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IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

**Department of Social Development**  
**Social Policy and Management Internship report**  
**SWK 5013 H**

**Final Report**

**Internship at The Parent Centre**  
**September - November 2017**

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The UCT Knowledge Co-op facilitated this collaborative project.

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## Acknowledgements

I feel very fortunate to have had an opportunity to be part of this organization which is not just an organization but a family of amazing people. Firstly I would like to thank the staff of The Parent Centre for being kind and welcoming me into their organization. I would also like to thank the teen Parenting staff programme staff and most importantly to thank the programme manager Julia Stark for always willingly providing information I needed for this project. Lastly I would like to thank the UCT Knowledge Co-op and Barbara Schmid for facilitating this internship.

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## **1.0 Introduction**

The SWK5013H Social Policy and Management Internship is a practical course done in fulfilment of the requirements of Master of Social Science in Social Policy and Management. This was a 12-week programme done at The Parent Centre. This report introduces a positive parenting pre-test tool compiled for The Parent Centre Teen Parenting Programme and a recommended screening tool for depression. My role for this internship was to formulate a pre-programme test focussing on positive parenting skills, and explore and make a recommendation on a depression screening tool which will be used to screen depression among the Teen Parenting Programme participants. The first section of the report gives a brief introduction of the Teen Parenting Programme and looks at the pre-test while the second part looks at the recommended depression screening tool.

### **1.1 The Teen Parenting Programme**

The Teen Parenting Programme is a Parenting Skills and Support Programme for teenage parents and care-givers. The programme equips teenagers with parenting skills which enable them to be more effective, responsible, nurturing mothers and fathers. The programme aims to reach teenagers who bear the responsibility of parenting. The Parent centre acknowledge that the teen pregnancy rate in South Africa is unacceptably high and does not condone teenage pregnancy. The Parent Centre also believes that meeting the emotional needs of the teenagers, together with their sustained effective parenting of their children, will result in a reduction of teenage pregnancy in the next generation.

This programme is run in schools for learners and “out of school” in community venues for teenagers that may have been forced to drop out of school due to parenting responsibilities. Currently, the programme runs in Khayelitsha, Gugulethu, and Nyanga. Participants voluntarily commit to attending 20 weekly group sessions. The skills are taught in an interactive way that encourages participation and sharing of experience. Parenting skills session are based on these topics: Being teens, being parents, Understanding and building self-

esteem, Understanding child behaviour, Understanding and responding to children's feelings, Assertiveness, Positive discipline. Life Skills sessions are on Problem-solving, Love relationships, HIV-AIDS, Loss and grief, managing money (The Parent Centre 2017).

## **1.2 Teen Parenting Programme pre-test**

My role for this internship was particularly important and in line with Program Planning and Management. This task also allowed me to put my programme planning and management knowledge into practice as I got to be involved in the scaling up of the Teen parenting programme through adding two additional aspects to the programme. The teen parenting programme currently has the mid-evaluation which is in a form of a form filled out by the programme participants half way into the programme. The mid evaluation allows the participants to reflect on what they have learned and how the behaviour has changed since they joined the programme. It was therefore essential to incorporate a pre-test to the programme in order to have a starting point that would also enable to track progress of participant based on the before, the middle and the end of the programme. The addition of this feature to the programme will also serve as a measure of the effectiveness of the programme.

Developing the teen parenting programme pre-test was a collective effort by the teen parenting programme staff. The teen parenting team brain stormed and came up with a set of question that would be appropriate for the programme. This was based on their knowledge, skills and experience from working with the teen parents/ participants of the teen Parenting Programme. Involving the teen parenting staff in this process also helped in shaping a user friendly pre-test for the programme participants. This pre-test was therefore custom made for the Parent Centre Teen parenting programme. The pre-test is attached in appendices.

### 1.3 Depression screening tool

This section of the paper presents the recommended depression screening tool for the Teen Parenting Programme. According to Olsson and Knorrning (1997: 81) teenage depression is a very common issue. This could also suggest that depression among teenage parents could be higher. Lewin, Mitchell, Waters, Hodgkinson (2015:1021) found that high rates of depressive symptoms among teen mothers were associated with the mothers' responsibility to provide for their children's material needs. Studies indicate that children born to teen parents/mothers are more prone /vulnerable to poor education, emotional and behavioural problems, these conditions are often also associated with depression of teen mothers (Lewin et al, 2015).

The Parent centre believes in helping children through positive parenting. Depression is one of the factors that affect positive parenting practices. Lewin et al (2015:1017) state that depression of mothers/ teen mothers has been proven to affect children and this is seen through their behaviour up to adolescence. Depressed parents/ mothers are unable to respond appropriately to their children's needs. Depression on mothers affects the development of their children often seen through their social and emotional behaviour (Lewin et al, 2015).

Considering the depression related challenges teen parents face The Parent Centre, Teen Parenting Programme felt that it was essential to include screening for depression in the programme. It was also taken into consideration that it would ne necessary to screen for depression in order to be able to respond with the necessary intervention. At this point the next step is to refer participants whose results show symptoms of depression to receive treatment since the teen parenting programme does not have an intervention aimed at addressing depression. This therefore will be an evidence based intervention and referrals will only be made when the results indicate that there is need for such a referral.

The selection of this screening tool involved many important considerations, one of which was to use an existing tool which has been tested and used before. This was to avoid error and bias. Furthermore developing a depression scale specifically for the programme would be a time consuming process that would also require extensive research. Time was also a limiting factor because of the way the internship was structured. Therefore a feasible plan of action was to use an existing screening tool. The process of selecting a depression screening tool involved research to establish which tool would be more appropriate for the Teen Parenting Programme. It was important to ensure that screening tool selected was suitable for the population to be screened in order for appropriate treatment to be received. Research shows that effective treatments of depression can improve functioning and balance the negative effects that depressive symptoms can have on individuals.

Different screening tools that were looked at all in an effort to find a more suitable tool. Some of the depression screening tools considered were the Kutcher depression scale for adolescents, Edinburg post-natal depression scale, wholly depression scale, Peri-natal Mental Health Programme Screening tool, and CES-DC Centre for Epidemiological Studies Depression Scale for Children. It was also taken into account that this is depression among teen parents/ adolescents and that other tools may not necessarily be appropriate. Based on the information gathered during this research it is recommended that the Center for Epidemiologic Studies Depression Scale (CES-DC) is a more suitable depression screening tool for the Teen Parenting programme. Various factors influenced this recommendation, this scale was found to be a more user friendly the tool is especially in this context.

CES-DC is a depression scale based on three aspects of depression, which are behaviour, cognitive thinking and happiness. This scale was made for children and adolescent from the age of 7-17. The CES-DC scale has twenty questions and should take approximately 15 minutes

to complete (Olson and Knorrning 1997). The time factor is also important for the teen parenting programme as the scale will not take much of the time and can be done after one of the sessions.

Although some of the Teen Parenting Programme participants are older than 17 years, Knorrning (1997:81) argue that teenagers and adults show similar symptoms of depression. Therefore this screening tool will serve the same purpose even for participants older than 17 years of age.

Olson and Knorrning (1997:81) further state that CES-DC is a general scale for depression which is also found to be more effective on teenagers compared to younger children.

Out of all the screening tool considered for this assignment CES-DC scale proved to be the more suitable tool, one of the major reasons this tool is recommended is because it screens for depressive symptoms based on behaviour, thoughts and happiness while the other scales focus more on behaviour.

### **1.3.1 Recommendation:**

In order to get honest answers the screening tool should be administered mid of the programme when participants are familiar with the programme, are comfortable and have found their place in the groups. This will also assist in getting appropriate intervention. It is also recommended that both the pre-test and screening tool should be translated to Xhosa especially for out of school Teen Parenting Programme participants.

### **1.3.2 Procedure**

The recommended procedure for the screening of depression is that it is administered on one of the teen parenting programme session where facilitators can guide the participants as they fill the questionnaire in a group setting but individually. This was found to be one of the appropriate manners to administer this screening tool. For example Olsson and Knorrning (1997:



82) administered CES-DC depression screening/test on school going teenagers in a class room setting where each learner completed their questionnaire during a lesson.

#### **1.4 Self-Evaluation of Achievements**

The duration of the internship was a limitation for me in terms of understanding the how the organization works as a whole. It took me a while to understand my role as an intern to start doing what was expected of me within the organization. I went to the organization once or twice a week and on the other two days attended to other educational commitments therefore I would miss out on some of the important programs that take place on the days I was not working.

Moreover, the first weeks of the internship my main objective was to get to know and understand the organization, as a result I was learning through observation for a while. When I eventually found my place in the organization the internship was almost over. Some of the objectives were accomplished, some were done through desktop research than being actively involved.

The parent Centre is a relatively big organization and my role for the internship was with one programme within the organization, therefore some of the information regarding other projects was gained through other means not on knowledge and experience during the internship.

## References:

Olsson, G. and Knorrning, E., 1997. Depression among Swedish adolescents measured by the self-rating scale Center for Epidemiology Studies- Depression Child ( CES-DC ). , *European Child & Adolescent Psychiatry* pp.81–87.

Lewin, A. Mitchell, S.J. D, Waters. S, Hodgkinson . 2015. *The Protective Effects of Father Involvement for Infants of Teen Mothers with Depressive Symptoms.*, pp.1016–1023.

## Appendices:

### Appendix 1

#### Teen Parenting Programme pre-test

1. What are your expectations of the programme?

2. How do you cope with your school work and taking care of your child?

3. Who helps you care for your child?

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4. When do you play/ spend time with your child?

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5. What do you and your child do to have fun together?

6. How do you know your child is feeling sad/bad/ glad/ mad/angry?

7. What do you do when your child cries?

8. How do you comfort your child?

9. When your child misbehaves what do you do?