenting workshops and 2 for home visits every day. You need a book that you have to tear to write the weekly report (HV)

In an effort to reduce paper one of the records – the family profile form – has been discontinued. However, this was the only record of children's status in regard to grants, immunisation, birth registration and so forth and would be valuable in ensuring that referrals are systematic rather than ad hoc. The current system of referrals may well be missing issues that should be followed up.

Summary and points for follow up

The administrative data is copious and compliance related and qualitative items which could be helpful for programme adjustment are seldom completed. Different projects are using different versions of forms. DSD requirements for separate registers are not understood by parents and create duplication. FCW should explore with DSD and EPWP the possibility of integrating the different reporting requirements with their own administrative data.

Certain key issues for programme tracking are not standard on reporting forms e.g. referrals are reported on in the monthly report but a consolidated record of all referrals which have been resolved would be helpful. There is no easy way to check which parents are regularly attending parenting workshops. In fact because parents often have different names than their children it is not easy to see which children might be benefitting from their parents attendance at parenting workshops. Parenting workshops are open to the general public which is a valuable service offering but it becomes hard to know how many FIF parents are there.

Proposals for adjusting the home visiting quality assurance form, introducing a workshop quality assurance form and reporting on referrals have been noted in different sections above.

As little of the monthly report form other than statistics is completed either by home visitors or Project Coordinators there may be more effective ways of consolidating inputs. For example at a team meeting led by the Project Coordinator or FCW Programme Team, there could be oral feedback and notes taken. In addition training for both Project Coordinators and home visitors should focus on reporting.

Recruitment of home visitors and families

Attrition of families and home visitors is an ongoing planning and delivery concern for FIF.

We are accountable (to DSD) for short falls and need data to back this up. We are 20 HV short and committee struggles to pick up. Families disappear – especially in the informal settlements; they go to the Eastern Cape and don't come back (Programme Team)

And if there are drop outs you have to find new families. So we need more than 35 families to allow for this (HV)

Family drop outs which appear to relate to their getting employment or migration is a challenge both when they do not inform the home visitor and in finding replacement families. One of the

home visitors interviewed had recruited working caregivers. In another area the focus group facilitator was told by the caregivers that most of their children were attending crèche but that the home visitors to and teach their children there.

The biggest drop out is in December/January and recruitment is time consuming (reportedly it may take until April for project numbers to stabilise). FCW staff mentioned that in some cases when home visitors drop out new families are recruited by new home visitors instead of the new home visitors taking up the existing families.

Despite this there are some families who remain in the programme for several years. All those interviewed expressed the opinion that a caregiver should participate in FIF from the time the child was born until they reached school. FCW has been exploring a shorter two year enrolment and to this end has introduced the ECD pledge. But there was no evidence of acceptance of this idea in the focus groups. A consideration is whether a caregiver would know enough about supporting children aged three to four years if she exited the programme before her child was this age. Attendance at parent workshops could fill the gap.

Staff turnover as a result of drop out of home visitors is also common and replacement of home visitors is a challenge for Project Coordinators who say that it is difficult to get home visitors.

This may cause the selection of inappropriate home visitors. For example, it appears that some people with jobs are being employed as home visitors – this came up in one of the focus groups and was also reported by the Programme Team who find them at work when they go to check on them in the field. One home visitor interviewed has her own spaza shop and the focus group facilitator was uncertain how she manages this with her home visiting duties. There is also some indication that not all home visitors selected are suitable for the job. For example:

The Programme Team reported that some of the mature home visitors do a better job.

Youngsters don't have kids and so get vloed out by parents - who are you to come and tell me... (Programme Team)

This was borne out when caregivers in one group were unhappy and said that their home visitor was too young and did not know what to do. FCW management indicated that the greatest number of drop outs were younger home visitors who were selected because of youth preferences for EPWP but tended to be overwhelmed by the responsibility.

Gender, language and lack of professional conduct are also a problem

I've got a mommy who went off the programme – she didn't feel comfortable with a man home visitor. I spoke to her and explained the benefits. Most of his prenatals, breastfeeding- the majority of women don't feel comfortable. He does the visit with me. A lot of husbands don't like it either (HV).

The programme has a lot to do with the calibre of the home visitor – they come and go. PCs put out feelers for interviews but they may not pitch, or drop out after a week. In one area they allow them to shadow for two weeks before they decide (Programme Team)

It is tough to get reliable people to do the job. Some go drinking with parents, hang out in shebeens. We explain that if you work in the community you need to be a role model (Programme Team)

In many of the areas we sampled Afrikaans/English speaking home visitors have Xhosa speaking families which is a challenge. FCW management indicate that they have difficulty attracting Xhosa speakers.

Difficult to explain to parents if you don't speak language (HV)

Summary and points for follow up:

Frequent drop out suggests that it would be worth reviewing the recruitment process for families and home visitors. Just as a shadowing process for home visitors helps them to decide whether they are interested in the work, perhaps there should be more of an induction for families. Perhaps the ECD Pledge is an attempt to do this. The use of clinics for recruitment of pregnant or new mothers is a promising new development as this is a time when assistance and support may be especially welcome to them.

Despite difficulties attracting home visitors, maturity regardless of age, recognition that women are uncomfortable with men and attempts to recruit Xhosa speakers are factors that must be addressed. The FCW management suggestion that Project Coordinators contact the job seeking desk for EPWP through their DSD contacts should be followed up as a source of potential recruits.

Case loads

Conflicting understandings were expressed of how rigid the requirement for 35 visits a week is if parents are not there or require more than a brief visit. Project Coordinators and home visitors spoke as if they would not be paid if they did not meet all these commitments:

I have to go for my stats or I won't get my stipend (HV)

If we have a course we have to still do the five hours after we get back (HV)

To some extent this appears to be driven by requirements of different FIF projects as FCW transfers the full budgetary amount for home visitors to the projects each month and the balance of what is not paid to home visitors remains in the project budget.

FCW management and the Programme Team were clear that the main issue was proof that home visitors had been in the field. If home visitors could not meet all the requirements for reasons beyond their control, they would not be penalised. FCW's rule of thumb is that you are not paid if you are not in the field and have not reported sick. The Programme Team indicated that if home visitors cannot go out to homes due to violence they are encouraged to offer workshops instead. The challenge is that reports do not reflect why visit numbers are low which is necessary to explain the situation (e.g. in winter when people sleep late and it is not possible to complete all the visits; or if the home visitor has to take additional time to counsel a parent).

An important, and possibly the main, factor affecting home visitor turnover is payment in relation to the work load and demanding working conditions. Payment is a factor over which FCW has relatively little control as there is as yet no funding formula for non-centre based ECD programmes which tend to be funded as 'make-work' opportunities, in this case via the EPWP. The case load which has been reduced from 60 per home visitor in previous years to 35 is determined largely by expectations from DSD about creating access:

I believe they have large caseloads, too large. We (DSD) are part of that problem, it is what we can afford now and they want to reach many families...

Both other donors expressed concern that home visitors were overloaded with too many homes /high caseloads.

One of the Project Coordinators raised the question: *'We have big totals but do we have impact?'* This question is the subject of a different evaluation but from the implementation point of view one should ask if it is possible to implement as intended within the working hours allocated for that number of families.

If you have meetings how do you visit 35 families? 25 mins 7 visits. Monday meeting 1 and a half hours and Friday. FCW wants 7 – 8 houses a day. Workshops were a focus for this week. A week for just workshops. (HV)

Too much work - families widely spread, concern about quality of programme if doing 7 visits a day (PC)

Because of the load Project Coordinators mentioned that if parents are not available when the home visitor arrives there is a *'temptation to crook'*.

Administration is time consuming and does not fit into the working hours.

(The) work we do doesn't end when we leave the house – do a lot after hours. I used to be a production manager. For every job there are certain hours, but it isn't like that for us. If you don't get a family you have to go back several times and fit it in. FCW contract is 5 hours, which is all that is covered. The rest is your time. Paper work doesn't fit in the 5 hours (HV)

Stipends, starting at R 1500, are low compared with other jobs (e.g. supermarkets) that become available, even though there are annual increases. The Project Coordinators feel that a salary rather than a stipend would help secure the right people for the work. Similar concerns were expressed by donors

Home visitors need to be acknowledged, to get a better stipend which will give greater commitment and greater continuity within the programme. We have been shown that because of the financial situation we cannot keep home visitors (Donor)

If they are remunerated on a better scale we could give them more responsibilities for example we (DSD) have home visitors, the Department of Health has home visitors, if we can capacitate ours to also look at health they could do a wonderful job – measurements of children etc (Donor)

The following home visitor comment expresses the general sentiment of field staff:

The work is a lot and the money is little – stipends are very little for the amount of work (HV)

Administrative difficulties with regard to payment add to home visitors' perceptions that they are not valued.

Our contracts are not ready. Demands of the management are heavy. We have to pay for telephone calls (HV)

We are very much in the background; we do a very good job. We have to wait for our pay. After two years I get R1500. We don't get pay slips so I cannot open an account (HV)

We work in sun and rain and work and work. But we have to wait most months to be paid. Last month we were paid on the 3rd. We have to use printer, ink. Reports have to be in by 20th (HV)

Payment is contingent upon the Project Coordinator and then the Committee submitting the reports and verification in time. If this does not happen payment and other contractual matters are delayed.

Deadlines don't mean anything to projects, which is why they don't get paid – they are meant to be paid by the end of the month. Family profiles have to be submitted monthly so FCW has this for quarterly reporting to DSD (Programme Team)

There was also a feeling that there might be other ways of showing recognition e.g.

(We) need to focus on the home visitor who works summer and winter and hard work – don't feel that they are recognised. Need a hat and raincoat (PC)

No bonus or long service recognition after years in the programme (PC)

A bit of a relax, counselling, there is a lot of stress, shooting, parents talk about you. A spa. You can't take this out on your family. FCW should assist with this (HV)

The Programme Team reported that there have been counselling opportunities offered in several project through local service providers and that FCW itself had offered social worker support but this had not always been utilised.

Summary and points for follow up

The need to improve salaries and working conditions is widely noted and current conditions such as the limited public funds for home visitors remain a challenge. Unless there is more than lip service to out of centre ECD provision through adequate budgetary provision the situation will continue. It means that the exit strategy for home visitors discussed in 4.6 below is extremely important in the absence of this being a viable job.

In the present situation what is important is to maintain a work ethic while encouraging projects to be reasonable and flexible if not all homes can be visited each week. This may also require discussion with EPWP and the Department of Social Development.

It is also important to take note of the fact that home visitors indicated that they do not feel appreciated (this may vary across projects) and to consider instituting some system of appreciation. This may help with staff retention.

Decentralised management system

The FIF model has a focus on capacitating and developing communities. As shown in Figure 1, the committee which is set up when the project is initiated in an area is a key component of FIF. FCW draws up a Memorandum of Understanding with the committee which is responsible for administration of the programme, the Project Coordinator reporting to them. Committees receive quarterly training from FCW, a monthly management fee of R3000 intended to be used for sundries

such as copying etc and a transport allowance for quarterly meetings if necessary. These committees are encouraged to register as NPOs and to raise their own funds. The intention is that as they become sustainable they would become 'franchisees' and take full responsibility for funding and implementation of the programme while FCW provides the model, materials and monitoring and evaluation. This exit strategy would release resources for FIF to start in other areas.

The community independence strategy was something that attracted DSD to the programme, though it is acknowledged that it is a '*very difficult thing to go it alone*'. FCW management report that several area projects are registered NPOs, some access Community Chest, Lotteries and other funding sources, but so far none of them have exited and some are completely reliant on FCW.

Some Project Coordinators raised concerns about whether an independent NPO could use the programme if it was autonomous, as FCW has registered the programme. Use of the programme has been explained so it may well be that another issue raised which is that '*fundraising is a challenge as DSD only funds FIF through FCW*' may be a deterrent.

The possibility of smaller projects receiving direct DSD funding in the current funding climate where the ECD budget has been cut and where funding has been centralised with a focus on working through fewer capacitated organisations is not promising.

There are also questions about how effectively area committees are managing the programme and the fact that committees are not stable. Different respondents including donors, FCW management and the Programme Team raised concerns about this. The 2014 internal evaluation identified a number of gaps in what the Project Coordinators, who are accountable to the committees, were doing in relation to their job descriptions.

While capacitating local communities is an important aspect of the FIF model, the area committee turned NPO does not seem to have much promise as a strategy towards scaling up FIF. The committees also add a layer of complexity which can reduce effectiveness. Where committees or Project Coordinators are inefficient this makes life difficult for home visitors and FCW and many of the administrative hiccups appear to be at the Project Coordinator/committee level. Requirements for the number of visits or how to manage hours differ across projects.

The administration fee of R 3000 and lack of educational equipment were a bone of contention, however the FCW Programme Team countered that equipment supplied had not been monitored and had gone missing.

Summary and points for follow up

The capacity of committees to adequately oversee Project Coordinators and FIF implementation and compliance requirements has been lacking in several projects. In addition there seems to be some resistance to FCW attempts to improve the quality of delivery and reporting. Project Coordinators may play into this by selectively withholding information from their committees so this is something that FCW has had to manage. In addition there is turn over in committees and training needs are ongoing.

In relation to developing FIF area NPOs which will take over the funding and implementation of the programme as a scale up strategy, this has proved very time consuming and no project has yet become independent. The funding climate militates against smaller less capacitated organisations being able to go it alone. If subsidies for children participating in non centre based programmes are

instituted, and this is a recommendation in the draft ECD policy, the situation may change. However in the interim offering the FIF programme on a 'franchise' basis to other capacitated ECD NGOs is probably a more promising scale up strategy.

Lack of finance

Inadequate finances for the workshops – equipment, venues and possibly for nutrition was raised by Project Coordinators and home visitors alike. In addition some projects lack toys, paint, crayons and scissors. Some home visitors supply these from their stipends in addition to paying for the copying of their report forms. Travel to meetings and sign in points also comes from home visitors' pockets.

We don't get stationery - we had only 5 crayons to teach 36 children (HV)

There are no toys - we are using improvised toys using rice making bean bags using our husbands socks (HV)

If homework is not done it is difficult to ask because the mother will ask "Where were you expecting the child to write the home work because you did not leave a book "(HV)

We need scissors etc, I must use my salary to buy these. Crayons. You get a thin crayon. I bought my own that don't break (HV)

The Programme Team however reported that each project had received ten boxes of educational equipment which had gone missing even though there had been training in a system for signing them in and out. They pointed out that for the visits 'educational equipment is like a bonus as we are meant to use things in the home'.

FCW reported that they were considering supplying stationery packs and toys directly as committees did not seem to be using their management allowance for this.

While project staff spoke of nutrition in relation to workshop refreshments, DSD have indicated concern that they have not yet been able to provide nutrition to children in FIF but that they are working on a plan in this regard. FCW has also been in discussion with Peninsula School Feeding Association.

Summary and points for follow up

Insufficient resources including consumables for running workshops and reporting forms is a problem and home visitors either pick up the costs or fail to provide certain activities. While this seems to partly be a lack of resource control at project level, FCW needs to determine if funds provided to committees are adequate for copies. If equipment is provided directly to projects, this will have to be closely monitored.

4.6 Developing a Cadre of ECD Workers

The FIF programme provides employment for 9 Project Coordinators 16 team leaders and 245 home visitors as well as opportunities for community management. These work and skills development opportunities are significant assets in the disadvantaged communities where FIF operates.

4.6.1 Developing Skills and Providing Opportunities

Project Coordinators/team leaders who have been developed through first working as home visitors in the programme commented on how this has developed their leadership and management skills and built their confidence and sense of personal satisfaction.

I became self-reliant and very assertive. I can take a stand and play a leading role (PC)

(I have) a lot of experience of how to work with people and to manage the programme in accordance with code of conduct of your organisation (PC)

Building relationships with HV and parents and networking with various stakeholders made a great impact in my life (PC)

It has been an awesome experience. Investing into people's lives has given me so much joy. Every day I witness people taking control of their lives. This has enriched my life more than I can explain (PC)

The reasons most often given for becoming a home visitor were about a passion for children and aspirations to build the community, which may well reflect a socially acceptable response, though there were many examples of respondents having previously been involved in community work of different kinds. Some home visitors had themselves been parents and some indicated that they had taken up the work because it was a job.

I was a parent, enjoyed it a lot, parenting workshops made me a better person. Wanted to share it (HV)

Children are my passion; I have helped out at school (HV)

I like working with children and parents in so much that I am also involved at church with the children's class (HV)

When you work in the community – you realise how many people are in need and the bottom line is that children are important (HV)

I previously worked at a crèche and they could not keep us one so when FIF came to the area I signed on (HV)

I had no work then joined FIF and began to understand that FIF deals with children (HV)

Joined because I'm just available. Heard from a friend and came to fill in a space (HV)

I was not working and having four children but managed to open up a spaza shop. I was also asked if I am interested to join as home visitor... then I came back to say I want to join (HV)

Home visitors talked about the most important things they had learned in the job. In many cases they mentioned key messages about what is important for young children but there were some more personal reflections and indications that involvement with FIF has helped (or will in the future help) their own parenting and make them resources in the community.

We can help and make a difference (HV)

When I worked in a factory I did not have time for my children, now I see how important this is. Then when my child goes to school and the teacher says who taught you to write your name she can say with authority 'My Ma taught me'. (HV)

For all my life I was a housewife and to become somebody working with children was quite an experience to get children ready for school, motivate parents to sit with child – was quite amazing (HV)

Should I have a child, I should teach him everything from an early age. Whatever thing I am doing I should tell the child (HV)

I was a shy person but now I am free to talk and address people I am also a parent who can support and advise parents and children (HV)

In view of the FIF exit and progression strategies for home visitors which include links with TVET colleges for ECD learnerships, home visitors were asked where they saw themselves in the next five years. A number of respondents talked about working in preschools or Grade R or other social service or community work, starting a crèche or other programme. While some of this is simply aspirational, others are clearly planning. So for some being a home visitor is the beginning of career development. There are others, some who identified themselves as older, who would like to remain in the programme.

I really like to work with children. Busy with research. I'm asking around for help. It's on the way. We have a Wendy house – will start small (HV)

I see myself as a teacher – I applied for a bursary at UWC since I have been working with kids, want to do more, there are so many that need that (HV)

I don't know where to start – I did apply for social work but results not good enough, now I am just grabbing opportunities (HV)

I would like to start an after care, with the intention of going to school to study teaching. I have been called in to one of the schools to teach. It is important that I register at Boland College so that I can get more skills (HV)

Go back to school get more education (HV)

4.6.2 Employment and Opportunities for Career Development

FCW management are careful not to employ full time home visitors because of minimum salary regulations so in theory they work about five hours daily though many indicated that it takes longer.

EPWP is the major funding stream but beneficiaries can only be in the EPWP supported programme for two years. FCW management also indicated that the exit strategy gives them fresh blood at a lower rate of pay.

DSD explained that the funding relationship to EPWP is not direct. Their own budget funds have been used for stipends but as FIF creates jobs they started reporting on it to EPWP. This should mean that good home visitors could be kept on beyond two years, but FCW indicate that EPWP has additional requirements to DSD and this needs clarification.

FCW management reported that some home visitors migrate into being team leaders and Project Coordinators, while others are ‘snapped up by local municipalities or local preschools or start their own preschools’. The proliferation of preschools is something about which DSD expressed reservations. Even though many home visitors move on to non ECD related jobs, the programme provides a springboard in which they gain confidence and become more marketable. Nevertheless those who move into other forms of employment or training are not the majority. FCW report that there are many home visitors who simply drop out and do nothing.

Home visitors have opportunities to further their studies with ECD occupational qualifications and to do other short courses but it is difficult to fit short course training into their schedules and to do a qualification they have to exit the programme. Some of the home visitors interviewed had concrete plans to move into education and community development related opportunities in the next few years. Requests for certification and accredited training were directly related to career progression and exit strategies.

We don't get certificates which would help if we wanted to work in a crèche (HV)

I have matric; I want an accredited training can't stay here (HV).

Summary and points for follow up

Development of programme staff in a variety of different ways is a clear benefit of the programme. Progress towards developing a cadre of out of centre ECD workers is limited because there is limited funding and as yet no formal recognition of this as an ECD job.

In response to the lack of salaried posts for home visitors FIF aims to provide a short term ECD placement with some options for career pathing into ECD or further study. This is a similar strategy to the Brazilian home visiting programme (*Primeira Infância Melhor*) and is supported by some of the proposals made in the Draft ECD Policy. However it does lead to a constant need for basic training of new staff and the loss of experienced staff who could bring more in terms of quality of implementation. In view of training costs and recruitment difficulties FCW should also consider a retention strategy for promising home visitors.

5. Conclusion and Recommendations for Improving Programme Implementation

In this section aspects of implementation that are working well and key gaps that will need to be addressed for FIF to operate effectively at scale are summarised. The evaluation was commissioned because of FCW management's awareness of some implementation gaps and the need to fine tune FIF. A number of provisions to improve implementation as intended have already been put in place and the proposals below could strengthen these.

- A manualised programme:
Significant provisions FCW has undertaken to standardise programme implementation include manualising the curriculum for both the home visits and the parenting workshops, and increased field monitoring and support by both Project Coordinators and the FCW

Programme Team. Ongoing training is taking place but the focus is on how the home visits are conducted. This is critical as evaluation data suggests that there are many inconsistencies in implementation including referrals, frequency and length of visits, and capacity to deliver the curriculum as manualised.

- Understanding of FIF goals and approach:

The programme aim of supporting the holistic development and school readiness of children (starting in pregnancy and continuing to school going age) by working through the parents is well articulated by those delivering the programme and the beneficiaries. The introduction of home work for the parent to undertake with the child has reinforced this approach.

Despite clarification that the parent is the programme delivery agent it is not evident that all home visitors are attempting to get parents to sit down with them and demonstrate activities with the child. This is something that will be assisted by regular monitoring of home visits and additional training. The other aspect of this is caregivers who do not display interest or make themselves available for the home visits. This may be because expectations are not explicit enough during recruitment and if so, should be addressed. FIF projects could also consider terminating programme involvement if caregivers cannot be encouraged to participate over a period of time as it was reported that there are insufficient home visitors to meet all the needs in certain areas.

The role of the home visitor as a referral conduit to services that would support the holistic development of the child is understood. While there is evidence of referrals, there is no indication that this is systematic and consistent. A change in how referrals are identified and reported could address this (see point 4 below).

There is significant evidence that many community members and services value the programme and recognise what it offers for families and children who do not attend preschool. However, the need for ongoing awareness raising with community stakeholders was noted for several areas and to gain the support of parents or stakeholders who are either disaffected by poor delivery in the past or threatened as in the case of crèches.

- Is the programme implementable as designed?

The viability of the parenting workshops and short weekly visits requires further testing. Parent workshop attendance is a key part of the programme as designed but many caregivers do not attend and while regular attendance by caregivers is necessary current records do not reflect the frequency of attendance. This data once collected over time and inclusion of workshop delivery in the monitoring done by Project Coordinators and the FCW Programme Team would provide useful information on whether adjustments to the workshop delivery frequency, content, and logistical concerns would increase uptake or whether workshops are not viable as a central pillar of the model. If so, FCW will have to consider other ways of meeting the objectives of the workshops (parent empowerment and social support as well as additional knowledge of programme content).

The 30 minute weekly home visits were introduced to provide frequent encounters to reinforce the curriculum but in some cases it appears that this is very rushed especially if the family is disorganised or if there are two children. The caseloads and working hours of the

home visitors require that they visit 7 homes a day and depending on distances between homes there is little leeway. It does not seem that the principal donor (DSD) would be willing to reduce cases as their imperative is to improve access. It is proposed that Project Coordinators and FCW Programme Team members who are observing home visits carefully monitor (over a period of time) what is actually possible in 30 minutes, whether parents who also attend workshops manage better with these short and frequent inputs than parents who don't attend. On the basis of these reports consideration should be given as to whether there need to be adjustments e.g. longer visits less frequently.

- Records, reporting and administration:

The administrative data is copious and largely compliance related and qualitative items which could be helpful for programme adjustment are seldom completed. DSD require separate registers and EPWP also has reporting requirements. FCW should explore with DSD and EPWP the possibility of integrating the different reporting requirements with their own administrative data.

The following suggestions are made with a view to tracking all the important elements of the programme and generating the qualitative data to inform programme implementation and marketing.

- Referrals should be systematised. Firstly basic data to ensure that all necessary issues are referred should be collected on a standard form (e.g. health records, grants, documents, social issues, school applications) rather than reported on in at the discretion of the home visitor in the monthly report. Programme Coordinators should submit consolidated records of all referrals which have been resolved or are pending.
- The home visiting quality assurance form would be more useful if elaborated to include more detail on facilitation, use of the session plans etc. Paper work could be somewhat reduced by creating a cumulative form so that development of the home visitor can be tracked over time.
- There is no quality assurance form for the parenting workshops and this should be introduced. In addition registers should be designed so frequency of attendance by individual parents can be tracked.
- The focus of reporting is statistics, numbers of families, children, visits and workshops, even though home visitor monthly forms provide for other valuable data about networking, challenges, successes etc. Given that training people to report is challenging and that FIF staff already feel burdened by requirements, FCW might consider more effective ways of consolidating inputs. For example at a team meeting led by the project coordinator or FCW Programme team, there could be oral feedback and notes taken.

- Developing a cadre of ECD workers

Recruitment of appropriate home visitors is challenging largely as a result of the demanding working conditions and payment of a stipend rather than a salary. Particular considerations are maturity, recognition that families are often uncomfortable with men home visitors, and the need for Xhosa speaking staff.

For those staff who remain in the programme, development of capacity, confidence, understanding of the importance of ECD, and their marketability for a range of related or unrelated jobs, are clear benefits. However, progress towards developing a cadre of out of

centre ECD workers is constrained by policy and funding provisions which do not yet formally recognise home visiting as mainstream to ECD service provision. As a result FCW has worked towards a strategy of providing a short term ECD placements through the Expanded Public Works Programme with some options for career pathing into ECD or further study. This necessitates constant recruitment and training for new home visitors. The loss of experience can impact on quality of delivery and reduces possibilities for deepening the intervention through the addition of other responsibilities. In view of these factors and a changing ECD policy landscape FCW should also consider a retention strategy for promising home visitors.

- Scale up through area committees developing into independent franchisees
Working through local committees as a scale up strategy has been challenging. Many committees lack the capacity and motivation to adequately oversee Project Coordinators and FIF implementation, compliance and resource control requirements and this requires constant management.

Developing FIF area NPOs which will take over the funding and implementation as proved very time consuming and no project has yet become independent. The funding climate also militates against smaller less capacitated organisations being able to go it alone. Should government institute subsidies for children participating in non-centre based programmes, and this is a recommendation in the draft ECD policy, the situation may change. However in the interim offering the FIF programme on a 'franchise' basis to other capacitated NGOs is probably a more promising scale up strategy.

In conclusion, the FIF programme is one of a relatively few programmes developed by NGOs which is in the process of scale up and having to tackle issues of quality control as implementation moves further from the direct control of the programme developers. As such it offers useful lessons for other interventions that are on the brink of scale up. FCW has recognised the challenges that FIF faces and is to be commended for putting in place a number of measures to address them. The majority of gaps identified in this evaluation have already been identified for remediation. Key challenges that FCW should still consider include the viability of the parenting workshop component of the model, workloads and exploration of alternative vehicles for scale up. Other factors such as career pathing and jobs for home visitors are public sector matters which it is hoped the emerging ECD National Policy may address.

APPENDIX 1 HOME VISITOR AND CAREGIVER INTERVIEWS AND FOCUS GROUPS

PARTICIPANT INFORMATION CAREGIVERS KLAPMUTS

FOCUS GROUP FACILITATORS: Afrikaans Group: Beryl Hermanus Xhosa: Linda Dlangamandla

AREA: Klapmuts

DATE: 12/2/15

Participant	Relationship of caregiver to the child/children mother, granny etc	Children in the programme (number and ages)	Length of time in programme	Caregiver Age	Language	Do you attend parent workshops?
1	Granny	4 year old	7 years		A	No
2	Mother	3 year old	5 years		A	Yes
3	Granny	2 year old	3 years		A	Yes
4	Mother	5 year old	3 years		A	Yes
5	Mother & Grandmother	4 year old 1 year old	1 year		A	Yes
6	Mother/grandmother	3 year old 5 year old	7 years		A	No
7	Mother	3 year old	14 months		A	Yes
8	Mother	4 year old 2 year old	14 months		A	No
9	Mother	3 year old	7 years		A	Yes
10	Grandmother	3 year old	7 years		A	Yes
11	Mother	3 year old	7 years		A	Yes
1	Mother	4 year old 2 year old	2 years	20	X	Yes
2	Mother/Aunt/Neighbour	5 year old 4 year old 4 year old	2 years	30	X	No

Participant	Relationship of caregiver to the child/children mother, granny etc	Children in the programme (number and ages)	Length of time in programme	Caregiver Age	Language	Do you attend parent workshops?
		3 year old				
3	Mother	2 year 2 months	2 years	35	X	Yes
4	Mother	4 year old	2 years	22	X	Yes

AREA: Franschhoek

DATE: 19/2/2015

Participant	Relationship of caregiver to the child/children Mother, granny etc	Children in the programme (number and ages)	Length of time in programme	Caregiver Age	Language	Do you attend parent workshops?
1	Mother	2 year old	1 year	31	A	Yes
2	Mother	1 year 9 months	3 years	18	A	Yes
3	Mother	1 year 7 months	1 year	44	A	Yes
4 and 5	Mother and Aunt	1 year 3 months	1 year	30/23	A	Yes
6	Grandmother	4 year old	2 years	40	A	Yes
7	Mother	1 year old	1 year	22	A	Yes
8	Mother	2 years 3 months	1 year	19	A	Yes
9	Mother/Aunt	3 year old 5 year old	2 years	23	A	Yes
10	Mother	Pregnant	1 month	18	A	Not yet
11 and 12	Mother and Friend	2 year old	2 years	32/24		Yes
1	Caregiver	2 year old	9 days	27	X	No
2	Aunt	8 month old	9 days	21	X	No

AREA: Atlantis/Witsand

DATE: 25/2/2015

Participant	Relationship of caregiver to the child/children Mother, granny etc	Children in the programme (number and ages)	Length of time in programme	Caregiver Age	Language	Do you attend parent workshops?
1	Mother /Aunt	3 year old 4 year old	3 years		A	Yes
2	Mother/Aunt/Cousin	4 year old 2 year old 2 year old	4 years		A	Yes
3	Mother	4 year old	2 years		A	Yes
4	Mother/ Aunt	4 year old 3 year old 1 year four months	2 years		A	Yes
5	Mother	1 year five months	2 months		A	Not yet
6	Mother	2 year old	2 months		A	Not yet
7	Grandmother	4 year old	1 month		A	Not yet
8	Mother	2 year old			A	Once
1	Mother	3 year old	2 months	21	X	
2	Mother	2 year old	2 months	24	X	
3	Mother	1 year nine months	6 months	24	X	
4	Mother	4 year old	2 months	24	X	
5	Mother	5 year old	1 month	32	X	
6	Mother	11 months	1 month	19	X	

AREA: Delft

DATE: 26/2/2015

Participant	Relationship of caregiver to the child/children Mother, granny etc	Children in the programme (number and ages)	Length of time in programme	Caregiver Age	Language	Do you attend parent workshops?
1	Mother	1 year four months	2 years		A	Yes
2	Mother	4 years	4 years		A	Yes
3	Great Grandmother	1 year 5 months	1 year		A	Yes
4	Mother	2 years	6 months		A	Yes
5	Mother	5 years	1 year		A	Yes
6	Mother	1 year 5months and pregnant	1 year		A	Yes
1	Mother	1 year old	2 years	25	X	Yes
2	Mother	2 year old	4 years	29	X	Yes
3	Mother	6 month old	2 years	27	X	Yes

HOME VISITOR FOCUS GROUPS

AREA: Klapmuts

DATE: 12/2/15

Home Visitor	Age	Gender	Number of families and children		Length of time in programme	Language
1	28	F	35	37	5 months	A
2	37	F	35	39	8 years	A
3	27	F	35	37	1 month	A
4	33	F	35	42	7 years	A
5	51	F	35	40	1 year 3 months	A
6	23	F	35	37	4 months	A
1	42	F	37	38	2 years	X

AREA: Franschhoek

DATE: 19/2/2015

Home Visitor	Age	Gender	Number of families and children		Length of time in programme	Language
1	59	F	35	35	3 days	A
2	30	F	35	35	1 year 1 month	A
3	46	F	35	37	2 weeks	A
4	31	F	34	39	2 years 4 months	A
5	36	F	38	42	1 year	A
6	40	F	35 (2 pregnant)	35	1 year	A
1	42	F	36	39	2 years (but left end of 2014)	X

AREA: Atlantis/Witsand

DATE: 25/2/2015

Home Visitor	Age	Gender	Number of families and children		Length of time in programme	Language
Atlantis						
1	46	F	35 (2 pregnant)	37	2 years	A
2	25	F	33	37	3 weeks	A
3	40	F	35 (1 pregnant)	36	2 months	A
4	47	F	24	24	7 months	A
5	45	F	37	37	10 months	A
6	19	F	30(2 pregnant)	27	2 weeks	A
7	33	F	21(4 pregnant)	24	2 years	A
8	22	F	20(2 pregnant)	22	1 year	A
9	40	F	22(1 pregnant)	24	3 weeks	A
10	40	F	20(1 pregnant)	20	2 years	A
11	32	F	35(1 pregnant)	38	3 years	A
12	28	F	35	37	2 months	A
13	37	F	23(2 pregnant)	25	2 years	A
Witsand						
1	29	F	35	38	1 year	X
2	27	F	35	35	3 months	X
3	25	F	35	35	2 months	X
4	26	F	18	18	3 days	X
5	28	F	35	39	2 years	X
6	29	F	35	36	3 years	X
7	27	F	35	36	3 years	X
8	28	F	35	36	2 months	X
9	39	F	35	35	3 months	X
10	25	F	35	36	9 months	X

AREA: Delft DATE: 26/2/2015

Home Visitor	Age	Gender	Number of families and children		Length of time in programme	Language
1	32	F	45	50	1 month	A/E
2	28	F	53(18 pregnant)	35	2 months	A/E
3	48	F	45(8 pregnant)	60	3 years	A/E
1	39	F	45	46	4 months	X
2	35	F	45	24	1 month	Not sure
3	42	F	42		1 month	
4	29	F	45		1 month	
5	33	F	45	46	1 month	
6	30	F	-		3 years	
7	35	F	48	52	10 months	
8	31	F	48	50	1 month	

APPENDIX 2: SURVEY AND INTERVIEW GUIDES

COORDINATOR SURVEY

To be completed individually (anonymously if preferred)

Age: _____ Gender: _____

Number of home visitors in your team: _____

1. What has your experience as an FIF coordinator meant to you?
2. What is working well?
3. What has been difficult or challenging?
4. What has helped you in your role as coordinator?
5. What else do think would help you to deliver the FIF programme well?

VIEWS ABOUT THE HOME VISITING PROGRAMME

Please think about the FIF programme...

1. What do you think the FIF programme is trying to achieve for the children and families?
2. What sorts of caregivers are likely to enrol in the FIF programme? What sort of people are they? Are there caregivers who don't enrol and if so why?
3. What in the programme do you think made the greatest difference to the children? Why? How do you know this?
4. What in the programme do you think made the greatest difference to the caregivers? Why? How do you know this?

Tell me about the Parent Workshops:

5. Why do you think the caregivers attended?
6. Was there anything the caregivers gained from the workshops that was different from the home visits?
7. Do people in this community talk about the programme? What do they say?

VIEWS ABOUT PROGRAMME IMPLEMENTATION

1. What things made it easier for you to run this programme in the way it is supposed to be run?
2. What made it difficult to run the programme in the way it is supposed to be run?

3. If you could change FIF to make it better, what would do you think should be changed?

COORDINATOR FOCUS GROUP QUESTIONS

VIEWS ABOUT THE HOME VISITING PROGRAMME

Please think about the FIF programme...

1. What do you think the FIF programme is trying to achieve for the children and families?
2. What sorts of caregivers are likely to enrol in the FIF programme? What sort of people are they? Are there caregivers who don't enrol and if so why?
3. What in the programme do you think made the greatest difference to the children? Why? How do you know this?
4. What in the programme do you think made the greatest difference to the caregivers? Why? How do you know this?

Tell me about the Parent Workshops:

5. Why do you think the caregivers attended?
6. Was there anything the caregivers gained from the workshops that was different from the home visits?
7. Do people in this community talk about the programme? What do they say?

VIEWS ABOUT PROGRAMME IMPLEMENTATION

1. What things made it easier for you to run this programme in the way it is supposed to be run?
2. What made it difficult to run the programme in the way it is supposed to be run?
3. If you could change FIF to make it better, what would do you think should be changed?

HOME VISITOR FOCUS GROUP QUESTIONS

Tell me about yourself as a home visitor

1. Why did you sign up to be a home visitor?
2. What are the most important things that you have learned from your experience in this programme?
3. If you think about what you would like to be doing in five years from now, what would that be?

Please think about the FIF programme...

4. What do you think the FIF programme is trying to achieve for the children and families?
5. What in the programme do you think made the greatest difference to the children? Why? How do you know this?
6. Do you think that the programme is more suitable for children at a certain age and stage? If so, what?
7. What in the programme do you think made the greatest difference to the caregivers? Why? How do you know this?

Tell me about the Parent Workshops:

8. Do many of the parents attend the workshops? Why or why not?
9. Was there anything the caregivers gained from the workshops that was different from the home visits?
10. Do people in this community talk about the programme? What do they say?

Tell me about implementing the programme

1. What happens in a typical home visit?
2. What things make it easier for you to implement this programme in the way it is supposed to be implemented?
3. What makes it difficult to implement the programme in the way it is supposed to be implemented?
4. How do you find working with the new materials?
5. How do you find completing the reports?
6. What sort of field support and supervision do you get?

7. What else would help you to implement this programme well?

CARE GIVER FOCUS GROUP QUESTIONS

1. What do you think the home visits you received and the parenting workshops are trying to do for parents and their children?
2. Why did you join FIF? What did you think you and your child/children would gain from it? (Probe whether they wanted this particularly for certain age child)
3. How long have you been part of FIF and how long do you think families should stay in the programme?
4. Tell me about a typical home visit, what happens?
5. Has FIF helped you and your family in any way (Instruction to interviewer: *Take open response, then probe for specifics such as skills development, support, enjoyment, linking to services etc*)
6. What in the FIF programme has made the greatest difference to you and your children?
7. Have you any suggestions for improving the home visits?
8. Do you attend parenting workshops? If not why not? If so did they help you in any way? How?
9. Any other feedback?

FIF DONOR INTERVIEWS

1. How and why did you come to support FIF (how does it further departmental/organisational aims)?
2. In which areas is FIF work supported by you?
3. Do/did you have any particular requirements in relation to curriculum, caseloads, approach?
4. How do you think it is going? What successes and challenges have you noted from your perspective?
5. Is there anything that you would like to see being done differently? Or scaled either in terms of reach or depth of service offered?