Exploring the synergies between intervention research and engaged research in South Africa

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Abstract

Engaged research is a space where collaborative work takes place with groups of people within a specific geographic area and special interests in relation to their well-being – this being understood as a community. Intervention research design is a dynamic process which involves researchers (based within universities), organisations and practitioners and follows distinct stages, with collaboration at the core of each stage. Given that collaboration is a core theme for engaged research as well as the intervention research design process, the question arises if the intervention research design process could be considered a tool to promote engaged research. The Sihleng'imizi family intervention was designed as a cash plus intervention for families who have children who received the Child Support Grant (CSG). Ten families participated in a twelve-week psycho-educational family intervention. The design and development of the Sihleng'imizi family programme followed the intervention research process. Thus, the aim of this paper is to provide insight into how intervention research could be considered as a form of engaged research through the example of the Sihleng'imizi family programme. The paper will look at how collaboration was a feature in each of the phases of the intervention research design. A reflective discussion on the successes of collaborative work and how this may contribute to engaged research, as part of community engagement, will be discussed.

Keywords: *Intervention research, engaged research, continuum of collaboration, child support grant*

Introduction

In professions such as social work, psychology, nursing, and public health, the design and implementation of interventions often involve a multifaceted and iterative process aimed at addressing complex social issues. These interventions, while intended to create positive outcomes for individuals, also have broader implications at multiple levels of society. Understanding the effectiveness of interventions requires a comprehensive approach that examines not only the outcomes of the intervention but also the processes involved in its implementation. Intervention research design is a systematic approach to developing, testing, and refining practice models to ensure they achieve their intended goals. According to Gilgun & Sands (2012), intervention research encompasses the creation and evaluation of the practice models from their conceptualisation through to dissemination. For the purposes of this paper, practice models can be understood as social work interventions or programmes that are to be implemented for service users or clients.

An example of such a practice model is the Sihleng'imizi family intervention, which was developed and tested within the framework of the intervention research design. This programme illustrates the application of intervention research principles to a real-world problem, specifically aiming to enhance the impact of the South African Child Support Grant (CSG) by integrating a family strengthening component. Through a detailed examination of the intervention's design, pilot testing, and evaluation phases, this paper explores how collaboration, context-specific adaptions, and iterative refinement play crucial roles in the research process.

The discussion extends to consider whether intervention research aligns with principles of engaged research, which emphasises collaboration and community participation. One form of engaged research is that of community-based participatory research (CBPR). Koen (2021, p. vii) highlights that through this approach, "research is conducted by [with] and for the participants." By exploring the intersection of intervention research and engaged research practices, the discussion will contribute to a broader understanding of how research methodologies can be used to address social challenges. It must be noted that at the time the research (Chiba, 2022) was conducted and written, the author only used the intervention research design. It was after the completion and submission of the research report that the author reflected on how the element of collaboration featured in the phases of intervention research design and whether, if at all this could be aligned with engaged research practices. Thus, the paper has been written as a reflective piece drawing on key elements of the intervention research carried out but taking into consideration the theoretical framework of engaged research (Key et al., 2019).

Literature review

Community engagement

Community engagement is understood to be a third function or mission of South African higher education institutions, alongside that of teaching and research. Hall (2010, p. 25) explains that

> *community engagement is a process of creating a shared vision among the community (especially disadvantaged) and partners (local, provincial, national government, NGOs, HEIs, businesses and donors) in society, as equal partners that result in long term collaborative programmes of action with outcomes that benefit the whole community equitably.*

This definition points to an important element of collaboration. Maistry (2023, p. i) further highlights that community engagement in higher education institutions "serv[es] as the bridge between universities, local communities, and the broader society." It is through community engagement initiatives that ideally the community and higher education institutions are brought closer together, and where knowledge is co-created with and for communities (Keet & Muthwa, 2021), which in turn can contribute to transformation and decolonisation of teaching. There are many ways in which community engagement is implemented, and this includes service learning, volunteering (engaged citizenry), or engaged research. These forms of community engagement can lend themselves to range from being informal to more formal arrangements such as projects. The common thread through all the forms of community engagement is that of reciprocity in the collaboration between universities and the communities for sustainable partnerships (McCann, 2023). With regard to this paper, engaged research as a form of community engagement will be the focus. The central idea is that "engaged research practices … may bring universities and communities closer together, helping to cultivate a knowledge democracy" (McCann, 2023, p. 45).

Within the social work profession, intervention is at the core of working with individuals, families, and communities. It is also imperative that interventions are informed by best practices or are evidence-based. This assists in improving the quality and effectiveness of the interventions for the service users. One way in which the social work profession is able to ensure that interventions are informed by best practices is through intervention research. However, Gilgun & Sands (2012) point to the shift that intervention research should be understood through a developmental lens. Thus, the following section will look at what the intervention research design entails and how one may consider using a developmental lens, such as that of engaged research, to better understand the importance of including the community as part of the development and design process.

Intervention research design

Gilgun & Sands (2010, p.349) define intervention research as "research that involves the development and testing of practice models, descriptions of change processes, and the application of models of practice to new populations and contexts." This implies that interventions are assessed from the initial stages of development through to dissemination. Thus intervention research involves an ongoing process of design and development (D&D) which occurs sequentially but also in an iterative way (Gilgun & Sands, 2010; Rothman & Thomas, 1994). Various activities contribute to the D&D model of intervention research and these activities lead into and inform the activities and stages that follow it. Rothman & Thomas (1994, p. 9) provide specific stages of the D&D model, as follows:

1. problem analysis and project planning; information gathering and synthesis;
2. design;
3. early development and pilot testing;
4. evaluation and advanced development; and
5. dissemination.

The intervention research phases presented by Fraser et al. (2009) are similarly conceptualised and follow the same processes.

Prior to an intervention being designed, researchers seek to understand social challenges and problems in order to inform interventions; this could lead to positive impacts in alleviating these challenges. This requires a comprehensive understanding of how people and communities make sense of and experience their challenges, as well as all other influences, risks, protective factors, and resources that have a bearing on the problem or issue at hand (Gilgun & Sands, 2012).

The information gathering and synthesis phase consists of reviewing literature to identify existing intervention models and empirical studies and their effectiveness in different contexts from which target groups might benefit most. This information, along with data obtained from the problem analysis and project planning phase, is used to set goals and objectives, identify useful theoretical frameworks to guide the study, and determine the operationalisation of the variables or dimensions that will be the units of analysis. These would ideally provide the conceptual framework for the study and the hypothesised changes that are expected to occur as a result of the intervention (Rothman & Thomas,1994).

Included in this information gathering phase should be a review of the intervention successes, programme components that did not work, and the conditions in which this occurred and for whom (Fraser et al., 2009; Gilgun & Sands, 2012). This knowledge of existing programme successes and difficulties is anticipated to assist the intervention team in identifying useful elements to consider for inclusion in the programme. This

information, along with what was gathered in the initial stages of the process, which include an understanding of how communities experience their challenges, will help guide the design phase of the D&D model (De Vos & Strydom, 2011).

The design phase of intervention research requires various elements to merge prior to piloting a programme. This may include the development of programme components and content. Manuals that provide extensive details on the programme topics and activities are developed. Included in this phase is the design of the observational system (De Vos & Strydom, 2011) or the monitoring and evaluation framework of the intervention which considers the theory of change, the definition and operationalisation of its concepts, and the fidelity and feasibility of the programme.

The next phase is piloting the intervention. However, prior to this, training of the intervention team on programme implementation needs to occur, specifically with respect to their role in facilitating the intervention and, where applicable, data collection for the pilot evaluation. Pilot testing is an important process in intervention research as it provides details on whether the intervention will work in settings that are similar to that in which the intervention will take place (De Vos & Strydom, 2011). This phase provides valuable information on the effectiveness of the intervention and identifies the various elements that may need revision (De Vos & Strydom, 2011).

Fraser et al. (2009) posit fidelity as an integral element of piloting and evaluating an intervention. Fidelity refers to the "extent to which a program[me] follows an intended program[me] model" (Fraser et al., 2009, p.124). Programme fidelity links the implementation to the intervention outcomes. Measuring programme fidelity will include the quality and strengths of the intervention as well as how the service users experienced the intervention. Other elements, such as the programme manual, duration and length of the programme, frequency and intensity of the intervention, all provide information on the extent to which the programme will be replicable (Fraser et al., 2009). The pilot enables the testing of the design features, components, and intervention hypothesis. This evaluation provides evidence of what has worked well, and the areas that need to be redefined will be made visible. An assessment of the feasibility of an intervention during the pilot phase provides details on the cost-effectiveness of an intervention and whether it would be sustainable. Considering the constrained and limited resources available in the South African context, an evaluation of the feasibility of an intervention is necessary.

Following the pilot study, interventions are often refined, and plans for advanced testing and evaluations are put in place. Here interventions are often tested using experimental or quasi-experimental research designs (Rothman & Thomas, 1994), where control groups are included as a way to compare changes and whether these can be attributed to the intervention. This data too will provide valuable information about the intervention and whether its intended aims have been met. This will feed into another round of refinement of the intervention before it may be disseminated and presented as a feasible model to be implemented for scaling up.

There is an element of collaboration within each of the phases of the intervention research design. However, depending on the nature of the intervention as well as the specific phase of the research, the nature of collaboration may differ in intensity, as suggested by Key's et al. (2019) framework of engaged research. It is at this point of the continuum of collaboration that some synergies can be linked to engaged research and the intervention research design. This will become clearer in the discussion below on the insights of the D&D of the Sihleng'imizi family intervention.

When carrying out intervention research, there needs to be an awareness of potential limitations of the design. The intervention research design literature suggests that the intervention team (Fraser & Galinsky, 2010; Fraser et al., 2009; Rothman & Thomas, 1994) is key to the rollout of the intervention that is to be studied. The intervention team is understood as the team that is responsible for the overall implementation of the programme. Fixsen et al. (2005) suggests that the implementation team is also understood as the purveyors of the programme, change agent, linking agent, programme consultant, or site co-ordinator.

Fraser & Galinsky (2010) indicate that it must not be assumed that the intervention team will be able to keep to the fidelity of the programme through the use of just a manual. It is imperative that supervision be built into the intervention design, as it is through this support that the team will be able to adhere to the implementation fidelity. Thus, part of the intervention team would include a supervisor. The supervisor would be responsible for providing support and guidance in relation to implementation fidelity throughout the intervention cycle. In social work, the supervisor would often be a senior social worker who forms part of the team. Given that this relationship is purely one of support for the implementation team in keeping with the fidelity of the programme, it must be recognised that there is an element of power dynamics that may influence the relationship within the implementation team.

Secondly, the outcome of the intervention research is heavily reliant on the implementation. Thus, even though a programme may be well conceptualised, poor implementation can compromise the outcomes of the study. Training and support for the intervention team would be very important to avoid poor implementation. Importantly too, there needs to be a good fit of the intervention team with the community in which the intervention is to be carried out. If the intervention team has a good contextual understanding of the community, this can mitigate poor implementation practices (Fraser & Galinsky, 2010).

Lastly, and somewhat related to the previous limitation, the intervention itself should always consider the context in which it will be offered. If the intervention is not contextually relevant to the community and the programme participants, this may have a negative outcome in relation to participation and retention numbers (Fraser & Galinsky, 2010). Thus, to prioritise that the intervention is contextually relevant, the question arises as to how intervention research can consider elements of engaged research in order to include communities in the various phases of the intervention research design process.

Given the discussion above related to community engagement and intervention research, the focus of this paper is to understand how intervention research can form part of engaged research as a method of community engagement. On its own, intervention research offers a platform to develop and implement evidence-based interventions within communities; however, it can lack community involvement (Fixsen et al., 2005). Community engagement and specifically the lens of community engaged research offers a valuable means of involving community members, researchers, and other stakeholders to engage in a research process that will be mutually beneficial to all involved. Currently, there is a dearth of literature regarding how these two approaches could form synergies, through their collaborative nature. However, before exploring this, a background to the Sihleng'imizi family intervention will be presented below.

Background and context of the study

Sihleng'imizi family programme

A family intervention was designed by drawing on research from The Centre for Social Development in Africa (CSDA) at the University of Johannesburg, and its partners on family contexts, child support grants and child well-being in South Africa (Patel et al., 2017). The Sihleng'imizi Family Programme was specifically designed to complement and scale up the positive benefits of the CSG in South Africa. The programme was targeted at children under eight years of age, who were in Grade R and Grade 1, and who were receiving a CSG. The programme ran over twelve weeks and the whole family was invited to attend. It was delivered by trained social workers and childcare workers who formed the intervention/implementation team for the programme.

Sihleng'imizi is an adaption of the SAFE Children Family Intervention that was designed for poor urban families in Chicago, USA. While SAFE Children was created for a different context, it contains some of the key programme components relevant to disadvantaged and poor families living in difficult circumstances in South Africa. It was thus chosen as the basis on which to create a new, culturally relevant, and locally appropriate programme for South African families that receive one or more CSGs. Sihleng'imizi is a Zulu phrase that means we care for families.

The overall aim of the Sihleng'imizi family programme was to improve child well-being in poor households receiving the CSG (Sihleng'imizi (We Care for Families) Family Programme: Facilitator's Manual, 2016). The programme is a psycho-social educational intervention that draws on the social development approach to promote child well-being. It provides support, knowledge, and skills to parents/caregivers and families to enhance the well-being dimensions by providing an environment that will allow these dimensions to be enhanced. The social development approach that the programme is based upon is a synthesis of three specific theories and provides the theoretical framework of the programme. These

are the developmental-ecological risk theory, systems theory, and the psycho-educational approach to family intervention.

The developmental-ecological risk theory (Tolan et al., 1995) provides a way to understand and identify risk factors at the individual, family (relationship), community, and societal levels. From this standpoint, it is understood that individual development exists within various realms of the social structure of care and support of the child and the family. The individual exists within families, which may include extended families and friends. These systems in turn exist within broader social structures such as schools and neighbourhoods. These social structures form part of the wider community structures and society at large. It is understood that each of these contexts would have either a direct or indirect impact on human development (Bronfenbrenner, 1979; Tolan et al., 1995).

The next theory that the Sihleng'imizi family programme draws upon is the systems theory. It emphasises a family's interaction with their social networks within the family and wider community. A family is conceived of as a system of interdependent relationships that need to work together synergistically to achieve ideal social outcomes (Galvin and Young, 2010). Bringing about systemic changes in family relationships and the way in which families interact with the wider community is anticipated to yield positive outcomes for the way in which families function. With regards to the Sihleng'imizi family programme, family is broadly defined and acknowledges the diversity of family structures and their social and economic contexts within which they live. The programme thus recognises the strengths, capabilities, and assets that these families have, as well as the agency that they possess to make decisions for themselves in order to achieve their hopes and dreams (Giddens, 1991).

The intervention also draws upon the psycho-social educational approach. This approach allows for the opportunity for parents/caregivers to increase their access to knowledge, skills, and information. Findings from Tolan et al's. (2004) longitudinal research of the SAFE Children programme indicate that this exposure to new information could prevent short-, medium-, and longer-term social and behavioural challenges in children. This approach is fitting for the Sihleng'imizi family programme as, in South Africa, many families lack information about how to access and navigate the use of resources that are available to them. Examples of these include how to access social grants, public works programmes, applications for identity documents, and housing subsidies. Barriers to access to social assistance and basic services such as water, sanitation, and social services such as psychosocial support are key determinants of child and family well-being. While positive educational outcomes depend on regular school attendance and quality education, parental and/or caregiver engagement with children's schooling also matters in enhancing school performance. Further, the social and emotional well-being of children is contingent on having warm, loving, nurturing, and cohesive family and home environments.

Positive child–caregiver relations are also influenced by effective communication, behaviour management, and monitoring and supervision of children. For caregivers, having a social support system, enjoying good mental health and psychosocial well-being, and access to material and non-material resources to care for children are other factors

associated with better well-being outcomes for children. Poverty is a significant risk factor for a child's well-being. Finally, having access to a cash transfer is critical to improving the material well-being of children, but when parents/caregivers lack financial knowledge and skills, this contributes to financial exclusion. These structural and systematic barriers compromise childrens' development and undermine the empowerment of families (Patel et al., 2018).

The conceptual framework that informed the design of the study was based on the above theories and is situated in the developmental approach to social work. The design of the intervention was based on the above theoretical assumptions and identified the outcomes to be achieved in the four key domains around which the programme content was structured. The domains include:

1. Child-caregiver relations (children and family),
2. Social and community connectedness,
3. Engagement in child's education, and
4. Financial capabilities.

The paper will now move on to providing the theoretical lens through which this paper is based. A discussion on engaged research will be presented below.

Engaged research

To fully understand the way in which intervention research could be considered as a form of community engagement, the theoretical framework of this paper will be discussed. Community engaged research is where groups of people who are either affiliated by geographic area, special interests or similar context engage in a process of working collaboratively (Balls-Berry & Acosta-Pérez, 2017). Further to this, community engaged research is to ensure that there are mutually beneficial outcomes for both the community as well as the research drivers (Sathorar & Geduld, 2021). The National Research Foundation's (NRF) vision 2030 (NRF, 2023, p. 2) suggests that "engaged research is an approach that involves public engagement as part of a participatory process and can enable collaboration and consultation with a wide range of societal actors, including society, academia, government, and industry. The nature, extent, and timing of engagements within the research process will be influenced by the type of research being undertaken, e.g. basic or applied, in its field and disciplinarity, e.g. intra-, cross-, multi-, inter-, and trans-, of its approach." Ohio University (2024) points to three approaches to community engaged research, which include traditional research, community engaged research and community-based participatory research. Each of these approaches differs with regard to the level of community involvement in terms of collaboration in contributing to the research objective, study design, recruitment, research tool, data collection, analysis and interpretation of data, and dissemination. Collins et al. (2018) strongly suggest that CBPR

lends itself to the most community engaged and collaborative research approach. Koen (2021) asserts that CBPR values the complex power dynamics of participation among community members and research scholars. Within the research project, all collaborators (community members and researchers) are viewed as equal, all voices are shared and valued, and there is a common goal to work together to bring about social change for the benefit of the community (Koen, 2021).

Importantly to note, the nature of CBPR in the global South has its roots in South America, Africa and Asia (Collins et al., 2018) and largely stemmed from the challenges of colonising the role of research and oppression from authoritarian rule. As a response to this, CBPR offered possible solutions for social change, with the collaboration of the community.

Although there is extensive literature that highlights the successes of engaged research, such as the CBPR approach, within the South African context, and especially for early career researchers based in universities, challenges are experienced in practice (James et al., 2024). Some of these challenges include research positionality, building relationships within communities as emerging researchers, and feelings of disconnection in engaged scholarship. The authors (James et al., 2024, p. 1) highlight that there is a great need for "mentorship from experienced community engaged scholars, resources for establishing community connections, guidance in navigating cultural nuances, and training for effective communication and relationship building in communities." However, it must be noted that these challenges can extend beyond general contexts where CBPR is carried out and is not limited to early career researchers.

Damons & Daniels (2022) reflect on their experiences as women in academia who have traversed engaged research with communities that were diverse, marginalised, and vulnerable. The authors reflect on the racial differences between the researchers and the community members and how South Africa's separatist past has contributed towards the mistrust of the intentions of outsiders. The authors highlight how this mistrust resulted in the research team spending close to a year visiting the community to gain the trust and permission to carry out the research with and within the community. This indicates that although engaged research such as the CBPR approach is seen as having the highest form of participation and collaboration between researchers and the community, within the South African context, challenges that exist cannot be dismissed. Alternative and creative methods should be explored to navigate such challenges that are experienced.

Key et al. (2019) provides an alternative to viewing engaged research as only falling into three distinct categories. Key et al. (2019) suggests that engaged research, or, as the authors refer – community engagement in research – should be viewed in the context of a continuum. This continuum ranges from *community consultation* through to *community-driven and led*, however, not disregarding that at times there may be *no community involvement* on the one end of the continuum. The authors suggest that collaboration will move along the continuum based on the level of community involvement and the meaningfulness of this collaboration for the partners at any point in time during the life cycle of the research

process. Thus, the emphasis is not on the research process but rather on the nature of the collaboration on this continuum. This alternative to understanding engaged research takes into consideration the contextual factors that may pose as challenges during the research process. Challenges as indicated above, such as trust, historical influences, and relationship building, can hinder the research process and the nature of collaboration with the community. Figure 1 below is a graphic presentation of the continuum of engaged research as presented by Key et al. (2019, p. 430).

Figure 1: *Continuum of collaboration Source: (Key et al., 2019)*
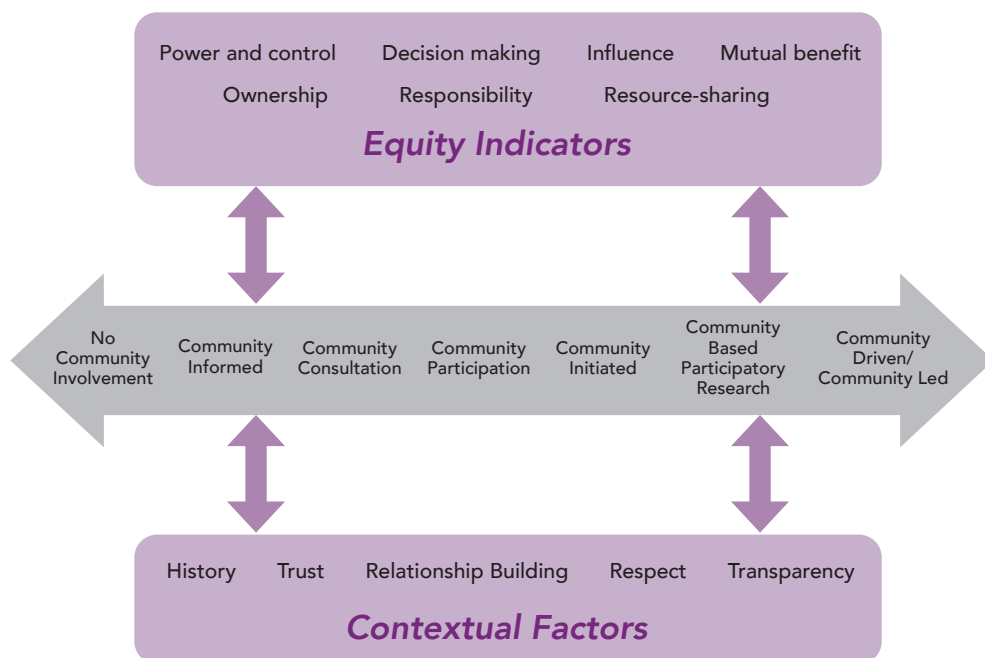
Additionally, important equity indicators, which often are not explicitly discussed in a research process, form part of the factors that contribute to the nature of collaboration on the continuum. This includes aspects such as power and control, responsibility, ownership, and resource-sharing, amongst others. Damons & Daniels (2022, ch13.5) succinctly share that "the dynamic and complex meaning-making that happens in any research relationship and context is unique, and all stakeholders should therefore remain open to the discomfort and excitement that engaging in authentic action research brings." This allows for engagement and collaboration to exist within a continuum through the phases of the research process. This is highlighted in Figure 2, below, where the community experience as well as the researcher's experience is noted along the continuum of collaboration and engagement.

Table 1: Community and researcher experiences Source: (Key et al., 2019: 432)

Community Perspective/Experience	Continuum	Researcher Perspective/Experience
We do not know about this project	No Community Involvement	We had no contact with the community
We may or may not be aware of this project but our information informed it	Community Informed	We sat in on a meeting and learned a great deal
Researchers met with us to present the project and asked for our input	Community Consultation	We met with several community organizations, they shared their concerns and gave us suggestions
Researchers provided opportunities for us to participate (e.g., recruitment, community advisory board)	Community Participation	We have defined role(s) for community to participate in the research
We told researchers what questions we need answers for	Community Initiated	We created the research in response to community identified issue(s)/question(s)
We participated in all aspects, equitably	Community Based Participatory Research	We developed the project together with community partners
We fully own the research	Community Driven/ Community Led	The community is in charge and we support their efforts when asked

The focus of the discussion shifts to the methodology and research design that were used as part of the Sihleng'imizi family intervention.

Method and approach: pilot Sihleng'imizi programme

A qualitative intervention research design was used, which involved the development and testing of a new practice model (Gilgun & Sands, 2010). The design that was followed was Rothman & Thomas' (1994) stages of intervention research. The initial stages of the design included an analysis of the problems facing CSG children and families. This was published as a research report (Patel et al., 2017), resulting in the design of the family strengthening programme and pilot testing – which was the focus of this study.

The research participants were selected through a community organisation in Doornkop, Soweto. Children who were in Grade R and Grade 1, who were CSG recipients and who lived close to the venue where the sessions were held, were recruited from a local school. In participant selection, the school considered all children in the two grades, and those children and their families were selected because they indicated some behavioural issues, which may have included late coming to school, frequent absenteeism, and difficulties relating to academic performance. These types of challenges were considered proxies for compromised educational and psychological well-being (Mboweni, 2014). Semi-structured research instruments were used to collect data from caregivers, teachers, and social workers

(intervention team). A total of 23 interviews were conducted with each of the three categories of research participants.

Table 2: Number of interviews completed

	Caregiver interviews	Teacher interviews	Social worker interviews	Total interviews
Baseline	10	0	0	10
Endpoint	9	2	2	13
Total	19	2	2	23

Caregivers were interviewed at both baseline (prior to the intervention) and endpoint (directly after termination of the intervention). The baseline interviews provided a life-context picture of the families who were to participate in the programme. The endpoint interviews were conducted with caregivers, the intervention team, and educators. The data generated provided information about the changes observed within families after attending the programme.

On completion of the interviews that were conducted, the audio recordings were transcribed. The researcher made use of thematic analysis and followed Braun & Clarke's (2006) procedures for data analysis. Atlas.ti was used and enabled the researcher to carry out the initial stages of thematic analysis. Initial codes were recorded with Atlas.ti. Open coding (Smit, 2002) was used where the data was compared and similar ideas and concepts were grouped together. From this, themes were looked at in relation to the programme dimensions and elements of programme evaluation.

A limitation of the study was the use of a translator during the interviews with the caregivers, which may have compromised the accuracy of what was actually said and conveyed. Meaning and nuances can get lost in translation (Berman & Tyyskä, 2011). In addition, during interactions with the caregivers, the researcher was aware of her positionality: firstly, entering the community as an Indian female, secondly, as a social worker and, lastly, the subtle element of power that caregivers may assume of the researcher. In addition, the researcher was aware of the language barriers that existed between herself and the caregivers. Ethical clearance for the study was obtained from the University of Johannesburg, Faculty of Humanities Higher Degrees Committee.

Insights from the D&D of the Sihleng'imizi family intervention

As indicated previously, the author's doctoral study (Chiba, 2022), which took place during 2016, was situated within the fourth and fifth stages of Rothman & Thomas' (1994) model – the pilot phase of the intervention. This pilot study formed part of a larger project that

was undertaken by the Centre for Social Development in Africa (CSDA) at the University of Johannesburg in South Africa. The initial first three phases of the D&D model of intervention were completed by the research team at the CSDA.

The following section will present the Sihleng'imizi family intervention as a case study that followed the intervention research design process. The nature of the discussion that follows will focus on highlighting the element of collaboration within each of the stages.

The *initial problem analysis and project planning* phase sought to understand how the CSG could further be accelerated by combining it with a strengthening intervention to increase the already positive impacts of the grant. The CSG is one of the largest cash transfer programmes in South Africa, with close to 13 million children as beneficiaries of this grant (Hall, 2020). Research indicates that the CSG provides beneficiaries with the ability to convert their limited resources into opportunities to promote child well-being (Moodley et al., 2017). Positive child educational, health, and nutritional outcomes have been reported (Agüero et al., 2007; Coetzee, 2013; Delany et al., 2008). However, the grant has not been able to address the psychosocial challenges that CSG childrens' caregivers encounter on a daily basis (Hochfeld, 2015, 2022). Given that the social challenges experienced by families who live in poverty are complex and multidimensional, the provision of a social grant is not able to address all the psychosocial challenges experienced (Patel et al., 2018). Increasing research on cash plus interventions in the global South (Arriagada et al., 2018; Cluver et al., 2014; Lachman et al., 2020; Moura & Macedo de Jesus, 2012; Patel & Ross, 2020) indicates that where social protection interventions are combined with a strengthening intervention, child well-being outcomes are enhanced.

This initial phase of the intervention research process had limited opportunities for collaboration, as much of understanding and gaining perspective of the initial problem analysis included the synthesis of various research and literature on the topic. The project planning component of this phase included the research team (which comprised of the principal investigator and three researchers from the CSDA) conceptualising the research proposal with specific objectives to achieve for the next phase of the intervention research process. Collaboration here was mostly amongst the members of the research team as well as the gatekeepers of the communities to gain permission to carry out the research project in the next phase of the process. Prior to any engagement with the community, institutional ethical approval was obtained.

Research seeking to understand the family contexts of CSG beneficiaries and their bearing on child well-being outcomes was conducted (Patel et al., 2017). The *information gathering and synthesis* consisted of a rigorous study and statistical analysis of a national sample of children and their caregivers receiving the CSG and the factors that influence child well-being outcomes measured in terms of nutrition, health, and education outcomes. To gain further insights into the proximal family contextual factors to complement the quantitative study, focus group interviews were conducted with caregivers of CSG children (n=40) to gain information about their experiences as well as understanding their perspectives on caregiving, family beliefs, and their needs and challenges. A final element

that formed part of this study was a review of family interventions that are offered in South Africa. This was done via key informant interviews (n=10).

The nature of collaboration in this phase consisted of the research team working with the CSG caregivers to understand and gain insights into the family contexts as well as what they viewed as important aspects that they needed assistance with in caring for their children. Secondly, researchers collaborated with experts in the field of family interventions to gain an understanding of what family programmes already exist within South Africa. Additionally, information regarding the nature of these programmes was explored and included elements such as the nature of intervention, target population, duration, session topics, training, material, feasibility, and fidelity of the interventions. All of this information gathered in this phase, provided valuable recommendations for a family, and community-based strengthening programme, which could further scale up the existing positive impacts of the CSG (Patel et al., 2017).

From this data, a need for a family strengthening intervention for CSG families was identified, which informed the *design* phase of the process. A design model was developed through a collaborative adaption process, incorporating SAFE Children materials (Schools and Families Education (SAFE) Children, 2014) and Sinovuyo training materials (Lachman & Hutchings, 2014). The SAFE Children programme was considered because it has been evaluated longitudinally (Henry et al., 2012; Tolan et al., 2004) and the results of the intervention indicate that the approach, content, and focus were effective. Additionally, the programme was implemented with communities in the South of Chicago, which are considered to be deprived communities, and share some similar characteristics to the community from which the CSG families are from. The Sinovuyo programmes were considered to form part of the adaption as they were designed with the South African context in mind and underwent a randomised control trial (Cluver et al., 2016; Cluver et al., 2017; Lachman et al., 2018), and this indicated some evidence of a rigorous evaluation of the intervention. Importantly, the theory of change, which would guide the intervention as well as the eventual evaluation of the programme, was developed during this phase.

During this phase, key partners for the implementation of the Sihleng'imizi programme were identified. The key partners were chosen because of a long-standing relationship that the research team has had with the community organisation. The community in which the organisation is situated, has been identified as one of the poorest wards by the City of Johannesburg and the tenth most deprived ward in the city (De Wet et al., 2008). There is also a high uptake of the CSG in the area, and thus it was thought to be an appropriate community to locate the intervention. The collaborative aspect during this phase included the implementing partners of the SAFE children's programme (n=3), the identified supervisor (n=1), facilitators (n=1) and child carers (n=2) for the implementation of the Sihleng'imizi family intervention. Importantly, the facilitators and child carers that were identified had some connection to the community where the intervention was to be implemented. Some of the implementing team members worked for the gatekeeper organisation and thus were familiar with the community where the intervention was to take place.

The adaption process of these above-mentioned programmes formed part of the *early development* component of phase four. Rigorous and careful consideration was given to what content would be relevant to the needs of CSG families. The CSDA team (n=3) initially did a side-by-side comparison of the SAFE Children's programme and the Sinovuyo programmes (Families and Teens). It was found that some of the content covered by both programmes was similar, and there were some aspects not covered by either of the programmes. Additionally, the adaption process involved a review of each session to ensure that the language and content were relevant to the local context. Lastly, session activities were adapted and changed where necessary to make the material relevant to the context. Materials that were also reviewed and adapted during this phase included the facilitator manual (which had undergone significant adaptions), a family workbook, and a child carers manual. Specific design features such as the programme being group-based, size of the group, selection of participants, selection criteria, duration of the sessions, as well as the structure of each session, were decided upon.

Prior to the **pilot testing** component of this phase, the implementation team (n=6) underwent an intensive five-day training. On completion of this, the Sihleng'imizi family intervention was tested in a pilot study undertaken with four groups (two in an urban site and two in a rural site). At this point in the intervention research process, collaborative work took place between the community (including the schools (n=3) within the area), the intervention team, and the research team (n =4). Part of the pilot testing included an evaluative component, which forms part of the fifth phase of the research process.

The *evaluation* during the pilot testing included both the implementation evaluation and the outcome evaluation. With regards to the implementation evaluation, this related to the fidelity of the intervention, and included gaining information from facilitator weekly session reports, programme tracking checklists, session observations, and participant evaluations. The outcome evaluation looked at what changes occurred as a possible result of the intervention. Thus, data was gathered from baseline and endpoint interviews with the intervention participants, teachers, and intervention team; participant final group evaluation of the intervention; as well as a close-off intervention team report (Chiba, 2022).

Given the nature of this phase within intervention research, collaboration here took place on many levels and included the community, the school, families, the intervention team, and the research team.

The findings from the evaluation of the pilot Sihleng'imizi family intervention (Chiba, 2022) informed the sixth phase of the intervention research – *advanced development*. Here the intervention had undergone further refinement and adaption based on the findings that came from the pilot evaluation (Chiba, 2022) as well as a five-month follow-up study, which aimed to understand what changes were sustained within the families after the intervention (Fierloos, 2017). The advanced development of the programme included refining the number of sessions, session topics/content, and the incentive system. Once the intervention was adapted, this was then further tested with ten of the poorest wards within the City of Johannesburg (CoJ). Here the nature of the collaboration extended to the

ten communities and schools within the CoJ, the implementing team at the Department of Social Development within the CoJ (which included social workers and auxiliary social workers who worked in the abovementioned wards), and the research team. With this round of implementation, a more rigorous approach was used for the testing of the intervention where there was both a control group as well as the intervention group (Patel et al., 2019). Upon completion of the advanced testing and evaluation, the data obtained provided valuable pointers on how such an intervention could be taken to scale. Furthermore, a nine-month follow-up study was carried out with both the control and intervention groups (Patel et al., 2019; Ross et al., 2020).

Following this was the ***dissemination*** phase of the intervention research process. Importantly, a community dialogue took place after the pilot study, where the larger community was invited as well as all the families that participated in the Sihleng'imizi family programme, school representatives, as well as government officials from the Provincial Department of Education and Social Development. Following the advanced implementation and testing of the intervention, a research seminar was held where the wider public was invited as well as officials from the CoJ. Reports and articles have been published on the intervention, and as well as the manuals used for the intervention (Hochfeld et al., 2020, 2020; Patel et al., 2018, 2021)

Given the extensive discussion on the intervention research design and the case of the Sihleng'imizi family intervention, the question of whether this research design fits within engaged research practices arises.

Alignment of intervention research with engaged research

Intervention research focuses on the testing of practice models for intervention (Gilgun & Sands, 2012). De Vos & Strydom (2011) assert that these practice models (or interventions) have the aim of either preventing, alleviating social problems, or maintaining the quality of life. This implies that intervention research has an inherent aim of bringing about some sort of social change. This resonates with the intention of carrying out engaged research with communities, as stated previously.

Intervention research has the potential to exist at various points on the continuum of engaged research. As suggested through the narrative of the case study of the Sihleng'imizi family intervention, collaboration with the community existed on various levels in the course of the intervention research process. There was little to no collaboration with the community during the initial phases of the intervention research. As the research process evolved, there was more collaboration of the research team with the community, which included *community consultation* and *community participation*. Reflecting on the intervention research process that was followed, there appears to be synergy between the intervention research process and the engaged research continuum. The following areas indicate where there are strong overlaps between the two approaches:

- Community members were directly involved in identifying the locally relevant issues and challenges that CSG families experienced on a daily basis. This also included what the community members felt they needed more assistance within their family – lending itself to mitigating any risks that could develop further than their current situation.

- Researchers consulted with community representatives and gatekeepers in gaining access to potential participants of the intervention. Additionally, the community representatives assisted with the recruitment of participants for the Sihleng'imizi family intervention. This also included thinking about and contributing to appropriate retention strategies to keep the participants and the families from dropping out of the programme. At the end of the intervention, this collaboration resulted in a 100 percent retention rate of participants.

- Some of the instruments that were used for data collection were adopted from other studies. However, importantly, these research instruments were tested and adapted to fit the local South African context. Collaboration here took place between the research team and the intervention team (two of whom worked within the community).

- Community members participated in the data collection phase of the research at both baseline and endpoint. Without this valuable input, it would have been close to impossible to properly evaluate the intervention. Through this data, changes that occurred over the twelve-week intervention period were noted by the participants, and for some, they were able to directly relate these positive changes to the Sihleng'imizi family intervention. Importantly though, it was also this information that fed into further refining the intervention. Thus, although not a direct collaboration with the community members, the information provided did contribute towards the refinement of the intervention.

- Once all the data was analysed and the research reports were published, this was taken back to the community where the intervention took place. A community dialogue was organised, where the families who participated in the intervention were invited as well as the broader community. Included in this were stakeholders in the community, such as the schools through which participants were recruited, as well as the local Department of Social Development officials who are responsible for providing relevant preventative psychosocial services to the community. This dialogue allowed for all the partners to contribute to a way forward with the intervention. Reports have been published via the CSDA's website as well as through various peer-reviewed journals.

From the above, it is evident that there was some degree of community participation and involvement during the intervention research study of the Sihleng'imizi family intervention. It cannot be claimed to fit into the CBPR approach; however, the intervention research

design could fit into Key et al's. (2019) continuum. Thus, the intervention research design can be considered a research method that would fit appropriately into engaged research. The literature on intervention research design (Fraser & Galinsky, 2010; Fraser et al., 2009; Rothman & Thomas, 1994) does not have a strong focus on the element of collaboration; however, in practice, as suggested by the Sihleng'imizi family intervention, collaboration between the various partners is necessary for implementation of the research. Importantly, a strong focus and concerted effort to push forward collaboration in each of the phases of the intervention design process can bring it closer to a more engaged practice of research. Collaboration can also be reimagined in different ways; for example, in the first phase of the Sihleng'imizi design process, there was limited community collaboration. Creative ways to engage and collaborate with communities to gain a stronger and deeper understanding of the initial problem would possibly strengthen this phase. However, one should be mindful of the community's agency to be involved in such collaborations. Thus, drawing on Key's et al. (2019) suggestion of the continuum, it allows space for the community's agency to collaborate where they feel most comfortable to engage and collaborate.

Reflecting on Key's et al. (2019) presentation of engaged research, the intervention research design could exist and embed itself at any point on the continuum, but there needs to be a stronger focus on community participation in the initial stages of the research process. This would be important in order to have the community members well on board prior to the implementation of the intervention (Fixsen et al., 2005). Community involvement will contribute to the success of the feasibility of such interventions in the long term. Hill (2012) cautions that the design and development of intervention research can at times be driven by professionals (the implementation team and the research team) and not consider the views of the community. This is a gap where lessons could be taken from engaged research where collaboration with the community is highly valued.

Intervention research can lend itself to engaged research as it offers a platform for more rigorous fidelity, feasibility, and efficacy evaluation of programmes that are carried out in communities. This provides a base for evidence-based interventions, which if found to be effective, can be adapted and replicated to address specific challenges that may be experienced in communities. However, the principles of engaged research should be applied, and community collaboration should be an integral part of the process.

Conclusion

In conclusion, intervention research design is a crucial methodology for developing, testing, and refining practices aimed at addressing complex social issues. Following a structured process that includes problem analysis, design, pilot testing, and evaluation, researchers can systematically assess and enhance the effectiveness of interventions. The case study of the Sihleng'imizi family intervention illustrates this approach, highlighting the importance of iterative refinement and contextual adaption in achieving meaningful outcomes. The Sihleng'imizi family intervention, designed to complement the CSG, demonstrates how

research practices can be applied to real-world challenges. This process underscores the need for ongoing collaboration, local context consideration, and stakeholder engagement to ensure that interventions are both effective and relevant.

The exploration of whether intervention research aligns with engaged research practices reveals that while it may not fully align with the CBPR approach, it does fit within the continuum of engaged research. Intervention research often involves varying degrees of community involvement and collaboration, contributing to a more nuanced understanding of how research can be both rigorous and responsive to community needs. By integrating principles of collaboration and contextual sensitivity, researchers can enhance the relevance and effectiveness of interventions.

Notes on Contributor

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