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Fostering Family Resilience: A Community Participatory Action Research Perspective

Serena Ann Isaacs ^a, Nicolette Roman ^b and Shantay Carlson ^a

^aDepartment of Psychology, University of the Western Cape, Cape Town, South Africa; ^bFaculty of Community and Health Sciences, University of the Western Cape, Cape Town, South Africa

ABSTRACT

Theoretically, increasing family resilience, may contribute to an increase the resilience of communities. However families in South Africa experience challenges to their resilience, often owing to a variety of historic, socio-economic, and political factors. Research and intervention planning that attempts to ameliorate the effects these factors, especially upon families who live within disenfranchised communities, should begin with a consideration of the relationships between researcher and community stakeholders. The aim of this paper is to discuss lessons learned during the process of intervention development in which the whole community (should they choose to) can participate. The Family Resilience Strengthening Programme is an intervention that was developed with the aim of strengthening family resilience processes using a participatory action research approach (PAR). Participants of this project were from a small, rural community from the West Coast of South Africa. We argue that PAR can be used to foster family resilience and, in so doing, can mobilise communities and their resources to increase community resilience.



Key lessons learned during this project is discussed and addresses aspects important in community engagement such as the quality of communication and a unifying of different stakeholder community groups. Moreover, we encourage researchers and practitioners engage with the value that communities contribute to research and intervention planning, and the need to maintain, and further develop, those relationships both throughout and after the research process.

KEYWORDS

Family resilience; community resilience

Introduction

The family is described as being the most basic unit of a society. It is the primary developmental context for all of its members/citizens (Gardiner & Iarocci, 2012; Makiwane, Gumede, Makoe, & Vawda, 2017). The family context, which may include an absence of family, frames the developmental environment and life course for every individual (Gardiner & Iarocci, 2012; Rabe, 2017). If families are the cornerstone for positive childhood outcomes, it may follow that strong families are a central component of strong

CONTACT Serena Ann Isaacs  sisaacs@uwc.ac.za  Department of Psychology, University of the Western Cape, Private Bag X17, Bellville, 7535, Cape Town, South Africa

communities, contributing to the strength of society at large (von Backström, 2015). As society changes, families confront increasingly multi-faceted challenges (der Kinderen & Greeff, 2003; Lietz, 2013; Walsh, 1996, 2016). Many of these challenges are psychosocial (Kliewer et al., 2017) and socio-economic (Botha, Booysen, & Wouters, 2018; Makiwane & Berry, 2013), including unemployment, poverty, substance abuse, community violence, and HIV/AIDS (Donald et al., 2017; Makiwane et al., 2017). These inevitably affect the family environment and each member. As much as families may contribute to stronger communities, the environments in which families find themselves should also provide adequate resources for the optimal functioning of those families. Low income, unemployment, inadequate housing, and poor education are all associated with low changeability and low flexibility in family functioning (Botha et al., 2018), can contribute to children's negative socio-emotional adjustment (Coley & Lombardi, 2014). If there are no supportive resources such as those described above, there is only so much development and growth that families living within a community can achieve. The adversities described here, are the case in many communities in South Africa, they pose a risk of, and create a context for, family units to become "multi-challenged" (Kliewer et al., 2017; Melo & Alarcão, 2011).

Many families in South Africa remain under-resourced, impoverished, and experience limited access to employment opportunities. This contributes to further experiences of poverty, substance abuse, and violence (Poverty Trends South Africa, 2017). The effects of apartheid dispensation's migrant labour system¹ and Group Areas Act (Mokomane, 2014) can also explain much of the inequality that is experienced. This has had a particularly damaging and long-lasting effect on families within rural communities (Buhlungu, Wilson & Bank, 2017; Smit, 2001).

The aim of this paper is to demonstrate the lessons learned and processes involved in the development of a contextually-based family resilience programme, the Family Resilience Strengthening Programme, (FRSP) using a participatory action approach within a rural area. This was part of a larger PhD project which documents the process of developing this intervention for and with this community on the West Coast of South Africa.

The structure of this paper begins with a brief overview of the Family Resilience Theory, the Participatory Action Research (PAR) as a method used in community development, and then describes how this method was used in a larger study to develop a programme for strengthening family resilience, and how different community-level factors influenced the development of the programme.

As mentioned, the family plays a critical role in the development of positive child outcomes. The family unit can be a source of great mediation, or of great risk (Walsh, 2016). Families are responsible for (and, by their own communities, are evaluated on) their ability to provide for children economically, creating a sense of belonging, providing nutrition and health services, safety, learning opportunities, and spaces within which children can learn to communicate and socialise with the broader community (Masten & Monn, 2015). The context and conditions of that broader community likewise effect the quality of life in the family. Conditions such as socioeconomic status (Botha et al., 2018), community levels of safety, availability of quality education and libraries, healthcare (Masten & Monn, 2015) and the quality of the social relations between members of the community (Walsh, 2016), greatly influence the ability of families and family members to function adequately. The community therefore, has a central role in fostering both child and family resilience.

The context of the intervention

The site for the research was a rural fishing community 280 km north of Cape Town. The community is a popular tourist destination because of its beaches, crayfish and Bird Island (Lamberts Bay Area Plan 2017–2022). Unfortunately, with the decline of fish stock and stricter fishing regulations, employment opportunities have declined. The town also experiences high substance use rates and low education levels. According to a national census, Census 2011 (Statistics South Africa, 2011), at the time of the study, the town had a population of 6,120 people (50.9% female and 49.1% male). The majority of people living in Lambert's Bay were classified as "coloured" ($n = 4561$; 74.52%), with far fewer "white" ($n = 973$; 15.89%) and "black" ($n = 549$; 8.97%) people. The predominant language, Afrikaans, was spoken by 85.3% of the population within the municipal region. Afrikaans was the language within which most of the communication, data collection, feedback meetings and presentations were conducted. There were two primary schools in the community, whilst the nearest secondary school was in a neighbouring town. Moreover, members of the community were found to experience varying levels of adversity including high unemployment. The research emerged from a longstanding relationship between the researcher, the NGO, and the community.

This community was selected in light of the relationship that the primary researcher had developed with the community as part of previous community engagement. Previous meetings and activities with the NGO had highlighted the various issues they faced as a service providers and as community members. They reiterated some of the community challenges as described above and further emphasised issues such as substance use and abuse, school drop-outs, low employment opportunities and low levels of parental and other care-givers involvement. This led to further discussions regarding family life in the community and, ultimately, the decision to focus on a research project which would develop into a tangible output to assist the NGO strengthening families (i.e. the FRSP).

Family resilience framework

Family resilience is defined as: a family's capacity to maintain or improve its functioning, within the context of challenges (Walsh, 2016). Walsh (2016) stipulates three primary processes for strengthening family resilience through: family communication patterns, belief systems, and organisational processes. This theory is grounded in both a systemic and developmental perspective, allowing for a comprehensive theoretical approach to family functioning. According to Walsh (2016), a family resilience perspective both describes and explains important processes in family functioning within the context of adversity. Therefore this theory provides a comprehensive perspective for understanding how families can function, how they may be challenged and what processes can be put in place to strengthen that functioning within adverse circumstances. Given the context of the community members, this theoretical frame was found appropriate to use as a basis for not only understanding family functioning within the context of various challenges, but also as a conceptual basis for the intervention that would be developed.

There are three overarching dimensions within which lie nine "keys to resilience". As noted, the three overarching dimensions are (1) a family's belief system (which includes making meaning of adversity, valuing transcendence and spirituality and maintaining a

positive outlook); (2) communication processes (which include effective problem-solving, open emotional expression, and sharing clear and consistent messages); and (3) organisational patterns (which include a family's adaptability and flexibility, social and economic resources and family connectedness).

The family as a site for intervention

The family is often targeted as the site for intervention (Morison, Lynch, & Macleod, 2016). In South Africa, however, while gains have been made by providing access to social and mental health services, there remains a significant lack of resources for much-needed community-based services (Petersen & Lund, 2011). Deep and nuanced historical roots compound the need for all of these services. Garrard, Fennell, and Wilson (2017) report some of the stressors experienced by rural families include a difficulty in accessing necessary support and healthcare, frequent and expensive travel, increased fiscal and employment demands and familial separation. In their study, both community support and family communication intervention were found to be an essential protective element for families. The White Paper on Families in South Africa (Department of Social Development, 2012) places emphasis on strengthening families, however, very little emphasis is placed on the research that leads to intervention development and how particular community research strategies can be implemented to strengthen family resilience and enrich communities (Isaacs, Roman, & Savahl, 2018a).

Wallerstein and Duran (2010) stress the urgency of developing appropriate interventions, and cite some issues encountered in intervention development that inevitably affect its impact: distrust between developers and participants; distrust within under-represented communities (such as multi-challenged families in rural communities); and the often-prescribed, one-way approach to intervention development. They argue a community-based participatory approach as an effective approach in the development of interventions and thus can lead to greater intervention efficacy (Gardiner & Iarocci, 2012; Nadeau, Jaimes, Johnson-Lafleur, & Rousseau, 2017; Wallerstein & Duran, 2010). As was found in this study, using a participatory approach advanced the creation of the FRSP as being created for families, as the recipients of the intervention, and as a result of the partnership between the researcher and the community.

Participatory action research in community

Wood (2016) asserts that when researchers wish to promote sustainable community development, PAR, as a methodological and epistemological approach, allows the researcher to reflect on the process continuously and places more importance on the community's perceptions and experiences. PAR is part of a larger family of critical pedagogy, community psychology/research (Kagan, 2012) and action research (Kemmis & McTaggart, 2008). As such, this type of research calls for more than a collection of data and analysis of the results; it involves raising critical consciousness of the researcher, participant(s) and community (Kagan, 2012). In other words, such an endeavour is neither free of value nor is it neutral (Herr & Anderson, 2005; Visser & Moleko, 2012). Therefore, PAR was chosen as the project involved not merely the collection and analysis of data, but the co-creation of contextual knowledge, specific to the families living within this community. In addition,

the FRSP would be housed by the NGO in the community and presented to the families who live there.

There are three components that characterise PAR: the shared ownership of research projects; community-based analysis of social problems; a vision and, more importantly, implementation of community action (Kemmis & McTaggart, 2008). As such, this type of research calls for more than the traditional research approach but rather involves raising the critical consciousness of the researcher, participant(s), and community (Kagan, 2012). PAR also requires a researcher to be sensitive to, and conscious of, contextual factors that influence community members' lives. In addition, PAR is reflexive in nature, influenced by context and culture and, most importantly, connected to action (Baum, MacDougall, & Smith, 2006). Therefore, a research approach such as PAR is aligned to and can contribute to the development of programmes and services that are more aligned with, and can create more awareness of, family and community needs, can impact those needs, as well as bringing about social change for social justice.

The NGO was the primary liaison between the researcher and the community as well as the main contributor to the research project. They often work with limited staff (no more than five permanent staff members); however as a service organisation, they have more experience with and a better awareness of the issues facing the community than the researcher. They received regular feedback on results, engaged in several discussions regarding those results, participants and provided guidance on the best way forward during the process.

Development of the family resilience strengthening programme

Aim of the larger study

The aim of the larger study was to develop a contextually based programme for families, designed to increase family resilience processes in a low-income, rural community on the West Coast of South Africa. The study had three objectives, aligned with the overall intervention mapping research design. These were:

- To assess and explore family resilience in a rural community on the West Coast of South Africa, in order to identify family resilience needs.
- To conduct a systematic review, to identify theoretical and best practice models of family-based interventions.
- To design and develop a contextually based family resilience programme for the rural community using the Delphi study method.

Methods and procedures

Overall, a multimethod approach was implemented, framed within an intervention mapping research design. Multiple community members and organisations collaborated in the study, within which a combination of qualitative, quantitative, systematic review and Delphi methods were incorporated. The focus area for the study was brought to the attention of the primary researcher during a meeting with the NGO concerning the state of family life in the community. Owing to the development and implementation of the *White Paper on Families in South Africa*, at the time, (with family resilience

being one of the key foci in strengthening families) and the NGO's need for a focus on strengthening families, the study's aims and objectives were developed as part of a PhD study. In consideration of the aims and objectives of the study, the epistemological positioning of the study was located within a subset of the action research (AR) paradigm, namely participatory action research (Kemmis & McTaggart, 2008).

The larger study consisted of three distinct yet cyclical research phases, in order to address the three objectives of the study (see Figure 1).

Phase 1: An explanatory mixed methodological sequential design was implemented for the first phase. According to Ivankova, Cresswell and Stick (2006), data are first collected and analysed quantitatively. This information provides a general understanding of the research problem – in this case, the perceptions of family resilience – and so informs the second, smaller, qualitative stage which builds upon the first (Ivankova et al., 2006). This type of assessment, conducted both for and with community stakeholders, resulted in the identification of tentative performance objectives (van Oostrom et al., 2007). A mixed methods approach was used as an important way for families to be assessed in context, from a multisystem perspective (Walsh, 2016). To identify the levels of families resilience (objective 1), the Family Resilience Assessment Scale (FRAS, Sixbey, 2005) was administered to 656 family members across the community. This scale was developed within Walsh's framework and assesses Walsh's specified family resilience process (Faqurudheen, Mathew, & Kumar, 2014).

Ten local community members were trained in data collection, ethics and tasked to collect data across the community. Some fieldworkers were volunteers of the NGO and

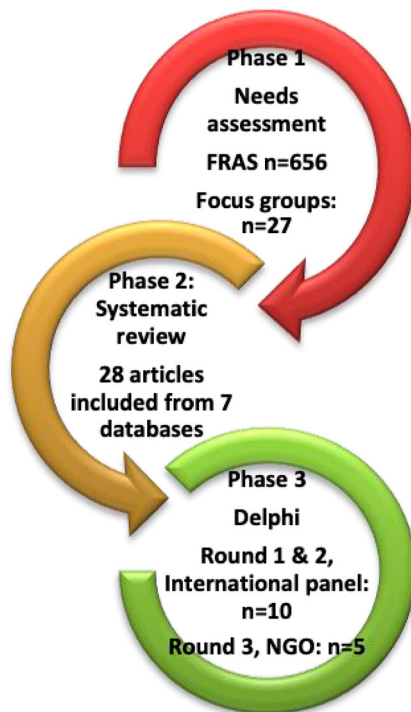


Figure 1. Overview of the research method of the larger study.

others were recruited through word-of-mouth. The training was a good opportunity to not only teach but also to receive and engage in feedback regarding the questionnaire, its items and applicability to the families in the community. Data was first collected with a small group of participants. This was a pilot and fieldworkers provided feedback on how participants perceived the questionnaire and how they experienced data collection overall. That feedback was incorporated in the final questionnaire version for the larger data collection phase. The fieldworkers provided valuable feedback on their experiences and this is discussed in lessons learned below.

Thereafter, the smaller, qualitative component of the explanatory mixed methodological sequential design was implemented by conducting four focus groups with different cohorts, i.e. family members, NGO staff members, religious leaders and teachers. These cohorts provided valuable input on their perspectives on family life in the community. As feedback of the quantitative findings were presented to all the qualitative cohorts, they were able to engage with the implications of those findings. The qualitative component assisted in providing more in-depth exploration and explanations of the quantitative results. Further information can be found in Isaacs, Roman, and Savahl (2018b).

This phase highlighted perceived risk and protective factors present for families in the community as indicated by the questionnaire and the focus groups. For example, lower levels of family connectedness, family communication, and utilising social and economic resources were found. Moreover, the community also reported high levels of family spirituality and making meaning of adversity. It was successful in evaluating which family processes might need strengthening, within a family resilience perspective, but also in reference to the context and community views. For example, the mean-analysis of the quantitative data identified family connectedness, and utilising social and economic resources, as low-scoring; however, the qualitative focus groups identified family communication as being a problem in the community. While the quantitative analysis found family communication to be generally high, the focus group cohorts (religious leaders, teachers, NGO staff and some families from the community) felt that, given what they experience daily, this was not accurate and should be a focus of the programme.

Therefore, the objectives of the intervention were tentatively defined as follows: (1) to increase family communication between members; (2) to increase a sense of family connectedness; and, (3) to increase the knowledge and use of social and economic resources.

Phase 2: This phase was conducted using a systematic review. The systematic review was helpful in identifying the available literature on theoretical practice models for intervention developers, and so addressed the second objective of the study. The flow diagram below describes the systematic review process [Figure 2](#).

This phase did not particularly involve community stakeholders, however, it did identify important aspects of the family intervention development process. The results of this phase were shared with the community NGO. Further information on the protocol can be found in Isaacs, Roman, Savahl, and Sui (2018). This phase highlighted important processes to consider in intervention development. Family-based interventions tend to favour a strengths-based rather than a deficit-model approach; additionally, an integral consideration is having a working knowledge of the theoretical framework and the phenomena under study. The main practical strategies or processes, identified in interventions, were psychoeducational and skills/action-based: exploring the topic at hand, and having families learn more about the topic, and then allowing a practical activity (or

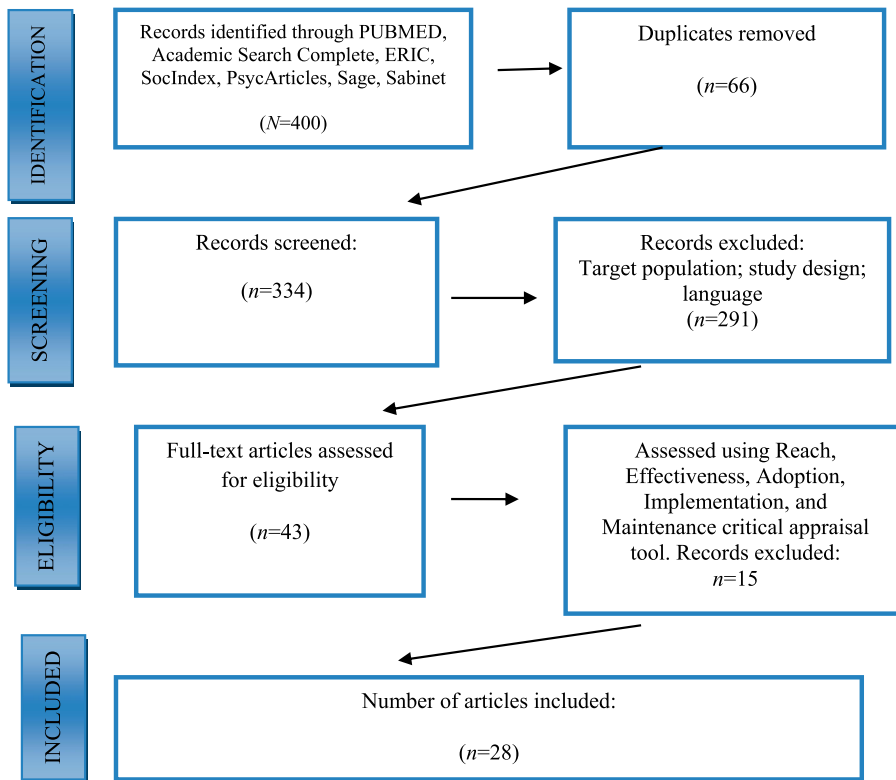


Figure 2. Flow diagram depicting the systematic review protocol (Isaacs et al., 2018).

activities) to consolidate the information (Liermann & Norton, 2016; Saltzman, 2016). Increasing emotional and social support, as well as, communication between family members was key (Ho et al., 2016; Stiel, Estrella, Wang, & Distelberg, 2014). Another popular strategy in intervention development was found to be the use of booster sessions, with manuals developed for the intervention, as well as, a comprehensive evaluation plan (Belza, Toobert, & Glasgow, 2006; Melo & Alarcão, 2013; Turner, Richards, & Saunders, 2007). Additionally, most of the articles in the review reported a level of flexibility as being essential to successful intervention implementation (Melo & Alarcão, 2012; Rey & Sainz, 2007; Turner et al., 2007). Engaging relevant stakeholders was arguably one of the most important factors noted in the intervention outcomes; especially in low-income, rural, or “harder-to-reach” settings (Ruffalo, Kuhn, & Evans, 2006; Tyler & Homer, 2008; Williamson, Knox, Guerra, & Williams, 2014). Based on the findings of the systematic review, the PAR approach used in the dissertation was one of the most significant contributing factors in the development of the programme. The findings of this phase and the previous phase were the foundation of the final phase of the study: developing the family resilience-strengthening programme.

Phase 3: The Delphi design was implemented to provide ideas and recommendations in terms of structure and content of the programme. The classic Delphi is particularly useful for developing programmes (Skulmoski, Hartman & Krahn, 2007) as the aim is to have a panel of experts provide ideas and recommendations on a topic (Hasson & Kenney, 2011).

This can be accomplished in different formats such as online, via workshops or roundtable discussions over a period of time, until consensus is reached amongst the panel. This design also fulfilled the last objective and ultimate aim of the study: to design and develop a family resilience programme. The Delphi was conducted with two cohorts. The first cohort was a panel of experts in their respective fields, and the second cohort was comprised of NGO staff members. The participants for cohort 1 were recruited by the use of non-probability, bibliographic information (internet searches), and snowball sampling. Participants were required to have knowledge of, or experience in, the field of child and family psychology and/or family resilience.

Initially, 40 participants were emailed, requesting their participation in a three-round Delphi study. These selections were made based on their authorship in the articles identified in Phase 2. Potential participants' bibliographic information was researched and contact was made. They were also asked to nominate additional candidates (snowball sampling) should they themselves not be available. Closer to 40 candidates were contacted. Although 12 out of those participants initially agreed to participate, only 10 participated throughout the process. The NGO selected the stakeholders who would form part of the focus group discussion, and five staff members (social workers) were interviewed.

Summary of findings of the FRSP

According to Maiorano and Manor (2017), an active participatory approach has been shown to be associated with outcomes that are more positive. Ultimately, the findings of the third phase comprised the translation of the data into an intervention designed to increase family resilience processes for a rural community on the West Coast of South Africa: The Family Resilience Strengthening Programme. The family resilience processes that were focused on in this programme were: family communication (Talking together), family connectedness (Closer together), and utilising social and economic resources (Working together). The module "Working together", describes a part of the intervention which engages participants in matters of financial budgeting and learning about resources which might be valuable to them. Many in the community are not always aware of different opportunities available for education such as bursaries or social services such as group therapy. Additionally, one process, which was not explicitly stated in the family resilience theory, yet was indicated as essential in the Delphi by both cohorts, was family reflection (About Family). Phase 1 and 2 of the research resulted in a set of guidelines for the performance and change objectives of the programme. Phase 3 resulted in decisions regarding the format, setting, and duration of the programmes. To maintain the contextual diversity and participatory action model used in the development of the programme, the FRSP then continued to be implemented with a "guideline" approach, so as to not be prescriptive in activities; goals were directed by the participating families themselves (Walsh, 2016), and facilitators were encouraged to be flexible in their approach. For further information on this phase, refer to Isaacs et al., (2018a).

In terms of evaluation, a process of reflection was also incorporated into each module so that participants of the FRSP could reflect on aspects, such as which activities had benefited them, which activities or processes they felt should change, and so forth. This incorporated two key processes in PAR: reflection, and the cyclical nature of community engagement. Participants were thus able to focus on their strengths as a family, and there was a "give-and-take" relationship between facilitator and participant.

Lessons learned

The community encompasses a central role in promoting family functioning and therefore family resilience and positive child outcomes. Within this study, PAR provided a valuable approach to encouraging community awareness and participation, and in so doing it improved conditions of family life in the community. For example, as a result of the FRAS survey, a fieldworker reported that the questions made him think about his family from a different perspective and what he could do to grow closer to his family. Wood (2016) suggests that “emancipatory outcomes” in a PAR approach can be challenging in a low socioeconomic community. It is also especially challenging in academia to engage in meaningful and lasting community development (Wood, 2016). It was incumbent on the researcher to reflect on not only the aims and objectives of the project, but to also be cognisant of the *possible effects* of their chosen research methods, the *quality* of their relationship with the community, and the *action* that would take place after the research was completed.

When researchers wish to promote sustainable community development, PAR is a methodological and epistemological approach, which allows the researcher to reflect on the process continuously, and places primary importance on the community’s perceptions and experiences (Kemmis & McTaggart, 2008; Wood, 2016). The NGO and other stakeholder groups regularly received feedback on the findings. Both the researcher and stakeholder groups engaged in discussions regarding what they believed was the best way to proceed during the intervention development. In this way, the NGO and local stakeholders were the co-creators of knowledge in the study, from its inception to the development of the intervention. The primary researcher trained community members in research, data collection, and results were presented with feedback being incorporated into subsequent phases. This process culminated in enhancing community members’ skills and providing them with the opportunity to actively control the process. Their feedback on the research process and questionnaire, and their experience and opinions of a family resilience programme, were invaluable to the bottom-up approach of the study.

PAR is not only a method but also a process, which additionally requires developing a relationship with the participants, and being conscious of power dynamics that can play out during the process (Kagan, 2012). PAR involves a series of cyclical processes that are iterative, reactive, and emancipatory (Kemmis & McTaggart, 2008). The locus of control in PAR shifts from problems being “out-of-their-control” to one where communities are able to take ownership of their problems and address them (Mertens, 2007; Herr & Anderson, 2005). The nature and quality of the communication between the researcher and the community is important. Moreover, assisting different community organisations to communicate with one another is more helpful for the community as a whole.

In this study, multiple cohorts benefitted from the NGO, religious leaders, teachers and community volunteers involvement. For example, during feedback of some of the quantitative results (in phase 1), some religious leaders encouraged church members to seek appropriate social support by putting information in church leaflets in addition to seeking spiritual advice. This is just one example of how the connections between social resources and support can be stimulated and strengthened. The research became the catalyst for a dialogue of collaboration between groups who would previously have worked “in silos”. This connection was a function of the widespread reach of the FRAS survey;

it stimulated conversation between religious leaders and the NGO in terms of how they could work together. Another example of this was how, in the administration of the survey to community members, many fieldworkers reported that the participants were so moved by the questions that they sought assistance from the NGO afterward. This collaboration increased participation by many stakeholders including teachers, religious leaders, the NGO, and local family members. The relationship that the primary researcher has with the NGO also influenced the level of participation and enthusiasm by other community stakeholders who were unfamiliar with the researcher. For example, meetings can often be met with silence when participants are strangers to the researchers. Since the primary researcher has been known to the NGO for a number of years, the NGO played a significant role in bringing stakeholders together and creating comfortable and open talking-spaces. According to Maiorano and Manor (2017), intervention efforts might unconsciously be minimised by participants being passive recipients of a programme. Through this process, many community cohorts (the religious forum, teachers, or the NGO), were encouraged to buy-in, and were more likely to participate in the programme and encourage their respective members to participate as well. PAR principles were well-aligned for respectful, collaborative, and meaningful engagement.

Conclusion

The aim of the paper was to demonstrate the processes involved in the development of a contextually-based family resilience programme, using a participatory action approach within a rural community. The central thesis of the study was that by engaging the community in the investigation and development of an intervention, the community could play a central role in improving both family-level and child-level outcomes. While community engagement can be challenging, since not all research and practice outcomes can be realised meaningfully and lastingly (Wood, 2016), the processes of this study engaged the community successfully. The focus of the research, which was family resilience as a community need, instigated communication between and among stakeholders that continued beyond the study environment, and the quality of the relationship that was built between the NGO and the researcher has led to long-lasting and continuing friendship. The FRSP will be piloted and evaluated shortly.

Note

1. Migrant labour, implemented during apartheid South Africa 1948–1994, was a system in which typically unskilled workers were forced to gain employment too far from their own homes, however were not able to take up permanent residence in their area of employment. Many men especially were forced to do this for their families to survive (Smit, 2001).

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Notes on contributors

Serena Isaacs is currently a Senior Lecturer at the Department of Psychology at the University of the Western Cape. She has a PhD in Psychology with a focus on understanding and strengthening family and community resilience. She is currently involved in postgraduate research supervision as well as teaching research methods, statistics and community psychology at an undergraduate and postgraduate level.

Nicolette Roman has a PhD in Psychology and rated as an Established Researcher nationally. She currently holds the position of a South African Research Chair in Human Capabilities, Social Cohesion and the Family in the Centre for Interdisciplinary Studies of Children, Families and Society, in the Faculty of Community and Health Sciences, at the University of the Western Cape. Her research focuses on strengthening the family through the parent-child relationship, understanding and developing family capabilities and the transference of the capabilities to children in the family as well as understanding the role of the family in social cohesion. Her recent interest is family life during the COVID-19 pandemic. She has published and presented her research both locally and internationally and has grown the critical mass in family science in South Africa. She has also received awards for research excellence in community and health science.

Shantay Carlson holds a Masters degree in Research Psychology from the Department of Psychology at the University of the Western Cape. Her research interests are in various aspects of family and community psychology.

ORCID

Serena Ann Isaacs  <http://orcid.org/0000-0002-5952-8614>

Nicolette Roman  <http://orcid.org/0000-0002-4506-437X>

Shantay Carlson  <http://orcid.org/0000-0002-2720-8456>

References

- Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of Epidemiology and Community Health, 60*, 854–857. doi:10.1136/jech.2004.028662
- Belza, B., Toobert, J., & Glasgow, R. (2006). RE-AIM for program planning: Overview and applications. The National Council on Aging's Center for Healthy Aging. Retrieved from https://www.cdpn.ca.gov/programs/cpns/Documents/Re-Aim_Brief.pdf
- Botha, F., Booysen, F., & Wouters, E. (2018). Family functioning and socioeconomic status in South African families: A test of the social causation hypothesis. *Social Indicators Research, 137*(2), 789–811. doi:10.1007/s11205-017-1600-x
- Buhlungu, S., Wilson, F., & Bank, L. (2017). *Action dialogue and workshop: Historical legacies and contemporary realities* (Migrant Labour in South Africa. Conference Report). East London: HSRC.
- Coley, R. L., & Lombardi, C. M. (2014). Low-income women's employment experiences and their financial, personal and family well-being. *Journal of Family Psychology, 28*(1), 88–97. doi:10.1037/a0034998
- Department of Social Development. (2012). *White paper on families of South Africa*. Pretoria: Department of Social Development. Retrieved from http://www.dsd.gov.za/index.php?option=com_docman&task=cat_view&gid=33&Itemid=39

- Donald, K. A. M., Fernandez, A., Claborn, K., Kuo, C., Koen, N., Zar, H., & Stein, D. (2017). The developmental effects of HIV and alcohol: A comparison of gestational outcomes among babies from South African communities with high prevalence of HIV and alcohol use. *AIDS Research & Therapy*, 14(28). doi:10.1186/s12981-017-0153-z
- Faqurudheen, H., Mathew, S., & Kumar, T. M. (2014). Exploring family resilience in a community mental health setup in South India. *Procedia Economics and Finance*. doi:10.1016/S2212-5671(14)00955-1
- Gardiner, E., & Iarocci, G. (2012). Unhappy (and happy) in their own way: A developmental psychopathology perspective on quality of life for families living with developmental disability with and without autism. *Research in Developmental Disabilities*, 33, 2177–2192. doi: 10.1016/j.ridd.2012.06.014
- Garrard, E. D., Fennell, K. M., & Wilson, C. (2017). ‘We’re completely back to normal, but I’d say it’s a new normal’: A qualitative exploration of adaptive functioning in rural families following a parental cancer diagnosis. *Supportive Care in Cancer*, 25, 5361–3568. doi:10.1007/s00520-017-3785-6
- Hasson, F., & Kenney, S. (2011). Enhancing rigour in the Delphi technique research. *Technological Forecasting and Social Change*, 78, 1695–1704.
- Herr, K., & Anderson, G. L. (2005). *The action research dissertation: A guide for students and faculty*. Thousand Oaks, California: Sage Publications.
- Ho, H. C., Mui, M., Wan, A., Ng, Y. L., Stewart, S. M., Yew, C., ... Chan, S. S. (2016). Happy kitchen family II: A cluster randomized trial of a community-based family intervention for enhancing family communication and well-being in Hong Kong. *Frontiers in Psychology*, 7, 638–649. doi:10.3389/fpsyg.2016.00638
- Ivankova, N. V., Creswell, J. W., & Stick, S. L. (2006). Using mixed-methods sequential explanatory design: From theory to practice. *Field Methods*, 18(3), 3–20. doi: 10.1177/1525822X05282260
- Isaacs, S., Roman, N. V., & Savahl, S. (2018a). The development of a family resilience-strengthening programme for families in a South African rural community. *Journal of Community Psychology*, doi:10.1002/jcop.21962
- Isaacs, S., Roman, N. V., & Savahl, S. (2018b). An exploration of the family resilience needs of a rural community in South Africa: A sequential explanatory mixed methodological study design. *Current Psychology*. doi:10.1007/s12144-017-9722-5
- Isaacs, S., Roman, N. V., Savahl, S., & Sui, X. C. (2018). Using the RE-AIM framework to identify best practice models for family intervention development: A systematic review. *Child and Family Social Work*, 23(1), 122–136. doi:10.1111/cfs.12380
- Kagan, C. (2012). *Participatory action research and community psychology*. Retrieved from <http://www.compsy.org.uk/PAR%20kagan%20final%20for%20web.pdf>
- Kemmis, S., & McTaggart, R. (2008). Participatory action research: Communicative action and the public sphere. In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies of qualitative Inquiry* (pp. 271–330). Thousand Oaks, Calif: Sage Publications.
- der Kinderen, S., & Greeff, A. P. (2003). Resilience among families where a parent accepted a voluntary teacher’s retrenchment package. *South African Journal of Psychology*, 33(2), 86–94.
- Kliewer, W., Pillay, B. J., Swain, K., Rawatlal, N., Borre, A., Naidu, T., ... Vawda, N. (2017). Cumulative risk, emotion dysregulation, and adjustment in South African youth. *Journal of Child and Family Studies*, 26, 1768–1779. doi:10.1007/s10826-017-0708-6
- Liermann, K., & Norton, C. L. (2016). Enhancing family communication: Examining the impact of a therapeutic wilderness program for struggling teens and parents. *Contemporary Family Therapy*, 38, 14–22. doi:10.1007/s10591-015-9371-5
- Lietz, C. A. (2013). Family resilience in the context of high-risk situations. In D. S. Becvar (Ed.), *Handbook of family resilience* (pp. 153–172). New York: Springer.
- Maiorano, D., & Manor, J. (2017). Poverty reduction, inequalities and human development in the BRICS: Policies and outcomes. *Commonwealth & Comparative Politics*, 55(3), 278–302. doi:10.1080/14662043.2017.1327102

- Makiwane, M., & Berry, L. (2013). Towards the development of a family policy in South Africa. Policy in brief. Retrieved from <http://www.hsrc.ac.za/uploads/pageContent/3337/2013febFamily%20Policy>
- Makiwane, M., Gumede, N. A., Makoae, M., & Vawda, M. (2017). Family in a changing South Africa: Structures, functions and the welfare of members. *South African Review of Sociology*, 48(2), 49–69. doi:10.1080/21528586.2017.1288166
- Masten, A. S., & Monn, A. R. (2015). Child and family resilience. A call for integrated science, practice, and professional training. *Family Relations*, 64, 5–21. doi:10.1111/fare.12103
- Melo, A., & Alarcão, M. (2011). Integrated family assessment and intervention model: A collaborative approach to support multi-challenged families. *Contemporary Family Therapy: An International Journal*, 33(4), 400–416.
- Melo, A., & Alarcão, M. (2012). Implementation of a community-based family-centered program in Portugal: A multiple case study evaluation. *Journal of Community Psychology*, 40(6), 665–680.
- Melo, A., & Alarcão, M. (2013). Transforming risks into opportunities in child protection cases: A case study with a multisystemic, in-home, strength-based model. *Journal of Family Psychotherapy*, 24(1), 17–37.
- Mertens, D. M. (2007). Transformative paradigm: Mixed methods and social justice. *Journal of Mixed Methods Research*, 1(3), 212–225. doi:10.1177/1558689807302811
- Mokomane, Z. (2014). Family policy in South Africa. In M. Robila (Ed.), *Handbook of family policies across the globe* (pp. 59–73). London: Springer.
- Morison, T., Lynch, L., & Macleod, C. (2016). *Focus on 'the family'? How South African family policy could fail us*. Pretoria: HSRC.
- Nadeau, L., Jaimes, A., Johnson-Lafleur, J., & Rousseau, C. (2017). Perspectives of migrant youth, parents and clinicians on community-based mental health services: Negotiating safe pathways. *Journal of Child and Family Studies*, doi:10.1007/s10826-017-0700-1
- Petersen, I., & Lund, C. (2011). Mental health service delivery in South Africa from 2000 to 2010: One step forward, one step back. *South African Medical Journal*, 101, 751–757.
- Poverty Trends in South Africa. (2017). Poverty Trends in South Africa: An examination of the absolute poverty between 2006–2015. Available online from: www.statssa.co.za
- Rabe, M. (2017). Family policy for all South African families. *International Social Work*, 60(5), 1189–1200. doi:10.1177/0020872816655866
- Rey, N., & Sainz, M. (2007). Tailoring an intervention model to help indigenous families cope with excessive drinking in central Mexico. *Salud Mental*, 30(6), 32–42.
- Ruffalo, M., Kuhn, M., & Evans, M. (2006). Developing a parent-professional team leadership model in group work: Work with families with children experiencing behavioural and emotional problems. *Social Work*, 51(1), 39–47.
- Saltzman, W. R. (2016). The FOCUS family resilience program: An innovative family intervention for trauma and loss. *Family Process*, 55(4), 647–659. doi:10.1111/famp.12250
- Sixbey, M. (2005). *Development of the family resilience assessment scale to identify family resilience constructs*. Unpublished doctoral thesis. Florida: University of Florida.
- Skulmoski, G. J., Hartman, F. T., & Krahn, J. (2007). The Delphi method for graduate research. *Journal of Information Technology Education*, 6, 1–21.
- Smit, R. (2001). The impact of labor migration on African families in South Africa: Yesterday and today. *Journal of Comparative Family Studies*, 32(4), 533–548.
- Statistics South Africa. (2011, 2012). Statistical release: Revised (Census, 2011). www.statssa.gov.za
- Stiel, L., Estrella, J., Wang, S., & Distelberg, B. (2014). Family resilience predicts socioeconomic mobility of HUD participants. *Journal of Human Behavior in the Social Environment*, 24, 759–774. doi:10.1080/10911359.2013.87355
- Turner, K., Richards, M., & Saunders, M. (2007). Randomised clinical trial of a group parent education programme for Australian indigenous families. *Journal of Paediatrics and Child Health*, 43(6), 429–437.
- Tyler, D., & Homer, S. (2008). Collaborating with low-income families and their overweight children to improve weight-related behaviors: An intervention process evaluation. *Journal for Specialists in Pediatric Nursing*, 13(4), 263–274.

- van Oostrom, S. H., Anema, J. R., Terluin, B., Venema, A., de Vet, C. W., & van Mechelen, W. (2007). Development of a workplace intervention for sick-listed employees with stress-related mental disorders: Intervention mapping as a useful tool. *BMC Health Services Research*, 7, 127. doi:10.1186/1472-6963-7-127
- von Backström, M. (2015). *Exploring family functioning from a family resilience perspective*. Unpublished doctoral dissertation. University of Pretoria. Retrieved from <http://hdl.handle.net/2263/50831>
- Visser, M., & Moleko, A. (2012). *Community psychology in South Africa* (2nd ed.). Van Schaik: Pretoria.
- Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. *American Journal of Public Health*, 100(1), 40–46.
- Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family Process*, 35, 261–281.
- Walsh, F. (2016). Applying a family resilience framework in training, practice, and research: Mastering the art of the possible. *Family Process*, 55, 616–632.
- Williamson, A., Knox, L., Guerra, N., & Williams, K. (2014). A pilot randomized trial of community-based parent training for immigrant Latina mothers. *American Journal of Community Psychology*, 53, 47–59.
- Wood, L. (2016). Community development in higher education: How do academics ensure their community-based research makes a difference? *Community Development Journal*. doi:10.1093/cdj/bsv068