



SOPHIATOWN

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Siyabanakekela

Strengthening the Wounded Carer



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SIYABANAKEKELA: STRENGTHENING THE WOUNDED CARER

The objective of the Siyabanakekela Programme is to build networks of support within communities through a series of "healing through training" and "caring for carers" interventions aimed enabling formal and informal carers to act as enlightened witnesses to the vulnerable individuals and families they serve within their families and communities. An enlightened witness is emotionally present to the person they care for, is able to acknowledge her own woundedness and at the same time fully affirm the unique reality of the suffering of the other.

The Siyabanakekela Programme consists of three levels, two of which extend into the external community of practice, while the third applies the same principles to internal practice of the organization. The Caring for Carers intervention targets parents and other carers in families and creates safe spaces in which these primary carers can explore and work through their own unresolved pain (often dating back to their own childhoods) so that they can separate the emotional responses based on their own wounded-ness, from the emotional realities of parenting and/or supporting children in the present. The Leaders in Shaping project for high school learners has also been included under this heading although primary focus is more on challenging young people to take active and inclusive leadership roles in their school communities. The Healing Through Training project targets community health workers, child care workers, and community activists and while also emphasizing emotional self-awareness and healing, includes in some instances the added element of experiential learning of basic (or advanced) support skills. Finally, the support, supervision, and training of the Sophiatown team also falls into the ambit of this project.

In the past year, a fourth level has started evolving which we currently refer to as the Sustaining our Community of Practice Project. This project originates from the shared recognition among established non-profit service providers that no organization is an island, and that in fact, the demise of one service provider has a profound effect on the quality and range of services available to people in marginalized communities. The Director's Circle which has been running for some years now, gave rise to the idea that organizations need to support each other, and at times draw on external expertise, to develop and retain the capacity not only to survive but also to thrive in an increasingly complex and often hostile social, economic and political climate.

Please note that, where necessary, names of organizations and any other identifying details have been edited in order to protect the confidentiality of these agencies and the individuals working within them.

CARING FOR CARERS IN FAMILIES

There seems to be a growing awareness in the Sophiatown team, as in other organizations and sectors, that there is a general failure of parenting in our country, as evidenced by huge numbers of children with serious emotional and/or behavioural problems. In our own South African contexts we have

observed that children are largely left to fend for themselves as fathers abdicate all responsibility; as single mothers battle for survival, often relying on multiple sexual relationships; and as poverty, unemployment, gender violence and substance abuse sap all energies required for the strains and stresses of positive child-rearing. Furthermore many parents themselves have grown up orphaned, abused, or neglected and have never acquired parenting skills through positive modelling. Refugee families face their own parenting challenges. With all social support systems stripped away by forced displacement and the ravages of war, often also abandoned by male partners, refugee mothers find themselves in a “children’s rights” culture which does not make sense to them and which they perceive as both alien and disempowering. Unable to communicate in the local language, mothers come to rely on their children to mediate access to the basic resources needed for survival and in many families children effectively become heads of households, taking on roles which are developmentally completely inappropriate.

The objective of the parenting programmes therefore is to provide a safe space for parents to share and process their own emotional issues, to explore positive parenting strategies, and to draw on each other for support. Outcomes have been defined as follows:

- Parents are more sensitive to the emotional needs of their children
- Parents are able to draw on strength and courage from each other
- There is improved communication between parents and children
- Children in the families reached feel more loved, affirmed and protected

We hope that the following report on the two main parenting programmes run in the course of 2014 will be able to provide indicators for at least the first three outcomes. The last is more difficult to assess as questioning children about their parents is a methodologically and ethically complex matter. Another output we had hoped to complete was the refinement of the Parenting Manual developed in 2013. This has not happened due to a lack of capacity and time.

1. The Parent Holiday Programme in the West

The Background

The Parent Holiday Programme has become part of the annual calendar of the organization since 2012. Its objective is to help parents and caregivers to identify their own woundedness and the impact this has on their parenting styles; to share with others the unique challenges of parenting in the 21st century; and to explore more effective ways of communicating with their children.

The Participants

Seventeen parents, one father and 16 mothers were referred into this programme by counsellors and through partner organizations in Mzimhlophe. There were 9 all-day sessions altogether, five in the July holidays and another four in the September holidays. Unfortunately only 8 parents were able to attend all nine sessions. Thirteen of the participants were aged between 31 and 60 years, while three were grandparents. Most came from the community of

Orlando West, Meadowlands and the Mzimhlophe Hostel. One participant also attends the Thandanani group for grandmother of orphaned children.

The Process

Participants were surprised when the programme did not start with a lecture on how to raise children, but rather with a process of getting to know each other as human beings. They later admitted that they had never had the experience of having others interested in their realities in this way

The whole day we focused on questions like: Who are you? What makes you angry? What are you good at? What are the values you live by? It was a process that made them vulnerable and elicited a lot of anxiety which needed to be contained. (Mpumi Zondi)

By the end of the day the impact on the parents was already palpable:

- *I kept asking myself: Must I tell the truth? It felt as if I was writing an affidavit about myself*
- *Just thinking about the question “who am I?” made me emotional*

It was at this early stage that the participants were introduced to the practice of journaling and given some “home work” to deepen self-reflection.

On the second day the parents were asked to share the joys and the difficulties of parenthood. The most common themes that emerged from this discussion were

- Children challenging their authority as parents
- Children making unreasonable demands that come from a culture of entitlement
- Children being exposed to negative peer pressure
- Children having no sense of the balance between rights and responsibilities

As these issues came up, the facilitators constantly referred the parents back to reflect on their own behaviours and how these could influence the behaviour of children. This led to some amazing insights:

- *I never listen to my child and always compare him with other children*
- *I have been taking out my anger towards their father on my children. I have been a very angry parent.*
- *I was never open and honest to my child about his father’s death.*

Parents were then taken back into their own childhoods and encouraged to think about how their experiences as children has shaped the way in which they parent the next generation. Extremely painful memories emerged with some participants being so overwhelmed emotionally that they needed to be taken out of the group and contained on an individual basis. Participants spoke about rejection by their own parents; a lack of guidance and support from adults; the burden of having to raise younger siblings on their own; bitter

sibling rivalry; unprocessed grief after the violent deaths of loved ones; and consistently, abandonment by fathers.

It took three days to work through the pain and trauma associated with these experiences, after which participants expressed some relief:

- *It was difficult to go back to all that pain and anger, but maybe I can heal now*
- *I was happy to have the opportunity to pour out what was in my heart, my frustrations, my pain, my pain.*
- *There was never any space to cry and talk about my feelings, because my mother would always shut me down. Today I was able to talk without fear.*
- *I have begun to understand how what happened in my childhood is repeating itself with my child. I now understand how much power my childhood has over the way I parent my child.*

Some of the parents took up individual counselling sessions after the end of this first block which culminated with parents taking a pledge about one thing they would do differently in order to build better relationships with their children.

Only 8 parents turned up for the second block of this programme which took place in October. Four participants indicated that life events had overtaken them (one went back to study, one had found a job, one was ill, and another had to take care of a sick sister). Sadly one participant died in August. Another three could not be traced.

In reporting back on their pledges those parents who did return indicated that there had been significant improvements in their relationships with their children:

- *N reported that she no longer shouted at or beat her children and that they were having more open communication as a family.*
- *I. apologized to her daughter for not having been there for her when she was young. She feels she has been given a new lease on life and is more connected to her children*
- *S. made a conscious effort to make time for her children and told the group that they have real fun together*
- *B. reached out to her son when he was released from prison and was able to ask him what he needed from her*
- *P. came to terms with the fact that she is not to blame for her son's autism, and realized that once she accepted this, she was able to love him*
- *F. went back to church, re-connected with his paternal family and was able to reach out to his daughter.*

Participants were challenged to identify the internal factors that enabled better relationships with their children (openly speaking about feelings; honesty; humility; being able to apologize etc.) and those that were obstacles (anger, pride, not being able to let go of hurt etc.). This then paved the way for parents to explore the tension between the way they were socialized as children and the challenges of raising children in the current context. Parents were encouraged to describe their own parenting styles in terms of both benefits

and costs. Not surprisingly, most parents identified with an authoritarian parenting style and had never questioned its negative impact on the relationship with their children.

Finally participants were challenged to decipher, understand and respond more appropriately to the unspoken needs expressed through children's negative behaviour.

Change Indicators

- All 17 parents and grandparents who attended the first block were able to connect with their own childhood trauma and their responses after three days of sharing painful memories indicated that the process had been deeply meaningful to them
 - *I took courage from other people's horrors. Because they survived I know I can also survive.*
 - *Our stories are similar yet different- they connect us to each other*
 - *I am grateful for the support I received in this room while sharing my life story. I was not aware that the abuse I suffered has affected my children so much*
- All eight parents who returned for the second block were able to give concrete examples of how their relationships with their children had improved.
- All eight parents also reported that they had become much more conscious of their parenting style and more open to adapting in order to minimize negative impact on their children:
 - *What I am taking with me is appreciation, the power of letting go, my leadership. It was difficult to face the truth that there are things I have not done right in raising my children.*
 - *This process taught me that if I want my children to listen to me, I must first listen to them.*

Although the not all participants completed the full cycle of the programme, the facilitators are confident that this emerging model has the potential for reaching more parents and familial caregivers in the future, thereby contributing to "building the nation, one parent at a time":

We noticed that the thread of self-awareness kept everything together. There were so many connections the parents made and their language changed from blaming the children to asking questions about how they themselves had contributed to the problem. They owned up more and this is an indicator that they are ready to take more responsibility for their part in improving their relationships with the children. We also noticed that they developed as human beings and not just as parents and this is more than we bargained for. We are very proud that we have developed an effective framework for working with parents. We need to make space to document this model in 2015. We also want to connect with the parents in 2015 to assess the sustainability of the changes we saw this year. (Mpumi Zondi)

2. The Parenting Programme in the East

The Background

In the past parenting workshops in the Bertrams centre have been held on a monthly or two monthly basis and have addressed very practical issues facing mainly refugee and migrant families. Although there has been a core group of parents who have attended these sessions very regularly, the general lack of consistency of attendance has made it difficult to address the deeper emotional issues underlying many of the parenting challenges. For this reason it was decided to work with one group of parents over six days (three in June and another three in September). This parenting programme was facilitated by Karen Weissensee and Raymond Nettman.

The Participants

Nineteen mothers attended the first three days in June, and 14 of these returned for the second block in September. All the mothers have at some point also been seen for individual counselling and/or are attending various therapeutic group programmes at the Bertrams Centre. Much of the emotional work around unresolved trauma, grief and childhood experiences is being done in these settings. The majority are single parents of who have either lost their husbands in the wars in the DRC or have been abandoned by them after they came to South Africa. All are parents of children aged 12 years and above.

The Process

The first series of sessions focused on the challenges of parenting in an alien culture and under conditions of extreme poverty. Many of the problems identified by the mothers relate to the lack of access to basic resources, such as food, shelter, schooling and health care and children's emotional responses to what they perceive as the failure of the parent to provide:

- *Children not having lunch to take to school is a big problem. They see their friends eating well. When they get home, they have nothing to eat. They get very angry with us.*
- *Children see other learners wearing expensive clothes and expect the same from us.*
- *There is no space to play. When they come from school they have to sit down and watch TV. Children want to play.*
- *The landlord will cut the electricity off and then the child will come and shout at me.*

Discipline was another difficulty, with children quickly adopting the language of "children's rights" which for many of the mothers is unfamiliar and leaves them in a vacuum when it comes to enforcing rules and appropriate behaviour.

- *As a single parent you raise children who are difficult. In previous meetings we have been told not to punish children by hitting them. When we look at what they are doing, we only think about hitting them. So we don't know what to do with them.*

Given these challenges, much of the second day revolved around setting and enforcing rules with as much buy-in from children as possible. A conflict around the milk allocated for the day provided the perfect opportunity for highlighting the importance of communicating rules and the reasons for their existence and had a profound impact on the group, especially when the facilitators modelled the humility of apologizing for their failure to explain how much milk had been made available.

On the third day, the participants were introduced to the “Circle of Courage”, a model for looking at the needs of both children and caregivers in terms of belonging, mastery, independence and generosity, emphasizing the strengths and inner resources of mothers.

Fourteen parents returned for another three all-day sessions at the end of September. Although they had indicated positive changes in outlook and behaviour at the end of the first block, three months later they reverted to back to the difficulties of parenting, all of these directly related to poverty and the anger children direct at parents when they are not able to provide:

- *My children want R20 a day for lunch at school. Poverty makes us lose our power as parents.*
- *We are playing and laughing but they do not want to help in the house. If I threaten to beat them they say they will tell Johanna. They tell me I am old-fashioned. I want to go back to the DRC so I can beat them.*

Using the metaphor of a house, the facilitators engaged the group in an exploration of the basic values which form the foundation of a family and which remain in place even when the going gets tough. Again, the women argued that extreme poverty undermined the very foundations of the house they were trying to build.

Although further creative attempts were made to encourage the mothers to get into their children’s shoes and understand their behaviour in terms of their developmental needs, the feelings of helplessness were overwhelming and it was almost impossible to break through the cycle of negativity. It seems that empathizing with a child’s point of view when conditions of trauma and deprivation are so extreme, is simply too much to bear.

Change Indicators

A focus group run by Dr Amelia Kleijn who is conducting an external evaluation of the Children and Families on the Move Programme as a whole, revealed that the participants felt much more positive about their roles as mothers and parents after the June series of workshops. The mothers appreciated the space to share parenting struggles with others and felt less alone and more supported. Mostly the comments reflected a greater awareness of the impact of parental stress and an authoritarian style on the behaviour of children

- *I was angry, beating for small mistakes. Now I build good relationships with my children*
- *I used to beat and shout but now I stop and talk*
- *I have an effect on my children*
- *I am very rude and I need to change.*

Three months later, however, it seems that there has been no real change in behaviour. The daily stress of survival seems to be simply too overwhelming for mothers to use the insights they have gained to become more empathic towards their children.

3. Parent Lekgotlas in Local Schools

Three parent lekgotlas (once-off conversations) were also facilitated at Mc Auley House in Milpark and St Matthews in Rockville, both Catholic high schools. A total of 145 parents attended these sessions which focused on two themes “reclaiming parent leadership in families” and “raising teenagers in a technological world”. All three sessions were vibrant and challenging, especially when learners joined the discussion. Parents from both schools subsequently have sought counselling at our Westdene and Mzimhlophe centres.

4. Leaders in Shaping

The Background

This is a programme the Sophiatown team has been involved with for many years, initially through the Catholic Schools Office, and more recently through direct liaison with schools in the Soweto communities in which we work.

The Participants

The participants are learners in Grade 9, 10, and 11 who have been selected by their teachers on the basis of their leadership potential.

The Process

The learners attend a series of workshops focusing on self-awareness, communication and leadership skills, as well as sexuality and HIV/AIDS over period of three years. There is little or no contact with the learners between sessions, as the process of working with the knowledge and insights gained from the workshop is continued by the guidance teachers. In the past year the workshops have included discussions around diverse sexualities.

Change Indicators

The group of 30 learners which is now going into Grade 12 has recently been given feedback on the impact the workshops have had on their lives and it appears that there have been three main areas of change:

- Some learners have internalized the identity of leader and are taking on leadership roles in their community:

- *The process has helped me because I was able to apply some of the skills in my leadership position in the youth group at church*
- Some learners have started projects at their school:
 - *After the leadership workshop we have attended at Sophiatown, we started a feeding scheme at our school*
- A considerable number of learners indicated that the conversations about homosexuality had led to a change in attitude and/or behaviour:
 - *I still don't get the issue of gays and lesbians but I am trying to understand and not judge them.*

HEALING THROUGH TRAINING

The Healing Through Training Programme seeks to contribute to the following outcomes:

- Care workers are able to speak up for themselves, both in the context of personal relationships and of the work environment
- Where appropriate care workers are able to engage management on organizational practices which negatively impact on their work with clients
- Care workers are able to access inner resources to cope with trauma and stress
- Care workers are able to deliver a better quality of care for their clients through deepened emotional presence and engagement

Such outcomes require self-awareness, personal confidence and courage, the capacity to think and plan beyond the needs of the moment, the ability to protect personal boundaries, and most of all a willingness to touch and hold in consciousness painful and often suppressed feelings. In this report we will reflect on the extent to which these outcomes and/or the personal and collective qualities they rely on have been achieved in the course of a particular training or self-awareness programme.

All the interventions accounted for under this programme start with a process of self-awareness that elicits participants' painful experiences and provides them with a safe space in which these experiences and the feelings they give rise to can be articulated, affirmed, owned and processed. In some instances (as in the case of the Sizanani and Othandweni child care workers) this can take a very long time and even remain the primary focus of the intervention. In others, the self-awareness process is integrated into an experiential model of skills development. Each intervention therefore has its own unique objectives, based on the realities of its participants, against which outcomes need to be evaluated.

Some interventions are work in progress, targeting workers and managers at different levels of organizational hierarchies, while others such as the training programmes in basic counselling skills are more self-contained. In all instances, however, our work with carers is never a "hit-and-

run affair”, but an integral part of partnerships which extend over time in the interests of sustaining and improving the networks of support for individuals, families and communities in distress.

1. Community child care workers in Soweto

The Background

The Sophiatown team has been rendering counselling services in the various Soweto communities for the past three years, and over time has built solid relationships with local service providers, including community-based organizations which provide home based care and/or support services to orphans and other vulnerable children. Community child care workers comprise a particularly vulnerable group of “volunteers”. They are young people, barely out of school, who have no opportunities to further their education and are (rather haphazardly) recruited into programmes funded by the state as part of the Extended Public Works Programme, an initiative ostensibly aimed at providing short-term opportunities for “employment” and “skills development.” In return for a stipend of R1200 per month the young people are expected to attend to children’s basic needs, such as offering a cooked meal before and after school, ensuring that children are clean and prepared for the school day, assist with homework, provide recreational activities, and conduct daily home visits to identify problems which may need more focused interventions.

Although these volunteers are only meant to serve the organizations to which they are allocated for a limited period of one year, during which they are supposed to get the kind of “intensive training” which will open other opportunities for them, the reality looks very different. There is no formal training that enables young people to move on, and there are no opportunities employment within the reach of the residents of these impoverished communities. As a result most volunteers stay on well beyond the stipulated one year period, hanging on to their stipend as the only source of income for their extended families.

The Participants

Fourteen young men and women signed up for the self-awareness course which started at the end of 2013 and turned into a much deeper personal development process than initially anticipated and took them right to the end of 2014. Few would have chosen this field of work if other vocational or educational opportunities had been available to them. In the course of the first session Mpumi already noticed that this group of community workers was different from any other she has worked with in the past:

There is no respect. They cannot be attentive to each other, patient or empathic. The group rules they have formulated seem meaningless to them. If these colourful, energetic, youthful child care workers are not able to give this gift to each other, how are they able to give care to children and model the values of respect to them? You can't give what you don't have. (Mpumi Zondi)

The lives of these young people centre on partying, drinking, consuming as much as possible of whatever is available-alcohol, sex, money, fun- at whatever cost, with little or no meaningful relationships to serve as stable reference points:

For this group it seems as if everything is about money, consuming, what it is that you can get from others, even if you have to use them. Some of them are openly sharing that they remain in abusive relationships for the sake of being kept maintained with money, clothes and glamorous hair styles. There is a lot of unhealthy competition between them as to who can be seen as the most stylish, the coolest. (Mpumi Zondi)

Some of the participants are already parents of young children and serious questions are being raised about their capacity to be emotionally present for children when their own needs for love and belonging have never been met.

From the beginning therefore it is clear that the work with this group of young people as to start not in the head, but in the heart:

This will not be a head matter. It will be a matter of building a relationship of trust and care that is honest and genuine, a relationship that acknowledges who they really are and not what they present has "consuming" externally. It is about a relationship in which feelings matter, so much so, that when one person shares their story, everything else stops. The room must become so attentive, that the person telling her story, sharing her feelings, can hear the whisper in her heart: I matter, my story matters, my tears matter. All of this will model for them how they can be with themselves, with each other, with their families, and with the children they care for. (Mpumi Zondi)

The Process

The first step in the process was to support and enable the participants to connect with their inner selves. They were introduced to the tool of journaling and through this encouraged to reflect in particular on important relationships and the qualities that make them meaningful.

By the end of 2013 the group was less rowdy:

The noise was being slowly stripped down by what they were experiencing and what they were challenged with. The individual stories shared and witnessed through the journaling and the sessions were honest and raw. They cut through the lies people had been deceiving themselves with. Learning that one can sit through very difficult feelings as long as there is space to hold and contain, reassured them (Mpumi Zondi).

2014 began with the determination to re-awaken participants' dreams for their lives, dreams long forgotten and even dreams that had not dared their way into consciousness:

I reminded them that even though these dreams may first have been conceived in a dusty Mzimhlophe hostel room or in the rural paces of Kwa-Zulu Natal or the Eastern Cape, they don't have to stay there. They can grow wings and fly. (Mpumi Zondi)

And the dreams came back, found their ways into pictures, collages and finally words:

- *I had forgotten my dream to be a script writer. Ukuya emjayivweni (partying) took over my life, and the dream faded. Now it is back. Thank you for reminding me who I am and who I can become.*

Many dreams surfaced: the dream of studying further, the dream of building a house of parents in a rural village, the dream of living independently, the dream to get a drivers' licence, the dream of marriage and family.

Then came the next phase: checking out current realities and the conditions needed to make dreams happen. Participants were helped to critically examine their daily behaviours and how they interfered with or facilitated personal growth and development, and also to explore whatever resources were available to slowly make dreams happen. Mpumi observed a definite attitude shift and a determination on the part of the child care workers to take more responsibility for their own destinies.

Six or more months down the line relationships of trust had been developed to the extent that it seemed safe to open a can of worms and begin exploring the actual working experience of the child care workers. Along list of complaints emerged as soon as the topic of work was introduced. In particular the participants complained about

- A pervasive culture of disrespect in their organizations- from highest down to the lowest rank
- Favouritism and divisions, with no clear policies guiding communication and discipline
- Unprofessional behaviour in the form of gossip, attacks on the personal integrity of workers, and threats of dismissal

This can of worms was perhaps the most difficult part of the process to deal with, as Mpumi reflects on:

I am angry that leadership is misunderstood. It's no longer about servant leadership, about modelling humility and respect. I am angry that the title of "management" is given to people who have not developed a healthy sense of self, who can't even manage themselves. I am disturbed by the fact that this abusive organizational culture must inevitably impact the quality of care given to children. The care workers were honest enough to tell me that they are often irritated with the children, doing only what they absolutely have to do, often snapping at them- in other words displacing their anger towards those even more vulnerable than they are. (Mpumi Zondi)

The group members froze in terror when challenged to brainstorm ways of addressing this situation. The fear of losing their "jobs", losing the little money they earn, and even losing the safe space these sessions provided them with, was simply too overwhelming.

Nevertheless, the can of worms was opened and even though the group was too frightened to challenge organizational structures and practices, they were able to be led into exploring their own behaviour in the world of work and how these either contribute or counter the organizational rot. Initially they could not see how behaviours based on values of respect and professionalism would make any difference to their own work culture. However, when this was re-framed in terms of their own dream and visions for the future they began to make sense.

When we talk about learning these values for future work spaces their eyes begin to sparkle. Have they given up on their current environment? I don't know. However, I am refusing to be sucked into this dynamic of giving up. I appeal to them to think about what it would be like to start changing their work habit now so that by the time they get into their next job, they have acquired more professional habits. They buy into that. (Mpumi Zondi)

Part of professional development is to acquire an interest in reading.

I learn that they don't value reading or informing themselves, they don't seem to care much about the world around them. They don't watch the news and they only read magazines to check out the latest hair styles and cell phones. I am stunned but I trust that our relationship is now solid enough to challenge them. We end up getting into the political world. I remind them that there is still a need to achieve economic freedom through education, becoming skilled and developing ourselves. I remind them of their dreams to become journalists or nurses and how their current attitude will be an obstacle to reaching those dreams. It seems to sink. (Mpumi Zondi)

In stitching together the different aspects of their lives- family, work, friends, intimate relationships, long suppressed pain surfaced and struggled to find words. The participants were hesitant about sharing the deeply personal sources of pain and suffering, but were more articulate about the painful humiliations of their working lives. Unexpectedly the group expressed its readiness for Mpumi to address some of the organizational sources of distress with representatives of management- a major breakthrough.

The conversations with management which followed this session were largely fruitful and has led us to extend our commitment into further work with supervisors and other leaders in community based organizations in 2015- starting with self-awareness and moving into the skill and practice of people-centred leadership and capacity-building.

Change Indicators

Most of the indicators of change in have already been mentioned in the above narrative of the process of working with the Sizanani child care workers and can be summarized as follows

- The courage of child care workers to speak up for themselves) is highlighted by the fact that the participants towards the end of the year overcame their fear of victimization and mandated Mpumi with the task to represent their voices to management, as result of which further interventions have been planned for 2015 to help managers and supervisors become more sensitized to the emotional needs and pressures of workers in the lower ranks of the organization
- The growing capacity of care workers to access inner resources to cope with trauma and stress is indicated by their capacity to turn long suppressed dreams into active plans for the future, itself evidence that they have moved out of a position of despair into one of agency and future-orientation. By the end of the year five of the care workers had left the organization because they found better opportunities for themselves elsewhere. A sixth participant was promoted within the organization.

- Improved quality of care through deepened emotional presence and engagement with children has been difficult to prove directly as we do not have access to the children and families with whom the care workers interact on a daily basis. However, the fact that 8 of the 14 participants reported that much of the heaviness of the emotional burdens they carry has lifted, suggests that there is now more emotional energy available for the children in their care. Another 4 participants have requested individual sessions, again an indicator that they have become acutely aware of the need address their own woundedness.

In their own words

The child care workers have also put their experience in their own words, as part of both ongoing and final evaluation processes. These can be grouped into two main areas of change.

Firstly there is a dramatic change in the depth of awareness of self and others:

- *I have learnt how to be with other people. I have also been able to take care of my stress and it is such a relief*
- *It has not been an easy time, as I have got to face the truth about people who have hurt me so badly*
- *I am getting to know myself better since starting this journey- my friend I wish you could also come to this place. You will be healed after talking about your issues*
- *I have learnt to be kind to myself, and I have realized how important that it*
- *It has helped me to discover the real me. I am clear about who to keep close to my heart- only those who add value to my life.*
- *I am not afraid to talk about my feelings. Sophiatown teaches us to share our feelings with respect.*
- *The sessions have helped me to simplify my life. I no longer scream and get angry. I express my feelings.*
- *I was able to deal with the trauma of my boyfriend's death and I understand myself and my feelings better.*

Secondly, participants have consistently reported on changes in their behaviour, indicating a move out of despair and passivity towards agency and active planning for the future:

- *I started spending less time with my boyfriend and doing more research on the nursing schools I have sent my applications to.*
- *I have stopped drinking. There is a lot I did not notice in myself and others when I was drunk. I am more present with myself and with others. It's healthy.*
- *I have started a savings account for my child, building a future for her that I was not given*
- *The sessions have helped me with self-control. I behave at home and at work with self-control. I have also opened an investment account at Standard Bank*

2. Community Health Workers

The Background

Work with a group of 25 community health workers began in the second half of 2013. X. is a home-based care organization based in a large informal settlement south of Johannesburg. Like many other community organizations X. is run largely as a family initiative with all the complex dynamics attached to such a set up. As in most organizations we have been working with in the Siyabanakela Programme there has been a lack of effective leadership, as result of which workers often felt at best unappreciated and at worst neglected and abused.

This organization was also affected by the changes introduced by the Department of Health. From July onwards the carers were told to report to the local clinic for their daily check-in and list of duties. There has been no proper communication about this, and the founders and managers of the organization were not consulted, and in fact left without any direction or work to do. By the end the organization had broken down into two factions: a group of managers who felt betrayed by the care workers who complied with the Department of Health directives on the one hand, and on the other a group of carers who felt that they had no choice as they are dependent on the stipend for survival and also hopeful that working condition may improve if they align themselves to the local clinic.

The Participants

The 30 participants in this programme were divided into two groups, each seen in alternate months. All live in the community in which they work.

The Process

As in other groups, the focus of the work with this group of community health workers was on encouraging them to move from a position of despair or stuckness (“there is nothing we can do”), to taking some measure of responsibility for their own lives, instead of abdicating control to partners, families, or the organization. It was very sad to hear that most of the members of this group felt that all the good things in life had already been allocated to those with inherited rank:

There was a general sense that all that is good (a good life, a car, a beautiful house) belonged to white people. Even some of the young people believed that. We had to challenge these beliefs. We had to support them in building their self-esteem and help them to understand that no matter what colour you are, you have a right to good, beauty and joy. (Mpumi Zondi)

Interpersonal dynamics related to perceived differences of rank also had to be addressed within the group. Older members were perceived as having more rank in the organization because of the preferential treatment they received from management. Different world views related to age and experience were also a source of conflict, which could be creatively addressed.

Most of all, however, it was a profound sense of voicelessness that needed to be countered. It took time and hard work to create an atmosphere of trust within which group members felt safe enough to express feelings.

They had to learn to listen to each other. They were so used to screaming, speaking over (rather than to) each other and they brought this into the group. Listening and respect had to be modelled for them before the climate in the group could change. (Mpumi Zondi)

Unfortunately the ongoing process of this group was disrupted by the migration of the community health care workers to the local clinic, which is now responsible for their management. X. as the community based organization which initiated the project, no longer has any say over how they spend their time or what kind of support they are entitled to. As there are now several CBOs falling under the umbrella of the clinic, with a much larger number of carers, it is unlikely that we will be allowed to continue working with the original group in 2015. This “healing through training process” is therefore left incomplete.

Change Indicators

- The most important indicators of change in this group relate not only to the courage to speak out, but also to a renewed sense of future and the capacity to plan beyond the immediate needs of the moment:
 - Two group members wrote and passed their learners’ licence tests
 - One group member proudly reported that she had with the money she had managed to save from her small stipend, she had bought a kitchen unit for her family
 - One young woman has opened an investment account at the bank
- Moreover, there are indications that group members have developed a greater sense of their own worth and the inner resources on which they can draw in times of stress and external pressures:
 - *Since being in these sessions, I can think for myself. I love myself better before loving anybody else.*
 - *I have been able to put my needs first by learning to rest. This group has challenged me that I sometimes contribute to my own stress. I was treating myself like a slave but now I am able to take care of myself and stop pleasing other at my expense*
 - *I am not afraid anymore. I am able to share my feelings openly, especially when something doesn’t sit well with me.*

A change story

Sesi was an angry young woman, both at home and at work. She had great difficulties in relating to her parents and her boyfriend. She would physically fight with her boyfriend and often displace her anger on colleagues and family members, including her child. She would spend days not speaking to anybody at home or at work. She would cry for hours and refuse to eat. She often offended people with her jokes and could not understand why they would be hurt. She had little awareness of the impact she had on other people. She was constantly embroiled in some kind of conflict with her colleagues.

Her transformation in the past year has been remarkable. She has learnt to speak with self control and dignity. She communicates her feelings and needs clearly and is able to deal with conflict without becoming aggressive. In her own words:

- *These sessions have made me more aware of myself and more sensitive towards the other people's feelings. I have learnt to read people's body language. I have had to confront myself and the reasons why I need to make jokes that hurt other people. I have learnt to seek attention in different ways and to negotiate relationships with my colleagues.*

3. Residential Child and Youth Care Workers

The Background

The network of services the Sophiatown team engages with includes residential child and youth care centres in Soweto, and in 2013 we approached the management of one such agency with the offer of regular “debriefing” sessions for the child and youth care workers who are caring for the children on a daily basis. Our experience with other organizations in previous years had taught us that these workers who are on the coal face of managing the often difficult behaviour of traumatized and distraught children, have very few if any sources of emotional support within the organization. In addition they often bring their own trauma and distress into their work with children which then blurs the boundaries between self and other and can lead to all kinds of negative consequences for children who are already extremely vulnerable.

The offer was taken up enthusiastically and 20 child care workers (divided into two groups) now meet with Karen Weissensee, a highly skilled clinician with a long history in the child welfare sector, in alternating months. Each group has had 8 all-day sessions.

The Participants

Twenty child and youth care workers, mainly women aged between 24 and 48 participated in this programme. All live and work in Soweto.

The Process

The main objective of this intervention is to provide a safe space in which child and youth care workers can grow in self-awareness, express and share difficult feelings, and develop a sense of personal and collective agency. This means that sessions need to be open and responsive to whatever group members need to bring into them at a particular point in time.

Although the two groups have come up with similar stresses that affect their lives (fatigue due to excessive demands at home and at work; a lack of emotional support; exposure to violence; HIV/AIDS; the struggle to provide for children etc.) the dynamics have been quite different. The one group has been able to make good use of the space provided, while in the other there has been characterized by a great deal of passive aggression. It only recently emerged that this is due largely to the fact that workers are expected to attend sessions even in their off-duty time or between night shifts. This group needed much more active holding, containing and limit-setting.

Change Indicators

Work with these child and youth care workers in ongoing. The most significant change observed has been in the following areas:

- Self-awareness_ as indicated by the following comments
 - *I have realized that I need to go inside myself for what I need to work out*
 - *I have learnt to let anger go*
 - *I didn't know that people can see things about me that I couldn't. I has opened my eyes*
 - *I have learnt to be confident, to be really myself*
- The ability to speak up for self and others_ as illustrated by T, who after disclosing her daughter's HIV status for the first time, also found the courage to confront her daughter about her destructive behaviour and her own pain and helplessness in relation to this.
- Change in behaviour towards colleagues and children in the work situation_ has been confirmed by the manager of the home who has noted that there is a big difference in attitude and behaviour between care workers who attend the debriefing sessions and those who don't. He reported that the participants of the debriefing sessions are less distracted by personal problems, more empathic towards the children in their care, and more assertive in relation to the co-workers.

4. Basic Counselling Skills for Community Health Workers

The Background

This self-awareness and basic support skills course targets community health workers from organizations falling under the Diocesan AIDS Commission with aim of equipping them with the capacity to provide not only physical but also emotional care for the patients they are tasked with looking after in their communities. Most home based care workers have received some kind of rudimentary training in addressing the physical needs of patients in their homes. Few, if any have learnt how to talk to a patient about her feelings, wishes or emotional needs, or to respond to her emotional distress. The objective of this course is therefore to expand the skills base of home based carer and to enable them to be emotionally present for their patients and their families. As always the learning in experiential- starting with a self-awareness process and taking people's own experiences of pain and distress as the starting point for modelling and teaching empathic responsiveness.

The Participants

Sixteen female and one male care giver were recruited for this course by the Diocesan AIDS Commission, 10 of these from Soweto and Sedibeng.

The Process

The course started, as always, with a process of self-reflection aimed at helping participants become aware of their own issues and sources of pain.

The sessions were emotional and quite challenging. They had to think deeply about who they are, how they were socialized and how they perceived life. The skills of listening and supporting are modelled to them as they begin to share their own pain. By the time we got into the formal skills training a lot of internal work had started. (Mpumi Zondi)

A baseline assessment was conducted at the beginning of the eight session course to determine how much the participants knew about counselling and psycho-social support. The actual training then consisted of a combination of theoretical input and experiential learning through role plays and feedback sessions. At the end of the course all participants are assessed again and given a report on their competence.

Change Indicators

- All 17 participants completed the course. Fifty percent were able to demonstrate the ability to integrate what they had learnt into practice. Most of the participants went on to the training course in grief and loss, and this additional exposure meant that all but one were assessed in the end as being competent in using the skills they had learnt and were able to communicate warmth, empathy and genuineness.
- In addition there was a significant growth in self-confidence and the depth of self-awareness, especially as participants advanced through the other courses. Of the 17 members in the initial group, 15 reported that they were taking more responsibility for their own issues, and 10 shared that their relationships at home and at work had much improved.

5. Debriefing Sessions for Senior Community Health Workers

The Background

Work with senior community health workers coordinated through the Diocesan AIDS Commission of Johannesburg is an ongoing process which is now in its eighth year. The debriefing sessions are open to experienced community health workers who have attended basic counselling and other courses provided by our organization and who occupy some position of leadership in their home-based care organizations. Each year new members who qualify in terms of their counselling training are integrated into the group.

The Participants

There are currently 24 members, five men and 19 women, ranging in age from 20 to over 70. Seven members have been in the group for the past five years. In 2014 a further 14 participants who had completed the training course in basic counselling offered in 2013, were invited to join the quarterly sessions, aimed at providing emotional support as well as evaluating and deepening their counselling skills.

The Process

Because participants have all been part of previous self-awareness and skills development processes facilitated by Mpumi Zondi, there is a very deep level of trust, warmth and openness, which in turn made it possible for some real therapeutic work to take place around the themes of “managing the self in times of stress” and “finding inner peace”, and “the meaning of wellness.”

Inevitably organizational dynamics and conflicts in the work place came to the fore as participants were exploring their inner and outer realities. Again the lack of effective leadership was a major source of distress, as was the struggle to care for patients without even the most basic resources.

The transfer of community health workers from CBOs to local clinics also caused a great deal of confusion and frustration. Some had not been informed how this would affect not only their daily routines and accountability structures but also the payment of the stipend on which they depend for survival. Feelings of rejection and envy surfaced which needed a safe space to find words and support.

Change Indicators

- The capacity to access inner resources to cope with trauma and stress was very evident in this group, and this is directly related to the degree of trust and openness that has developed over time, and which older group members are able to model for those who have joined the sessions more recently.

They have become co-facilitators in supporting the newer group members who are still struggling with the need to please their family members, friends, colleagues etc. (Mpumi Zondi)

More experienced group members challenged the newcomers who complained that about the expectations imposed by them on family members because they now have a “job”, and sharing their own experience with this struggle encouraged them to assert their own needs for care and development.

- The courage to speak up for oneself both in personal relationships and in the work environment became evident in the discussions around the meaning of wellness.

One of the youngest participants had struggled with boundaries and felt responsible for everyone in her extended family. In our final session she shared how she had called the family together after a funeral and told them clearly that she would no longer be available to take care of every one’s children for as long as their parents did not take any responsibility. She felt so good for having spoken up. You could see the confidence and the inner peace that came from asserting herself. (Mpumi Zondi)

- Even in the work context, participants have reported becoming more assertive:

N shared that she has been raising her voice more with her manager. She said “I realized that no one will speak up for me if I don’t do it for myself. I will always wonder how things would have turned out if I had spoken up. Speaking up has freed me. I can sleep better at night because I shared my opinion, I asked my question, I expressed my feeling.”(Mpumi Zondi)

- Drawing on the experience and wisdom of the older group members, it appears that the younger participants who are new to the debriefing space were able to define their identities more clearly in relation to both family and work. In particular, the facilitator observed that the 14 newcomers were
 - Using more “I” messages
 - Sharing more stories about how they had articulated their own needs, wishes and opinions to family members
 - Becoming more clear about their own boundaries and defining for themselves and others what they can and cannot do
 - Beginning to re-connect with dreams and working towards achieving them.

6. Grief and Loss Training for Caregivers

The Background

This is a 4 day training course offered to community health workers from organizations that fall under the auspices of the Diocesan AIDS Commission and targets those workers who have already attended a basic counselling course. Community health workers tend to develop very intimate relationships not only with the patients allocated to them, but also with the patients’ families. They are often the first to be called when there has been a death and the first to witness the rawness of a family’s grief. At the same time, workers also carry their own personal burdens of grief and loss and the extent to which they have been able to carry these with awareness and integrity will affect the way they respond to the bereavement of those in their care.

The objectives of this course are very specific and focus on helping care workers deal with their own unprocessed grief and provide them with the skill needed to support others during times of death and bereavement. The following outcomes are therefore anticipated:

- Carers are in touch with their own losses and the grief attached to these
- Carers are sensitive to different ways in which they themselves and others have been socialized into responding to grief and loss
- Carers are able to sensitively support grieving families.

The Participants

Three men and fifteen women attended this course, most of them young people between the ages of 20 and 50 years. They were drawn from various home-based care organizations around Gauteng, mainly from Soweto, Sedibeng and Ekurhuleni.

The Process

The first of the four days was spent helping the carers access their own losses and the feelings associated with these. It was a very emotional process during which Mpumi could model the acknowledgement and containment of personal distress and pain. Participants were also able to identify what kind of responses from other people they found helpful and what they perceived as unsupportive or undermining.

On the second day, participants explored familial, cultural and spiritual healing practices that contributed positively to the healing process as well as those that could become painful obstacles.

On the third day, the participants were taken through the process of grieving from a theoretical perspective, and on the final day useful techniques appropriate to client's personal contexts were explored.

It soon became evident that most carers carried huge burdens of grief and the sessions helped them reclaim suppressed feelings and also to understand behaviours which they previously could not understand. The more they were able to access feelings of sadness, anger, and the like, the more they also began to express an appreciation of life.

Change Indicators

The following indicators suggest that this course achieved its primary objectives:

- All 18 participants completed the course
- Twelve of the 18 carers were able to identify their losses and talk about them with openness and depth of feeling. Another six had deep unresolved feelings and further counselling was recommended.
- Ten carers indicated that they were ready to implement their skills. Four indicated that they needed to do more work on themselves before they were ready to support clients in this manner, and another two said they were ready to start imparting the skills to some of their colleagues.

In their own words

The final comments made by the participants reflect a growth in self-awareness, a sense of healing of personal wounds, and an enhanced degree of responsiveness towards the distress and suffering of others:

- *The first day of this process was the most difficult for me because I am used to keep my pain inside. I was able to be open about it for the first time*

- *I was made aware that my feelings are valid. Whatever I have gone through, I should not judge myself*
- *The most powerful lesson for me was that I can't work on other people's grief if I have not worked on my own*
- *I am going to make a memory book so that when I miss my fiancé my children and I can look at it together*
- *People don't grieve in the same way. I need to be respectful of their unique ways. My clients will have a more skilled carer.*
- *I can now be fully present for my clients when they are in pain*
- *This training has taught me patience and respect for my clients' healing rituals*

Hopefully most of these care workers will in seven months' time attend the course in "Advanced Skills in Dealing with Loss and Grief" which will give Mpumi a chance to assess how they have put their skills to use after this course.

7. Advanced Course in Dealing with Grief and Loss for Caregivers

The Background

This four day course was offered to community health workers who had previously attended the basic course in dealing with grief and loss. These carers too come from organizations coordinated through the Diocesan AIDS Commission, mostly situated in Soweto, Sedibeng and Ekurhuleni. The objectives of this course is to equip home based care workers with more specialized skills relating to complex situations of grief and loss, such a multiple bereavements and death through suicide or violence, as well the skills required to work with children.

The Participants

Seventeen community health workers registered for this course, of which 14 completed it. There was only one male in this group, the majority of which were young people between the ages of 20 and 30.

The Process

By referring to personal experiences of loss through violence or suicide as well as national events such as the mass killing of striking miners at Marikana in 2012, the group was helped to understand the traumatic nature of loss and explored the special skills needed to support individuals and families in these kind of situations. Basic trauma counselling skills were added to the repertoire of the participants.

Participants were also sensitized to the needs of children caught up in situations of loss and trauma and taught how to support children in developmentally appropriate ways.

We taught them how to support grieving children by doing simple things such as making space for them to express themselves through play, answering their questions honestly, helping them

to find words for their feelings, and explaining the concept of death to them. This was very exciting as carers said they had been afraid to support children who are grieving because they did not know how to respond to them. (Mpumi Zondi)

Change Indicators

As the participants of this course had previously attended the basic course in grief and loss, it gave the facilitator the opportunity to informally assess how they had been using their skills. The main finding was that carers who attended the first course were now being now deployed by their organizations to support families in which a death had taken place. Several carers also reported that they had shared imparted what they had learnt to other colleagues, while others reported that the initial course had helped them to open up healing spaces in their own families.

How the carers will now use the advanced skills they have learnt through this course will be assessed when they return for debriefing session in the coming year. However, their comments in the final session already reveal that what they have found most useful is understanding children's reactions to loss and recognizing that the grief of children needs to be responded to as fully as that of adults.

8. The Directors' Circle

The Background

The Directors' Circle evolved from a debriefing process for a small handful of organizations originally involved with advocating for the protection of unaccompanied foreign children living at the Central Methodist Church. It is a space in which NGO directors can freely express their concerns and frustration, learn through reflection, and gain support from each other.

The Participants

The Directors' Circle is attended primarily by directors of medium-sized NGOs working in the welfare sector. There is a core group consisting representing Childline, Hotel Hope, Sophiatown, Cresset Farm, Afrika Tikkun, CDP, CIE, Central Gauteng Mental Health Society, and Kidshaven, with directors from other organizations attending on a more sporadic basis.

The Process

Prior to each session an invitation is sent out and participants are requested to bring suggestions for topics or to choose from a range of topics which have emerged out of previous discussions. Each session has two distinctive parts: an unrushed check-in which gives participants a chance to let off steam, share significant moments and stresses, and draw on support from each other. The second part of the session focuses on the selected topic and combines personal reflection with theoretical input and a collective exchange of ideas and experiences.

In 2014 the following topics were covered:

- Journey into 2014- the map, the nourishment needed, the travel companions, first aid

- The DSD guidelines on the selection of board members- repressive control or positive accountability?
- Dealing with conflict in organizations
- Deep democracy
- Leadership responses to the dynamic of neediness in organizations
- Supporting tired teams through mindful leadership
- The importance of boundaries
- The impact of dysfunctional behavior of staff on the organization
- Reflections on another year gone by

Discussions are always vibrant and ruthlessly honest, a reflection of the degree of trust that has developed in this group.

Change Indicators

- All participants have indicated that they value the Director's Circle as a space in which they can freely express their difficulties, dilemmas, joys and insecurities.
- The facilitator, Zelda Kruger, has observed that the nature of sharing has been taken to a deeper level in 2014:

This might be incidental but it does appear that the relationships between the regular attendees are solid and trusting and that Directors' Circle provides an opportunity to strengthen meaningful peer relationships." (Zelda Kruger)

- Participants have confirmed that the structure of the sessions with its mix of self-reflection, sharing, and learning, is consistent with the needs and expectations of the participants.
- Four participants have taken up the offer of individual coaching around specific organizational issues.

CARING FOR THE SOPHIATOWN TEAM

The Sophiatown team consists of social workers, therapists, counsellors, community workers, administrators, general assistants and volunteers. Each of the 20 odd team members needs to be affirmed, supported, cared for and developed, so that clients get the maximum benefit of their service from the moment they enter through the door.

Through individual and group supervision team members at all levels are challenged to continuously reflect on their therapeutic work, to support each other and to increase the range and depth of their therapeutic skills. Management team members are part of external supervision structures. Supervision is regularly mentioned as a highlight in the weekly reviews of counsellors.

Weekly team meetings which focus on each team member's experience of the past week and plans for the week ahead create an opportunity for supervisors to identify issues which may

need further attention in terms of supervision or simply in personal care for the team member concerned. Monthly staff meetings revolve around administrative and other practical matters, as well as discussions around strategic or theoretical issues. Debriefing sessions are often informally conducted between colleagues, and when a major programme (such as the Parenting Holiday Programme) has been completed, the team members involved meet to debrief, evaluate and consolidate the lessons learnt.

In any team, tensions arise and when these threaten the quality of service, management will call on the services of an external facilitator to allow all members of the team to freely express feelings and opinions. There have in the past year been difficulties with one team member which have in the end resulted in dismissal. Another team member in the Bertrams office left the country without giving notice, while a third became critically ill. While much emotional processing needed to be done with the Bertrams team, we are proud that services were able to continue without disruption, as the remaining team members stepped in and went the extra mile to fill the gaps that were left behind

The effectiveness of the structures put in place for supervision, support and development will at some point in the near future need to be subjected to an external evaluation.

SUSTAINING OUR COMMUNITY OF PRACTICE

Over the past three or four years, the network of organizations which Sophiatown has come to rely on, has slowly but surely been eroded. Some organizations have closed down due to lack of funding, and others have severely curtailed their services or been forced to charge for them. A few seem to suffer a kind of systemic burn-out, resulting in apathy and sometimes overt aggression towards people in need. For example, the larger statutory agencies responsible for the protection of children have become almost totally inaccessible even in situations where children's lives are at risk. In the area of child protection and care too, there seems to be a pervasive fear of activist risk-taking, resulting in children and other vulnerable people being denied services because they do not have the right documents, or do not meet the exact criteria for the clientele the agency has been mandated by the state (or any other large institution such as the UNHCR) to serve.

On a practical level this means that in a diminishing community of practice many already marginalized people are exposed to further exclusion and violation of their rights. For the Sophiatown team therefore it is critical not only to maintain the small remaining network of partners but also to actively work towards its further development and expansion, both in terms of size and depth of common purpose. This is seen as a collective process of learning and transformation, to which each agency, leader, or team member has something unique to offer.

In 2014 we managed to secure a small amount of money to fund the establishment of a project we call "Sustaining our Community of Practice." It is driven by Zelda Kruger and Johanna Kistner and aims to offer support at different levels to organizations closely associated with Sophiatown's network of service providers. These take the form of coaching, workshops around

critical issues for organizations, support with capacity building, and the dissemination of information and reading materials.

Although this project is still in its infancy, we are proud to report on the following progress:

- Four directors have taken up coaching with Zelda Kruger around specific issues they are struggling with as NGO leaders.
- A shelter offering much needed protection and care for extremely traumatized women and children is being assisted with fundraising as well as emotional debriefing with staff and managers.
- A shelter for destitute teenage girls, is being supported with the development of HR policies.
- A number of experts in the field of organizational development have agreed to offer services at a minimal rate.
- In October, a workshop on succession planning was facilitated by George Lindeque, a well-known expert in the field and attended by 20 NGO directors, managers and Board members. At least one participant has since then asked for more specific assistance in succession planning for her organization.

TOWARDS CARING COMMUNITIES

We trust that this report will go some way in highlighting the critical value of empowering and caring for carers at all levels of the caring continuum- from the single mother trying to fend for her children to community health and child care workers, to leaders of organizations and the entire network of service providers. No parent, or worker, or leader, or organization can do the caring work in isolation from others. To truly be present for others, we need to work towards creating caring communities where our woundedness, once owned, acknowledged and cared for, becomes the channel for transformative personal and collective change.