Three Year Review

2011–2013
Mama and Child

Ist Ave and Selborne – that’s where we meet mommy as you stalk the road with your load and the fat indian mommy shouts her tomatoes and onions for sale with her indian cracked english and you merely take a stare as if that was an insult

Mommy

tough times mommy
tough to enjoy a moment’s pleasure, to bear a child who is a load on your back stuck there like an awkward piece of clay thrown by a childish hand and stuck on your back asleep hands hanging like scarecrow excursions legs hanging like two poles the arse sticking out like a peeping face mommy it’s hard like your face which is a rock battered by rains when the heavens weep chilled dry by winds blowing despair and the sun is so hot mommy so hot you look like a burnt black wood only you walk that is a miracle mommy loading your head with that cardboard box and tread with bare feet up 1st Ave.

Mongane Serote, “Selected Poems”, pg 50
When the founders established Ububele in 1999, we believed, as we believe now, that the emotional and psychological burdens of our past are still with us. This unfinished work of both the Truth and Reconciliation Commission and its remedies, as well the national transition, conspire to impact on people’s daily lives, within families and the broader public sphere of life in our country. Within the past few years, and more so in the very recent past, we have been confronted by the naked vulgarity of greed, rampant violence and a consuming intolerance of racial, ethnic and sexual difference. The inter-generational and inter-group scourge of fear and loathing that has dogged South African life remains untamed.

Not surprisingly, the professional founders of Ububele and its first trustees set out to find ways in which a certain kind of professional practice could come to grips with some of the serious mental health difficulties that affect the lives of our people in the new South Africa. We were convinced that we could use our clinical knowledge and skills to find meaningful ways of bringing psychological understanding and care into poor urban black communities such as those which exist amongst our neighbours in Alexandra Township.

We were convinced then, as we are today, that there is important work to be done in seeking to improve and prevent mental ill-health amongst hard-pressed and economically marginalized communities. There is important individual and collective value in working with children under the age of 7, their parents and other caregivers. We think we are right in having
chosen this path at Ububele during the course of the past decade or so.

Ububele is a small organisation, with limited professional and financial resources. Thus it is that right from the outset, we decided against becoming another primary service provider. A promising strategy for us was to focus our limited resources on training and community empowerment and development. Thus it is that today, we offer training for professionals (mostly psychologists and social workers) and more importantly, for lay people within underserviced communities. Over the years we have developed five training programmes covering such aspects as the emotional world of the early child as well as training in experiential group work.

Last year, for example, over 400 participants were trained. More than half of these beneficiaries, were lay childcare workers in community-based organisations throughout Gauteng. Within our parent-infant programme, the Baby Mat operates weekly from 3 primary health care clinics in Alexandra. There over 400 mother-baby dyads are supported psychologically each year. Ububele’s recently designed mother-infant Home Visiting Project, which is being implemented as a randomised controlled trial, offers home-based support to women and their babies in the critical first months after birth.

Additionally, and in some respects more importantly, Ububele runs an on-site model pre-school and a therapy and assessment clinic, both as services to the Alexandra community and as professional training sites. An opportunity to replicate this professional capability in other sites amongst our professional training sites. An opportunity to replicate this- vices to the Alexandra community and as profes-

During the last three years, four papers by Ububele staff have been published in local and international journals of psychology. There is now a greater focus on research and publication, and in the forthcoming year, Ububele will launch an advocacy project, with a particular emphasis on the needs of children during their first 1000 days.

Many lessons have been learned during the course of the last 14 years; learning which has been instrumental in the development of our professional courses and practical community-based interventions.

We believe that there are models of intervention that offer opportunities for wider national replication. We think that there are ways of developing low- cost, community-based interventions which could have a profound impact on the mental health of our people. For some time now, we have been thinking about this kind of interface and the opportunities it might provide.

We at Ububele believe that the example that we present to the health professions is perfect proof that what I call public interest psychology practice (old style community psychology) is still well suited for our unique historical circumstances exemplified by the old marriage between psychoanalytically inspired practice at Ububele and community-centred practice in a community such as Alexandra.

Deporture of Getti Mercorio – CEO

It is with sadness that we say goodbye to Getti Mercorio who has so ably led the organisation for the past four years. On behalf of all of us at Ububele I would like to thank Getti for his invaluable contribution to the organisation, which has achieved a great deal during his tenure.

Since 2011, we have focused our attention on how to use our ever increasing knowledge of infant development to inform both our training courses and our community-based interventions, which are aimed at supporting mothers and other caregivers to provide infants with the care they require in order to develop optimally.

In growing our understanding of this critical period, we find that there is a fascinating intersection between three very different streams of knowledge. The rapid developments in the field of neuroscience and brain imaging confirm many of the 100-year-old concepts of psychoanalytic thought, particularly regarding the attachment relationship between infants and their primary caregivers, the stimulation required for the brain to develop normally and the psychosocial support which is needed by the caregiving system. These ideas, in turn, are supported by indigenous knowledge systems, especially the concept of Umndelezane, in which traditionally a new mother is relieved of all of her duties by her female relatives, so that she can focus her attention on bonding with her baby.

We believe that the concept of the first one thousand days is extremely important in supporting human development, particularly for poor people with limited access to resources. However, most international campaigning in this area tends to focus mainly on nutrition and other physical health issues, and generally fails to include the importance of the emotional needs of both infant and caregiver. There is a need to try to influence those advocating for the First 1000 Days to include preventative and supportive mental health care in their thinking and programming.

In South Africa, most work with pre-school children is conducted by NGOs and CBOS, and much of it focuses on early childhood development and education for children from 3 to 6. Ububele is also active in this space, both with its own pre-school for 65 children, and in offering an externally evaluated, high quality course in child development, focused on the needs of lay people caring for children in formal and informal pre-schools and after-care centres, particularly in impoverished settings. 176 childcare workers have completed the Thinking about the Early Child course in the past three years. Ububele
Our changing policy context creates new opportunities

Ububele has the potential to become a national resource as a centre of learning focused on the promotion of mental health for children, their parents and other caregivers. It has well-developed courses and training methodologies and its community-based, clinical interventions show promise for wider replication. It is one of the few players in the 0-2s space, and has substantive experience and expertise in this niche.

Ububele sees two particularly important opportunities in the current South African context. The first is the emergence of the National Health Insurance concept and the second is the National Development Plan. In both instances, Ububele believes that the potential for effective relationships with government, which are critical for sustainability, lie with the Department of Health, both nationally and provincially.

In recent interactions between the national Department of Health and the South African Psychoanalytic Confederation, of which Ububele is a member, the department has acknowledged that mental health, and particularly prevention and promotion, has not received adequate attention. As there are few posts for psychologists in state institutions, only 8% of registered psychologists work in government settings. In response, the department has prepared a Declaration on Mental Health, and is considering ways in which “counsellors” may be trained and deployed at scale. This represents a significant opportunity for Ububele as a training organization.

Secondly, the National Development Plan stresses the importance of early childhood development and proposes that an additional year of ECD be available to all children before they enter Grade R. The plan also highlights the importance of training child and youth care workers. If the NDP is able to move from the planning stage to a series of implementable policies and programmes, there will be substantial new spaces opening for training. The question with which Ububele is grappling, is who will train the trainers who will be needed to do all the training required for implementation?

Our changing policy context creates new opportunities

Ububele sees two particularly important opportunities in the current South African context. The first is the emergence of the National Health Insurance concept and the second is the National Development Plan. In both instances, Ububele believes that the potential for effective relationships with government, which are critical for sustainability, lie with the Department of Health, both nationally and provincially.

In recent interactions between the national Department of Health and the South African Psychoanalytic Confederation, of which Ububele is a member, the department has acknowledged that mental health, and particularly prevention and promotion, has not received adequate attention. As there are few posts for psychologists in state institutions, only 8% of registered psychologists work in government settings. In response, the department has prepared a Declaration on Mental Health, and is considering ways in which “counsellors” may be trained and deployed at scale. This represents a significant opportunity for Ububele as a training organization.

Secondly, the National Development Plan stresses the importance of early childhood development and proposes that an additional year of ECD be available to all children before they enter Grade R. The plan also highlights the importance of training child and youth care workers. If the NDP is able to move from the planning stage to a series of implementable policies and programmes, there will be substantial new spaces opening for training. The question with which Ububele is grappling, is who will train the trainers who will be needed to do all the training required for implementation?

The number of children aged zero to four outnumbers other age brackets. Over 5.6 million South Africans are under the age of four, while 4.8 million children are aged five to nine, and close to 4.6 million are between the ages of 10 and 14. A further 28.9 percent is aged between 15 and 34 years.

Despite some optimism, notably on different views of the under-count, some significant findings from the data-set include:

- The number of children aged 0–17 who reported that they had lost one or both parents is 3,737,971, which constitutes 18.8% of all South African children.
- Close to 60% of the population is under the age of 35.

Our changing policy context creates new opportunities

Ububele has the potential to become a national resource as a centre of learning focused on the promotion of mental health for children, their parents and other caregivers. It has well-developed courses and training methodologies and its community-based, clinical interventions show promise for wider replication. It is one of the few players in the 0-2s space, and has substantive experience and expertise in this niche.

Ububele sees two particularly important opportunities in the current South African context. The first is the emergence of the National Health Insurance concept and the second is the National Development Plan. In both instances, Ububele believes that the potential for effective relationships with government, which are critical for sustainability, lie with the Department of Health, both nationally and provincially.

In recent interactions between the national Department of Health and the South African Psychoanalytic Confederation, of which Ububele is a member, the department has acknowledged that mental health, and particularly prevention and promotion, has not received adequate attention. As there are few posts for psychologists in state institutions, only 8% of registered psychologists work in government settings. In response, the department has prepared a Declaration on Mental Health, and is considering ways in which “counsellors” may be trained and deployed at scale. This represents a significant opportunity for Ububele as a training organization.

Secondly, the National Development Plan stresses the importance of early childhood development and proposes that an additional year of ECD be available to all children before they enter Grade R. The plan also highlights the importance of training child and youth care workers. If the NDP is able to move from the planning stage to a series of implementable policies and programmes, there will be substantial new spaces opening for training. The question with which Ububele is grappling, is who will train the trainers who will be needed to do all the training required for implementation?

The number of children aged zero to four outnumbers other age brackets. Over 5.6 million South Africans are under the age of four, while 4.8 million children are aged five to nine, and close to 4.6 million are between the ages of 10 and 14. A further 28.9 percent is aged between 15 and 34 years.

Despite some optimism, notably on different views of the under-count, some significant findings from the data-set include:

- The number of children aged 0–17 who reported that they had lost one or both parents is 3,737,971, which constitutes 18.8% of all South African children.
- Close to 60% of the population is under the age of 35.
Implementing our Theory of Change

The cornerstone of Ububele’s theory of change is that targeted interventions in the earliest years will have the greatest impact, at the lowest cost, on the mental health and social, educational and economic development of individuals, families, communities and society.

Effective “early years” interventions have been shown in many international and national studies to contribute significantly to the holistic development of human beings and their communities. Ububele believes that early intervention and support may enable children to become adults who are fuller participants in democracy, who uphold the human rights of others and who contribute to the development and wellbeing of society.

Ububele has four strategies for implementing its theory of change:
- Training and education
- Development of replicable models of community-based intervention
- Research and academic enquiry which seeks an evidence-based to prove concepts
- Advocacy

A key assumption of Ububele’s theory of change is that South Africa will never have sufficient numbers of professionals to respond adequately and appropriately to the mental health needs of its population, and that, therefore, lay people are an important resource. Thoughtful selection, thorough initial training and ongoing support and development are key to the effective use of lay people.

UBUBELE TRUST

A better life for all South Africans starts with early childhood development.

New evidence from the biological and social sciences confirms that strong foundations built in the earliest years of life are required to support healthy physical and emotional development, and to prevent social and economic inequalities from widening.

In a study published in Pediatrics, the peer-reviewed journal of the American Academy of Pediatrics, in January 2012, Harvard University’s Dr Jack Shonkoff and the Human Sciences Research Council’s Dr Linda Richter make a compelling case for greater policy synergy between government departments, particularly finance, health, social development and education, to increase the life prospects of children born into poverty. At the core of their findings is that both neuroscience and psychology reveal that the earliest years of life are when the brain is growing most rapidly and when the future of a child can be most easily affected for the better.

Their argument centres on the need to confront the human and societal toll of poverty and to find effective ways of supporting child development, both physical and emotional, from conception to entry to school. As child mortality is reducing in many developing countries, so there is a growing need to focus on the life prospects of children who survive, but whose human potential may be blighted by the multiple negative manifestations of the cycle of poverty.

Shonkoff and Richter emphasise the tendency of different government departments to focus on their area of expertise in isolation of other key areas for child development. While departments of health focus on physical health and departments of finance, social development and education concentrate on their direct mandates, there cannot be an integration of physical, social and emotional development throughout the world. It was concerning to researchers, that despite the scientific evidence and knowledge available, throughout the developing world 200 million children remained in danger of not realizing their developmental potential.

None of this is really new. The strategic importance of early childhood development for societal development throughout the world. It was concerning to researchers, that despite the scientific evidence and knowledge available, throughout the developing world 200 million children remained in danger of not realizing their developmental potential.

If not now, then when?

The funding climate has continued to be challenging over this three-year period and Ububele has remained under-funded, which has limited the scale and reach of its courses and projects. The difficulty in covering core costs, in common with other NGOs, remains a constant threat. It was thus a huge vote of confidence in Ububele when the DG Murray Trust recently made a substantial grant to cover some core costs, and the salary of an Advocacy and Research Coordinator.

Ububele has an optimistic and supportive Board of Trustees which oversees the work of a committed staff and volunteers, who have developed and implemented the work with imagination, creativity and passion. A number of new funders have come on board, and this has made Ububele’s continued survival possible. We are most grateful to all of our funders, who are listed towards the end of this review.

The three-year period has been a significant time in the life of a small NGO with growing experience and expertise in human development, and particularly in modes of preventative mental health care for infants, small children and their parents and other caregivers. Ububele has remained true to the aims and objectives of its Trust Deed, crafted by its founders, Tony and Hillary Hamburger. Their commitment, imagination and personal philanthropy has created a vibrant, enquiring and socially valuable organisation.

In September 2011 the internationally renowned medical journal, The Lancet, revisited the topic of early childhood development, four years after it had published a series of key articles on the central importance of early childhood development for societal development throughout the world. It was concerning to researchers, that despite the scientific evidence and knowledge available, throughout the developing world 200 million children remained in danger of not realizing their developmental potential.

None of this is really new. The strategic importance of early childhood development for societal development throughout the world. It was concerning to researchers, that despite the scientific evidence and knowledge available, throughout the developing world 200 million children remained in danger of not realizing their developmental potential.

The three-year period has been a significant time in the life of a small NGO with growing experience and expertise in human development, and particularly in modes of preventative mental health care for infants, small children and their parents and other caregivers. Ububele has remained true to the aims and objectives of its Trust Deed, crafted by its founders, Tony and Hillary Hamburger. Their commitment, imagination and personal philanthropy has created a vibrant, enquiring and socially valuable organisation.

Ububele, to those who work with the teaching staff and children in the pre-school. They are a much valued resource and we thank them.

In a study published in Pediatrics, the peer-reviewed journal of the American Academy of Pediatrics, in January 2012, Harvard University’s Dr Jack Shonkoff and Richter emphasise the tendency of early childhood development, four years after it had published a series of key articles on the central importance of early childhood development for societal development throughout the world. It was concerning to researchers, that despite the scientific evidence and knowledge available, throughout the developing world 200 million children remained in danger of not realizing their developmental potential.

None of this is really new. The strategic importance of early childhood development for societal development throughout the world. It was concerning to researchers, that despite the scientific evidence and knowledge available, throughout the developing world 200 million children remained in danger of not realizing their developmental potential.

None of this is really new. The strategic importance of early childhood development for societal development throughout the world. It was concerning to researchers, that despite the scientific evidence and knowledge available, throughout the developing world 200 million children remained in danger of not realizing their developmental potential.
Despite this, too many South African children from 0 to 5 still do not have access to ECD services, and legislation and policy have not yet been translated into sufficient practical implementation programmes to develop, educate and protect enough pre-school children. Those who are poor, who live in rural areas or who have special needs remain largely unsupported.

The National Development Plan, which proposes a strategy until 2030, identified early childhood development as an essential cornerstone of development and proposed that all South African children should have two years of pre-school. This is a significant policy goal, in effect doubling the state’s commitment to ECD, by adding a year to the current thrust to provide Grade R to all children by 2014. In recent years there has been a substantial increase in children enrolled in Grade R, although coverage is not yet universal.

South Africa has both the legislative and policy frameworks and the resources, to support large-scale implementation of early childhood development, but efforts remain fragmented, and attempts at an integrated approach seem not to have found traction. Up until now much of the provision of early childhood development services and training has been carried out by non-governmental organisations (NGOs); Community-based NGOs remain the most viable delivery mechanism. But the sector is under financial pressure as international donor funding is reducing, both as a result of the world economic downturn and as South Africa is increasingly viewed as a middle income developing country, capable of funding its own development.

So despite our knowledge of the problem, its potential consequences for development and ways of ensuring social justice for young children and their parents, we have yet to prioritise early childhood development as the best way of creating a more equal society. The question with which we have to grapple as a nation is a simple one. If not now, then when? We know that a better life for all South Africans depends on narrowing the gap between rich and poor. We know that there are fewer opportunities for young citizens who live in the rural areas than for those who live in towns and cities. We know that children with special needs are largely excluded. We know that there are powerful relationships between poverty and mental ill-health. We know that there is irrefutable scientific evidence that early childhood development creates better outcomes for physical and mental health, learning, employment, competent parenting and good citizenship.

The challenge now centres on visionary leadership, and at the heart of this lies political will. Who will lead the process of forming a unifying national vision to support the physical and emotional development of young children and their parents in ways that will profoundly narrow the inequalities in our society? What are the roles of government, of civil society and of business? What processes might be designed to draw South Africans together around the development of future generations? How do we act now to achieve a better life for all in future.

Current staff (2014)

Executive Director
Tony Hamburger

Advocacy Communication and Research Co-ordinator
Louise Oppenheim

Head: Working With Groups Programme
Martha Gordon

Head: Early Childhood Programme
Jake Matlhong

Head: Umdelezane Parent-Infant Programme
Julia Green

Manager: Mother-Infant Home Visiting Project
Katharine Frost

Psychologists
Melanie Estefuizen
Nicki Dawson
Lee-Anne Eastwood
Thembi Mashigo
Jade Richards

Clinical Supervisor
Mary-Anne Tandy

Home Visitors
Thandile Khumalo
Vivian Mlambo
Zanele Vilakazi

Receptionist
Palesa Tshitlo

HR and Accounting
Anne Devine
Stuart Beacham

Housekeeper
Tholakhele Dube

Driver and caretaker
Nicholas Maphosa

UBUBELE PRE-SCHOOL

ECD Practitioners
Evelyn Dubazana
Gladys Langa
Hazel Masike

ECD Practitioners’ Assistants
Lesoto Moono
Masello Rapetswa
Nonhlanhla Mbuli

Cook
Nobuhosi Dube

Other staff 2011 – 2013
A heartfelt thank you goes to the following people who were staff members during the period under review: CEO Getti Mercorio; psychologists Lisa Kalmeyster and Amanda Klein; clinical supervisors Gael Beckett and David Hadley; social auxiliary worker Brenda Sephuma and home visitor Shobi Matjila.
Could Ububele’s work in Alexandra be relevant to what problems of common national concern were happening internationally? Which needs could be realistically addressed us internationally, attachment theory and the neuro-scientific work on infant development show the vital life-long effects, both positive and negative, of the earliest relationships of the infant. Research demonstrates that these earliest phases of life are of paramount significance. Experiences in these early stages influence many later life-phases, the capacity to form meaningful and fulfilling relationships, the capacity to empathise, to mentalise (a vital social and relationship ability), and to have internalised the “language” of being able to successfully parent themselves in time. **Early child focus** Recognising the importance of this knowledge, our first step in defining our identity was to recognise the importance of adopting this life-stage of conception to 7 years old as our focus. It was relevant in the South African context, especially considering the destructive effects our history has had on family life. We could see that our work in this field could be confined to our ‘home’ community of Alexandra but the interventions and research remain relevant for broader provincial, national and perhaps continental dissemination. We realised that early childhood had two distinct phases which would require specific knowledge, skills and personnel.

In practice three divisions emerged with qualified staff, training courses and research:
- **The Umdlezane Parent-Infant Programme** focuses on the period from conception to 2 years old, which is the vital first 1000 days.
- **Early Childhood Development** focuses on the pre-school ages of 3 to 6 years old.
- **Working with Groups** developed out of the recognition that psychological group work was under-utilised in South Africa. Group work for infants and parents as well as experiential groups for 3 to 6 year olds, present in the UK and USA, were virtually non-existent here. So this division trains professional and community mental health workers to run a variety of community-based support groups.

**Lay people are key** Non-professionals, who are selected from the community and provided with training opportunities where appropriate, have played a central role in Ububele’s development. South Africa produces far too few professional mental health workers to begin to address the mental health issues of its population of approximately 55 million. The government has recognised this and started two programmes with social auxiliary workers and community-based care workers. However, there has been a severe lack of training on psychological issues. Internationally, the use of community lay counsellors and non-tertiary trained people was successful but Ububele needed to adapt the approach and develop expertise to meet South Africa’s particular circumstances of cultural and linguistic diversity.

One of Ububele’s objectives was to develop training courses for community residents to be the backbone of our Umdlezane, Early Childhood and Group divisions. Techniques, methodologies and research coming out of Ububele’s training and work experiences benefit many projects requiring human resources which are not available or not viable from the professional sector. We have learnt the following:
- It is possible to train community-based mental health workers with positive results.
- There is an enormous pool of talented people who simply have not had the opportunity to find meaningful niches in the world of work. South Africa’s wicked history of discrimination plays a major role in this sad situation. The community work that follows training is very significant for the trainee in allowing for employment and financial reward, but also in finding greater meaning, dignity and satisfaction in life.

What has Ububele found that makes for successful training?
- The trainers (usually professional psychologists familiar with community work) are sensitive and aware of the often stark differences in their respective lifestyles and conditions. The potential to feel patronised on the one hand and the painful awareness of differences are large. An opportunity exists to build authentic meaningful relationships able to tolerate class, educational and economic variations. The training paradoxically becomes an experiential and powerful ‘therapeutic’ space for both the trainers and trainees.
- Often sophisticated subject matter can be conveyed if the language used is appropriately adapted. Most academic knowledge can be ‘translated’ into more understandable and useful insights that can be applied to everyday life.
- Wherever possible, Ububele has developed or used psychological interventions that are in harmony with African culture and traditions. For example the African tradition of Umdlezane, creating a secure and cared-for space for the mother and infant dyad, is in harmony with the ‘western’ psychological knowledge and theories regarding attachment and bonding.

I am confident that our solid foundation and investment in people will continue to make a significant contribution to improving lives for a long time to come and I thank all our enthusiastic volunteers, our generous donors and partners and Ububele’s totally committed staff for making all this possible.
The Umdlezane Parent-infant Programme focuses on the first 1000 days. New evidence from the biological and social sciences confirms that strong foundations built in the earliest years of life are required to support healthy physical and emotional development, and to prevent social and economic inequalities from widening. Increasingly, the first 1000 days, from conception to the age of two, is seen as the most appropriate developmental stage at which to provide preventive physical and mental health care to mothers and their infants.

The Umdlezane Parent-infant Programme (UPIP) focuses on the first 1000 days. We run three direct interventions with our Baby Mat and Home Visiting projects and our parent-infant therapy service, and two training courses, one aimed at psychology professionals and the other at lay people working with parents and their infants. In addition we are involved in an exciting and challenging research project related to our home visiting intervention.

Group Work within UPIP
The programme runs a reading group for continuing professional development, as well as a supervision group. In addition the therapy service has facilitated several parent-infant groups over the past 3 years including the New Beginnings group for mothers and infants in shelters and the Ntokozo (joyfulness) group for mothers and babies at Ububele.

The Mother-Infant Home Visiting Project
Since 2012, Ububele has been field testing a mother-infant home visiting project, in which trained and supervised lay people (home visitors) provide psychosocial support to new mothers living in Alexandra, in the north of Johannesburg. The focus is on supporting the mother, and, after the birth, the mother and baby, in a way that will best facilitate the baby’s healthy development. The overall goal of the project is to improve the development potential of the infants who participate, through enhancing the mother-infant relationship and security of infant attachment.

Central to the design of the project is the belief that lay women, who are carefully selected, trained and supervised, can make a measurable difference to maternal sensitivity and support new mothers to achieve a secure attachment with their infants. The training was designed as a two-phase process. Ububele developed detailed criteria for selecting women to be trained, and, using community networks established over many years, a group of 9 women were chosen to undergo the initial 52 hours of training. A further selection process followed and 6 of the women were selected for additional training, following which they were appointed as home visitors.

This project was initiated with the support of a grant from the World Childhood Foundation of Sweden in 2012. The foundation continues to support the intervention which was implemented in 2012 and 2013, and is continuing in 2014.

The Research
The project is based on an important randomised controlled trial in Khayelitsha, Cape Town. This study, published in the British Medical Journal in 2009, found that unqualified, community-based women could be trained as home visitors and make a significant impact on improving the quality of mother-infant relationships and attachment in a disadvantaged urban setting.

Working with our research partner, the University of the Witwatersrand, this project has been implemented as a randomised controlled trial, with an experimental group, which receives home visits, and a control group, which does not. Mothers in both experimental and control groups are videotaped interacting with their babies, before and after the intervention phase.

Providing for all those involved
As the first year of the research progressed, there was a strong feeling amongst project staff that the women and their babies who had been willing to be part of the research but had not received the benefit of visits because they were in the control group, should be offered the opportunity to receive visits. As a result, all mothers from the control group are offered the intervention following the completion of the research phase.

In addition mother-infant dyads from the Baby Mat project who are judged to be in need, are offered home visits.

During the first 2 years of the project a total of 130 mother-infant dyads received home visits.
External independent evaluation

A second annual evaluation was conducted in late 2013, using the same evaluator as in the preceding year, Dr Mireille Landman. The overall result of the independent review of the project was favourable.

Once again the documentation of the intervention and research process has been meticulous and detailed. The extended and adjusted clinical intervention has been experienced by the home visitors as more challenging and demanding yet more satisfying and relevant for the home visitors as well as the mothers receiving this programme.

The difficulties that arose have generally been experienced as challenges rather than obstacles and the additional support and training required is being addressed. The clinical intervention seems to be working very well, it seems valued by the mothers and inspiring to the home visitors. The supervision seems to be working very well, there were areas in which we are coping well or even excelling, where they were eager for input.

One of the Philani Child Health and Nutrition Project’s interventions is a Mentor Mother Project which trains laywomen in screening for malnutrition, growth chart plotting, and the planning and implementation of nutrition-based interventions. While there are many similarities with our approach and processes there are differences and much can be learnt from these.

The Peri-natal Mental Health Project (PMHP) talked us through the risk factors for post-natal mental illness, which they have identified through literature, and how they have used this literature to formulate a screening tool to identify at-risk mothers.

Our team found it exciting to connect to other organisations doing similar work. there was a strong sense of solidarity in these important approaches to the emotional wellbeing of mothers and babies. The Ububele team believed that good initial contacts were made with all three organisations.

The members of the team found spending three days continuously together a very intense, exciting and, at some moments, quite painful experience. There was a lot of fun and, for the Home Visitors, a number of new experiences, including flying in an aircraft, seeing the sea, Cape Town and Robben Island. Inevitably, the disparities between the lives of the psychologists, who are privileged, well-educated, middle class white professionals, and the Home Visitors, who are much less affluent, black, lay women, came to the fore. This was painful at times, though, of course, it is real and therefore a dynamic in the matrix of the team. South Africa’s terrible history of colonialism and apartheid frequently emerged during the trip and the team found it important to think and talk about it.

The study visit was an unqualified success. All three of the objectives: to promote the exchange of knowledge; to develop and build on relationships with other Childhood grantees (the Parent Centre and the Philani Child Health and Nutrition Project); and to build the team by sharing a major, three-day travel experience, were more than achieved, and the visit provoked a great deal of very useful discussion on implications for Ububele’s mother-infant home visiting project.

On a personal level, all of the team members report that the study visit was a wonderful opportunity to experience one another’s different responses, reactions and thoughts about what was seen and done.

There was an effect of positive team-building, of greater understanding of the importance of home-visiting in different contexts, and of closer relationships among the team members.

Study Tour to Cape Town

Staff capacity-building for the Mother-Infant Home Visiting Project Team generously funded by the World Childhood Foundation (Childhood) of Sweden

The visit to three projects in Cape Town in 2013 provided an invaluable opportunity to meet other organisations working in similar spaces, exchange information and develop relationships with colleagues.

Like our own project, Home Visitors working at the Parent Centre provide pre- and ante-natal home visits to mothers. Our Home Visitors had the opportunity of going on visits with Parent Centre Home Visitors and experiencing first-hand the context within which they work. The Parent Centre provided us with an idea of the difficulties and problems that may arise as our project expands and there were areas in which we are coping well or even excelling, where they were eager for input.

Thinking about contextual deprivation in mother-infant work in South Africa

Katharine Frost, Melanie Esterhuizen, Katherine Bain & Linda Rosenbaum

(Psychoanalytic Psychotherapy in South Africa, 2012)

The paper is based on a 12-week New Beginnings group intervention for mothers and their infants in a shelter in Johannesburg, South Africa. The intervention was a replication of a programme designed by the Anna Freud Centre, and was implemented with total fidelity.

Working with poor, homeless mothers and their infants, contextual deprivation loomed large in the therapeutic encounter and preoccupied both participants and therapists. At times, this preoccupation hindered the participants’ and therapists’ capacity for reflective functioning. This paper argues that contextual deprivation functioned at times as an anti-analytic third in the therapeutic process, interfering with thoughtfulness.

The centrality of contextual deprivation in the tapestry of the therapeutic meeting has been well-documented in both local and international literature (Dalley, 2010). The challenges of South African community psychologists (and psychiatrists) working within deprived communities has also been described (Gibson, 2001). Gibson & Swartz (1998) suggest that it is difficult for even seasoned therapists not to be overwhelmed by contextual deprivation in community work. This paper suggests that both therapists and group members may become stuck in therapeutic impasses in contexts of deprivation, as their ways of relating to each other implicate their shared social histories of respective deprivation and privilege. Poverty, social dislocation, racism and dire material conditions are constant for the participants in the group and, as such, must feature centrally as mental representations. Contextual deprivation also appears to play a role in the lives of all of the participants in the sense that it functions either to reinforce internal deprivation or to negate alternative notions of the self and its resources.
Baby Mat Paper
published in the prestigious Perspectives in Infant Mental Health journal

The Therapeutic Alliance and Therapeutic Stance
In addition to that presented above, we have found Daniel Stern’s 1998 discussion of the therapeutic alliance to have similarities with our experiences. He describes an alliance based upon the therapist’s acceptance of the “good grandmother transference”. The therapist within this alliance is more concretely maternal and takes on a more actively nurturing role. Although the “therapist” on the baby mat is two people, our interventions are often more concretely maternal than in a more formal psychotherapy. We view the specific provision of knowledge as an appropriate part of our relationship to the dyad and an indication of our attunement. Examples of this include brief discussions about a feeding and sleeping routine, the task of mother and infant learning to know one another, the importance of play and the infant as a person who is able to perceive and feel.

Conclusion
After 6 years of Baby Mat service and steadily increasing numbers of mothers with their infants using and then revisiting the mat, we are assured of the value of such a service. The introduction of the mat in another township clinic is a first step toward replication. There remain challenges, namely working toward more rigorous evaluation of the intervention and replication in other contexts. There is a need for a continued thinking, questioning and remaining open to the mothers and infants who sit with us and those who share their stories.

The Baby Mat Project
The Baby Mat Project is a brief community-based parent-infant intervention at 3 primary health care clinics in Alexandra township. The intervention is facilitated by two practitioners, a psychologist (or intern psychologist) and a co-facilitator from the community.

Each Baby Mat session begins with laying out the mat (2 fairly large blankets) on the floor of the clinic in full view of the waiting parents, infants and nurses, followed by an introductory talk to parents in the vernacular, explaining what is being offered. The talk outlines the value and importance of an infant’s early experiences, the significance of mother-infant bonding and the ways in which infants communicate. Difficulties in managing these aspects of parenting, given the ordinary demands of life, are also mentioned. Parents are then invited to approach the practitioners on the mat and voice any concerns that they may have about their infant or about parenting.

By visiting the Baby Mat, many of the caregivers realised that the difficulties their infants were experiencing were linked to their own struggles. Some of the caregivers acknowledged that they came to the Baby Mat with a presenting problem and an underlying problem. As one said, “I just prefer to say that problem to them…” Many found their experience on the Baby Mat helpful because it allowed them to talk about underlying problems.
Parent-infant training

The course, *Introduction to the Parent-Infant Relationship*, which has been run at Ububele since 2009, was run successfully for a growing number of participants during the period – 97 in total. This course is accredited by the HPCSA and thus psychology and social work professionals attending earn CPD points.

Some course participants’ comments

Means of teaching/learning (pedagogy) was useful and inspiring. Lots of clips and film which just engage one emotionally and then intellectually in reflection. This worked wonderfully in complex fields of experience and theory.

The emphasis on observation the parent–infant intervention. This helped me to see just how much the infant can and does communicate even from day one.

I have found this course very valuable... I feel like I have an intuitive “feel” for PIP now and can build from here.

Openness and willingness of Katharine’s sharing, always felt comfortable to share my own experience, visual and experiential learning, incredible wealth of knowledge shared amongst group, different forms of learning complemented one another.

"Babies have brains and they do hear. Whatever the child encounters at a young age it will impact the future."

A new course for lay community workers

As a way of providing broader psychological support to under-served communities, in 2011 it was decided to develop a new course on the parent-infant relationship, which would be more accessible to lay community workers. The new course, *Working with the Parent-Infant Relationship*, was developed from the Introduction to the Parent-Infant Relationship, focussing similarly on the critical importance of the parent-infant relationship, its development within the first two years and learning to observe and learn from mother-baby interaction. The course was piloted at the end of 2011 and a second course was run successfully in mid—2012.

Some course participants’ comments

I have taken the saying of understanding that every person has a story, not to be judgemental. To support care givers of the children to understand babies’ needs.

Gained knowledge about children’s feelings or emotions and that they are very important. I learnt not to advise care givers, instead listen, share some ideas with them.

Great mind and attitude changer, objectives met so well. The baby becomes a person.

Early Childhood Programme

The Ububele Preschool

Over the 3-year period, the pre-school continued to grow and expand with increased enrolment and training opportunities for our teachers, which led to improved programmes.

The number of children attending the pre-school grew from 46 to 67. Our children come primarily from Alexandra but also from neighbouring communities. The pre-school serves three purposes. Firstly, it is a service to the community. Secondly, it is a developing model for a holistic, integrated approach to early childhood development, in which psychosocial support for children and parents is an integral element. Thirdly, it is a training site for students of psychology, social work and early childhood education.

The approach to the curriculum is holistic, with a strong emphasis on learning around themes, supported by creative play. In accordance with Ububele’s focus on psychosocial support, the pre-school pays particular attention to the emotional development of each child. There is also an emphasis on health education and nutrition, which includes serving the children a healthy breakfast, lunch and two snacks daily.

The pre-school has three groups: the giraffes are 3-4 years old; the bears are 4-5 years old; the lions (Grade R) are 5-6 years old. There is an impressive adult to child ratio, with each group being staffed by an ECD practitioner and a practitioner’s assistant.
This ensures that each child receives individual attention. Continuous, thoughtful observation of the children enables staff to identify those who are experiencing emotional challenges. This is discussed in a weekly clinical meeting, run by a qualified Ububele psychotherapist. Where needed, children receive play therapy. Parents are also provided with therapeutic or psycho-educational opportunities, and these are well used, with only a few sessions needed to helpfully re-align relationships or to reflect on more effective parenting approaches. Parents’ meetings are held quarterly and a new parents’ committee is selected each year. Meetings were generally well-attended during the period.

Training of Teaching Staff

All of the pre-school teaching staff have undergone training in child development and the use of the Persona Doll in developing emotional literacy. All three ECD practitioners completed the two-year part-time training programme for the National Certificate in Early Childhood Development at Level 4 during the period. All three practitioners’ assistants were studying towards the same qualification by the end of 2013.

Volunteers

We are most grateful to volunteers who have generously shared their skills and provided a variety of enrichment programmes for the children during the period including dance, music, baking, story-telling and reading, and physiotherapy. In addition, the pre-school has provided an opportunity for a number of young school leavers to volunteer as additional teachers’ assistants and gain some experience in pre-school work.

Early Childhood Development Training Courses

Ububele runs two regular training courses concerned with the emotional development of children under the age of seven. They are ‘Thinking About the Early Child’ and ‘Developing the Emotional Literacy of Children using the Persona Doll’.

Promoting course participation and ongoing relationships

Over time Ububele has developed a model to promote high levels of course attendance and participation. It begins with an introductory workshop to which all prospective participants are invited. They explore their training needs, the contexts and settings in which they work and have an opportunity to ask the course to be offered, what will be learned and how it is structured. The managers or supervisors of the prospective participants are then invited to a similar workshop, in which they learn about the course and its structure and have an opportunity to explore how the learning might be useful to their organisations. This model has resulted in course participants having strong organisational support, high attendance and improved opportunities to put their learning into action. There is also the development of a relationship between Ububele and community-based organisations, which strengthens with repeated contact.

In addition the ECD programme runs regular follow-up workshops for previous early childhood training course participants.

Thinking About the Early Child: A course about the emotional development of children

Thinking About the Early Child, designed for people with minimal, if any, post-school education, who work with children under seven, their parents and other caregivers, was the first course to be developed at Ububele. During the reporting period the course was run eight times with 176 individuals participating.

The central idea is to provide caregivers with an introduction to the emotional world of the child, by understanding their own emotional world. The concept of the unconscious, often new to participants, is central to the course. It is presented in weekly 3-hour sessions over a period of 10 weeks, as a group-based experiential learning process, supported by theory, video and field-based practical observation of infants, toddlers and pre-schoolers.

Key outcomes include, among others: understanding the internal world of children and how they might experience life from conception to seven years of age; developing greater awareness that infants and children have an emotional world; and developing improved ways of communicating with children, parents and caregivers.

Developing the Emotional Literacy of Children using the Persona Doll

The Persona Doll course is designed for professionals as well as social auxiliary workers, ECD practitioners, caregivers and others working with children. During the reporting period the course was run four times and 63 individuals completed it. The course is presented in weekly 2-3 hour sessions over a period of 8 weeks, as a group-based experiential learning process.

The Persona Dolls are used as a tool to encourage communication and develop the emotional literacy of children. Each trainee chooses their own unique doll. They are shown how to use their doll to talk to groups of children about their feelings. During the course the trainees give their doll a name and a persona that is similar, in terms of culture and life experiences, to the children with whom they are working. The doll “visits” the children and the trainee, talking through the doll, can use the doll’s story to help the children to talk about similar experiences that they have had. Through working in a group, children can see that they are not alone and can get support from the children around them.

The dolls appeal to children and adults alike, and make talking about difficult experiences easier for both the children and the adult working with them. Through the doll, the children are able to talk about feelings that may be difficult and through talking, the children develop an “emotional vocabulary” and the feelings are made more manageable.

Key outcomes include improving the child’s interaction and communication of difficult feelings, further understanding of the internal world of the child and creating a stronger awareness of the importance of the development of children’s emotional literacy.

Existent Evaluation of the Thinking about the Early Child Course

Conducted by Norma Rudolph

The Ububele course in child development, Thinking about the Early Child, was evaluated between May and June 2012.

Findings and recommendations

Course methodology helps trainees grow and thrive

Ububele uses the participatory and action-centred learning methodology extremely well. Trainees with limited previous education and low formal qualifications grow and thrive and feel totally able. The sound developmental approach, which includes ongoing cycles of reflection after each cycle of action, enables Ububele to constantly strengthen the course.

Trainees and children have benefited

Evidence gathered through focus groups with past trainees confirms that trainees value the course and that it has had a meaningful positive impact on their relationship with children, both at work and as parents. Trainees vividly describe interesting shifts in their beliefs, especially in their new understanding about the importance of listening to children.

Examples of the significant positive change in their beliefs and practice include:

- They understand and communicate better with children
- They have learned how to observe and listen to children
- They understand that children’s feelings can be seen through their actions
- They consider the feelings of children and give them more genuine attention
- Their relationship with themselves and other adults has also improved
- They recognize that adults and children need help to deal with their feelings
- They are more open to learning from others and collaboration with co-workers has improved.

Doing an excellent job under difficult circumstances

Ububele and its trainees are doing an excellent job under very difficult circumstances. The work life of most trainees is extremely difficult as they work with children and families at greatest risk and in the most precarious situations. Their community-based organisations tend to be small and lack capacity.

Conclusion

Despite the difficult funding circumstances in which the organisation operates, Ububele continues to offer a unique and excellent course. Significant shifts in the beliefs and practice of trainees are achieved through the ten-week course. There is a clear need for this kind of training in the current early childhood development and psychosocial support arenas. Ububele’s greatest need is for sustained and expanded funding so that the reach of the course can be expanded and more trainees can support the wellbeing of many more young children and their caregivers.
Tertiary Students’ Training Programme

Ububele continues to provide internships for students completing their Masters in Psychology, in either the Educational or Counselling specialisation. The majority of the students are from the University of the Witwatersrand, and Ububele has well established relationships with the faculty of the Department of Psychology. Each year Ububele has many more applications for internships than it can accommodate and there is competition for the four places available.

The Masters interns join Ububele for a year-long internship programme, prescribed by the Health Professions Council of South Africa (HPCSA). They form the core team of the Therapy and Assessment Clinic, and are supervised clinically weekly, individually and in a group, by qualified, experienced psychologists. Different supervisors work with the interns on adult therapy, child work and psycho-educational assessment.

An intensive two-week orientation programme was designed and launched in 2011, and this has prepared student interns for the range and nature of work they would undertake during the year.

Therapy and Assessment Clinic

Ububele is explicitly a mental health training institute rather than a service organisation. Where it does provide direct services the motivation is twofold: to provide the community of Alexandra with access to mental health interventions which are not available; and to use the opportunity to train mental health workers. The Ububele Therapy and Assessment Clinic is one of the few resources in the area for individual and group therapy, as well as for psycho-educational and psycho-emotional assessments.

The Therapy and Assessment Clinic is staffed by university students and volunteers, who work under the clinical supervision of qualified Ububele psychologists. The clinic provides valuable on-the-job learning opportunities for students and volunteers, most of whom have recently qualified.

Referrals to Ububele are made by partner organisations in Alexandra, including primary health care clinics, schools, churches, NGOs and CBOS. During both 2011 and 2012 the overall numbers of individuals receiving therapy and being assessed increased. 2013, however, saw a decline. The main reason for this fluctuation is that while in both 2011 and 2012 we hosted 4 Psychology Masters interns, during 2013 there were only 3 interns at Ububele.

How the brain develops – both nurture and nature

- 75% of brain architecture is laid down in the first year of life
- The human brain is the most immature of all organs at birth
- By the baby’s first birthday the brain will be approximately 35% larger than it was at birth and will have doubled its size by adulthood
- Brain development depends largely on nutritional, emotional, medical and intellectual support that parents and caregivers provide in the early years
- Brain development is non-linear: there are prime times for acquiring different kinds of knowledge and skills

How brain development is influenced by caregivers

- Early interactions with parents, caregivers and objects directly affect the way the brain is “wired”
- Interactions with people and objects vitally affect the developing brain
- Experiences affect the way genes are expressed in the developing brain
- When babies experience insufficient attention to their needs they will have more difficulty interacting with people and objects in their environment, and the brain may shut out the stimulation it needs to develop healthy cognitive and social skills
- Stress experienced both in the pre-natal and post-natal periods will have a negative effect on brain development
- Because every individual is exposed to different people and experiences, no two brains are wired the same

(Reena Shore - Rethinking the brain: zero to three, Second Edition 1997)
Group work in South Africa is an under-utilised and under-valued mental health intervention. It is therapeutically effective and requires fewer professional resources than individual therapy. Group work is particularly well suited to the South African context and compatible with African culture.

The Working with Groups programme, which started in 2004, consists of two associated training courses. Participants include both professionals and community-based workers. It is gratifying to note that during the period under review the number of individuals from community-based organisations attending the courses has increased.

The 2 courses are run concurrently. Each comprises 6 extended (Friday – Sunday) weekend blocks during the course of the year. They are staffed by a faculty including 2 members of Ububele’s staff, Clinical Psychologist Tony Hamburger and Educator and Group Facilitator, Jake Matlhong, as well as four consultant professionals: Training Group Analyst Anne Morgan; Senior Lecturer in Psychology Assie Gildenhuys; Educational Psychologist Hilary Vice; and Psychoanalyst Susan Levy.

The first course ‘An Introduction to Working with Groups’ is, as the name suggests, an introductory course for people running, or wishing to run, support groups.

The second course, ‘Support Group Facilitation’, which can only be attended on completion of the introductory course, is largely experiential and practical, involving the actual establishment and running of a community support group. While these are training groups, they provide support to the participants, with the facilitators being closely supervised by the training staff. Some examples of groups established in 2013 are:

- A support group for greatly stressed nursing staff working at the Chris Hani Baragwanath hospital in the children’s oncology, burns and orthopaedic wards
- A support group for the parents of institutionalised substance abusers
- A Support group of substance abusers shortly after leaving a residential clinic
- A support group for patients making the transition between a mental health institution and returning to their communities.

The first course ‘An Introduction to Working with Groups’ is, as the name suggests, an introductory course for people running, or wishing to run, support groups.

The second course, ‘Support Group Facilitation’, which can only be attended on completion of the introductory course, is largely experiential and practical, involving the actual establishment and running of a community support group. While these are training groups, they provide support to the participants, with the facilitators being closely supervised by the training staff. Some examples of groups established in 2013 are:

- A support group for greatly stressed nursing staff working at the Chris Hani Baragwanath hospital in the children’s oncology, burns and orthopaedic wards
- A support group for the parents of institutionalised substance abusers
- A Support group of substance abusers shortly after leaving a residential clinic
- A support group for patients making the transition between a mental health institution and returning to their communities.

The first course ‘An Introduction to Working with Groups’ is, as the name suggests, an introductory course for people running, or wishing to run, support groups.

The second course, ‘Support Group Facilitation’, which can only be attended on completion of the introductory course, is largely experiential and practical, involving the actual establishment and running of a community support group. While these are training groups, they provide support to the participants, with the facilitators being closely supervised by the training staff. Some examples of groups established in 2013 are:

- A support group for greatly stressed nursing staff working at the Chris Hani Baragwanath hospital in the children’s oncology, burns and orthopaedic wards
- A support group for the parents of institutionalised substance abusers
- A Support group of substance abusers shortly after leaving a residential clinic
- A support group for patients making the transition between a mental health institution and returning to their communities.

The first course ‘An Introduction to Working with Groups’ is, as the name suggests, an introductory course for people running, or wishing to run, support groups.

The second course, ‘Support Group Facilitation’, which can only be attended on completion of the introductory course, is largely experiential and practical, involving the actual establishment and running of a community support group. While these are training groups, they provide support to the participants, with the facilitators being closely supervised by the training staff. Some examples of groups established in 2013 are:

- A support group for greatly stressed nursing staff working at the Chris Hani Baragwanath hospital in the children’s oncology, burns and orthopaedic wards
- A support group for the parents of institutionalised substance abusers
- A Support group of substance abusers shortly after leaving a residential clinic
- A support group for patients making the transition between a mental health institution and returning to their communities.
Clinical Supervision-based Training

<table>
<thead>
<tr>
<th>Organization</th>
<th>Participants 2013</th>
<th>Participants 2012</th>
<th>Participants 2011 (10 m)</th>
<th>Participants 2010/11</th>
<th>Participants 2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khanya Family Life Centre – Tony Hamburger/David Hadley</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Ububele Pre-School – H Hamburger/L Eastwood</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Anna Freud Centre – New Beginnings Team</td>
<td>–</td>
<td>–</td>
<td>4</td>
<td>6</td>
<td>–</td>
</tr>
<tr>
<td>Baby Observation – Suzanne Maiello/Nichi Casati</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>–</td>
</tr>
<tr>
<td>Rahima Moosa PIP Team</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

Professional development – Parent-Infant Study Group

| Follow-up workshops for community-based caregivers | 25 | 38 | 15 | 12 | 14 |

Workshop-based follow-up training

| Total people trained | 413 | 365 | 325 | 253 | 104 |

Clinical and Psycho-educational Work

<table>
<thead>
<tr>
<th>Ububele Pre-School Children</th>
<th>Participants 2013</th>
<th>Participants 2012</th>
<th>Participants 2011 (10 m)</th>
<th>Participants 2010/11</th>
<th>Participants 2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy &amp; Assessment Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Therapy – children, adolescents and adults</td>
<td>52</td>
<td>75</td>
<td>102</td>
<td>118</td>
<td>44</td>
</tr>
<tr>
<td>Psychometric &amp; school readiness assessments</td>
<td>122</td>
<td>158</td>
<td>63</td>
<td>39</td>
<td>58</td>
</tr>
<tr>
<td>Parent interventions</td>
<td>50</td>
<td>118</td>
<td>110</td>
<td>64</td>
<td>31</td>
</tr>
</tbody>
</table>

Parent-Infant Programme

| Mothers and infants visiting the Baby Mat (no. of dyads) | 808 (404) | 714 (357) | 628 (314) | 556 (278) | 494 (247) |
| Mothers and infants attending therapy | 62 (31) | 44 (22) | 54 (27) | – | 15 |
| Mother-infant dyads visited at home | 176 (88) | 84 (42) | 4 (2) | – | – |
| Mother-infant dyads pre-tested in the research control group | 86 (43) | 58 (29) | – | – | – |

Group Work

| Children working in Persona Doll Groups | 36 | 50 | 82 | 111 | 165 |
| Child therapy group | 6 | 9 | – | – | – |
| Teen group | 5 | 25 | 4 | – | – |
| Young mothers’ and babies’ group | 30 (15) | 6 (3) | – | – | – |
| Work Discussion Groups – community-based orgs & schools | 10 | 8 | 21 | 44 | 54 |
| Bereavement Groups for children | – | – | 54 | 15 | 21 |
| Learning support groups for children with special needs | – | – | – | – | 6 |
| Parenting workshops | – | – | 10 | – | – |
| Persona Doll sewing group | 4 | 4 | 4 | 4 | 3 |

Total beneficiaries of clinical and psycho-educational work

| Total number of individual beneficiaries | 1514 | 1418 | 1190 | 997 | 938 |

Training and education

Ububele is an established centre of learning. It has developed and refined five courses, four of which focus on infant and child development and one which focuses on the use of experiential groups in community settings. Courses are offered to professionals (mostly psychologists and social workers), to para-professionals (social auxiliary workers and child and youth care workers) and to lay people working in community-based childcare settings. In 2013, Ububele trained 413 people, of whom 264 (64%) were not qualified professionals. Quarterly follow up training and support is provided.

The number of people trained each year has been increasing steadily. In the last five years, Ububele has been able to increase the number of people trained by nearly 300%. There is strong demand for its courses, particularly from NGOs and CBOs which work with children every day.

Total trained 2009 to 2013

Increase of 297% over 5 years
Who does Ububele train?
During 2013, Ububele trained over 400 people in parent-infant support, child development and the facilitation of support groups. The major focus is on the training of lay people who work directly with children, who make up 64% of those trained. Ububele is accredited by the Health Professions Council of SA (HPCSA) to provide training to professionals and university students which culminate in Continuing Education Units (CEUs), and is an internship site for Psychology Masters students.

Beneficiaries of Ububele’s work
Over the last 14 years, Ububele has been developing models of community-based preventative and therapeutic interventions informed by the needs, experiences and challenges of members of the community in which it works. Both Ububele’s Therapy and Assessment Clinic, Mother-Infant Community-Based interventions and its Pre-School for 65 children, provide opportunities for teaching and learning clinical knowledge and skills focused on the emotional health of children and their families. Excluding 413 beneficiaries of training, there were 1,514 beneficiaries of Ububele’s direct therapeutic and assessment interventions in 2013.

Increased productivity with limited staff expansion.
Ububele has a professional management team, headed by a Chief Executive Officer, and with a part-time Clinical Director who oversees all training and clinical work. There is a well-qualified team of psychologists, para-professionals, ECD practitioners and lay people, as well as many volunteers. Despite the substantial growth in output – both of training courses and direct services – the staffing of Ububele has grown by roughly a quarter since 2009, which points towards improved focus, active management and higher productivity.

How much we spend each year
Ububele’s spending on its operational and programme costs has increased over recent years, as a number of new funders came on board. The fundraising climate remains tough, and incoming funds decreased in the most recent financial year. For many South African NGOs raising enough funding remains a central survival challenge.
Grateful thanks to our donors and partners 2011 – 2013

<table>
<thead>
<tr>
<th>South African Donors</th>
<th>International Donors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Maria Pilar Abad Vicente</td>
<td>Aktion 3 Welt</td>
</tr>
<tr>
<td>Mr M Adam</td>
<td>Mr Alfred Bello</td>
</tr>
<tr>
<td>Albonico Sack Architects &amp; Urban Designers</td>
<td>Embassy of the Federal Republic of Germany</td>
</tr>
<tr>
<td>Ms Janet Mary Annandale</td>
<td>Förderverein Baragwanath-Soweto</td>
</tr>
<tr>
<td>ARB Electrical Wholesalers</td>
<td>Ms Andrea Graf</td>
</tr>
<tr>
<td>Dr Barnaby B Barratt</td>
<td>Mr Anthony Klein</td>
</tr>
<tr>
<td>Ms Brenda Barry</td>
<td>G Marshall</td>
</tr>
<tr>
<td>Benina Technical Services</td>
<td>Mr Russell Meyenowitz</td>
</tr>
<tr>
<td>Mr Shaun Blumberg</td>
<td>Mr D Pacholec</td>
</tr>
<tr>
<td>Mr Justice Edwin Cameron</td>
<td>Ms Itse Ruigrok</td>
</tr>
<tr>
<td>Ms Marina Coetzee</td>
<td>Mr Steven Allan Shadley</td>
</tr>
<tr>
<td>Cwenga Technologies</td>
<td>SfF Study Abroad</td>
</tr>
<tr>
<td>Lauren Defries</td>
<td>terre des hommes</td>
</tr>
<tr>
<td>Mr Stephen Faulkner</td>
<td></td>
</tr>
<tr>
<td>DG Murray Trust</td>
<td></td>
</tr>
<tr>
<td>Ms Merle Favis</td>
<td></td>
</tr>
<tr>
<td>Fluxmans</td>
<td></td>
</tr>
<tr>
<td>Mr John Flynn</td>
<td></td>
</tr>
<tr>
<td>Giving While Living</td>
<td></td>
</tr>
<tr>
<td>Mr Denis Goldberg</td>
<td></td>
</tr>
<tr>
<td>Mr Tony Hamburger</td>
<td></td>
</tr>
<tr>
<td>Heartbeat</td>
<td></td>
</tr>
<tr>
<td>Ms Rica Hodgson</td>
<td></td>
</tr>
<tr>
<td>Institute for Group Analysis</td>
<td></td>
</tr>
<tr>
<td>Investec Bank Ltd</td>
<td></td>
</tr>
<tr>
<td>Ms Judith Jacks</td>
<td></td>
</tr>
<tr>
<td>Ms Avril Joffe</td>
<td></td>
</tr>
<tr>
<td>Ms Lesley Kahn</td>
<td></td>
</tr>
<tr>
<td>Ms Ronni Kaplan</td>
<td></td>
</tr>
<tr>
<td>Ms Wendy Klein</td>
<td></td>
</tr>
<tr>
<td>Ms Michele Klemp</td>
<td></td>
</tr>
<tr>
<td>Mr Denis Kuny</td>
<td></td>
</tr>
<tr>
<td>Ms Candice Kuper</td>
<td></td>
</tr>
<tr>
<td>Libra Cosmetics</td>
<td></td>
</tr>
<tr>
<td>Ms Gail Margar</td>
<td>Margarb Holdings Pty Ltd</td>
</tr>
<tr>
<td>The Mary Slack &amp; Daughters Foundation</td>
<td></td>
</tr>
<tr>
<td>NE McKenzie</td>
<td></td>
</tr>
<tr>
<td>Metier</td>
<td>Mr Getti Mercorion</td>
</tr>
<tr>
<td>My School</td>
<td>Ms Lynn Morris</td>
</tr>
<tr>
<td>Ms AD Nifkard</td>
<td>The National Lottery Distribution Trust Fund</td>
</tr>
<tr>
<td>Patricia Johnson Peterson</td>
<td>Old Parks Bowling Club</td>
</tr>
<tr>
<td>Play n Learn</td>
<td>Ms Kate Phillip</td>
</tr>
<tr>
<td>Ms Jill Pointer</td>
<td>Mrs M Podrey</td>
</tr>
<tr>
<td>Jayshree Ranchod</td>
<td>Ms Donna Preskow</td>
</tr>
<tr>
<td>Mr Graeme Reid</td>
<td>Joan Raphael-Leff</td>
</tr>
<tr>
<td>SL Rudenberg</td>
<td>M Reni</td>
</tr>
<tr>
<td>Mr EM Saks</td>
<td>Mr Justice Abbie Sachs</td>
</tr>
<tr>
<td>Ms Ida Schepers</td>
<td>Ms Talia Salomon</td>
</tr>
<tr>
<td>Ms Lisa Sefel</td>
<td>Mr Justice Ivo Schwartzman</td>
</tr>
<tr>
<td>Mr Craig Shapiro</td>
<td>Mrs Resa Selsick</td>
</tr>
<tr>
<td>Ms Melinda Silverman</td>
<td>Mr &amp; Mrs Nevin &amp; Gaby Sher</td>
</tr>
<tr>
<td>Mr Keith Smith</td>
<td>A Sosnovik</td>
</tr>
<tr>
<td>St Luke’s Anglican Church</td>
<td>South African Partners</td>
</tr>
<tr>
<td>Farrah Thandar</td>
<td>Ms Elza Storck</td>
</tr>
<tr>
<td>Transaction Capital Ltd</td>
<td>Mr Lakis Thomaides</td>
</tr>
<tr>
<td>Verona Lodge</td>
<td>Mr Alan Veloch</td>
</tr>
<tr>
<td>J Wentzel</td>
<td>Ms Janneke Weidema</td>
</tr>
<tr>
<td>Mr Alan Yates</td>
<td>Mr &amp; Mrs Desmond &amp; Brenda Williams</td>
</tr>
<tr>
<td></td>
<td>Ms Anne Yates</td>
</tr>
</tbody>
</table>

Donations in Kind

| Audit Pro | Ms Terri-Ella Cooperman-Frost |
| Gold Table Trading | Kevin Bates Flooring & Carpeting |
| Ms Maria Ntuan | Phepa Cleaning |
| Safe & Sound Learning Centre | SA Leisure |
| Mr Craig Shapiro | Mrs Brenda Williams |
Nature of activities
The principal aim and objective of the trust is the establishment and conducting of a training and research institute to train psychotherapists and lay childcare workers and counsellors to work preventively and therapeutically with children under the age of seven, their parents and other caregivers, as well as train in, and promote, experiential group work.

Results of activities for the year
The results of activities for the year are fully disclosed in the attached annual financial statements.

Equipment
During the year under review, the Trust acquired equipment to the value of R 314,407 (2012 : R33,184).

Post financial position events
No material fact or circumstance has occurred between the statement of financial position date and the date of the audit report.

Trustees
The following trustees served during the period under review:
N C Manganyi (Chair); B Dhlomo-Mautloa; A S Hamburger; TT Levin; M E Maseko; H Yilma

Trustees’ Report

Abridged Annual Financial Statements 2013
(JANUARY – DECEMBER 2013)

Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td>ASSETS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-current assets</td>
<td>322 105</td>
<td>87 002</td>
<td>98 165</td>
</tr>
<tr>
<td>Equipment</td>
<td>322 105</td>
<td>87 002</td>
<td>98 165</td>
</tr>
<tr>
<td>Current assets</td>
<td>1 691 078</td>
<td>533 470</td>
<td>370 980</td>
</tr>
<tr>
<td>Inventory</td>
<td>33 723</td>
<td>27 879</td>
<td>27 952</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>19 980</td>
<td>67 999</td>
<td>118 900</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1 637 375</td>
<td>437 592</td>
<td>224 128</td>
</tr>
<tr>
<td>Total assets</td>
<td>2 013 183</td>
<td>620 472</td>
<td>469 145</td>
</tr>
<tr>
<td>EQUITY AND LIABILITIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>225 022</td>
<td>295 709</td>
<td>286 485</td>
</tr>
<tr>
<td>Accumulated surplus</td>
<td>225 022</td>
<td>295 709</td>
<td>286 485</td>
</tr>
<tr>
<td>Current liabilities</td>
<td>1 788 161</td>
<td>324 763</td>
<td>182 660</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>110 064</td>
<td>86 763</td>
<td>65 985</td>
</tr>
<tr>
<td>Deferred income</td>
<td>1 678 097</td>
<td>238 000</td>
<td>116 675</td>
</tr>
<tr>
<td>Total reserves and liabilities</td>
<td>2 013 183</td>
<td>620 472</td>
<td>469 145</td>
</tr>
</tbody>
</table>
## Income Statement

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and donations - International</td>
<td>1 290 021</td>
<td>1 554 893</td>
<td>1 623 093</td>
</tr>
<tr>
<td>Grants and donations - South African</td>
<td>775 848</td>
<td>1 216 696</td>
<td>651 161</td>
</tr>
<tr>
<td>Grant – National Lottery Distribution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust Fund</td>
<td>1 086 500</td>
<td>722 198</td>
<td>–</td>
</tr>
<tr>
<td>Service Level Agreement - DOSD</td>
<td>188 430</td>
<td>168 300</td>
<td>373 800</td>
</tr>
<tr>
<td>Other donations</td>
<td>189 074</td>
<td>260 200</td>
<td>–</td>
</tr>
<tr>
<td>Fee income</td>
<td>766 606</td>
<td>554 005</td>
<td>483 681</td>
</tr>
<tr>
<td>Hiring and catering income</td>
<td>104 533</td>
<td>73 515</td>
<td>49 408</td>
</tr>
<tr>
<td>Interest received</td>
<td>7 011</td>
<td>1 861</td>
<td>3 198</td>
</tr>
<tr>
<td>Other fundraising</td>
<td>43 775</td>
<td>119 563</td>
<td>–</td>
</tr>
<tr>
<td>Profit on disposal of assets/insurance claim</td>
<td>15 000</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Sundry income</td>
<td>42 110</td>
<td>7 713</td>
<td>7 535</td>
</tr>
<tr>
<td><strong>EXPENDITURE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme costs</td>
<td>3 218 986</td>
<td>2 753 220</td>
<td>2 243 484</td>
</tr>
<tr>
<td>Early Childhood Development Programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-school</td>
<td>629 871</td>
<td>508 801</td>
<td>466 235</td>
</tr>
<tr>
<td>Early Childhood Training</td>
<td>296 112</td>
<td>553 892</td>
<td>634 200</td>
</tr>
<tr>
<td>Umuzi Parent-Infant Psychotherapy Programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baby Mat Project and other</td>
<td>287 134</td>
<td>564 970</td>
<td>438 982</td>
</tr>
<tr>
<td>Mother-Infant Home Visiting Project</td>
<td>1 096 775</td>
<td>138 163</td>
<td>–</td>
</tr>
<tr>
<td>Group Work Programme</td>
<td>411 054</td>
<td>228 534</td>
<td>380 802</td>
</tr>
<tr>
<td>Tertiary Students' Training Programme</td>
<td>236 000</td>
<td>310 129</td>
<td>296 075</td>
</tr>
<tr>
<td>Communication, Advocacy and Fundraising</td>
<td>158 812</td>
<td>386 105</td>
<td>–</td>
</tr>
<tr>
<td>Venue hire</td>
<td>103 228</td>
<td>62 626</td>
<td>27 190</td>
</tr>
<tr>
<td>Management and Administration</td>
<td>1 360 599</td>
<td>1 916 500</td>
<td>957 014</td>
</tr>
<tr>
<td>Salaries, wages and contributions</td>
<td>476 437</td>
<td>674 836</td>
<td>307 181</td>
</tr>
<tr>
<td>Administrative and operating costs</td>
<td>494 733</td>
<td>567 253</td>
<td>352 971</td>
</tr>
<tr>
<td>Property &amp; building maintenance</td>
<td>389 429</td>
<td>674 411</td>
<td>296 862</td>
</tr>
<tr>
<td><strong>(DEFICIT)/SURPLUS FOR THE YEAR</strong></td>
<td>(70 687)</td>
<td>9 224</td>
<td>(8 622)</td>
</tr>
</tbody>
</table>
Ububele’s vision for South Africa is that of a nurturing society with secure, well-cared for children, who grow up to be emotionally healthy adults, competent parents and good citizens.

Ububele’s mission is to have a positive impact on the mental health of disadvantaged South Africans through the development and dissemination of training programmes focussed on early childhood and experiential group work, developing community-based psychosocial care and support models and advocating for the mental health care rights of children under the age of seven.

Ububele is a registered Non-Profit Organisation (NPO 010-472) and Public Benefit Organisation (PBO 930002474).

All donations are tax deductible in terms of Section 18A of the Income Tax Act of 1962.

For more information or to make a donation, contact:
Ububele Educational & Psychotherapy Trust
1 Tenth Road, Kew, Johannesburg, South Africa
PO Box 425
Highlands North 2037
South Africa
Tel: +27 11 786 5085
Email: info@ububele.org
Website: www.ububele.org
Find us on facebook