



# SOPHIATOWN

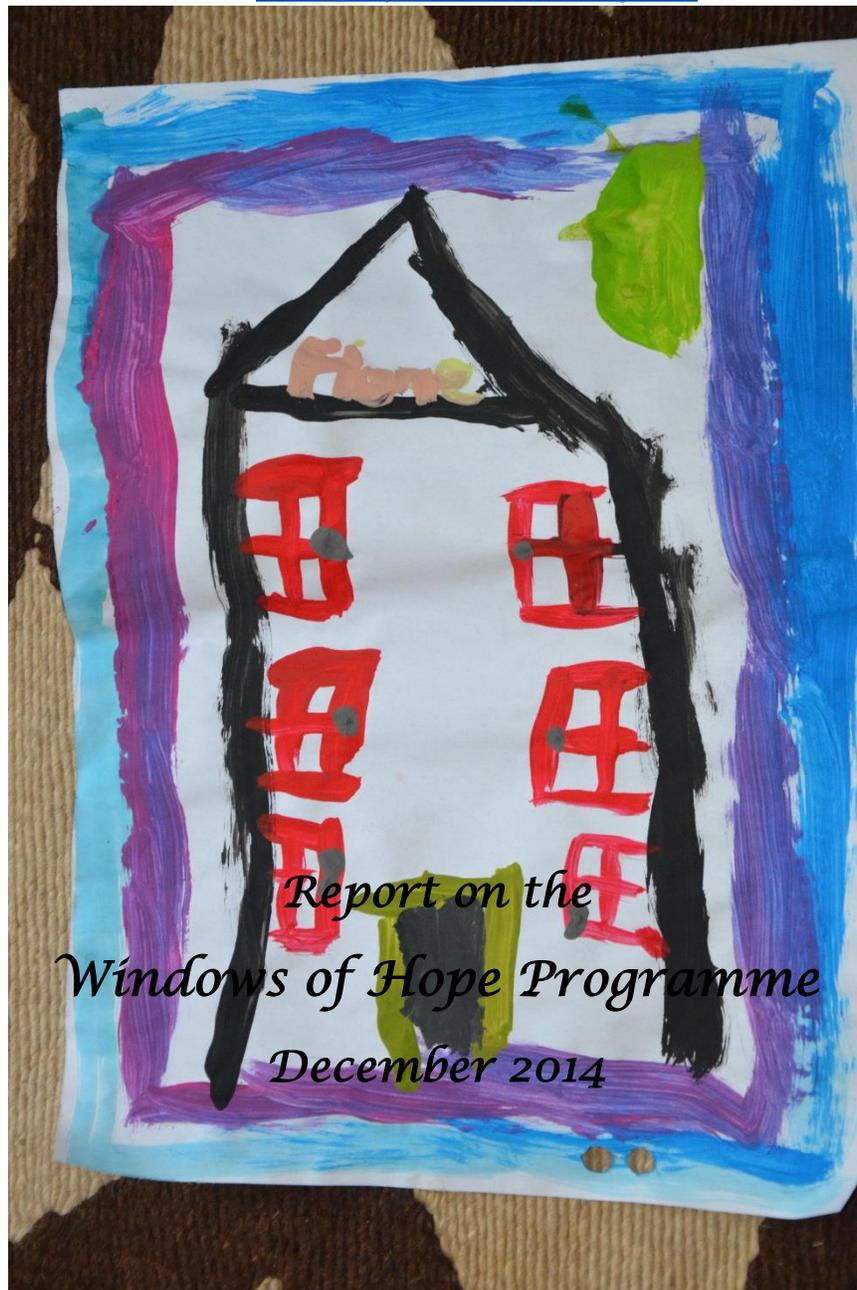
## COMMUNITY PSYCHOLOGICAL SERVICES

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## Introduction

At the time of completing this report the recent debacle during the President's State of the Nation address, which saw one of the opposition parties forcefully removed from parliament, and the other opting to leave the chambers on their own accord, still dominates South African conversations in taxi ranks, street markets, offices, schools and churches. Yet while the politicians are fighting it out in endless court battles, while the media cries foul, and while on street corners opinions sway this way, and that, the things that really matter today in our society are at best news items that are quickly discarded, and at worst do not even enter the broader public consciousness. These are just some of the facts that pass us by as we watch the soap opera of the corrupt and powerful unfold on our TV screens: another grade 1 learner has drowned in a pit toilet in a rural mud school; the mathematics score of Grade 9 learners in the country's state schools has dropped from an average of 14% to an average of 11%; 500 shacks were burnt down in Joe Slovo informal settlement, razed to the ground to the extent that their owners could no longer recognize the little piece of earth that they once called home; the Treatment Action Campaign is being threatened by the ANC youth and women's leagues with de-registration in response to its uncovering of the massive mismanagement of drug supplies for people living with AIDS in the Free State; racial strife between parents at the Davidsonville Primary School disrupts schooling for hundreds of children; another five year old raped and dismembered; more bodies of illegal miners brought to the surface in Zamimpilo.

Wherever we stand individually with respect to the grand drama that plays itself out in the halls of power, our work with people from the most marginalized communities reminds us every minute of the day that the psychological wounds of the past run very deep and are constantly re-opened by the injustices of the present. Recently the Sophiatown team reflected humorously on the events in parliament and concluded that all those elevated into ranks of power and authority should first be taken through a self-awareness course followed by many months, if not years, of individual, family and group therapy. Until such time as self-awareness and personal healing become part of a politician's curriculum vitae, however, the absence of mindful leadership in our country, in our communities, and in our families, will continue to haunt us. The Sophiatown team is trying to make its own contribution to the continuing struggle for social justice and personal liberation by touching and supporting people where it hurts most; by bringing them together to build new bonds of solidarity and caring; and wherever possible by bringing the gross injustices suffered by our clients in the seemingly intimate sphere of private lives, to the attention of those who have the potential to influence policy-makers and implementers.

The following is a report on the Windows of Hope Programme based in Westdene, one of the three main psycho-social support programmes run by the Sophiatown team. Separate reports have been compiled for the Children and Families on the Move Programme based in Bertrams in the inner city, and the Siyabanakekela Programme which works with "wounded carers" from community-based organizations throughout Johannesburg.

## M and E 2014

With the end of the year has come the inevitable question “how do we know we are making a difference?” In our everyday experience we are overwhelmed by emotional despair of such proportions that we constantly ask ourselves “how can we possibly make a difference?” How can this little bit of warmth, genuineness and empathy we have to offer possibly counter the depth of pain and suffering inflicted on huge numbers of women, men and children by poverty, oppression, exploitation, disease and violence? And yet, as we go about our daily business of reclaiming hope and courage, change does happen, springs on us by surprise in many big and little forms: a smile on a face that has not seen one for many years; a flood of tears long overdue; a resolution to say good-bye to an abusive relationship; a tentative vision of a future beyond today; a school report that says “well done”; a piece job that will pay the rent. We celebrate these glimpses of joy, sometimes with little shrieks in the staff room, a whisper to a colleague who will certainly understand, a small chocolate, a hug.

The outside world, which includes our partners across the globe, however are not privy to these intimate moments of joy, do not get this brief glimpse into a slowly unfolding transformation that imperceptibly radiates out- and therefore are reliant on the much more formal responses to the question “are we making a difference?”

Monitoring and Evaluation is about measuring change and as such it is product of a paradigm that separates people into the observer and the observed, assuming the observer approaches the observed (in our case the client) from a perspective “unpolluted” by her relationship with the object of her observation. There is a very real (and may be inevitable) risk that M and E becomes a technology which justifies the unequal power relationships in our society and negates the very human nature of all interaction. Kaplan and Davidoff have put it beautifully in their reflections on activism, which, like M and E, has become so bound up with change “management” as to be in danger of losing its radicalism:

*“The notion of social technologies commodifies the experience of being human, turning activism into a technology and side-stepping the simple humanity of immediacy, presence, intimacy and love.”*  
(Kaplan, A. & Davidoff, S.: *A Delicate Activism. The Proteus Initiative. p.7*)

Sophiatown as an organization is in the business of “immediacy, presence, intimacy and love.” In acquiescing to the call to prove change through the social technology of M and E only, we are at risk of losing the integrity of our intimacy with our clients- an intimacy which shapes our lives and relationships as much as we shape theirs. On the other hand, we acknowledge the critical importance of accountability to funding partners, and professional bodies and, most importantly to the people we claim to serve.

This is a dilemma we face every time a report is due and one which challenges us perhaps to parallel Kaplan’s and Davidoff’s call for a “delicate activism” with a similar call for accountability processes that do justice to the delicate nature and balance of human relationships, interactions and intimacies.

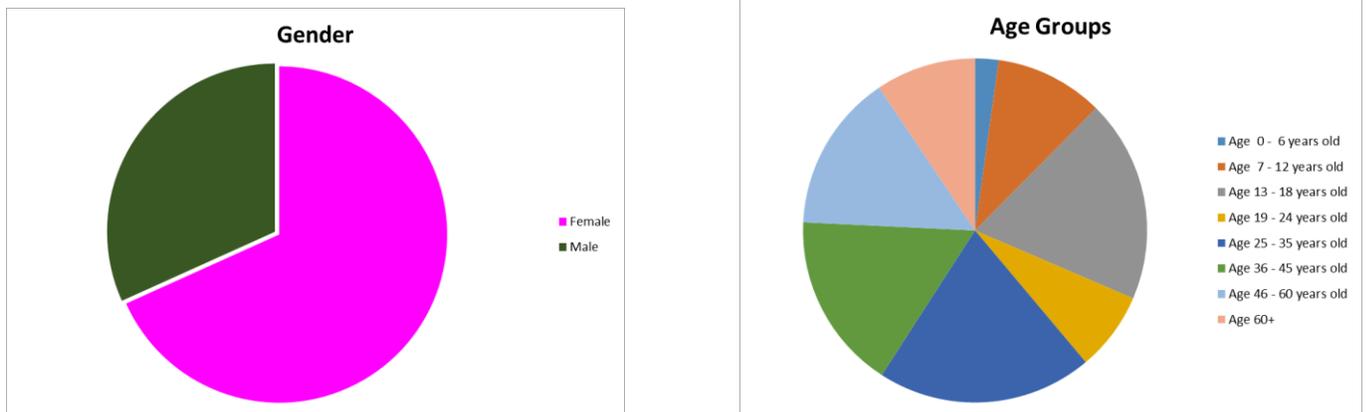
For this report each team member has been requested to complete an evaluation from for at least five clients she has seen in the past year- using clinical judgment and observation as a tool to give some

indication of the value of the counselling process. A similar form was filled in for each group intervention. These technical tools, however, remain meaningless if they are not accompanied by mind-heart- and soul accounts of the actual relationship between two or more people. It is here that the richness of the work lies, it is here that human beings meet in an intimate space to shape each other's lives into something a little more whole, a little more loving, a little more meaningful.

## Some Facts and Figures

The Windows of Hope Programme encompasses a range of individual, family and group counselling interventions run from the main centre in Westdene, as well as various other service points in and around Soweto. The following figures are based on the psycho-social interventions done directly with clients who fall into the geographical scope of what has become known as "Sophiatown West." They do not include the work done with clients in the Bertrams centre (466 in total) in the inner city or with the 220 carers who fall under the Siyabanakekela (Strengthening the Wounded Carer) Programme.

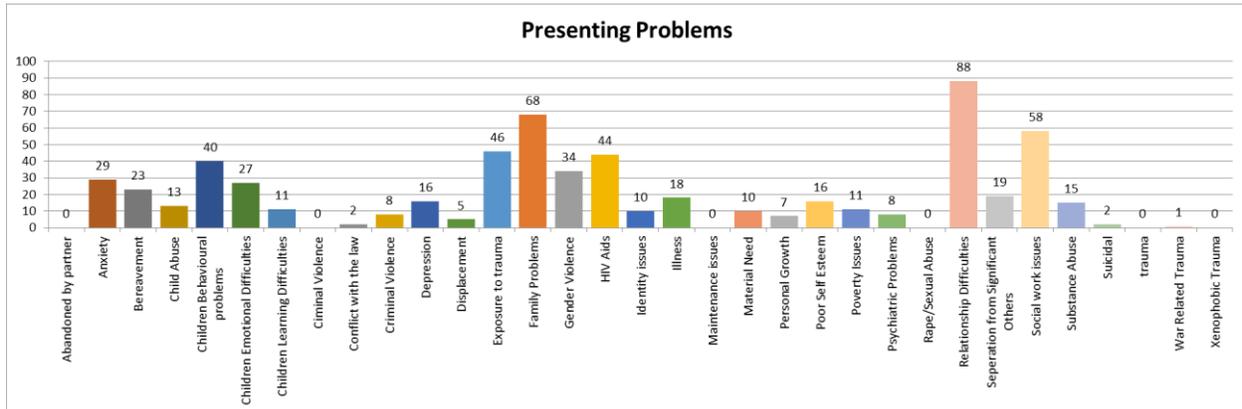
The following diagram illustrates the age and gender demographics of the clients seen at various centres in the "west."



A total of 542 clients were seen in 2014, of whom 68% were women. 454 of these clients were seen for the first time in 2014, the remaining 98 were carried over from previous years. Unlike clients seen in the "east" under the Children and Families on the Move Programme", clients in the "west" tend to be seen either only for individual sessions or only in group sessions. Only 9 clients attended both individual and group sessions, while 402 were seen for individual work and 131 attended various group based interventions.

Girls aged between 13 and 18, as well as women aged between 26 and 45 (i.e. mothers) make up most of the female client population. Fathers, on the other hand are scarce, and most of the male client group are in fact teenage boys.

The most common presenting problems are summarized in the diagram below. As can be seen from this, most people seek help with family conflict, relationship problems, social work issues, HIV/AIDS related distress, and children with emotional or behavioural problems. As counsellors work with people, of course many more problems are unearthed, almost always related to childhood trauma and the long-term exposure to violence, trauma and loss.



Most clients are referred by word of mouth, with referrals from other service providers and local schools coming a close second.

## Individual and Family-Based Counselling

### 1. Counselling Services in Westdene and Soweto

#### 1.1. Centres and Clients

Counselling services in 2014 were being rendered on a full-time, part-time or weekly basis at the following service points:

- The Sophiatown Counselling Centre in Westdene: There are always at least two counsellors available throughout the week for clients most of whom come by appointment, although there is an increasing number of walk-ins, especially students from the University of Johannesburg which is just across the road. A total of 118 clients were seen for individual counselling at this centre, the majority of these women between the ages of 25 and 45 years. The most common presenting problems are relationship difficulties, family conflict, gender violence, traumatic stress, and depression, often with suicidal intent.
- Melpark school: This is a weekly counselling service offered to children and their parents at the local state school which attracts mainly children of domestic workers and other working class families. Twelve children, 5 girls and 7 boys aged between 7 and 12, were seen by the counsellor allocated to this school consistently throughout the year, with much effort always being made also to work with parents and teachers. The reason for referral is almost inevitably

related to disruptive behavior in class or poor academic performance, which of course are due to a host of emotional factors associated mostly with bereavement, abuse and abandonment.

- St Martins School: The counsellor who is based at St Martins Catholic School in Rockville, Soweto, attended to 16 teenagers (7 girls and 9 boys,) on the Tuesday mornings he spent at this school. In 12 of the cases, family sessions were also held. Most of the adolescents were referred because of behavioural problems.
- Noordgesig Community Centre: Counselling services continue to be rendered from the community hall in Noordgesig on a weekly basis, with many of the clients being referred by the nearby local high school. At this service 82 clients were seen in 2014 of whom around one third were learners from Noordgesig High School. As can be expected the most common cause for referral was behavioural difficulties related to family conflict, substance abuse and domestic violence. A significant number of adult clients also came for statutory or social work issues related to child support grant, access to housing and the like, for which they were referred to the appropriate agencies
- Mzimhlophe Community Centre: A social worker is now stationed at the Mzimhlophe community hall for two full days a week. Ninety clients were attended to at this centre in the past year of which 81% were women of child-rearing age, as well as a significant number of older women. The most common presenting problems revolved around statutory and social work issues, often associated with intense conflict in families around housing and other scarce resources. Relationship problems, exposure to traumatic events and complicated bereavement, and HIV/AIDS were also primary problems sought help with.

## 1.2. Change Indicators

For the purpose of this report counsellors were requested to complete structured evaluation forms for a total of 20 adult clients who had attended more than five sessions. Of the clients included in this sample, 18 were women with ages ranging from 22 to 72 years. The average number of sessions attended was 14, although here too there was a wide range from 6 to 44 sessions. Family conflict and relationship difficulties between partners were the most common reasons clients stated for seeking help, with intimate partner violence being uncovered later in at least 30% of the cases. Half of the clients had lost a loved one and at least a quarter suffered from severe depression. Unresolved childhood trauma, unresolved grief, low self-esteem, and loss of a sense of meaning or hope were present in more than 60% of the cases reviewed.

The most significant changes observed within the counselling relationship were reflected in the degree of commitment to counselling (as indicated by attendance rates, punctuality and the willingness to actively participate in the counselling process); the range of emotional expressiveness (clients who were previously emotionally withdrawn becoming more expressive, and those overwhelmed with emotion feeling more contained); and a growing sense of agency and hope for the future as evidenced in the willingness to take responsibility for one's problems, take action to change one's

circumstances, and make plans for the future. Symptoms of anxiety and depression were also significantly reduced in the clients included in this sample.

External changes were also reported on by clients and/or significant others. Thus 60% of the clients reviewed reported that relationships within their families had improved and almost half managed to re-connect with people they had become alienated from. Twelve of the 20 clients took on new challenges, including making efforts to improve livelihood by looking for work or income-generating activities, asserting their right to protection, or seeking new opportunities to improve their skills.

The work with 8 children, 4 boys and 4 girls, aged between 8 and 16 years was also reviewed in terms of presenting problems, findings and change indicators. The reasons for seeking help were very diverse- ranging from uncontrolled behavior to exposure to traumatic events to sexual abuse within the family to poor performance at school. Underlying all these issues, however, is the common denominator of conflict within the family, mostly between parents, and often associated with violence and eventual separation. Low self-esteem, displaced anger and unresolved grief tend to be emotional dynamics underlying the behaviours which drive caregivers to seek help in the first instance.

All the children developed deep and meaningful relationships with their counsellors and all but two were able to use the therapeutic space to express long suppressed emotions. The results include: improved relationships with the mother (or other primary caregiver) for 5 of the 8 children reviewed; and more active and positive parenting in the homes of 4 of the children. Improved behavior and performance at school was also evident in at least 3 of the children who had struggled with this before. Most importantly all the children who were referred for aggression, bullying or sexual acting out were reported to be more in control of their behavior.

### 1.3. Three change stories

- *Priscilla is a 47 year old mother of two teenage girls who was referred through one of the local schools. She was desperately unhappy in her marriage. Her husband of seven years had brought various women he was having affairs with into their home, while threatening to kill both herself and her daughters if she dared to leave him. His family colluded with the abuse, throwing racial insults at her, and always reminding him that he should not have married a black woman. Priscilla had internalized the blame for the failure of her marriage. Old childhood trauma came to the surface and paralyzed her even more.*

*Sixteen sessions later the counsellor observed some remarkable changes. Priscilla decided that she wanted a divorce and was able to stick to this decision despite the threats from her husband. She started to take more care of her appearance and carries herself with a new sense of determination and dignity. Outside of the counselling room the changes were also evident. Her relationship with her children improved as did her interactions with colleagues at work, she began to take an interest in church activities, and started thinking about setting*

*up a production company through which she wants to bring women's issues into the public eye.*

- *Elizabeth is 62 year old resident of Kagiso, west of Soweto. She came to the Mzimhlophe centre seeking help with her relationship with her two sons from whom she had become complete alienated. Both were on drugs. Elizabeth herself has suffered years of abuse at the hands of her husband from whom she is now divorced. She felt responsible for the fact that her sons had become addicted to drugs, always repeating to the counsellor that she had failed them when they were young. She struggled to express her own needs and feelings and this made her even more vulnerable to the disrespectful behavior of her adult sons.*

*Over time there have been some changes. She no longer whispers her concerns to the counsellor but has learnt to raise her voice. She found a job and is no longer financially dependent on her sons, which makes it possible for her to free herself from the emotional bondage. She has begun talking about herself as a mother who did the best she could under bad circumstances rather than burdening herself with self-blame. She has also told her sons to move out of the house.*

- *Ingrid is a 15 year old girl who was brought for counselling after she had run away from home. She lives with her mother and stepfather and has 5 half-siblings, all with different fathers. In addition her stepfather has brought four children from his previous relationships into the household. At the age of 9 she was raped by her stepfather. She lived with her maternal grandmother for a year and was severely abused by her. Then she was raped by her stepfather again and fell pregnant as a result. Her mother arranged an illegal abortion, after which Ingrid unsuccessfully tried to commit suicide.*

*Ingrid was overwhelmed by feelings of hatred and bitterness. She felt that she had been robbed of her childhood and deeply resented her mother for not protecting her. In counselling she has gradually opened up and is beginning to find words for the intense rage at the injustices of her life. She has been encouraged to write a journal and this seems to have contributed to making her feel less depressed and more optimistic about her future. Her performance at school has improved and she has become much more disciplined in the way she behaves and interacts with others. Ingrid has a long journey of healing ahead of her, but she is committed to the therapeutic process and highly motivated to change her life for the better.*

## 2. Siyalalela

### 2.1. We are doing it differently

*“We are doing counselling, but we are doing it differently. In the office you plan your day, you have appointments of one hour and a room in which you see your clients. You are in control. In Siyalalela we go out looking for the client in shacks, in dirty places. Sometimes the place is filthy and there is a bad stench but you go in anyway and you sit on whatever there is to sit on. You can’t pull up your nose. There are lots of disruptions. There are illegal miners who are being brought to the ground and the people go and look, they wave at you and then they continue looking at whatever is happening at the moment. Some you see and some you don’t. Some are doing their washing at the tap. There are only four or five taps spread throughout the community and there are queues. Try and do counselling there. The women are not going to stop doing the washing because you have come to counsel them.”*

### 2.2. Background and Objectives

The above comments by one of the two community workers who are responsible for the Siyalalela programme raises an important critique of traditional notions of counselling, which are based on the assumptions that the counsellor is in control of the situation and the relationship which happens on her turf at a space and time which she determines, and with rules of engagement which ensure privacy, confidentiality and protection from unwanted intrusions.

In the Siyalalela programme, on the other hand, the counsellor/community worker is treading on turf which does not belong to her and over which she has no authority. Time and place do not protect her, and intrusions are ever-present. Her only tools she has are her inner resources, her patience and persistence, her finely-tuned observations skills, and the ability to catch glimpses of hope in the tiniest indications of change: a door that opens for the first time, a swept floor, a clean child, a smile, a hand stretched out in welcome.

The Siyalalela project seeks to reach people living with HIV/AIDS who would otherwise be considered unreachable, i.e. those too paralyzed by generations of poverty, family dysfunction, substance abuse, gender violence and social exclusion to seek assistance from formal organizations or even clinics of hospitals. These are often people condemned to die by the lack of support and extreme social isolation, despite living only a few kilometres away from the nearest hospital or clinic that is able to provide the life-saving medication. The two community workers spend two days a week visiting between 20 and 25 clients in the informal settlements of Zamimpilo, Slovo Park, Kathrada, and Mlamlankunzi as well as the more established communities of Pennyville and Orlando. They move from home to home, always armed with pamphlets that may or may not eventually give them access to a household where a frail or desperately ill member is either hiding from the stares and gossip of her neighbours or vehemently

denying that there is anything wrong with her. The community workers provide what the Sophiatown team terms “emotional home-based care”. They visit the client again and again, often persevering for many months until she opens the door into her heart and the work of counselling and supporting can begin, always in the hope that eventually the client can be persuaded to access formal medical and social assistance.

### 2.3. The clients

A total of 47 clients, 34 women and 13 men, were visited between January and December 2014. Of these the majority fell into the age group of 36 to 45 years. Ninety percent of the clients were South Africans, with the remaining ten percent being either of Zimbabwean or Mozambican nationality. All the clients seen in this programme are extremely poor with food security being a major issue. A significant number of clients do not have access to child support or disability grants because they lack birth certificates and/or ID documents. Substance abuse and reliance on transactional sex for food and shelter are major problems, with women often not being able to move out of relationships because of their economic dependency and resorting to alcohol as an escape from the hopelessness of their situation.

For the purpose of this report 10 clients were reviewed in more detail in terms of the reasons they were included in the programme, the problems identified by the community workers over time, the psychological issues underlying these problems as well as indicators of change in physical, emotional, social and economic well-being.

All of these ten clients were HIV positive, although four were still in denial. Six clients also had additional health problems, most of these opportunistic infection associated with HIV. Eight of the ten clients were living under conditions of extreme poverty in informal settlements with no access to proper shelter or sanitation. Eight of the ten client felt stigmatized by their families and communities and family conflict and/or disintegration was evident in at least six of the clients’ lives. Four clients had no personal documentation whatsoever. At least half of this small sample had serious problems with alcohol. Intimate partner violence was also rife in this sample.

Working with this target group clearly presents extreme challenges which come to life in the community worker’s account of her engagement with two clients:

- *Her boyfriend broke her ribs and she had to be admitted to hospital. When she was discharged she went back to him. He threw her on a boulder and broke her legs, and he was arrested, but when he came out, she went back to him. Once she went home to her family and came back like a new person. She was well dressed and clean and she looked happy. She said she came only to collect her things, but then she stayed. The last time I saw her, she was drunk, sleeping on the ground in front of her shack, oblivious to what was going on around her.*
- *This case left me feeling so helpless. He was getting better, putting on weight, planning to go home to his family in the Eastern Cape for Christmas. We gave him a food voucher and he bought food. Then there was the fire in which 500*

*shacks were destroyed. He lost everything- clothes, food, mattress everything. The only thing he managed to save was his ID and his medication. He did not even recognize the space where his shack had been. Now he has to rebuild his life- a pot here, a spoon there, a blanket. He is sleeping on the ground and so the TB returned and is so frail again. His hands are shaking all the time.*

#### 2.4. Change Indicators

Of the 47 clients seen in the past year, six have sadly passed away. Seven clients indicated very clearly that they were not interested in the kind of support the community workers had to offer and dropped out. Five moved to other areas and could no longer be followed up.

Of the remaining 29 clients 15 are considered to have made considerable progress in terms of improving their health and emotional status and/or resuming some kind of income-generating activity. Two have returned to their previous jobs, while another three have found new jobs. Four have been able to manage “piece jobs” or are busy making some income collecting plastic and metal waste materials and selling it to recycling plants. One client has joined the Leseding support group at Sophiatown,

While it is not clear which of these positive changes can be directly attributed to the interventions and support offered through the Siyalalela programme, examining the changes observed by the community workers in the small sample of ten individuals provides some clues. The most significant changes the community workers have noted in these clients relate to personal appearance and care of the home environment; compliance with medication and medical appointments; and the physical and emotional preparedness for the community workers’ visits. Thus these clients seem to have reclaimed a certain pride and dignity as evidenced in their personal grooming and the orderliness of their homes. This then further translates into a much greater commitment to their physical health in terms of compliance with medical regimes, although at this stage we do not have enough information as to whether safer sex practices and a reduction in the consumption of alcohol are necessarily part of this picture. Certainly clients who would previously close their doors in the faces of the community workers, vehemently deny their problems, or do anything to detract from the real cause of their ill-health or distress, have become much more open about their emotional needs, are able to express feelings, and begin to envisage some kind of future in which they can be more in control over their lives. Of the ten clients reviewed in this sample, four are actively looking for work or exploring other income generating activities and two have been successful in finding work. Four have managed to secure disability grants, albeit only for short periods of time.

#### 2.5. A change story

*Thabo is a 44 year old man who grew up in the Eastern Cape. After the death of his parents he moved to Johannesburg in the hope of finding work. His wife left him when she realized that he had no intention of ever returning home. He found work, but drank*

*heavily and became known as a womanizer. He lost his job in the construction industry when he became ill.*

*When he was first seen Thabo was covered in sores and very ill. He could not walk because his feet were so swollen. His CD4 count was 94. He has been referred to the hospital but was reluctant to go. After a few visits, he agreed and was hospitalized for several weeks while being treated with ARVs and medication for the skin disease. In the beginning there were serious concerns about his ability to manage his own hygiene. He was completely isolated and over time began to reveal some of the reasons. He told the community worker that he had left home after his mother had died- he believes his stepmother poisoned her. He was very angry and bitter and afraid that if he went back home he would take revenge. He was reluctant to open up but gradually softened and allowed the community worker to advise him on skin care and personal hygiene. He now looked cleaner and more presentable and friends started to come to visit him.*

*Thabo told these friends about the support he received from the community worker and they began to play their role in motivating him to attend clinic visits, and helping him with the shopping when he was given a voucher to buy food. They continue to remind him two days in advance of the date for the home visit so that he is prepared when the community worker arrives. Recently he announced that he was expecting a visit from his brother from the Eastern Cape. He is now preparing to visit his family in the Eastern Cape for the first time in 15 years.*

## 2.6. [The importance of supervision](#)

Without supervision and the support and nurturing that goes with it, the community workers would not be able to do this heart-wrenching and often heart-breaking work with the integrity, patience, persistence, and love it requires. Weekly supervision sessions are intense, focusing not only on “case management” but also on recognizing the deep pain and distress the engagement with clients at this level of despair and dysfunctions evokes in the care workers, who speak about taking “another route home” at the end of a long day to avoid any further interactions with friends and neighbours, and who need to explain to their children that at the end of a Wednesday there is nothing left of them, except the need to be alone, to absorb the day and gather strength for the next.

## Group Interventions

### 1. Sivuyile

#### 1.1. Background and Objectives

The Sivuyile group is an annual therapeutic programme targeting children between the ages of 9 and 13 who have lost parents or other primary caregivers. Children of this age are often excluded from the grieving process and the cultural ritual associated with it, as they tend to be “considered too young to understand.” Their feelings of loss and abandonment go largely unexpressed, unacknowledged and unsupported. At the same time these children frequently lose not only the parents but also their home, and their sense of security and belonging. They have to adjust to caregiving arrangements with grandmothers and/or other relatives who are usually already carrying huge burdens of care and may even openly express resentment.

The objective of this intervention therefore is to give children the opportunity to process their experiences and feelings in a safe and containing group space; to ensure that they come to an understanding of the permanency of death; to provide them with the emotional literacy that helps them to connect behaviours to feelings and these in turn to events; to facilitate peer support and caring; and to support the children in adjusting to alternative care environments and life without parents.

This report covers two Sivuyile groups encompassing a total of 39 children. The first group started in May 2013 and terminated in May 2014. The second group, which started in June 2014 is still in process.

#### 1.2. Participants

Sixteen children (11 girls and 5 boys), aged between 10 and 13 years participated in the 2013-2014 Sivuyile group, all drawn from Mzimhlophe and the surrounding neighbourhoods, and recruited through our partnership with Sizanani, a community-based organization that provides nutritional and other practical support to orphans in and around the Mzimhlophe community. Of these 16 children, 11 attended the weekly sessions on a very regular basis. A total of 26 Friday afternoon sessions were held with these children in addition to a three day camp.

The 2014-2015 Sivuyile group is made up of 23 children, between the ages of 10 and 14 years, drawn from the same community. Fourteen of these children are regular participants. This group has not yet participated in the annual camp which allows time and space for the children to explore and express their deepest pain and anger.

#### 1.3. Process

The Sivuyile process starts with trust-building which involves a lot of games and fun activities through which the children become comfortable with the space, with each other, and with the facilitators. This is followed by the introduction of a range of creative activities which enhance the emotional literacy of children (often restricted to “I feel bad”). Once the children are able to link words to feelings and experiences the facilitators can begin to direct the process towards the uncovering and containment of

emotional distress related to trauma, loss, and adjustment. The children are then taken on a three day camp where they are supported through a very deep and painful process of grieving, which then frees the children in the final months of the year to deal with the normal developmental challenges of the present.

The main challenge that emerged in the 2013-14 group relates to the poor and sometimes abusive conditions that most of the children are exposed to:

*Some children have reported severe abuse by their caregivers, both physical and emotional. Others have reported that their caregivers do not even follow-up on their school work, let alone show an interest in what they are doing in the group. Some children rely on their neighbours for affirmation and support. Poverty is another big problem and forces children to take on the responsibility of worrying about the next meal for their younger siblings.*

For some children, home conditions are so bad that further individual or family interventions are needed:

*Prudence and Letitia had a very bad relationship with their grandmother. During home visits we noted that Prudence had big bruises on her neck and discovered that they were inflicted by the grandmother. We met with the granny and persuaded her to come for her own counselling, after which things improved.*

In another household, a 12 year old child had to look after all the children in the house when her aunt had a premature baby and had to stay in hospital with the child for weeks on end. This was also discovered during a home visit and with the help of partner organizations arrangements could be made for the care of the children.

The reality is that children of this age face enormous daily stressors which often interfere with attendance- especially when there is no adult who reminds the children of their appointments and makes sure that they are ready. The Sivuyile team conducted numerous home visits to encourage caregivers to take a more active interest in the daily routines and general well-being of their children.

#### 1.4. Change Indicators

In evaluating the progress of the 2013-2014 group in terms of the objectives set broadly for this intervention, and more specifically in the action plan for this group, the facilitators were able to report that:

- 60% of the children attended more than 50% of sessions. Six group members dropped out for various reasons (including transport and lack of interest from caregivers), but the remaining 10 attended all sessions.
- 80% of the group members demonstrated an amazing growth in self-confidence as observed in their participation in activities and group processes.
- By the end of the group in May 2014 all the children had a firm understanding of the reality and permanency of death. This included those children who came into the group hanging on to the belief that their parents

would somehow come back, a belief often encouraged by caregivers reluctant or afraid to tell children the truth

- Also by the end of the group, 80% of the children were able to talk about the death of their parents without being overwhelmed by emotion or without complete emotional disengagement.
- Eight of the ten children were able to demonstrate empathy towards other group members, as indicated by their openness to other children's stories and emotional distress. In fact, in reflecting on the most significant changes they had observed in this particular groups, the facilitators noted that the children had developed the ability to listen and to empathize.

Similar changes are beginning to emerge in the current 2014-2015 group, with the group leaders identifying the growth in confidence and the ability to authentically identify and name feelings, as the most significant changes observed so far. Changes in destructive behavior patterns have also been reported:

*We have seen a tremendous change in Sibusiso. When we visited the home first during our recruitment drive, I was told by his grandmother that he was known as the most unruly child in the neighbourhood. Everybody knew him and people in the area called him names. In the group we saw a boy who never took anything seriously. Now he is one of the best-behaved members of our group, both in terms of behavior and participation.*

## 2. The Noordgesig Girls Lekgotla

### 2.1. Background and Objectives

Noordgesig is a historically Coloured community on the border on Soweto which is heavily burdened by the economic and social legacy of apartheid. Substance abuse (which includes the more recent arrival of a particularly lethal street drug called nyaope in addition to the omnipresence of alcohol and other drugs) is rife, and has over many generations contributed to the disintegration of family life and the capacity of parents to bring up children with a minimum of stability and security. In this environment, teenage girls are particularly vulnerable to early pregnancy and all its consequences: school dropout, depression, unemployment, multiple relationships, gender violence, single parenthood, and the continuing cycle of poverty, neglect and abuse into the next generation.

The Sophiatown team has been rendering a weekly counselling service from the Noordgesig community hall for the past six years, with referrals of teenagers coming mainly from the local high school. Out of control behavior in the form of truancy, violence, drug and alcohol abuse as well as teen age pregnancy are the main reasons for referral, all of course rooted in economic, social and familial neglect and dysfunction. Working with these teenagers over time is extremely difficult, as there is little to appeal to in terms of motivation, agency, or sense of future.

The Girls Lekgotla originated in a holiday programme for bereaved teenagers held in 2010 during which the facilitators identified the need for an ongoing group intervention for the girls who attended in particular. Weekly group sessions, aimed at helping the girls get in touch with their dreams and develop a positive sense of agency and motivation to break out of the cycle of hopelessness that life in this community has condemned them to, continued over a period of three years, and although there was some attrition, this long-term process seems to have been most beneficial for the five or six girls who saw it through to the end and have now all successfully completed their matric.

In 2014, we envisaged starting a similar two year programme with a new group of girls from this community. Throughout the year, we struggled with getting it off the ground and in the end came to the conclusion that we had to change strategy and re-consider how we use our limited resources to benefit as many young girls as possible.

## 2.2. The Participants

The recruitment process started with an enthusiastic commitment from Noordgesig Secondary School teaching staff to identify girls they thought would benefit from a group counselling and support programme. They identified 25 learners from Grades 8, 9 and 10, aged between 13 and 17 years. The counsellor and the social work student conducted home visits for 15 of these learners and got consent from their parents for them to attend a weekly group session after school.

## 2.3. The Process

Ten girls arrived for the first session on 17 March. The rest were reported to be attending a programme for substance abusers run by the local branch of SANCA. The girls who were present were very disruptive and showed little interest, which then became cause for concern as the lead counsellor was about to go on maternity leave and hand over the group to the 4<sup>th</sup> year social work student for the next three months. After several more efforts to engage the girls it was decided to put the group on hold as it became more and more clear that a student would not be able to manage it.

A second attempt to convene the girls was made in the middle of September. Fifteen sessions were held from September to the end of the year, and although there was some progress, there was little commitment and the attendance varied from 3 to 9 from one week to another. The principal of the school did his best to motivate the children, and the counsellor conducted another series of home visits to get parents and caregivers more engaged with the problems, routines, and needs of their children. The results, however, were disappointing:

*They (the parents) promised to speak to their children, but this never happened. The adults in their lives don't see the importance of the children being in a support group, and that is why the girls behave like this. The community they come from also contributes to their lack of seriousness and future orientation. Negative things are trending in that community, things like high rates of teenage pregnancy (2 of the girls fell pregnant this year and dropped out of school), high rates of alcohol and drug abuse*

*(most of the girls reported that they started taking drugs in primary school), and the lack of positive role models (most people in the community dropped out of school in the lower grades and would rather settle for any job than complete their schooling), and the violence and risk of HIV infection.*

*Another problem was that the girls were referred by the principal who expected us to “fix” them. Of course, the girls resented this, and behaved even worse to prove their point that they were beyond fixing, thereby aiming to expose his failure as their leader.*

In consultation with the team, it was agreed that after six years of working with children (the previous Sivuyile groups were also drawn from this community) and teens in this very small township, we had probably reached the families that for now could be reached, at least through group interventions.

#### 2.4. Into 2015

In November 2014 the counsellor, with the help of the community workers, ventured into a new area, recruiting girls from Pennyville and Zamimpilo who attend schools in Orlando East with which we already have good working relationships. The new Girls Lekgotla is due to start in 2015.

### 3. The Vukuzenzele Boys Lekgotla

#### 3.1. Background and Objectives

The Boys Lekgotla initially emerged from the Sivuyile group which at the time (2009) included a number of boys on the threshold to adolescence who had been supported through the grieving process but remained at high risk because of the absence of appropriate and committed male role models in their families and communities. The primary objective of this group is therefore to provide a safe and conducive space within which teenage boys can explore, share and question conscious and unconscious assumptions of masculinity and manhood. Most boys growing up in communities marked by the absence of fathers (over two thirds of children in South Africa grow up in single mother families), and high levels of substance abuse and gender violence, never have the opportunity to ask questions, to challenge cultural assumptions or to explore alternatives notions or realities of what it means to be a man.

#### 3.2. The Participants

The Vukuzenzele group consisted 19 boys, between the ages of 14 and 18 years, drawn from the Pennyville and Orlando East communities in Soweto. It started in March 2013 and terminated in October 2014. Of the 19 boys, 11 attended more than 50% of the sessions, although there was a marked drop in attendance rates towards the second half of the year, indicating that this group has in some way overstretched its optimal time frame.

### 3.3. The Process

In the first half of the 2014 the group process focused primarily on notions of masculinity and manhood, as well as psycho-educational processes around HIV and AIDS. The non-judgmental atmosphere the young male facilitator was able to create made it possible for the boys to express their views and opinions with an honesty that sometimes shocked the team with its brutality, but then made it possible for the youngsters to be challenged with different perspectives. As the facilitator noted, the boys are growing up in a patriarchal society and like all the men around them perceive women as subordinates, objects to be used for their own desires and then discarded if they are no longer useful.

The sessions around HIV/AIDS revealed a remarkable ignorance about facts and realities- this despite the fact that HIV/AIDS education is by now firmly entrenched even in the primary school curriculum. The boys' socialization into the belief in male superiority seems to have simultaneously inculcated a belief in their invulnerability, a psychological immunity against infection and disease, the responsibility for which they assume to lie with girls and women.

As these matters were explored with the same ruthless honesty some remarkable shifts occurred, which then made it possible in the second half of the year to introduce the socially taboo subject of homosexuality. Members of a gay support group were invited and this led to some very lively, deeply personal, and transformative conversations. These are some of the initial comments the boys came up with, reflecting of course the assumptions and prejudices of the much larger society:

- *No, they don't have rights. In my culture gays are not allowed*
- *They get married illegally and they wanted to take over everything*
- *They are disgusting me, imagine a man sleeping with another man*

However, even in the early stages of this process there were dissenting voices from within the group, which then made it possible to have conversations around human rights, diversity and respect:

- *Yes, because as people we cannot control who we love, from which gender*
- *They have the freedom to be whoever they want to be and with they want to be with*

By the end of this part of the group process, even those boys who had vehemently declared that they would never sit next to a gay person, found themselves in an animated and respectful conversation with three gay men from their own community.

Other conversation topics revolved around pornography and human trafficking, both subjects the boys had little awareness of, and wanted to explore further.

### 3.4. Change Indicators

Outcomes identified for this group include the establishment of a level of trust that allows for the open and honest exchange of ideas, opinions and feelings; the ability of

the boys to use the space to reflect critically on their own assumptions; and improved confidence and assertiveness.

With regard to the first outcome, process notes and feedback during supervision sessions confirm that engagement with a young male facilitator who has an in-depth understanding of the context within which these boys are making the transition to manhood, has indeed created a level of trust which makes brutal honesty possible, an honesty which then creates opportunities for critical reflection and change.

Although it is not possible to prove at this stage whether a verbalized change in attitude will translate into behavior in the family and community setting, it is clear that the seeds have been sown and the boys have at last internalized some alternative ways of thinking and acting in relation to girls and women, as well as in relation to people who express their sexuality in ways other than considered socially acceptable in their communities:

- *I have learnt that women also need respect as much as men. I will start changing the way I have been treating them*
- *I want to stop having many girls, and only have one*
- *I will stop treating women as though they are not human beings.*
- *I used to call them (gays and lesbians) names and criticize them for hiding themselves. Now I have learnt to respect them*

In the final evaluation session the boys expressed what the sessions had meant to them, highlighting several themes. Firstly, the boys appreciated the opportunity and the space the group provided to talk about issues they cannot speak about in their families or communities:

- *I have learnt to express myself and to be able to be free to ask about anything that I wanted to understand, because at school I was afraid to ask about certain things like sex and pornography*
- *I didn't know much about certain things because at school I cannot be free.*

Secondly, there seems to be a heightened awareness of the responsibilities that go with manhood, of right and wrong, and perhaps even a greater sense of empathy with girls and women:

- *Manhood, Ta Mthe, that is what I have grasped that when you are a man you don't need to prove that by hitting a woman. Doing the right things shows that you are man*

Thirdly, it seems that the boys valued not only being enriched with information but also with challenge to reflect critically on their assumptions about "otherness", especially in relation to gender and sexuality:

- *Every time I come here I get different ideas from the other boys about what it means to be a man*

- *It meant a lot for me to be part of this group, because in our communities we have a different way of thinking and we think the wrong way most of the time. That's the one thing that has encouraged me to be part of this group.*

Finally, there are some indications that being part of this process has resulted in some level of behavior change, as reported by some group members:

- *Guys, at school I tell them every time they criticize the homosexual communities not to do that to them, because they are also normal human beings who have feelings and it is not fair to them*
- *I have learnt to respect the ladies. Especially if I approach a girl and she doesn't want to talk to me, I no longer hit her with a stone or swear at her anymore.*

## 4. The Leseding Group

### 4.1. Background and Objectives

The Leseding group is an open group for adults living with HIV/AIDS that goes way back to 2006, with several of the current participants having been in the programme for many years. The group persists in acknowledgement of the stigma and discrimination around HIV/AIDS which for many people has not diminished over the years, despite wide-spread information campaigns as well as the availability of free anti-retroviral treatment at clinics and hospitals. The group therefore aims to provide a safe space for people living with the disease to share their feelings and experiences not only in relation to their HIV status but also to all the other life experiences that have left them feeling unwanted and excluded. It is hoped that given this opportunity to feel welcomed, supported and affirmed, members will also be able to reflect and possibly change behaviours that stand in the way of living as a healthy a life as possible, especially within the context of poverty, gender-based violence and substance abuse.

### 4.2. The Participants

In 2014 there were 21 members (5 men and 15 women) on the Leseding register including. Ten of the participants fall into the age group of 40 to 50 years, with another 7 falling into the 50 to 60 age group. Only three participants are younger than 30. This seems to be in line with national demographic spread of the disease. Participants are drawn from various communities in Soweto, including Pennyville, Orlando East, Mzimhlophe, Braamfischerville, Slovo Park and Westbury.

### 4.3. The Process

The year 2014 saw a change in the leadership of this group which is now being facilitated by the social worker and the community worker. Such changes are occasionally necessary in long-term groups, as different facilitation and therapeutic styles tend to bring out different aspects of members' emotional experience.

Attendance was a problem early in the year and it took some time to discover the reason behind the drop in numbers, which was that some members were angry because they did not get a food voucher at the end of 2013- a practice that they felt entitled to.

Once the feelings had been addressed and the group taken through the organizational decision-making processes involved, the numbers stabilized.

In the first half of the year conversations and group processes centred on “living with HIV”- despite the fact that many members have been attending the group for years, the emotional reality of living with the disease and the persistent social exclusion that comes with it, constantly needs to be revisited. In the second half of the year gender issues and their impact on women’s health and well-being in particular were discussed, and with some revelations that were very disturbing to the facilitators:

*One of the subthemes we discussed was domestic violence. It was a shock and eye opener to learn that all the women in the group were survivors of domestic violence. The way they women made meaning of these experiences was even more shocking, yet understandable given the context they are living in. Some of them explained the abuse and their suffering as an act of love. In addition they tended to blame themselves, seeing the abuse as just punishment for their own faults. They supported the gender stereotypes imposed on them by their culture.*

Like with the boys in Vukuzenzele, an amazing openness and honesty has developed in this group which has made it possible to tackle issues head on instead of tip-toeing around them.

#### 4.4. Change Indicators

The following change indicators set by the facilitators of the group at the beginning of the year and evaluated at the end:

- A regular attendance rate of at least 60%: This was not achieved, as group members lives are subject to too many disruptions by illness and the need to secure basic income on a daily basis. In the end, 43% were found to be attending sessions on a regular weekly basis.
- Improved personal appearance: Almost all of the group members have shown a positive change in the way they present themselves to the world, coming to sessions clean and well-groomed.
- Improved responsibility for physical health: There is a mixed outcome in this regard. Those members who are on anti-retroviral treatment (the majority) do indeed keep their appointments at clinics and hospitals and are taking their medication as prescribed. However, when substance abuse and sexual behavior are taken into the equation, only 23% of the group members are found to be taking responsibility for their physical well-being beyond taking medication and keeping medical appointments. Given the high levels of alcoholism and the reliance on transactional sex for survival these findings are not surprising. One of the group members stands out as a role model in this regard:

*Unlike most of the group members she does not drink or smoke. She is active, goes for walks and does recycling work which keeps her very busy.*

- Improved relationships within the family: Half of the group members reported that there had been some positive change in their relationships within the immediate or extended family. One of these is Maureen:

*The group helped me a lot. I had a lot of difficulties with my aunt. When my parents died they left me the house. But she has been treating me like dirt, saying it is her house. She did some renovations to the house. They gave me only a small space to sleep but expected me to clean the whole house. I learn about letting go in the group. I asked for forgiveness for anything I did to her, knowing well I did nothing wrong. Now we best of friends and we get along fine.*

In the end of year evaluation of the group process the participants had the following to say:

- *I am very grateful for this group. When one is in the dark, here you get to see the light. I can talk to my children now; they are also surprised because they can see the change in me. There is light and love in this group*
- *I have found happiness in this group, I have made friends here. I did not know that people who love other people are still around*
- *I also experienced love and friendship in this group. I was able to talk about things that I could not talk to anybody about*
- *I learnt a lot about HIV and about being HIV positive. I am drinking less now. I thought I was going to die.*

Participants in this group often struggle with abstract constructs, but when asked to paint what the group meant for them without much verbal elaboration, a very powerful metaphor emerged- the metaphor of a shelter (be it in the form of a house, a tree, or safe space by the river) filled with love and support in which one can let go of one's trouble and "listen to the birds singing."

## 5. Thandanani

### 5.1. Background and Objectives

The Thandanani group for grandmothers caring for children of orphaned children is a one year therapeutic programme which reaches an average of 15 to 20 grandmothers a year. Its objective is threefold- to provide a supportive space for grandmothers in which they can share and support each other with the often very heavy burdens of care; to help grandmothers process their own grief for their deceased children, in the hope that this will also make them more responsive to the emotional realities of the children they care for; and finally to build networks of support which will hopefully be sustained in the community beyond the duration of the group.

### 5.2. The Participants

Fifteen grandmothers participated in the Thandanani group which ran from March 2013 to 24 June 2014 and included a three-day bereavement retreat at the end of 2013. Twelve these grandmothers, drawn from the communities of Orlando East and

Mzimhlophe attended the fortnightly sessions on a regular basis. The participants were aged between 49 and 83 years, the majority being in their 60s. Most Thandanani participants are recruited by the outgoing group. Thus grandmothers who have benefitted from the one year process go out to identify other grandmothers in their communities for the next programme.

A new group was started in August 2014 with an initial registration of 23 members. This group will be reported on in the 2015 mid-year report.

### 5.3. The Process

A total of 22 sessions and a three-day bereavement retreat were held with the 2013-2014 Thandanani group. Much of the group process has been detailed in the 2013 report, including that of the bereavement retreat which took place at the end of that year and evoked profound feelings of grief which once expressed were held and contained by the group and the very skilled therapists and counsellors involved.

Once the often unspoken grief had been acknowledged, the group could, in the last six months of the process provide the support participants needed with the daily struggles in caring for grandchildren and other dependent family members, almost always in context of intense conflict for resources. Participants became actively involved in listening to each other's stories, offering advice, information, and most importantly emotional support.

### 5.4. Change Indicators

With regard to the outcomes anticipated for this group (commitment to the group; openness to share emotional experiences and distress; responsiveness to the emotional needs of children; and a decrease in symptoms related to depression, traumatic stress and anxiety) the following can be reported:

- 80% of the grandmothers attended sessions on a regular basis, an exceptional attendance rate given the realities of monthly pension days, illness, clinic appointments for children etc.
- Seven of the 12 regular members became very active in the group, and were able to share both their own emotional experiences and empathize with those of others. All group members experienced the retreat as a major turning point in their lives.
- Group members started visiting each other in their homes
- The majority of the participants reported that their relationships with the children in their care had improved, and that there had been a reduction in tension and conflicts in their families.
- The SRQ 20 ( a self-report questionnaire with 20 questions around symptoms of traumatic stress, depression and anxiety) was completed by 9 women who were present at the beginning of the group process and at the end. Although the average score at the beginning of the programme was just below what is considered a cut off score for pathological levels of traumatic stress and depression, three of the nine women presented with very high scores of

pathology, with only one of these showing a remarkable drop at the end of the programme. Overall there was a small but significant drop in signs and symptoms of stress, depression and anxiety. This was most notable on somatic indicators as well as those concerned with general sense of well-being and worthiness. In other words, the most significant positive change in this (very small) sample was that the women had an improved sense of personal well-being and also felt more worthy and able to play a useful part in life.

## Grow with us: Education and emotional well-being

In 2013 Sophiatown was approached by the Beautiful World Foundation with the offer of sponsorship for the education of 10 children already involved in various psychosocial programmes. The offer was accepted on condition that the sponsorship includes a small family allowance (to ensure that there was some benefit for all the children in the family, and not only for the sponsored one) and that learners are selected on the basis of their commitment to personal growth rather than on the basis of academic performance. Ten learners were selected for the initial programme: of these six were drawn from the Bertrams Centre (all from refugee families) and four were drawn from the “west” communities of Noordgesig and Pennyville. Two were at the time ready to embark on a college education, three were still in high school and a fifth is a hearing impaired child that had been denied access to a special school because the mother did not have the means to pay the school fees or transport.

Working with these children and their families has been a major learning experience. Conditions in the families are such that they effectively constitute barriers to learning. There is no space for the children to do homework; in the inner city rooms are often shared with other tenants whose movement and noise levels mothers have no control over; learners have additional language and emotional barriers; and parents have little or no capacity or energy to support their children’s educational progress in any meaningful way. Much work needed to be done to help the children and their families create better conditions for learning in the absence of minimal material or emotional resources. This continues to be work in progress, not only for the learners and their care givers, but also for us as facilitators.

Outcomes in terms of academic achievements have so far not been very promising. Instead the major outcome has been the realization of the enormous challenges faced by all learners in the South African education system (which ranks right at the bottom among African countries in terms of literacy and numeracy) and the importance of sustaining both psycho-social and educational support in the long-term. While in 2013 we focused more on the psycho-social aspects of learning, we paid more attention to the educational in 2014 by paying for extra tutoring and Saturday school for the high school learners. While necessary, relinquishing the intensity of the psycho-social work, in retrospect seems to have been a mistake.

In summary: Of the four original learners drawn from Pennyville and Noordgesig on the “west”, one was suspended from the programme because of a complete lack of motivation (although this young man remained very committed to the counselling process); one 17 year old girl is now in Grade 11; and one young man who completed a course in plumbing at St Anthony’s is now putting himself through an FET

College. The one learner who could be moved from an underperforming township school to suburban school with high academic standards, passed her matric with very good grades at the end of 2014. Unfortunately it was only her maths mark which barred her from entering university for a BSc degree in 2015 and she is currently preparing for a matric re-write so that she can re-apply for the degree for 2016.

In 2015 the Khula Nathi programme will extend its reach, at various levels of intervention to up to 60 children, including 20 primary school learners identified through our work in Mzimhlophe.

## That little change

It seems appropriate to end this report with the words of one of the community workers, who when asked what keeps her returning to the littered alleys and airless shacks of Zamimpilo and Slovo Park, paused and took a deep breath:

*We keep going, because there is always the hope that there will be a change. And that little change, that little thing is a highlight. Every day the pain is in me, but that little change, it gives me more...*

And so the Sophiatown team will continue with its task of rebuilding the nation, one child, one woman, one man, one parent, one little change at a time.

Johanna Kistner for the Sophiatown Team  
February 2015