

Research Report:

Feasibility and acceptability of the Waves for Change 5 Pillar method for use by physical activity organisations in Khayelitsha, Cape Town, and potential for scaling up the model to similar organisations in low-income settings.

Report compiled by Thandi Davies, PhD.

18 April 2023

27 Alexander Road

Muizenberg, 7975.

Email: thandi.davies@gmail.com

Phone number: 0832629778

Executive summary

This study examined the acceptability of transferring the Waves for Change '5 Pillar model' to other physical activity organisations working with adolescents in Khayelitsha, and the feasibility of scaling up training in the model to similar organisations in other low-income settings. The 5 Pillar model is a framework with 5 key conditions identified to promote resilience and improve mental health outcomes in adolescents through physical activities. The components of the model are: the creation of a physically and emotionally safe space, consistent caring adults and positive peers, fun and challenging new tasks, learning self-regulation and social skills or socio-emotional coping tools, and connection to other services and opportunities.

A qualitative exploratory research design was employed, using individual semi-structured interviews and focus group discussions. 46 participants were included in the sample and were purposively selected. They included staff members, coaches and trainers at Waves for Change (n=11), executive or management representatives from the partner organisations (n=9), coaches from each organisation (n=20), psychologists, counsellors, social workers and teachers working in Khayelitsha (n=6). Data was analysed using thematic analysis. Broad themes identified from the data included: methods adopted by the organisations following training, adoption of the 5 Pillars by coaches, factors impacting capacity to adopt the 5 Pillar model, feedback on the 5 Pillar training, and conditions required to ensure feasibility of the 5 Pillar model trained to other NGOs.

In brief, organisational participants reported changes at an organisational level, changes in curriculum, and changes in their child-participants. Notably, many changes were reported in coach behaviours and understandings, such as an increased awareness of mental health, improved understanding of children's backgrounds and reason for behaviours, understanding the 'internal and external worlds' of children, gaining confidence in themselves and in their facilitation skills, and changes at a personal level.

Reports from coaches and managers indicated that there was an adoption of the 5 Pillar methods by coaches, but that this varied considerably between organisations. The first three 'Pillars', which involve the creation of a physically and emotionally safe space, the provision of consistent caring adults and positive peers, and fun and challenging new tasks, appeared to have been adopted by all organisations. However, there was far more variation in use and fewer instances of the adoption of the self-regulation and socio-emotional coping tools, and referral to other services and opportunities. This was impacted by factors such as inadequate mental health resources at a community and health system level, lack of time or organisational culture to implement the 5 Pillars, lack of support in knowing where and how to refer vulnerable children, and a lack of buy-in from an executive level.

Feedback from participants regarding the training from Waves for Change was overwhelmingly positive and was described as professional, inclusive, appropriate and conducted over an adequate time period. The only challenge with training was that online follow-up training was problematic for many coaches due to connection issues.

Last, the study identified conditions that need to be put in to place to ensure feasibility and sustainability of the 5 Pillar model training to other organisations. These included:

- Clarification of roles and scope for coaches working with an increased mental health focus
- Training in identification of children in need of referral
- Ensuring that there are concrete counselling referral pathways in place for each organisation before implementation of the 5 Pillars in their service
- Ensuring foundational understanding of the 5 Pillars in the grounding training
- In-person training and practical follow-up support after grounding training
- Ensuring availability of counselling services for coaches when required
- Guaranteed supervision and support for coaches
- Coaches committing to attending follow-up training consistently
- Executive-level buy-in of the training and model.

Overall, the study found that the 5 Pillar model may be appropriate and acceptable for adoption by other physical activity organisations in low-income settings, and that it may create the potential to reduce burden on the mental health system through the provision of mental health promotion activities. However, given the challenges that organisations in the pilot faced, certain conditions will need to be adopted to ensure that the model is feasible, viable and scalable to other physical activity organisations working with youth in low-income settings.

Table of Contents

EXECUTIVE SUMMARY	2
INTRODUCTION.....	5
BACKGROUND AND RATIONALE	6
AIM.....	6
METHODS	7
FINDINGS	9
1. METHODS ADOPTED BY NGOS: APPROPRIATENESS, ACCEPTABILITY, AND ADOPTABILITY OF THE 5 PILLAR MODEL	10
1.1. CHANGES AT AN ORGANISATIONAL LEVEL.....	10
1.2. CHANGES IN CURRICULUM	11
1.3. CHANGES IN COACHES.....	12
1.4. CHANGES REPORTED ABOUT CHILD-PARTICIPANTS	15
1.5. ADOPTION OF THE 5 PILLARS BY THE ORGANISATIONS	17
1.6. VALIDATION OF CURRENT PROGRAMMES.....	21
1.7. POTENTIAL ACCEPTABILITY AND APPROPRIATENESS OF THE MODEL.....	22
1.8. SUMMARY	24
2. FACTORS IMPACTING CAPACITY TO ADOPT THE 5 PILLAR MODEL	25
2.1. INADEQUATE RESOURCES AT A COMMUNITY AND HEALTH SYSTEM LEVEL	25
2.2. ORGANISATIONAL LIMITATIONS	26
2.3. COACH LIMITATIONS	28
2.4. SUMMARY	31
3. ORGANISATIONAL FEEDBACK ON THE 5 PILLAR TRAINING	33
3.1. POSITIVE FEEDBACK	33
3.2. TRAINING CHALLENGES	34
4. CONDITIONS REQUIRED TO ENSURE FEASIBILITY OF SCALING UP TRAINING IN THE 5 PILLAR MODEL TO OTHER ORGANISATIONS.....	36
4.1. CLARIFICATION OF ROLES AND SCOPE FOR COACHES.....	36
4.2. TRAINING IN IDENTIFICATION OF CHILDREN NEEDING REFERRAL.....	37
4.3. CONCRETE COUNSELLING REFERRAL PATHWAYS IN PLACE FOR CHILDREN.....	38
4.4. ENSURING FOUNDATIONAL UNDERSTANDING OF THE 5 PILLARS IN THE GROUNDING TRAINING	38
4.5. IN-PERSON TRAINING AND PRACTICAL FOLLOW-UP SUPPORT	39
4.6. ENSURING AVAILABILITY OF COUNSELLING SERVICES FOR COACHES THEMSELVES	40
4.7. ENSURING SUPERVISION AND SUPPORT FOR COACHES	40
4.8. NGO EXECUTIVE-LEVEL BUY IN	41
4.9. COACHES ATTENDING TRAINING CONSISTENTLY	41
4.10. FURTHER RECOMMENDATIONS	42
CONCLUSION.....	45
REFERENCES.....	47

Introduction

Adolescence is a crucial period of physiological and emotional development, where the foundations of future health are laid down. Around 20% of children and adolescents suffer from mental disorders globally (Costello, Copeland, & Angold, 2011) and these disorders account for a significant number of healthy years of life lost in 10 to 19 year olds (Mokdad et al., 2016). With adolescents (aged 10 to 19 years) comprising 19% of the total population (Statistics South Africa, 2018), it is vital that adolescent mental health is prioritised in South Africa. However, there is a major ‘treatment gap’ between the number of people who require mental health services and those who receive them in South Africa (Docrat, Besada, Cleary, Daviaud, & Lund, 2019).

In many low and middle-income countries, (LMICs), including South Africa, mental health promotion and illness prevention interventions for adolescents have been delivered using a task-shared approach by lay counsellors or peer counsellors, through teaching social and emotional skills. These programmes have been shown to prevent mental disorders and reduce mental disorder symptoms and risk behaviours in young people, as well as improve social and emotional skills, attitudes, behaviour, and academic performance (Barry, Clarke, Jenkins, & Patel, 2013; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Skeen et al., 2019; World Health Organization, 2020).

Given this situation, mental health prevention and treatment services need to be spread across a range of service providers through a ‘task-shared’ approach, whereby, under regular supervision, lay health workers or peer-counsellors provide psychosocial support for adolescents at primary care levels (Fairburn & Patel, 2014). These peer counsellors, or mentors in some cases, assist in providing basic psychosocial care and psychoeducation for adolescents at risk or with mild, sub-clinical threshold symptoms; only referring adolescents with more severe symptoms of mental illness to specialist care.

Socio-emotional interventions for adolescents also commonly take the form of physical activity programmes. A recent review conducted by the Wellcome Trust identified regular physical activity as an active ingredient for mental health early intervention, prevention and treatment (Pote, 2021). Physical activity has been found to provide both physical and mental health benefits, such as decreased obesity (Biddle & Asare, 2011; Loprinzi, Cardinal, Loprinzi, & Lee, 2012), decreased symptoms of depression (Korczak, Madigan, & Colasanto, 2017), anxiety (Gordon, McDowell, Lyons, & Herring, 2017), post-traumatic stress disorder (PTSD) (Rosenbaum et al., 2016) and improved well-being (Wiese, Kuykendall, & Tay, 2018).

There is evidence that the combination of physical activities with social and emotional skills improves psychosocial elements such as social skills and stress management (Arbesman, Bazyk, & Nochajski, 2013). In addition, the involvement of physical activities in an intervention can improve adolescents’ engagement in the social and emotional skills programmes (Vandell

et al., 2005). The use of this combination is growing in South Africa, and is used particularly by non-governmental organisations (NGOs) as after-school programmes for children and adolescents.

Background and rationale

Over the past decade, Waves for Change and associated researchers (Benninger & Savahl, 2016) have identified key conditions required to promote resilience and improve mental health outcomes in adolescents through physical activities, and termed it the '5-Pillar' model. The five components of the 5-Pillar model are: the creation of a physically and emotionally safe space, consistent caring adults and positive peers, fun and challenging new tasks, learning self-regulation and social skills or socio-emotional coping tools, and connection to other services and opportunities. These components are integrated into the curriculum and facilitated through the presence of comprehensively trained coaches. This model has shown promising preliminary outcomes (Waves for Change, 2019).

The 5 'pillars' are methods that cut across the structure and curriculum of Waves for Change, through an enactment of the pillars as 'values' or 'ways of being' within the programme as a whole. Within Waves for Change, surfing is the 'fun and challenging task', but the organisation believes that this activity could be any physical activity that is challenging for adolescents.

In 2022, Waves for Change rolled out a pilot project with nine non-governmental organisations (NGOs) in the greater Khayelitsha area, to train peer mentors from these organisations to incorporate the model into their programmes, with the broader aim of upskilling mentors to improve wellbeing and prevent the development of mental disorders in the children they work with, and ultimately reducing burden on specialist services in the highly constrained mental health system in the Western Cape.

Training involved a week-long 'grounding training' in Khayelitsha with all coaches in person, bi-weekly online support calls with coaches to present curriculum activities and discuss challenges that had arisen, and monthly in-person gatherings for the coaches.

Aim

This study examines the acceptability of transferring the Waves for Change '5 Pillar model' to other physical activity organisations working with adolescents in Khayelitsha, and explores the feasibility of scaling up training in the model to other organisations working with at-risk youth in low-income settings.

Methods

This study employed a qualitative exploratory design, using individual semi-structured interviews and focus group discussions (FGDS).

Participants for the research were purposively selected for their roles with or in Waves for Change or the partner NGOs, as well as for their involvement in adolescent mental health, such as local health care providers and public health care psychologists. All participants provided informed consent to participate in the study.

The sample for the study included

- Four staff members working at Waves for Change involved in the training workshop for the partner NGOs in Khayelitsha (4);
- One representative from each partner NGO who is in an executive, management, or leadership role at the NGO (9);
- Between one and five coaches from each partner NGO who attended the Waves for Change training in Khayelitsha and is implementing the 5-Pillar model in their NGO (FGDs) (20);
- Six coaches who currently work at Waves for Change (6);
- Five Health care providers working in the greater Khayelitsha area who work in adolescent mental health, but not with Waves for Change. E.g. psychologists, counsellors and social workers (5);
- One teacher from a school who collaborates with one of the Khayelitsha NGOs (1).¹

Total sample: 46

All participants were over the age of 18.

Procedure and data analysis

Interviews were all conducted online on Zoom or over WhatsApp video, and were audio recorded. Six focus groups were conducted in person in Khayelitsha and were also audio recorded.

Audio recordings were transcribed verbatim and imported into NVivo 12 for analysis. Data analysis was conducted using 'Theoretical Thematic Analysis' (Braun & Clarke, 2006), which comprises six stages, that of: familiarising with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. This framework allows the use of both deductive and inductive approaches. The deductive approach involved determining pre-identified themes related to the research questions, and the inductive approach allowed for emerging themes to arise during the analysis process.

¹ A limitation of this study is that it was difficult to obtain phone numbers and contacts for teachers who were involved with the partner NGOs. It would have been preferable to have included at least 5 teachers in the sample.

Within the deductive approach, a taxonomy of implementation outcomes (Proctor et al., 2011) was used to guide the analysis in identifying various implementation outcomes of transferring the 5 Pillar model to other NGOs. These implementation outcomes included: acceptability, adoption, appropriateness, feasibility, fidelity, and sustainability.

Table 1: Taxonomy of implementation outcomes (Proctor et al., 2011).

Acceptability	The perception among implementation stakeholders that a given treatment, service, practice, or innovation is agreeable, palatable, or satisfactory.
Adoption	The intention, initial decision, or action to try or employ an innovation or evidence-based practice.
Appropriateness	The perceived fit, relevance, or compatibility of the innovation or evidence based practice for a given practice setting, provider, or consumer; and/or perceived fit of the innovation to address a particular issue or problem.
Feasibility	Feasibility is defined as the extent to which a new treatment, or an innovation, can be successfully used or carried out within a given agency or setting (Karsh, 2004).
Fidelity	The degree to which an intervention was implemented as it was prescribed in the original protocol or as it was intended by the program developers (Dusenbury, Brannigan, Falco, & Hansen, 2003; Rabin, Brownson, Haire-Joshu, Kreuter, & Weaver, 2008).
Implementation cost*	the cost impact of an implementation effort.
Penetration	The integration of a practice within a service setting and its subsystems.
Sustainability	The extent to which a newly implemented treatment is maintained or institutionalized within a service setting's ongoing, stable operations.

* This study does not examine implementation cost

Findings

Under the broad aim of examining whether training in the 5 Pillar model was appropriate, acceptable and feasible for the nine NGOs working with adolescents in Khayelitsha, and whether this could be task-shared to other organisations working with youth in low-income settings, the findings are presented according to the following questions:

- What methods were adopted or changes made by the pilot NGOs following training in the 5 Pillar model?
- Were the 5 Pillar methods adopted by coaches in the pilot?
- What is the potential acceptability and appropriateness of the model?
- What factors impacted organisations' ability to adopt the 5 Pillar model?
- What were participants' impressions of the 5 Pillar training?
- What are the recommended conditions required to ensure feasibility of the 5 Pillar model trained to other physical activity NGOs?

These will be presented in four broad themes below.

Participants have been anonymised using a coding framework, with codes including 'AA-AI' for NGOs, WC for Waves for Change staff, and PS and SW for psychologists and social workers.

1. Methods adopted by NGOs: appropriateness, acceptability, and adoptability of the 5 Pillar model

There is much evidence from the findings that indicates that the training from Waves for Change has been adopted by the participating NGOs – but to varying degrees. Section 1 below presents the changes in operating reported by the participants in the study, which demonstrate a willingness and, to an extent, ability, to employ the method and have potentially positive impacts on adolescent beneficiaries. Section 1.5 then presents findings on regarding whether each specific ‘pillar’ has been adopted.

The changes suggest that in principle, the 5 Pillar model is an adoptable, appropriate and acceptable method for other physical activity organisations to employ as a mental health promotion and preventative intervention, and that this method can be shared to other organisations providing physical activity programmes to youth in similar contexts to Khayelitsha.

1.1. Changes at an organisational level

At an overarching organisational level, coaches and managers reported a few changes in the way they run their organisation following the 5 Pillar training. These included: ensuring a referral system was in place with collaborating schools for children in distress (AF), bringing older and younger children together in the programme and encouraging engagement across age groups (AH); ensuring children get food before they practice (AH) or a meal twice a week (AG), applying some of the 5 pillars in some of their other programmes (AH), and a shift in focus from competitive sporting coaching toward celebrating individual mastery (AG, AB, AC, AD).

The importance of the provision of food to at-risk and vulnerable children was emphasised by the AG manager:

“So, every Mondays we provide decent warm meals we cooked. And the girls receive that meal immediately after session. And then on a Friday, we also do the same... we now start off the week in a positive mental state and how do they nurture that throughout the week so that when we give them on the weekend, there’s so many [negative] things that’s happening around us on the weekend but we stay positive and we look forward back to the Monday again” (AA Ex 1).

Four of the organisations reported a shift in focus in their pilot programmes from a competitive, performance-based coaching toward celebrating individual mastery and creating a caring, encouraging environment instead (AG, AB, AC, AD). This aligns with the value and

culture put forward by the 5 Pillar method. This was demonstrated through the following statements:

“Before, they got in the stadium, and they trained. But now since I have joined with the Waves for Change we now talk: how was your day? Just to get to know them, to know the background, so that, I think that is what I have learnt, just to communicate better, to know my athletes better, that it is not only about running. It is more than that” (AD 2 FG).

“We have completely turned our culture around. We used to say ‘leave your feelings at the gate’. But now we have a 2 minute break if a child is feeling difficult feelings, for them to take a break and feel their feelings. Now other kids are joining them for 2 minutes to comfort them! That macho nonsense we used to have has gone out the window, for teenage boys nogal!” (AC 1 FG).

“Before the training, we tended to be a little kind of, “aggressive”, with kids, and hide it behind passion. But because of the training we now work hard to create an emotionally safe space and check in with myself first. I check in with myself first, and so now I am more patient and empathetic with the children” (AC 3 FG).

“With [AB], initially they were very performance based. And you could see the shift in just things like praising kids for just, you know, bouncing the ball three times. So, I think it just depends on the organisation and just highlighting that sense of mastery and allowing kids to progress at their own pace and celebrating that” (WC 2 Int).

1.2. Changes in curriculum

In general, it appears that no organisation changed their own curriculum per se. However, most groups integrated certain activities or energisers into their established curriculum.

A Waves for Change trainer described this by saying:

“Whereas before, it might have been that, for example, the kids just arrived, did warm up drills, and then practice their sport and then go home. Now it might be that there's an energiser, and a take five and then they do their physical activity. And then maybe there's a quick check in at the end of the session. Even if they haven't integrated the curriculum, there's a different intentionality around the structure of their session” (WC 1 Int).

Other adaptations are demonstrated through the following quotations:

“Basically, we now have the welcoming sessions where we make them feel welcome especially, with new participants. And, we always start off any session with mental wellbeing fun games. So, just to make them feel that we're not at school or at home, we are here. This is our space. This is a nice space to be in” (AA Ex 1).

“We have very finite periods of time that we spend with beneficiaries per session, so all those things are delivered to them simultaneously: the energiser and the warmup and the welcome become one activity” (AH Ex 1)

“We have integrated a few things from the training – energisers, power hand, walking into the ocean together holding hands, we created a culture, similar to the bananas culture - shaka – where we do the respect, protect and communicate. So we have taken some of the elements from waves for change and created our own culture from it” (AG Ex 1).

Two organisations mentioned specific changes that they had made: one had reduced their physical activity programme to 2 days a week, and introduced an educational focus on the other 2 days (AG), and another had shifted to allow the participants to do homework instead of attending the programme if they needed to (AF).

1.3. Changes in coaches

By far the most positive feedback on changes relating to the training was around behaviour and facilitation skills of the coaches themselves. Factors identified by coaches and managers included: increased awareness of mental health – in the children, in themselves and in their communities (AF, AD, AH), and the subsequent improved ability to identify children who are struggling & may have experienced trauma, (AF), increased understandings of children’s backgrounds, and possible reasons for children’s behaviours, with an underlying sense of the impact of ‘internal’ and ‘external’ worlds of children, an increase in self-confidence, as well as in interacting with children and facilitating groups (AF, AD, AH), and lastly changes reported in their own personal lives. Other mentions were that coaches had improved communication skills (AD), were more patient (AF, AB), and were more engaged with their programmes (AG, AF, AI). Examples of these are presented below.

a) Increased awareness of mental health and wellbeing – in the children, in themselves and in their communities

Most organisations reported that the coaches had developed an increased awareness of mental health in their participants, in themselves and in their communities. Some consequently learn to identify and reduce the stigma surrounding mental illness in their communities too. For 3 NGOs, this led to subsequent identification of children who were struggling and may have experienced trauma or were in need of further care.

This was demonstrated through the following quotations:

“After the coaches were part of the programme they started to identify learners that needed more interaction or special care. Then they started building a relationship with those learners

to find out what exactly is happening... the coaches are now speaking more about mental health issues and they come forward about it... also in their own communities... they have broken that stigma around mental health” (AF Ex 1).

“I think there's definitely been a greater awareness of mental wellness, again, because it's not something that we normally focus on” (AH Ex 1).

“For me, I'd say I've taken mental health as a very important thing. You know, myself as well. I never learned about mental health. But once I became a coach and then I learned about a mental health. In an organization, it's very important because we deal with different kids who come from different backgrounds. And every situation these kids face is different. So now in the programme we avail ourselves as coaches for the kids and understand their situations” (AG 2 FG).

Others mentioned “I would say it's almost something that we've been doing this every day, but we never really thought about it, that it is a step of helping the kids and kind of coming into mental health because then they come to us, I'll put it this way, with us black communities, when you say mental health, you are talking about someone who really lost their mind. And as coaches we didn't understand that. But now we know how to work with those things” (AB 4 FG).

“It was interesting because a lot of coaches weren't even aware of what mental health and wellbeing was. I mean in a broader sense they were aware but after like even initial grounding training, they started to understand. They started speaking about, we have kids who had this challenging behaviour and in the weekly calls they started to chat amongst themselves, like, why is that happening, you know? Because they had a bit of an understanding of why kids were behaving that way.” (WC 2 Int).

b) Improved understanding of children's behaviour

Coaches also mentioned that through the training they started to develop better understandings of children's backgrounds and the possible reasons for their behaviours, such as acting out or withdrawing from the groups. Coaches shared the following in this regard:

“Now I've learned that even though you go to them to implement, they also have feelings. Sometimes when a child misbehaves, it's not it's not like she wants to, or he wants to, its something from back home, its maybe something back home” (AB 3 FG).

“Like our kids are exposed to stuff like gunshots and stuff like that, so it's easier for them to be traumatised and maybe when they are acting out, they are actually seeking attention, but we don't recognise that. So, it's important for us to create that safe space and be able to listen to them so they can say what they want to say” (AE 3 FG).

“Before I [attended the training] all I cared about was pure sports skills. Now there is more to look out for. I am picking up on more things and have more understanding of the human being behind the bat or ball. I listen better” (AC 1 FG).

“So, then they feel that actually, we care about them. Because some they don’t have any support system at home. So, it’s whereby we support each other at work. So, from the psycho-social and also creating the safe space” (AE 2 FG).

“So, I think you guys explaining all of those things, has made me be more empathetic to participants. To their realities. Like every day realities, and also to be more considerate of them and how they react because they probably do not know how to act, because that’s the only reaction they know how to give. ‘I have to protect myself or else someone will come at me’. So, being more empathetic and also being able to reason with a person, you know?” (AD 6 FG).

c) Understanding of internal and external worlds

In addition, some participants mentioned that the training helped them to gain an understanding of the impact of children’s ‘external world’ on their ‘internal world’. This is demonstrated through one coach saying:

“the training has helped me to understand the children’s backgrounds. The training helped me to understand that all inner circle and the outer circles influence how the child behaves. Everything that happens in other aspects of children’s lives influences how they behave in this space.” (AA 2 FG).

Coaches from another organisation also related the following:

“So, even for me, I remember when what you did earlier when we were starting with the pilot thing, the inner self and the outer self. So, it speaks more, I think that activity has huge impact on our daily lives, like activities and what we do.” (AE 1 FG).

“At the end of the day, at work, we provide people with support, but it doesn’t take away from the fact that when they go back to their communities, they will still be experiencing those same things. But it’s being able to sort of give them a grace while they’re in here, so that when they do leave at least they know something, how to react better.” (AE 4 FG).

d) Gaining confidence

Participants also related that they had gained confidence in interacting with children and facilitating groups. (AF, AD, AH). Some also related that they had improved their own sense of confidence within their own lives too: “They’re a lot more comfortable asking questions like,

‘why do you feel that way?’ - both in a group as part of an activity, but also individually” (AH Ex 1).

“I also got some confidence [from the training]. Because I didn’t have confidence in myself. Because I do not, I cannot speak in a bigger group of people, so that made me feel very confident” (AE 5 FG).

“For me, I was struggling to do check-ins with the teams because I didn’t know what to say, or how to explain or anything. But then ever since I started the trainings here, and when we go and implement them, I was comfortable how to be able do check-ins and also address them without ordering them around. Just give them time to think about what we can do about the day today” (AE 4 FG).

“It helped me to spread my wings wider than they used to be. I used to have wings that were clipped! Now people are asking to have more time with me. I have learned to open my space more” (AC 2 FG).

“I now talk easier with all the different people. I have more confidence... I use these strategies in my community and in my life” (AA 1 FG).

e) Other changes

Other mentions were that coaches had improved communication skills (AD), were more patient (AF, AB), and were more engaged with their programmes (AG, AF, AI). Coaches also reported changes on a personal level, such as “learning to be patient, and more tolerant towards others’ feelings” (AB 1 FG), learning how to calm oneself down and not be short-tempered (AB 2 FG), being kinder to oneself, sharing the exercises with friends and family (AA 2 FG), and lastly, realising the impact of one’s own behaviour on children or colleagues and learning to watch out for this (AB 4 FG, AH 1 FG).

One manager felt that by giving the children the tools, *“coaches are encouraged to look within themselves. So even if you don’t fully focus on the coaches well-being but you give them these tools, and in learning about those tools, they pass them back onto themselves, I think it is really beneficial either way” (AG Ex 1).*

1.4. Changes reported about child-participants

There were also a few narrative reports of changes that children within the programmes were demonstrating. These reports are included here despite not being the focus of this study. They included: children becoming more confident in speaking up and sharing about themselves, learning to trust their mentors, being more engaged with the programme, and feeling a sense of belonging in the group, learning to identify their feelings, and their qualities.

Three organisations mentioned that children in the pilot were learning to speak up and share their experiences or needs in a group or to their mentor (AF, AG, AB): *“So, in terms of engaging with us now, they are more confident, they're more calm and they're more relaxed in terms of there's that level of trust also to interact” (AA Ex 1).*

One organisation reported that previously children were not comfortable to sit in a circle and share, *“but then we tell them the importance of this circle and also give them the understanding. So now they understand why we need to do a check-in, or why we need to be in a circle and also talk. So, if ever I didn't do the check-in, they will remind me now that, can't we do the check-in today because I feel something that I need to share. So, they're engaging. So, first we need to explain why are we doing this so that they can have that understanding and also can be comfortable enough” (AE 4 FG).*

A manager and a coach also said that they noted an increased confidence in their participants, stating that they are learning to speak up about themselves, to develop confidence to “know what is right and wrong, and knowing their goals and what they want to achieve” (AD, AH). “I can see the confidence they have. They no longer have that fear now.” (AD Ex 1). Another coach said that their participants were now “more excited and more engaging.” (AE 2 FG).

Other coaches reported that their participants had improved their confidence in public speaking, speaking up in a group, and feeling a sense of belonging in the group: *“So that's where self-loving starts, so some of them are suffering with the public speaking. Stage fright, some can maybe speak on stage or maybe in front of people. So things like that, when you share. Maybe you had you feel like, I don't feel like connected with these people. But after you shared, everyone's giving me a snap, so you know that what you are saying is worth it around this group. So you feel a sense, there's a sense of belonging, so you know that you are being valued and everything you said, means something to us.” (AE 3 FG).*

Organisations also mentioned that children were learning to identify their feelings, relating to what is going on in their lives, as well as learning to listen to and understand others' emotions (AG, AD).

“You know, when we're in a circle, kids are able to listen to another child sharing emotions of feeling, how they're feeling today, what's bothering them, you know, the kids are willing to listen among themselves, the coaches as well are willing to share, IAAe, if a coach arrived, you will see the emotion of the coach visually, and say how you doing?. So there's quite a big change among ourselves and the participants, whereby we can recognize the feelings and emotions of each other” (AD 3 FG).

“For me I would say it's the good relationship that wasn't really there before. Because some of them you could see that they are not comfortable, but as time goes by, now they are comfortable and there are some participants who are coming to me maybe in their spare time,

like for advice. And maybe to can speak about something else. Maybe about something that's happening at home" (AE 1 FG).

One manager said that their participants were now able to identify their qualities and talents which they had struggled to do before:

"Often our kids really lack focus, but by the end of the programme after we had done the 'power hand' 3 or 4 times, they actually can find things good to say about themselves. In the beginning they really struggled to identify 5 good things about themselves. And at the end it was amazing to see how they could do that, and they were really proud." (AG Ex 1).

Last, AG reported that they had seen an increase in the numbers of younger children attending their programme.

1.5. Adoption of the 5 Pillars by the organisations

While it was not possible to assess whether coaches were using and implementing the 5 pillar methods in practice, reports from coaches themselves and from managers indicate that there was use of the methods, but that this varied considerably between organisations. Through the interviews and focus groups, it appears that all coaches and organisations were able to incorporate the first two pillars into their everyday interactions with participants in their programmes for participants ('Caring coaches' and 'creating a safe space'), and have to a large degree integrated these fully into their programmes as they go forward. The majority of coaches also used the third (a 'fun activity' [the 'energisers'] and a 'challenging task' [a physical activity]). What appears to be less widely incorporated are the fourth and fifth pillars, which are 'learning self-regulation and social skills', and 'referral or connection to other services and opportunities'. Examples of reports of the use of each of the 5 Pillars are given below.

a) The creation of a physically and emotionally safe space

Creating a safe space was a learning and a change that was incorporated by all NGOs.

One coach demonstrated an increase in self-awareness and empathy through his description of creating a safe space:

"[Before the training] we tended to be a little kind of, "aggressive", with kids, and hide it behind passion. But because of the training we now work hard to create an emotionally safe space and I check in with myself first. And so now I am more patient and empathetic with the children" (AC 1 FG).

Another coach articulated that that for her, *"creating a safe space is when we sit in a circle, and we ask about your day. We just want to show the importance that at least someone does care that, 'how was my day'? Because there at home, no one asks 'how was your day'?" (AD 1 FG).*

This explanation also emphasizes the importance of demonstrating care and interest towards the children. The quotation further highlights the adverse and overlooked backgrounds that some of the child-participants come from at home, indicating a substantial deficit in feeling emotionally secure and cared for within their families and communities. The quotation also demonstrates that this coach appears to have really taken on the underlying values and understandings that the training aimed to impart.

Creating a safe space is epitomised by the following quotation from an NGO manager:
“Things like a safe space for us is paramount. Just for the ability to be creative and give vent to what's inside. And even if what they feel is something ugly, making it come out in a beautiful way, but giving them that space to vent - just support. Even if you don't want me to do anything about it, you have a pair of ears to listen and a pair of shoulders to support. Ja, and just that sense of freedom I guess, which they might not feel in their day-to-day lives. That they're able to flag when they're not feeling 100%, and that that's okay. So, there's that non-threatening, non-pressurised, non-competitive gender-neutral space that we create for them where they can unlearn some stuff and learn new things” (AH Ex 1).

b) Consistent caring adults and positive peers

Examples of being consistent and caring adults were given through descriptions of ‘becoming a caring coach’ and the use of regular group and one-on-one ‘check-ins’ with children. This was also mentioned across all NGOs. The general discourse from the focus groups demonstrated that all coaches had embodied this quality.

To note, there were very few, if any, concrete examples from participants demonstrating ‘positive peers’. This may have been due to this specific question not being asked in the focus groups, but on the whole it appears that this was not a particular understanding of the second Pillar: the focus appeared to be more on coach behaviour rather than specifically encouraging ‘positive peers’ within the groups that they facilitate.

Examples used by participants to explain their adoption of becoming ‘caring coaches’ are presented below.

One coach explained how he had become a caring coach in his organisation:
“One thing I can say about my role and how I've changed is that I try to be there, like a caring coach. I really try to be there for the youth. There are instances where people share really hectic stuff, so I always try to like, try and listen and not try to distract what is being said. Like let everyone get a chance to talk after the session, then I'll pull the person to the side and ask them if they need to talk further about whatever it is that's going on, or if they would like, need further assistance and maybe get them that referral or stuff like that. So, I think I took the caring coach pillar to heart and, or put the people that I have had in my groups, I feel like

it's made a lot of, like they are more aware that there's people that care about them and they know that they have a safe space in me and other people that share the same feelings as them" (AE 2 FG).

All coaches brought up the use of group check-ins. A few also mentioned using one-on-one check-ins:

"For me, I always do one-on-one's before creating a safe space, or creating a safe space and then after I do one-on-one because maybe the participants who would trigger the emotions to one another, so in order for me to know them, I need to do one-on-ones" (AD 7 FG).

"Because we usually focus here, you know, on the mind, and forget when these kids come from, you know, I want to coach you and teach you whatever I want to teach. But now you've got this problem. And sometimes these kids, some of the topics are sensitive. You speak of something today, and it happened yesterday. And you know, in essence, it was awful. He pulls away, actually, you try to help but you don't know how. But now with that friendship, we have that connectivity to say, 'How are you? What did you do? What happened? What can you do when something like this happens again?' After the session they start coming to you one by one. 'Coach, I didn't sleep at home, I stayed at my cousin's place, because my father was beating my mother' and blah, blah, blah, and that's when I will start using these connections" (AB 1 FG).

c) Fun and challenging tasks

The use of fun and challenging tasks included both energisers and the sport programmes that the NGOs already used in their normal curriculum. All NGOs incorporated energisers into their programmes, whether they used those suggested by Waves for Change, or ones that they had adapted for themselves. Many participants spoke of the impact that they saw the energisers having on the children.

One manager explained that *"the energisers and the ice breakers were not something that we had within our programme. So after the coaches learnt these they started implementing, not the same energisers, but their own different energisers and icebreakers within the programme context" (AF).*

Another said something similar, in that they *"continued with our same structure but also found moments for making time for things like the icebreakers, the energizers. And exercises that will bring the kids together. Also, adapting some of the exercises that we did at the [grounding] training. I remember the one that you play football but using hands, is one of the games that the kids really enjoyed" (AI Ex 1).*

The impact of energisers on attendance was explained by another NGO manager who said that *"we can see that the more we use them, the more it attracts children. We can see that if*

we only do soccer, some participants don't come. But using the games gets them to stay" (AA 1 FG). Another explained the impact of energisers on the children:

"Because these games, they take them out of their comfort zone. You know, games that stretch them, although you think kids don't... but they have got all these things on their mind, you know, from being at home in the [township], so we've got those games to unwind, like, sit back, look at the game, think about it... But kids do. You know, they do respond to the games. Because those kids, where they come from, they just want to play" (AB 3 FG).

d) Learning self-regulation and social skills or socio-emotional coping tools

Seven of the nine NGOs mentioned the use and incorporation of self-regulation tools in their programmes at least once. However, these were not consistently or frequently mentioned across the participants in the interviews, and those that were mentioned were done so individually by different NGOs (i.e. there wasn't a common thread of multiple NGOs mentioning use of the same tools). The only socio-emotional tool that was consistently mentioned across organisations was the group check-in.

The use of the self-regulation tools was described through examples such as these given by the AM coaches:

"So, every Friday, we now have mental health sessions. So, we get a structure from Waves for Change, such as power hands, my supporter. So, every Friday, we make sure that everything that we learned or everything that is said to us we implement it in the building" (AE 1 FG).

"A lot of people enjoyed those tools. I think the one that they enjoyed the most was the 'Boiling Point'. Like a lot of people, you know, when you know something that you go through, but you do not know how to pinpoint what it actually is, like I think that you guys providing us with that information, has actually helped people pinpoint how to identify their emotions, how to handle them and how to, like, just go through stuff, so that when you're done, it's over. And now you have to go back and sort of reflect and fix your errors if you feel like, I respond in a certain... maybe I can respond in this manner" (AE 1 FG).

The use of regular group check-ins was described by a manager who said, *"Sometimes all we do is just a check-in. Where are you today? What are you feeling today? How are you feeling today? Maybe just isolating where kids are visibly different to what how we normally experienced things, perhaps they're agitated, they look like they're a little upset or a little angry or whatever. And being able to gently pull the child aside and just check in, you know, 'is it very different for you from the other kids that we've heard now? What do you need from us to help make the session to go better for you?' That kind of thing" (AH Ex 1).*

Participants also demonstrated increased understandings of the reasons for using particular self-regulation tools, as evidenced by one coach who said:

“So I always say, we don’t just run the programs just for fun. There is a reason and a message in every activity. So, I will say they pay attention and observe because they try to find that message or the reason why they are doing the certain things. And after the programme I always ask them why we are doing that. So, I allow them to share first and then when they are done, I come with my perspective” (AD 6 FG).

Another manager explained that for them,

“What really hit us the most was the exercise about the inner and outer wellbeing of the child. And in our follow up integration within our NGO, instead of doing it with the children we did it with the coaches. So we said, when you are at home what does your outside world look like? And then when you are at work, what does your inside world look like? And we had people in tears, it was just one of the most powerful exercises. So I would say that is really good for coaches to realise how important they are. The impact that they make on these kids by creating safe spaces, by being caring coaches. I think that was really really powerful for them to see. They also resonated with it, because then they realised, ‘these kids are experiencing what we felt too’” (AG Ex 1).

A Waves for Change trainer validated this with an observation that *“even if the coaches are not talking about it in terms of the 5 Pillars, they're recognising that the ‘why’ of what they're doing is to influence the inside world” (WC 1 Int).*

e) Connection to other services and opportunities

Last, three NGOs mentioned that they are able to create external opportunities for their beneficiaries, and all said that they now had referral pathways in place if they felt the need to refer beneficiaries for social or psychological services. Despite this, no NGOs said that they had made any referrals since the training in April 2022.

The current referral pathways that the nine organisations use or know about, are: referral to a school teacher, school counsellor or social worker, the Department of Education, Childline, Nonceba, Empilweni, Yabonga, and Noluvo.

1.6. Validation of current programmes

Within the theme of changes incorporated or taken on by NGOs, four NGO representatives related that the training on the 5 Pillars validated their own work and what they were already doing. They stated that they were already using similar methods, but used different words or language for it. An additional benefit of the training for them (particularly the coaches), was that they learned the reasons behind using these methods, and the potential impact of them. As a consequence, they are using the methods (whether their own or the 5 Pillars) with more purpose and understanding (AF, AH, AI, AB).

Four managers explained their realisations around the use of the 5 Pillars as follows:

“So I think our curriculum itself touches on all those five pillar competencies. So that is intertwined in our programmes. So the coaches were doing that already. I think it was just better explained and better identified with the Waves for Change pilot, to actually have that put down on paper, and to understand, ‘this is what you are doing’” (AF Ex 1).

“If we talk about simply being present, and being supportive and encouraging, yes of course. It's amplified what they already do and have done. But like I said, we call it different things... What we do in that programme pretty much coincides with what the training helped us to do... So it's something that we would have done anyway, maybe not that frequently, and we certainly wouldn't have called it by the same name. Now we know the name to call it. We also learned techniques on how to use it effectively, on a regular basis, and incorporating it as part of the welcome to each session. So we use it consistently and yes, I do think it has made a difference... The training was also a bit of a pat on the back. It's nice to know that what you're doing is right, it may not be a 100 percent but at least you're on the right track. So that was really good” (AH Ex 1).

“The training showed us that we actually do provide some wellbeing support in our programmes already. But now we know better how to deal with it” (AB Ex 2).

“The 5 Pillars training was actually a beautiful reminder of why we're doing this... of how important our work is... and they were so easy to integrate to our programme... We continued the same structure but also found moments or made time for things like the icebreakers, the energizers... teambuilding exercises also” (AI Ex 1).

A Waves for Change staff member also related that she had observed this. She said, *“I think the coaches understand what the Pillars are, and what I've seen is that a lot of those things are already present in their programmes. So, it's more that we are just highlighting, why we want to do that and how it fits into like the mental health prevention promotion programme in their programme. So that's also the importance of the initial grounding training” (WC 2 Int).*

1.7. Potential acceptability and appropriateness of the model

Last, there were many examples given by different participants regarding their thoughts on the potential acceptability and appropriateness of the 5 Pillar model. This is illustrated through the following quotations:

“We are ideally situated to assist vulnerable children because they spend most of their times with us. So we know them better than their family or their mothers. So it is good that we are learning more about mental health so that when we have the situation we are able to deal with it” (AD 2 FG).

"[The 5 Pillar training] is very necessary in this world. I think it is critical that we create a sense of safety, a sense of belonging, a sense of hope. So yes, we absolutely welcome the ability to learn more to make our world better for the children that we work with. Hopefully be able to transfer some of those skills in an age-appropriate way for them to grow as little humans... So as long as they are learning and playing and learning through play, for us that's really, really important" (AH Ex 1).

"I believe 100% in [the model]. Absolutely. I think all you need is somebody older, that is consistent. Most people just need that. Just consistent, that they, they know what it is like to be a 17 year old. You don't have to be a counsellor to know that. Even life experience is very valuable. But consistency. Everybody wants to be loved. And we all want to be seen, and we all want to be acknowledged, and if they can do that I think that is amazing. And their role is also then to be able to identify if something doesn't feel right, and the adolescent needs more attention. I think that is an amazing role. Because if those people don't get the attention, we know that the prognosis is worse, the longer you leave these mental illnesses" (PSY 2).

"From what I've seen these coaches are capable of doing that in their communities and I think they the ones that should be doing that kind of work in their communities... I think kids can relate more to them and I think they also just more relatable and you can see as opposed to like a child going into like a clinical setting for a therapy session, it is much better coming to the beach with your cool coach and your coach also understanding what you need in a space. So, I think yeah just comes down to relatability as well as them, the coaches often coming from the same spaces and experiencing the same things. They often understand, okay, if I had this when I was a child, it could've changed a lot. What happened? A lot of things that happened would have helped having a space that they can come to and to forget about that..." (WC 2 Int).

"For us, [the incorporations of the 5 Pillars] has been a twofold win. We know that our programme is impactful and we have seen positive personal growth in the children. But also the Waves for Change training has allowed us to be more receptive to when things pop up that are out of the ordinary. Maybe there's a potential for risk or whatever the case might be. And so, I think both [programmes] have been successful in changing the behaviour of the children, or at least supporting them so that they are able to adjust to their situations. Both what we've learned at Waves for Change and how we implement that in our programmes practically and then roll those out together as one experience. I think that has in fact helped to lower the incidences of the need for mental wellness interventions" (AH Ex 1).

"They have the capacity, and if they train they do have the potential to be able to do this, but they need containment and counselling themselves. I think in this community that is very impoverished you'd rather have a young person mentoring someone and filling up their day that way than them sitting at home or loitering or possibly falling in with the wrong crowd and I get that. I think that's a wonderful thing... But we need to proceed with caution" (PSY 1).

1.8. Summary

The above sections illustrate changes and shifts reported by participants, most notably in the area of coach behaviours and knowledge, such as improved mental health literacy through increased awareness of mental health and mental wellbeing, increased understandings of possible reasons for children's behaviours, increased understandings of children's backgrounds and ability to identify children at risk, awareness of the impacts of the environment on children, becoming more engaged with the programme, and learning to use the 5 pillars with confidence and in their own lives. Mentions of changes in children included an increase in confidence, being able to speak up, and learning to identify their feelings. Half of the organisations also reported a shift in the focus of some of their programmes/groups from competitive, performance-based coaching toward celebrating individual mastery and creating a caring, encouraging environment instead.

Of note, the quotations and examples from the interviews demonstrate that across all NGOs, the coaches have embraced what appears to be a Waves for Change *culture* or *value system* which prioritises providing a caring and safe space, using activities and energisers to encourage both healing and having fun. As has been shown, this largely shows an adoption and ability to use the first three pillars comfortably, and within the constraints of their own curricula. The only factor not specifically mentioned was the encouragement of children becoming 'positive peers' under the second pillar. The last two pillars are less frequently used by the organisations, and there appear to be more circumstantial or practical reasons for this, such as a lack of time, resources or capability to take them on. These will be explored in Section 2 below.

In general, the implications of the findings presented above are that the model may be appropriate, acceptable and adoptable for other physical activity organisations, and may create the potential to reduce burden on the mental health system through provision of mental health promotion and illness prevention services. However, there are also limitations and challenges that the pilot organisations faced in implementing the 5 Pillars. This will be unpacked in the next section.

2. Factors impacting capacity to adopt the 5 Pillar model

Following the positive feedback and initial evidence to demonstrate initial appropriateness and acceptability of the 5 Pillar model, the following section provides feedback from participants regarding capacity challenges in adopting the 5 Pillar model with fidelity and sustainability. The challenges have implications for coaches' ability to fully integrate the 5 Pillar model into their programmes and continue to use them in the future. These limitations serve as precautions that need to be taken into consideration if this model is to be scaled and employed as a feasible and effective task-sharing model for mental health promotion intervention. The challenges are presented from a community, organisation, and coach level.

The following themes are presented in this section: inadequate resources at a community and health system level, organisational limitations, and coach limitations to implementing the 5 Pillars.

2.1. Inadequate resources at a community and health system level

The first, and primary, challenge faced by organisations is that there are insufficient and inadequate resources, government facilities or non-governmental organisations to refer children on to if they are identified as being in need of physical, psychological or social support in Khayelitsha, and Cape Town in general.

This is a national and systemic issue: that counselling services are oversubscribed, under-resourced and largely unavailable. The common referral pathway for organisations who identify a child in distress or in need is to refer to a school counsellor or social worker (if there is one – this is not common), or a teacher or principal if there isn't one. There would then be a referral to a state social worker if necessary. So a pathway of care is not guaranteed once an issue has been identified in a child.

Khayelitsha township has a population of approximately 400 000 residents, and the public health system has only three psychologists to cover / attend to this entire area. In addition, there are only two or three reputable and established NGOs in Khayelitsha that conduct formal counselling with adolescents. Both public and NGO counselling services have up to three month long waiting lists to see the a counsellor or psychologist.

A Waves for Change trainer described the situation as such:

"I think the referral process was also hard [for coaches] because the whole challenge is that there's no access to these services. So when things came up, a lot of the times they were like, 'well we don't know where, what to do with the kids, and even though we have those referral networks or pathways, it is still kind of stagnant, like there's nowhere for us to do that for the

kids'. You really need that referral. So, I think after that, them being aware and exposed to all of this. What is mental health and why kids behaving like this, they started to see a lot more of it. And then for them, it became challenging because they want to help the kids, but they don't know how" (WC 2 Int).

From the other perspective, when one of the state psychologists was asked whether she was aware of the NGOs involved in the pilot project, she was not aware of any of them except for Waves for Change. This demonstrates the lack of collaboration between the governmental and non-governmental services providers, but also the transient nature of the NGOs themselves due to a lack of financial resources to sustain them.

2.2. Organisational limitations

The second level of 'limitations' arising from the data with implications for feasibility was at an organisational level. The following limitations/reservations were identified: Lack of time to do 5 pillars and their own sporting activities or curriculum, balancing a competitive versus a caring culture, lack of support or information on where to refer children to, and a lack of buy-in and support from executive or management level.

a) Lack of time to do 5 pillars and their own sporting activities or curriculum

Most NGOs mentioned that they struggled to conduct their own curriculum in conjunction with the 5 Pillar methods and activities.

A coach from an NGO that only had a sporting programme initially shared that: "I have about 40 young children, and I have to deal with them alone. I have to focus. And I have to learn to multitask. Is it is quite hard to balance everything. You need to be trained for this" (AC 2 FG).

As a consequence, it appeared to be much more common for them to take up and use the first 3 pillars, and the self-regulation tools were less commonly implemented. The self-regulation activities take more time and 'effort' and would need to be done before or after their own curriculum so there may be pressure to complete their own curriculum activities or sporting goals first. It is thus probable that the organisations will be more likely to integrate the first 3 pillars into their programmes going forward, than the last two.

Another consequence is that the four organisations that already had a life skills curriculum shared that although they would continue to use the first 3 pillars, that they would return to their own life skills curricula and self-regulation activities. One NGO, for example, has its own sporting *and* life skill curriculum, and so really struggled to integrate the 5 Pillars in parallel. They did make an effort to do so, and although coaches reported significant changes in their attitudes and behaviours, this NGO has gone back to using their own curriculum at the end of the pilot.

b) Balancing a competitive versus a caring culture

Some of the NGOs that teach sport for competition also mentioned that they struggled to balance the 5 Pillar culture of creating a caring and safe space, with a focus on performance. Some coaches mentioned that the 5 Pillar culture contrasted with the 'culture' of competitive sporting programmes that focus on constant improvement.

A Waves for Change staff member explained this scenario as follows: *"it will be very difficult and challenging, especially for sports like soccer, netball... because I know their style of coaching to motivate children is to shout at them – 'Come on! Get up!' That is how they coach, and now to come up with a different approach like, breathe, and stepping back, or just talking to the children in a different manner... would be sometimes difficult"* (WC 3 Int).

Another staff member explained that most sporting NGOs in Khayelitsha are expected by funders to increase the performance of children, so that they *"might become provincial, for example. But then to also align with the self-mastery and 5 pillar approach, it could be seen as contrasting, because variance is difficult. But most of them seem to have the capacity"* (WC 1 Int).

An NGO manager did believe that despite these challenges it would still be possible to integrate the 5 Pillar culture:

"I don't know how to do it because I think for the sports, it's still about that winning and losing mentality. And then with kids it's always been about competition. So it gets a bit tricky there but, it's something that can be worked with. With such a nature is for the, that also, can actually trigger a lot of emotions" (AI Ex 1).

c) Lack of support for referral of children

Some coaches mentioned that following the grounding training, coaches were not trained or resourced efficiently to know *who* or *where* to refer children to, once they had identified them as requiring further support. Although a mapping exercise was conducted during the grounding training to identify community resources, this served to map resources that coaches *already* knew about, which were minimal.

"So, we did a community mapping exercise together, where they identified where they can refer different ways, depending on the needs of the kids. But I think last year that was a bit of a challenge for us as well, because we had contacts in Khayelitsha, but it wasn't – as I say they were overburdened and so that was a big challenge. I guess that's also just as looking at how we can best approach it because it's important that they do you have those referral pathways" (WC 2 Int).

It appears that as a consequence, many coaches felt inadequately equipped to know where or how to refer children on to if they had identified children who were in distress or in need of psychological services.

A Waves for Change staff member explained that after one in-person site visit to an organisation, some coaches *“pulled one of our colleagues aside and asked for more support. Like how to deal with certain things that the participants tell them that they don’t feel they have the skills yet to do. So, they wanted contacts or people who they can refer their participants to”* (WC 4 Int).

d) Lack of buy-in and support from executive or management level

The [third] factor impacting /affecting feasibility was a lack of support for coaches themselves from their organisational management. A few Waves for Change trainers mentioned that some of the coaches representing their organisations did not have management-level buy-in or support, and thus did not get the support or supervision that they ideally required to be able to competently and comfortably roll out the pilot within their particular groups of children.

A Waves for Change trainer explained this:

“So initially, we had asked the Org leaders and execs to attend the grounding training, but then they weren't part of the rest of the follow-up training. So, they weren't really in the know of what was actually happening. So, it was harder, like that was one big challenge that coaches said, that there is no buy-in from the organisation leaders. So, it was harder for them to implement these things because they weren't aware of where to get support. So, I think a lot of the organisations that started to really use the curriculum and things like that had big buy-in from their execs. And their execs would join the weekly trainings and support their coaches in the pilot and incorporating that” (WC 2 Int).

Linked with this was the lack of organisational support or counselling for coaches following the training. A staff member explained that *“one of the challenges the coaches faced was that participants were now disclosing things that coaches found very difficult, very triggering, and there was no organisational support for coaches.* (WC 1 Int).

2.3. Coach limitations

Factors were also identified that were challenges that coaches faced in implementing the model. These act as reservations or precautions that may limit coaches being fit for purpose to implement the 5 Pillar method in their organisations. These factors are: insufficient knowledge of mental health counselling, feeling responsible and an increased burden on coaches, and coaches having their own triggers and trauma.

a) Insufficient knowledge of mental health counselling

Following the training, coaches became more aware of mental health and wellbeing among their children, and the impacts of the environment on these children. However many coaches and managers then related that they were unsure of *how* to work with children now that they were more aware of their issues, and felt unsure about how to follow up with them, or provide sufficient mental health support for them.

“Some may have felt overwhelmed, like the ones from [xxx] NGO. I think may have felt a bit overwhelmed because now it was this huge response from the participants because they’re seeing that their coaches are more patient with them. They ask them how they’re feeling, they’re praising them. They’re not so worried about winning anymore, they’re praising them for just swinging the bat in the right direction. So, they open up to their coaches and maybe some of the [coaches] are not used to people opening up to them” (WC 5 Int).

A coach from the above organisation said himself that, *“I am picking up on more things and have more understanding of the human being behind the bat or ball... But that makes it more workload! It is really heavy to help them. But, we are connected to other NGOs such as Yabonga and Noluvo. So for now it is okay, but it is still hard. Sometimes I wish we could just go back to the old ways!” (AC 1 FG).*

These quotes demonstrate that coaches are able to implement the first 2 Pillars in their groups – by demonstrating care and support – but once children respond to this with the challenges going on in their lives, the coaches feel under-capacitated to help the children further.

They mentioned that this was because of two main factors: 1) they are unsure of referral pathways or there are limited referral systems in place, and 2) they do not have basic counselling training/skills to be able to deal with the problems the child has, themselves.

One manager related that the capacity of coaches to provide actual mental health services was *“not good. They do not have the qualifications. We would really need to empower them. The training was just a light brushstroke. We don't have the training and resources and time capacity to train them in mental health” (AB Ex 1).*

b) Feeling responsible and an increased burden on coaches

Another consequence of being more aware of children’s needs and struggles was that some coaches said that they felt responsible for children they had identified as struggling or in need, and felt an increased burden for taking care of them and providing them with psychosocial care. This is demonstrated through the following quotations:

“The burden is really heavy, carrying all the children’s problems... We are too aware now. And it is heavy sometimes. It hits you a lot as a person. At times you have nowhere else to go. And it weighs on us. That is certainly one of the challenges we are battling with. When I feel overwhelmed as a coach. Because you know the kids speak to you in confidentiality. And sometimes you just don’t know where to go. You can refer here or there, but it just becomes too much” (AC 1 FG).

In addition, due to insufficient knowledge around counselling and mental health, it appears that the coaches weren’t sure about expectations and boundaries around when they should be counselling children themselves, whether they should be doing this, and/or when to refer children onwards for more intensified care. The explanation from a Waves for Change staff member explains the questions of scope that some of the coaches subsequently experienced:

“Another big challenge was after the coaches attended for instance the grounding training, a lot of them felt the need to be therapists for the kids... So, a lot of them came with challenges, like they don't feel equipped to do this or just talk to a kid... Because that's a lot to take on, thinking that you have to be this therapist or psychologist... So, a lot of [the coaches] had these challenges, like they don't feel equipped to do this or just talk to a kid” (WC 2 Int).

c) Coach triggers and trauma

The third limiting coach factor identified by participants was that the coaches come from the same context and background and have experienced similar traumas to the children, but do not have adequate counselling or support themselves, and may well be triggered by the issues that the children share with them.

The two state psychologists who were interviewed were primarily concerned about this issue/problem.

“A lot of the [coaches] have got unresolved trauma, and the trauma is severe. And then you are like, oh my word, and you are working with children?! ... So if you have had no counselling yourself, I don’t know how you counsel, you know... I believe 100% that they want to do good, but they have got unresolved trauma. I mean how many people I have seen, who are social workers, who are whatever, and they did something and now they have triggered their past trauma and now they are falling apart. So I guess, I think the [coaches] need some basic counselling themselves, so that they have spoken about what has happened to them” (PSY 2).

“I think to put young kids and adolescents who are very vulnerable but also very impressionable... it feels a bit dangerous, that’s what I’m saying. I feel like there needs to be proper equipment in terms of, what are your skills? How do you contain yourself? What self care do you do? Have you sought out any therapeutic intervention yourself? What happens when you are triggered? How should you deal with that? If you are unable or unequipped to

cope with that you're going to leave that adolescent or child even more uncontained. So it is those kind of things because it can very easily become a problematic situation" (PSY 1).

"But I think that sometimes the young people that we train and we put in these positions are not necessarily equipped to deal with it. Often times if, for instance, if a mentor is paired with a young adolescent who is raped and that mentor themselves has been raped you are expecting that untrained person to contain that child, but who is containing the mentor?" (PSY 1).

NGO managers also had concerns about coach wellbeing, and confirmed that "coaches themselves are struggling with mental health issues" (AD Ex 1) and "can get triggered with their own issues" (AI Ex 1). Another manager said,

"What I am starting to stress about now is, how is their mental health? How are they doing? Because if they are feeling good, they will project good, if they are not doing well, it is really hard to put a brave face on. And I think the coaches' well-being is most important. So coaches would need support and supervision to do so. They have their own mental health problems" (AG Ex 1).

A Waves for Change staff member concurred and agreed that it was a challenging situation. She related that *"some of our partners absolutely love that they are creating these trusting relationships with the participants. But one of the challenges they faced was that participants were now disclosing things that coaches find very difficult, very triggering, and there was no organisational support for coaches" (WC 1 Int).*

Last, a coach related her experience, explaining that *"the children needed someone to talk to so I was available for them... but with the situation, especially with family problems, it becomes overwhelming because you do not know how to deal with this, because I am still young... But they do need someone to talk to and someone who would advise them what to do" (AD 1 FG).*

2.4. Summary

The above section has provided examples of challenges that coaches and organisations faced in implementing the 5 Pillar model as intended by Waves for Change, which serve as potential limitations that would affect feasibility of scaling up the training to further organisations working with youth in low-income settings. Limitations included inadequate mental health resources at community and health system levels, organisational limitations such as lack of time to implement the 5 Pillars, balancing a 'competitive' and compassionate culture, lack of support for referral of children, lack of executive buy-in, insufficient coach knowledge of mental health counselling, coaches feeling responsible for children's problems, and coaches

having their own triggers and trauma. These limitations also assist in guiding the recommendations that will follow in Section 4 below.

3. Organisational feedback on the 5 Pillar training

This section presents feedback from participants on the 5 Pillar training over the period of the pilot programme. In general, participants reported that the grounding training was an overwhelming success, and all coaches and managers related how professionally it was conducted and how much value they got from it. Besides the learnings of the 5 Pillar method, many participants said they learned things from the grounding training that they would use in their own training and supervision in their organisations, and others related that what they learned helped them in their own lives as well. Other feedback included that the organisations absorbed great ‘energy’ and inspiration from the Waves for Change trainers that they then took back to their organisations.

3.1. Positive feedback

Positive feedback from participants includes that the training encouraged networking and engagement, was inclusive and appropriate, and that the longer-term follow-up was very valuable. This is demonstrated through the following quotes:

a) Encouraging networking and engagement

Coaches mentioned how much they appreciated meeting coaches from other NGOs at the in-person trainings and meet-ups. They noted the value of being able to share challenges and offer feedback and suggestions to each other – highlighting the benefit of creating a ‘network’ of support.

“It was a beautiful thing. I could see the passion, first off. For the coaches there, I think it also reminded them of their passion, of why they’re doing this. We are doing this because of the client. We are putting the clients first. The coaches could be doing anything else but they chose to do this. And then seeing other people who are doing the same, having the same passion as you do, it really, really motivated people. Like I said we really fed from each other’s energy and yes, it was a beautiful thing. And also just sharing ideas and maybe what challenges we’re currently facing when you’re dealing with the kids, and then you get suggestions for another way of doing things from those meetings” (AI Ex 1).

“It was great for coaches to have space to ask questions and interact with others” (AB Ex 1).

b) Being inclusive and appropriate

Most participants confirmed that the training was appropriate and was very “inclusive of everybody” (AC Ex 1). In addition, a manager related that *“it really helped some facilitators to*

come out of their shell. They really loved the training. It was pitched at the right level. There were lots of follow up conversations about the 'inside-outside' world" (AE Ex 1).

Other feedback around appropriateness included:

"Waves for Change created a safe space in the programme for us where you could speak about your challenges with your own programme or you need help, you need someone to talk to, they did created that space for us" (AD 1 FG).

"The 5 days of training was an adequate time. I understood everything that was covered in the training. I could grasp it all. It was very beneficial, I even use it in my daily life now! It has made me more self-aware, I am more aware of my surroundings" (AA 2 FG).

"It was well set up, very professional. Everything had a nice flow to it and so much so that when I did my own training with [our coaches] we sort of moulded our training to how the Waves for Change training team set up, along the same lines" (AF Ex 1).

"In terms of the training, it was good for the coaches to attend the in-person sessions. You are feeding off each other, you are feeding off others' experiences, you are sitting there and you are practicing it. And I think what I really loved about the in-person [grounding training] was that they made us do those exact activities so that we could feel the benefits of them. And I think when you go back into the community and you do that with your participants you are doing it because you know it works, you are not doing it because you have been told it works" (AG Ex 1).

c) Value of consistent and long-term training

One manager also emphasised the value of having follow-up training that continued over a period of six months. She said,

"It is very valuable to do the training consistently with the same group. So I do like the aspect that they continue the training for six months. If they continue doing this with organisations around South Africa it would change a lot. I really like how they took different exercises that have these really powerful meanings behind them, to the kids it is fun, but on the backend it is uplifting their wellbeing, I think it is really important for the coaches to adopt those sort of things [themselves], those cultures, and then integrate it back. Because the coaches are the most important part of the programme" (AG Ex 1).

3.2. Training challenges

The only major feedback regarding challenges with the training was that the follow-up online training was difficult for many coaches, who struggled to connect online and attend the online

follow-up training sessions, due to connectivity issues, time issues, or an unfamiliarity and capacity to use online meetings. Some feedback included:

“I would change having the online training, I feel like some organizations don't have access to the online training, sometimes online you only see one face or organization appear. I don't know if they don't have access, or what's the problem” (AB 3 FG).

“I feel like the online training is for the young people. Because they, [Waves for Change] will lead, and then only three people will talk, you know, sometimes we feel like, ah the screen is too small, and you feel like you're not part of it, man. That's why most of the time, we always keep quiet, like you couldn't really listen to people's view, because we need to be 'here' to sense the love, you know, to share, but that one of online is usually like, no, you just want to sleep. Okay... talks, talks, talks, talks, always talk, there's nothing concrete and physical. But when we are here, its physical. Things are happening... and its not a language problem, it is boring. You lose concentration, like in a meeting, there is no interaction” (AB 4 FG).

Another coach confirmed that she prefers that “we choose a date and then we meet personally and also just go get to know other better” (AD 1 FG).

“We would like to do all the trainings to be in person. Even the partners say they would like every training to be in person, but we know it's expensive” (WC 4 Int).

“Based on the feedback we've got, so for instance, like the weekly online calls weren't really, didn't really speak to what the coaches needed. But the in person meets every month were really successful. People came together and could troubleshoot together” (WC 2 Int).

Another request from one manager after the grounding training was that the coaches are given a 'toolbox' of energisers and games that the coaches can take away and use throughout the year. This manager said that the coaches took about 3 energisers away from the grounding training, but that they would love to have more, “because that is really what gets them excited for the day. The kids absolutely love them, it creates a good energy for the day. So I think energisers are really important but we have quite a small range of them” (AG Ex 1).

4. Conditions required to ensure feasibility of scaling up training in the 5 Pillar model to other organisations

Thus far this report has presented confirmation of initial acceptability and appropriateness of the 5 Pillar model, as well as reservations and challenges to the feasibility of rolling this model out and scaling it for training and use by other sporting NGOs in low-income and under-resourced settings. The following section presents recommended conditions that will be necessary to ensure that this model is feasible, viable and scalable to other physical activity organisations working with youth in low-income settings. These include:

1. Clarification of roles and scope for coaches working with an increased mental health focus
2. Training in identification of children in need of referral
3. Ensuring that there are concrete counselling referral pathways in place for each organisation before implementation of the 5 Pillars in their service
4. Ensuring foundational understanding of the 5 Pillars in the grounding training
5. In-person training and practical follow-up support after grounding training
6. Ensuring availability of counselling services for coaches when required
7. Guaranteed supervision and support for coaches
8. Executive-level buy-in of the training and model
9. Coaches committing to attending follow-up training consistently
10. Further optional recommendations such as: training in basic counselling skills, selectively choosing coaches for the 5 Pillar training, reducing or simplifying the self-regulation activities, developing a parenting programme, and translating the tools into Afrikaans and isiXhosa.

4.1. Clarification of roles and scope for coaches

The first recommendation or condition is that coaches require training and clarification regarding their counselling limits, what the expectations are on them within the 5 Pillar model, and what their role and scope is while employing the methods, so that they are more able to have correct boundaries in place regarding their scope of practice.

Two managers explained this need:

“So, one, it’s mental wellbeing training and also, capacity-building in terms of people understanding and knowing what it means to do their roles. So that you understand your role fully. What are your guidelines, what steps do you take and what can you not do, what can you do. Because we don’t have the resources and we are not capacitated, the best way for us is to assess and then let the experts deal with it” (AA Ex 1).

“I do feel that if the coaches are doing one-on-one sessions with the kids they need themselves to be trained in it, even if it is just in the basic level of counselling. They need to understand

what is the framework is and understand where their role as the onsite counsellor begins and where it ends for them to refer. So there are very clear boundaries in terms of what they can and cannot do” (AF Ex 1).

A Waves for Change staff member confirmed that mental health counselling is “not the service that the coaches provide. So how can they be trauma informed, but also know they’re not a therapist, so to know the limitations in their roles. They’re not expected to do that. We need to know our limitations we need to work with our strengths” (WC 2 Int).

Another related that “I don't fault anyone for wanting to [mediate and provide counselling], but we do need to be very clear that that's not the type of service that we're providing or that our partners will be providing” (WC 1 Int).

A state psychologist also confirmed that for coaches to work in the mental health arena, they need to “understand what they are doing, what their role is, and what are their limitations, what are their boundaries? That’s what I am saying, what is their capacity, what are they able to do, what are they not able to do, I think it is very important to know your scope... so I think it is about knowing scope, and knowing what is life stage appropriate” (PSY 2).

4.2. Training in identification of children needing referral

In conjunction, participants also discussed the importance of training to be able to appropriately identify children who have experienced trauma and/or who may be at risk of developing further disorders, and subsequently be able to confidently refer the children or escalate the issue to somebody more qualified, whether that is a manager, teacher or social worker. (This also depends on concrete referral pathways being in place – see section 4.3 below).

One manager related that, “for us, I think the value [in this training] is being able to identify potential mental health challenges. It's not a focus in our world. It's not like we use [sport] as therapy, for example. And one needs to be very respectful of the importance of mental health. So, I think, from our purpose it would be more valuable to learn to identify potential instances are risks to mental health as opposed to being able to deal with it. I'm going to call it like a first responder... And then having the safety of knowing I can escalate it to someone who is trained or able to do something about it” (AH Ex 1).

The two psychologists also confirmed the importance of being able to identify at-risk children and then refer upwards. PSY 1 said, *“I think the other part would also be just identification. Identifying when you as a mentor are not okay. Identifying when that would be problematic for you and the person that you’re mentoring. Identifying when someone that you are mentoring is really not coping. So not necessarily, I am not speaking on the level of diagnosis but I’m speaking more on the level of connecting. So are you able to show people how to*

connect in a way that if something does feel off, they have means to process this where they can take it up rather than just sit with it on their own.” PSY 2 confirmed that coaches’ “role would be to identify, ‘this doesn’t feel right... this person needs more”.

4.3. Concrete counselling referral pathways in place for children

Following identification, it is vital that concrete referral pathways are identified for coaches to be able to use, so that they do not feel that they need to counsel children themselves. This needs to be done in the grounding training, **before** coaches implement any of the methods in their programmes themselves.

A Waves for Change staff member confirmed that “it’s important that they do you have those referral pathways. It is for us to build those relationships with the network; build the relationships with the referrals, and have a clear way of referral, because that was a big challenge. Because they were like, we really need to send our kids here and there is just no real way about going – the actual process, how can we find referrals that they can refer the kids to straightaway, social workers and such like” (WC 2 Int).

4.4. Ensuring foundational understanding of the 5 Pillars in the grounding training

Due to there being no guarantee that coaches will attend the monthly follow-up trainings, it is vital to ensure and enable a deep understanding of *why* the 5 Pillars are important and how to embody the first two pillars, in the grounding training. Participants related that the grounding training was a very important time to create the motivation and desire to take the 5 Pillar *values* forward, even if they didn’t use the actual curriculum or activities per se.

This was explained by two staff members:

“One of the big learnings is that we have to be really good at our grounding training, so that the partners walk away both with the knowledge and the drive or the will, to meaningfully integrate the curriculum into their programme... We also learned that using a prescriptive weekly implementation plan is just not going to work for every partner. So if they are going to choose what things to implement, we have to really sell the value and get the buy-in and that embodiment that I was talking about, at the grounding training. But also, we have to be very clear about how they can do it, so that we’ve increased their agency so that they can go back to their team and sit and look at their weekly plan and say ‘okay, we think Wednesday’s group of girls has great potential. We’re going to design a work plan around this curriculum that Waves for Change has provided and we’re going to integrate it’. So, we have to kind of really create that drive, and build awareness around the knowledge that they have already, and on how to use it. Because if we’re not prescriptive, but we haven’t increased their agency, then where will the change come from?” (WC 1 Int).

At the grounding training we need to “introduce them to the key concepts and theories behind certain things, like why we think and feel and act on that... just starting to link all the different theories with the work that we're doing and then you can start to dive deeper like building social connections, why do we do that... and that's all touched on in the grounding training” (WC 2 Int).

4.5. In-person training and practical follow-up support

Participants also emphasised the need for more practical or ‘hands-on’ follow-up support from Waves for Change, and that this should be in-person and not online. It appears that coaches need regular training and practice exercises *from* Waves for Change to be able to fully understand the model, and to embody the self-regulation activities in particular. Most participants requested that this be done monthly in person, as they found that the online supervision and support was challenging. Participants suggested the following:

“In the first 6 weeks [after the grounding training] I would recommend you have a much more hands-on and practical approach to the training. For example, come and visit and show us how to implement the activities and practices practically. We struggled to know how to do it in the beginning, but it got better over time. The WhatsApp bot was very helpful” (AF 3 FG).

“I would also suggest that Waves for Change comes to each organisation for 2-3 days to train the other staff” (AH 1 FG).

“I would say it would increase efficiency by having collaborative sessions early on in the pilot, where both Waves for Change and the various organisations can meet up and brainstorm ways to implement and merge the teachings of the programmes, to implement them together. So, strategies around that. Because I think if we have that clarity in the beginning, then we have so much more time for results, as we go on” (AF 4 FG).

One organisation expressed that they want to go back to do the pilot again, *“because you can’t really learn a lot within ten months’ period or six months’ period. Whereas so much has been happening in and out of our lives already, you know, so we still have to deal with our demons of the past first so we can transition into the current state and into the future. So, that’s why we’re going back again so that we can really, really understand” (AA Ex 1).*

The Waves for Change staff are already aware of this, and did host in-person meetings once a month. The success of these was noted. A trainer related that *“these meets were really successful. People came together and could troubleshoot together. It was the kind of space you want to create for the network. That was one of the outcomes we wanted to achieve - having a space where they can troubleshoot and form relationships with each other, and network and learn from each other” (WC 2 Int).*

4.6. Ensuring availability of counselling services for coaches themselves

It is optimal that coaches receive counselling *before* they start employing the 5 Pillar methods in their own programmes, and are able to deal with some of their own trauma first. However, given the lack of resources, this is not feasible. There therefore need to be support systems in place to help them if they *do* get triggered and need support.

One manager expressed that *“the training is well and good to create awareness on mental health, but we need a partner on the ground who is actually there to provide physical and emotional support for coaches and/or children, otherwise coaches are not able to carry this through” (AB Ex 1).*

An NGO social worker explained the importance of this: *“If you are in the field of mental health you always need to be coached by the coacher also. Like a carer who cares for the carer because there are times of burn out. There are times of your own stuff getting triggered by certain situations. You always need to be cared for because you are in this kind of risky environment when it comes to human science. So one needs to be looked after very closely. Not in the form of a supervision but in a very sensitive way oriented for the carer. So you see you always feel looked after also” (SW 1).*

Both state psychologists indicated that they would be willing to consult NGO coaches if they reached out to them, *“so that they are able to speak about what has happened to them” (PSY 2).*

4.7. Ensuring supervision and support for coaches

Participants also identified the importance of focused and rigorous supervision and organisational support for coaches using the 5 Pillar model, so that they do not burn out, and are able to ask the questions and get the support they need. This was summed up by a Waves for Change staff member, who said:

“I think that some of the coaches will go off track if they do not get support every week. I feel like they need that constant reminder that this is the curriculum and this is why we do this, etcetera. But young adults need that leadership. That leader in the team that manages them or gives that training every week. That is why it has been working [at Waves for Change], the ongoing training. And support of coaches, you know.” (WC 3 Int).

One manager confirmed that to use the 5 Pillar model, coaches *“would need constant supervision, and then also work through the same exercises they would do with the children” (AI Ex 1).*

The two state psychologists concurred, saying that *“mental illness is a challenging thing to work with and you have got to, you have got to have your own supervision, you have got to do your own development so that you keep knowing your triggers and you keep knowing”* (PSY 2). *“For instance if you have an NGO that has 40 mentors and three managers are those three managers equipped to contain an uncontained mentor before he goes out to his adolescent or his child that he’s mentoring because this is one of the big things for me”* (PSY 1).

4.8. NGO executive-level buy in

Along with supervision and support, another important condition to assist appropriate and acceptable roll-out of the 5 Pillar model is that there is better or more involved buy-in and engagement from executives and management within the NGOs. This factor was identified by Waves for Change trainers in particular, who had noticed the lack of buy-in from some managers, and the negative impact this had on coach ability to use the method with fidelity and confidence.

Three staff members expressed the following thoughts in this regard:

“So, I think we tend to focus a lot on our coaches, because we know that they're the ones driving impact. But without broad level buy-in that coach faces a huge number of barriers to implementation” (WC 1 Int).

“I think we need to make sure we include directors and decision makers in the training... so that they can see the vision with the coaches as well. Because the coaches then go back to the organisation and then some of the stuff that they were taught at the training doesn’t necessarily... they don’t necessarily take it forward” (WC 5 Int).

“The directors and the people in charge of making decisions for the organisation don’t necessarily see the impact that some of these activities might have on the participants, and then the coaches can’t take it forward. So that’s one of the main challenges that they have said to us or have told us in our monthly meet ups, is that we should involve the directors more, so that they can see the impact that these activities and these warm up tools or these behaviours that we are trying to teach. Because they will get to the programme and then some directors might say, no you run the programme as we’ve been running it. So then they don’t get to implement that week’s session that we’ve shared with them” (WC 4 Int).

4.9. Coaches attending training consistently

In terms of NGO responsibility towards attending the programme, one trainer mentioned that some coaches attended the grounding training but then didn’t consistently attend the follow-

up trainings. This had a notable impact on obtaining a “deep understanding of why we're doing this”, and on their ability to do the activities when “they do not know why they’re doing it, or what's in it” (WC 2 Int). This condition is therefore that coaches and organisations are able to commit to consistent attendance at the follow-up training.

4.10. Further Recommendations

This section includes a few further recommendations that arose from the findings that may be helpful but are not pre-requisites for scaling up the 5 Pillar model.

a) Basic counselling skills

Despite the scope of the 5 Pillar training being limited to mental health promotion and illness prevention, many participants shared that to work in adolescent mental health and wellbeing, the coaches require further training in basic counselling skills. This additional training would enable the coaches to feel more confident when an adolescent opens up to them, which they felt was an inevitable outcome of creating a caring and safe for them.

This was expressed by coaches who said, *“we definitely need more mental health training. We have to deal with our own issues as well as others. So we need basic counselling skills”* (AA 2 FG), and *“on my side I would like to maybe to learn more on mental health”* (AD 2 FG).

Three managers confirmed this:

“What we need from Waves for Change is to have a platform for coaches to learn how to have better mental health conversations. That is a big need. What are the tools? Even if it is something like an acronym, like, ‘STOP’, like, ‘do this, ask them that’, if it goes here then report that, then it branches off... just something that coaches can work off of, you know, I think that would be really really valuable. Sometimes those 10 minute conversations with kids can do wonders. So a toolbox is what is important” (AG Ex 1).

We need “mental wellbeing training... with regards to, on a more broader level in terms of, when we do find problems, how are we then able to not get caught up emotionally on them and just be neutral. Yes, and to really know the underlying issues. For example, what can I do from point A to point B. What can I do? Not me being emotionally involved in this and then I want to jump to point B, jump on to point C, but to just follow the right protocol and the proper steps” (AA Ex 1).

“I think if there is more sort of like a resilience training just in terms of the coaches that come from Khayelitsha. They come from a very difficult background” (AF Ex 1).

b) Selectively choose particular coaches to work with the 5 Pillar model

A few comments from participants led to the recommendation that it may be beneficial to select coaches for the 5 Pillar training who are more inclined toward mental health, or tend toward having empathy for their participants.

One manager said that, *“I feel not all coaches will benefit from mental health training. I think certain coaches I feel have a more empathetic understanding around the topic and they would be more susceptible to taking it on and actually practicing it” (AF Ex 1).*

A psychologist further commented that, *“there’s a potential danger that you are taking on mentors who don’t, or are not really equipped for, or are passionate about what they’re doing. They are just doing it as part of something that they think should do, as part of a collectivist community” (PSY 1).*

This also stems from the conflict that some NGOs who traditionally focus on competitive sport experienced in trying to integrate the 5 Pillars into their programmes. The findings therefore suggest that NGOs such as these may want to separate groups within their programmes or identify particular coaches to either train adolescents competitively or adopt a ‘softer’, more caring approach aligned with the 5 Pillar model.

c) Reduce the number of self-regulation tools or simplify self-regulation activities

The findings also demonstrated that the coaches were not adopting the self-regulation activities as regularly as they were the energisers, caring coach and safe space modalities. As mentioned, this may have been due to time or curriculum limitations, lack of supervision, lack of understanding of the tools, or capacity limitations.

A potential option to make the model more sustainable may therefore be to limit the number of self-regulation tools provided in the training, to ensure that those that *are* provided are better understood and more readily employed by the partner NGOs.

However, further research is required to assess: a) whether the model, with fewer self-regulation activities, is still adequate to create conditions for the prevention of mental disorders in adolescents, and b) What role the self-regulation tools play specifically in the prevention of mental disorders in children in adolescents.

d) Develop a parenting programme alongside the 5 Pillar model

A few participants also discussed the importance of involving parents if they wanted to have an impact on children, because the children go back to the same situations in their homes and communities, and because parents are not aware of mental health or wellbeing, or strategies to support their children in this regard.

This is demonstrated by one coach and an NGO social worker:

“The problem is that no matter what we do, the problem remains at home with the parents. We can try and help the child here in the programme but then they go back to their parents, that is the issue. We need a parenting curriculum too. We would really like to know more how to involve parents in our programme” (AC 1 FG).

“That’s why I say we always also need to involve parents and other stakeholders because once you speak of mental health, you will ask any parent that you can meet with, he will tell you, he will respond in a manner of a mental illness. The people are not aware, and there is a lot of stigma” (SW 1).

e) Translate tools into the locally relevant language

Two organisations mentioned that they would like the activities to be translated and named in isiXhosa and Afrikaans so that their participants could more easily understand them. One manager related that if their participants had this, the activities would be more likely to ‘speak to them’, and the participants would even be able to use them at home and in their communities. “We don’t want to scare them off by so many English words being used without them understanding” (AA Ex 1).

f) Sustainable funding support for NGOs

Finally, indirectly related to the pilot programme, but regarding scalability and sustainability of task-sharing mental health promotion and prevention interventions to sporting NGOs, is that all of the NGOs struggle with obtaining and maintaining funding for their programmes. This has implications for their sustainability and ability to roll out the 5 Pillars, but also on coach mental health and sense of security. This is demonstrated in a quote from one manager:

“Another challenge is the lack of funding for our coaches to receive a monthly stable income. Because, without that, that affects their mental wellbeing as well. So we can never run away from that. If I know definitely that, for the next 12 months, I’m secured then definitely, I’ll secure the next person. But now, I can’t secure the next person if I’m not secured” (AA Ex 1).

Conclusion

This study explored the acceptability of transferring the Waves for Change '5 Pillar model' to other physical activity organisations working with adolescents in Khayelitsha, and the feasibility of scaling up training in this model to other organisations serving youth in low-income settings.

Feedback from participants regarding the Waves for Change grounding training was overwhelmingly positive, but requests were made for more hands-on and in-person and follow-up support.

Findings demonstrated that in principle, the model was acceptable, appropriate and adoptable by the nine organisations in the pilot project, and that this was particularly visible through changes adopted by coaches on a professional and personal level. Notably, it was clear that coaches had adopted a set of *values* or *culture* in working with their child-participants, that involved being a caring adult and creating a safe physical and emotional space, through employing fun activities and basic tools such as the group and individual check-in. Coaches also demonstrated a deeper understanding of the impact of children's backgrounds on their behaviour, and of the necessity in creating a safe space to heal, or at least experience a sense of reprieve, from the multiple levels of trauma and deprivation they constantly face in their communities and families.

Despite these new understandings, there was a lesser adoption of the last two 'pillars' than the first three. Several factors impacted this, including inadequate public and community mental health resources, lack of time to use the self-regulation tools, having a 'competitive' organisational culture, already having a life skills or structured sporting curriculum, not having full understandings of mental health counselling, coaches having their own triggers and trauma, inadequate supervision and support in using the 5 Pillars, and lack of buy-in from an executive level. This has implications on whether the organisations were fully able to pivot their service toward a mental health and preventative orientation, and whether coaches have true capacity and ability to integrate all 5 Pillars into their work.

The study identified specific conditions that need to be in place to ensure feasibility of training the 5 Pillar model to other organisations working with youth in low-income settings. These included:

- Clarification of roles and scope for coaches working with an increased mental health focus
- Training in identification of children in need of referral
- Ensuring that there are concrete counselling referral pathways in place for each organisation before implementation of the 5 Pillars in their service
- Ensuring foundational understanding of the 5 Pillars in the grounding training
- In-person training and practical follow-up support after grounding training

- Ensuring availability of counselling services for coaches when required
- Guaranteed supervision and support for coaches
- Executive-level buy-in of the training and model
- Coaches committing to attending follow-up training consistently
- Further optional recommendations such as: training in basic counselling skills, selectively choosing coaches for the 5 Pillar training, reducing or simplifying the self-regulation activities, developing a parenting programme, and translating the tools into Afrikaans and isiXhosa.

Further research is recommended to examine whether adoption of the 5 Pillars by other physical activity organisations demonstrates measurable changes in the children who are part of these programmes. It would also be of interest to understand which self-regulation tools and to what degree the tools included in the 5 Pillar model need to be used by the partner organisations to have a measurable impact on the child-participants.

This study finds that scaling up the 5 Pillar model to other organisations working with youth at risk in low-income settings has the potential to reduce the burden on the public mental health system, given that the recommended conditions for improved feasibility are met. This includes, importantly, that boundaries and roles have to be very clearly set between providing a well-being and preventative service and a mental health treatment service.

References

- Arbesman, M., Bazyk, S., & Nochajski, S. M. (2013). Systematic review of occupational therapy and mental health promotion, prevention, and intervention for children and youth. *Am J Occup Ther*, 67(6), e120-130. doi:10.5014/ajot.2013.008359
- Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V. J. B. P. H. (2013). A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries. 13(1), 835. doi:10.1186/1471-2458-13-835
- Benninger, E., & Savahl, S. (2016). The use of visual methods to explore how children construct and assign meaning to the “self” within two urban communities in the Western Cape, South Africa. *International Journal of Qualitative Studies on Health and Well-Being*, 11(1), 31251.
- Biddle, S. J., & Asare, M. (2011). Physical activity and mental health in children and adolescents: a review of reviews. *Br J Sports Med*, 45(11), 886-895. doi:10.1136/bjsports-2011-090185
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Costello, E. J., Copeland, W., & Angold, A. (2011). Trends in psychopathology across the adolescent years: what changes when children become adolescents, and when adolescents become adults? *Journal of child psychology and psychiatry, and allied disciplines*, 52(10), 1015-1025. doi:10.1111/j.1469-7610.2011.02446.x
- Docrat, S., Besada, D., Cleary, S., Daviaud, E., & Lund, C. (2019). Mental health system costs, resources and constraints in South Africa: a national survey. *Health policy and planning*, 34(9), 706-719.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The Impact of Enhancing Students’ Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. 82(1), 405-432. doi:doi:10.1111/j.1467-8624.2010.01564.x
- Dusenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: implications for drug abuse prevention in school settings. *Health education research*, 18(2), 237-256.
- Fairburn, C. G., & Patel, V. (2014). The global dissemination of psychological treatments: a road map for research and practice. *American Journal of Psychiatry*, 171(5), 495-498.
- Gordon, B. R., McDowell, C. P., Lyons, M., & Herring, M. P. (2017). The effects of resistance exercise training on anxiety: a meta-analysis and meta-regression analysis of randomized controlled trials. *Sports Medicine*, 47(12), 2521-2532.
- Karsh, B. (2004). Beyond usability: designing effective technology implementation systems to promote patient safety. *BMJ Quality & Safety*, 13(5), 388-394.
- Korczak, D. J., Madigan, S., & Colasanto, M. (2017). Children’s physical activity and depression: a meta-analysis. *Pediatrics*, 139(4).
- Loprinzi, P. D., Cardinal, B. J., Loprinzi, K. L., & Lee, H. (2012). Benefits and environmental determinants of physical activity in children and adolescents. *Obes Facts*, 5(4), 597-610. doi:10.1159/000342684

Mokdad, A. H., Forouzanfar, M. H., Daoud, F., Mokdad, A. A., El Bcheraoui, C., Moradi-Lakeh, M., . . . Murray, C. J. L. (2016). Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 387(10036), 2383-2401. doi:[https://doi.org/10.1016/S0140-6736\(16\)00648-6](https://doi.org/10.1016/S0140-6736(16)00648-6)

Pote, I. (2021). What Science Has Shown Can Help Young People with Anxiety and Depression. *Wellcome Trust*.

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., . . . Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and policy in mental health and mental health services research*, 38(2), 65-76.

Rabin, B. A., Brownson, R. C., Haire-Joshu, D., Kreuter, M. W., & Weaver, N. L. (2008). A glossary for dissemination and implementation research in health. *Journal of Public Health Management and Practice*, 14(2), 117-123.

Rosenbaum, S., Vancampfort, D., Tiedemann, A., Stubbs, B., Steel, Z., Ward, P. B., . . . Sherrington, C. (2016). Among inpatients, posttraumatic stress disorder symptom severity is negatively associated with time spent walking. *The Journal of nervous and mental disease*, 204(1), 15-19.

Skeen, S., Laurenzi, C. A., Gordon, S. L., du Toit, S., Tomlinson, M., Dua, T., . . . Servili, C. (2019). Adolescent mental health program components and behavior risk reduction: a meta-analysis. *Pediatrics*, 144(2).

Statistics South Africa. (2018). *Demographic Profile of Adolescents in South Africa*. Retrieved from Pretoria:

Vandell, D. L., Shernoff, D. J., Pierce, K. M., Bolt, D. M., Dadisman, K., & Brown, B. B. (2005). Activities, engagement, and emotion in after-school programs (and elsewhere). *New Directions for Youth Development*, 2005(105), 121-129. doi:10.1002/yd.111

Waves for Change. (2019). *Annual Report*. Retrieved from <https://waves-for-change.org/latest-annual-report-w4c/>

Wiese, C. W., Kuykendall, L., & Tay, L. (2018). Get active? A meta-analysis of leisure-time physical activity and subjective well-being. *The Journal of Positive Psychology*, 13(1), 57-66.

World Health Organization. (2020). Guidelines on mental health promotive and preventive interventions for adolescents: helping adolescents thrive.