

Government

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Mission, Vision, Values

Mission

To work together with persons with disabilities and their families in facilitating social development and uplifting services whereby they take the lead in removing barriers and achieving independence.

Vision

Western Cape Association for Persons with Disabilities strives towards an inclusive society in which persons with disabilities are equal and active citizens.

Core Values

RESPECT

We believe that all people are deserving of respect and dignity, and everyone is to be treated with fairness and integrity.

INCLUSION

We embrace diversity and recognise the contribution of all individuals while including beneficiaries, volunteers, sponsors and staff in planning and decision-making.

EMPOWERMENT

We strive towards independence and equality of all people and undertake to build human capacity on every level of our organisation.

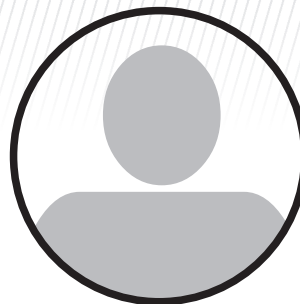
Office Bearers



Mr Michael Bagraim
Honorary President



Mr Peter Oscroft
Honorary Vice-President



Mrs Alida Basson
Honorary Vice-President



Ds Eddie Orsmond
Chairperson



Mr Tommie Prins
Vice-Chairperson



Mr Jeremy Hazell
Vice-Chairperson



Mr Chris Botha
Treasurer



Ms Juliana Plaatjies
Member



Mrs Merle Stevens
Member



Mr Thys Blom
Member



Adv. J. Krige
Honorary Legal Advisor



Bagraim & Associates
Labour Law Advisors

Staff Members



Asanda Damesi
Marketing Coordinator



Chadleigh Lintnaar
(from October 2015)
Human Resource Officer



Elmien Grobbelaar
Provincial Director – Governance



Emma Walters
Admin Assistant



Erica du Toit
Awareness & Sensitisation



Esme Bronkhorst
(till February 2016)
Fundraiser



Esme Walters
Peer Support Administrator



Francis Robyn-Pretorius
Fundraiser



George Ceres
General Assistant



Gerald Meyer
Reception



Jason Kayster
(1 August 2014)
Human Resource Officer



Lara Office
OT Manager

Staff Members



Le-Ana vd Merwe
Chief Social Worker



Leigh-Ann Richards
(until September 2015)
Occupational Therapist



Loren Farmer
Finance Clerk



Madelie Voigt
Occupational Therapist



Neva Smith
Provincial Director
Professional services



Roeline Robyn
Chief Social worker



Tay-Yibah Jassiem
(from Jan 2016)
Occupational Therapist



Terca Barron
(from March 2016)
Admin Assistant



Trigeta Christians
Finance Officer



William Guillum-Scott
Social Media Coordinator

Chairperson's Report

I report to you on the work of the Western Cape Association for Persons with Disability for the year ending 31 March 2016. The past year was an interesting year characterised by diverse challenges, activities and processes of both growth, change and consolidation. In the history of WCAPD it will go down as the year in which the provincial office moved from Begonia Street to Koeberg Road. This might be a powerful symbol of new and greater future things for our organisation.

Another obvious and tangible symbol of renewal that came our way during this year – and might I say not without some measure of difficulty – was the purchase of the VW Caddy vehicle for transporting persons with disabilities. The impact of this purchase on WCAPD's service delivery in our region, is growing every day. This vehicle signifies that WCAPD serves by example and is prepared to show the way in a world growing more aware of the needs of people with disabilities.

The report year was both challenging and encouraging with regards to the staff component. The financial-, human resources-, occupational therapy- and fundraising departments all went through processes of resignation and new appointments. Looking back on the staff turnover in key positions, one can hardly imagine how it could be possible to continue rendering services in the way the provincial office did. However, WCAPD did continue with high quality professional service, both to people with disabilities, as well as giving support to the associated branches.

To my mind at least three factors contributed to the continued rendering of quality service by the provincial office amidst high staff turnover. The first factor is the leadership by the two provincial directors. They are slowly but surely pulling the organisational structures and discipline together, and complement one another in the sharing of responsibilities. A second factor contributing to service delivery, is the quality of people that were appointed when vacancies arose after resignations. The new appointees did their part. The third factor contributing to relative stability within an unstable staff situation, was the quality of people who stayed behind. They were prepared to weather the storm and carry an extra load. WCAPD can be proud of its staff in the provincial office.

On the financial side WCAPD had to dig deep into its reserves to purchase the new property for the provincial office. WCAPD had to vacate Begonia Street because of municipal policy. However, I am of the opinion that the move will benefit WCAPD in the long run. The high salary account puts the most pressure on the financial ability of WCAPD. This item will always be the organisation's biggest expense, because our business is that of caring for people through people. Therefore, investing in people and the remuneration of staff, will always be the backbone of our organisation. In this regard the partnership with the Department of Social Development is hugely appreciated.

WCAPD could again rely on the contributions by a broad network of individuals and organisations helping it to stay true to its mission as a group of people, both volunteers and staff, who work together with persons with disabilities towards becoming as independent as possible and to integrate into society on an equal basis with others.

WCAPD continued to grow the structures of the Provincial Office and its interaction with the Branches of the Association. The staff continued a process of strategic development, while the need for capacity building on branch level received much attention. However, the challenges on branch level are high, calling for ongoing attention and intervention by the provincial office. Training of staff and volunteers on branch level, will certainly stay a priority for future sustainability.

I present this report again as symbol of hope for WCAPD and the community of persons with disabilities which we serve. I am grateful to the Provincial Directors, staff, volunteers, partners and friends for their dedication and loyalty to the vision and services of WCAPD. I believe in our cause. Please support it and continue with the good work together.

I thank you.
Eddie Orsmond

Peer Support Programme

The Peer Support Program was established by Western Cape Association for Persons with Disabilities (WCAPD) with guidance and support from Assoc. Prof. Theresa Lorenzo (UCT Disability Studies) and Jacques Lloyd (Director of ARRC and Peer Support Trainer), and is aimed at reaching people with various disabilities in the community and on grassroots level by working with persons with disabilities (PWDs) as well as providing services to them.

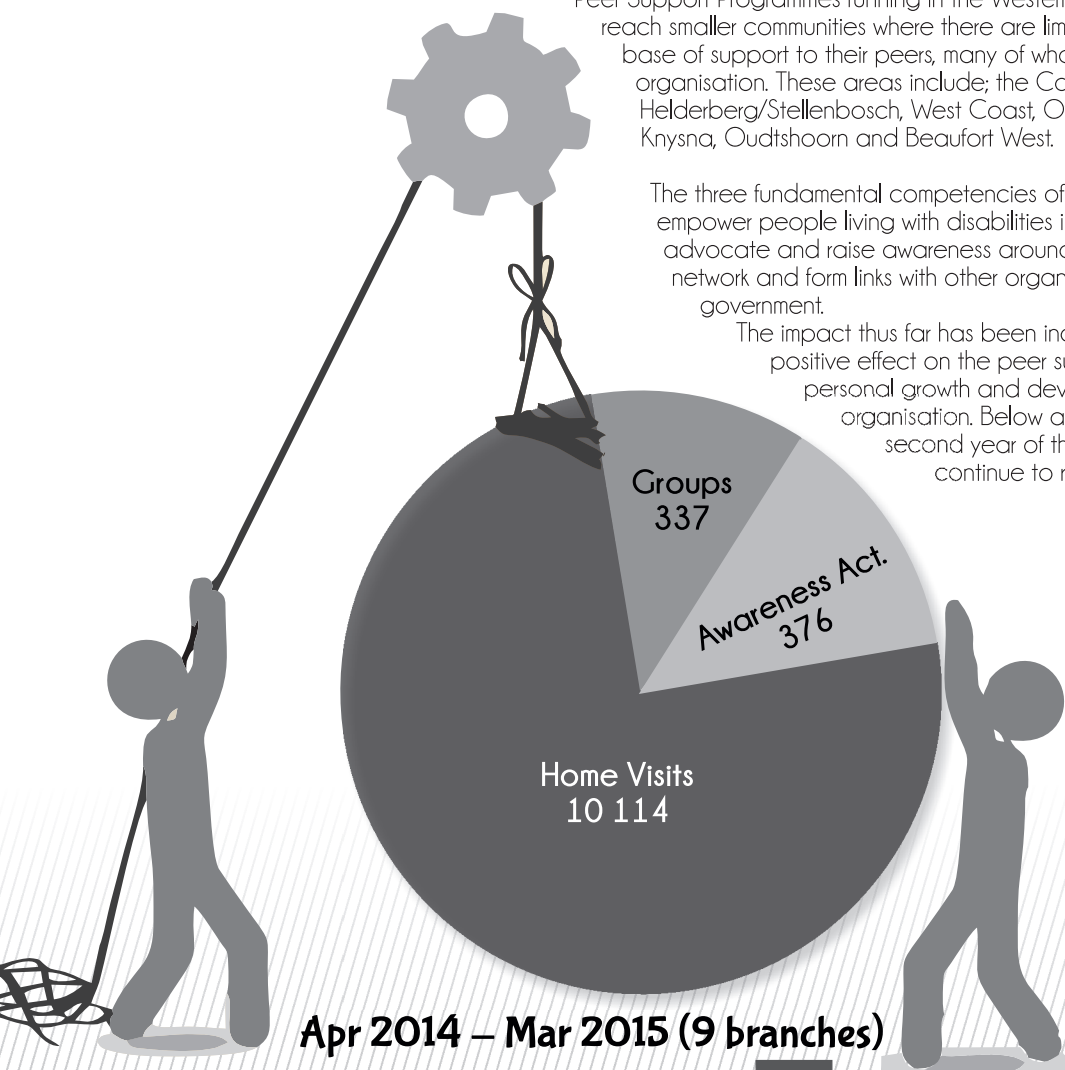
We always wonder who would be the best people to address the barriers faced by PWDs, and how we would address these issues on such a large scale. Would it be Social Auxiliary workers, Occupational Therapists, Community Development Workers? Even though these professionals all have a very important role in addressing the needs of persons with disabilities (PWDs), they usually have not experienced disability first hand and haven't had to personally face these challenges. This is where Peer Support comes in and this is why WCAPD believes that Peer Support is instrumental in addressing the barriers faced by this group of people.

Peer Support is the key strategy of people with disabilities and parents of children with disabilities providing support to their peers within the communities in which they live. The reason WCAPD believes it as being instrumental in service delivery is because it is a more sustainable service driven by and with PWDs and their families. It is also a sustainable and realistic strategy in developing countries where resources and access to services and healthcare are limited. This means that more people affected by disability will be reached more efficiently and with far less resources. Aside from the above mentioned reasons, Peer Support is also underpinned by legislation. The UN CRPD is a legal document that South Africa ratified (signed & committed to implementing) in 2007. The aim of the document is to provide guidelines on how to ensure that all the rights of PWDs in your country are realised, and in Article 26, it recommends using peer support as a strategy.

Possible Peer Supporters are identified and recruited by their respective APD branch, where after they receive extensive training on various disability-related topics. We currently have 10 Peer Support Programmes running in the Western Cape, where the Peer Supporters reach smaller communities where there are limited services. They are a resource and base of support to their peers, many of whom were previously unknown to the organisation. These areas include; the Cape Town/Khayelitsha area, Tygerberg, Helderberg/Stellenbosch, West Coast, Overstrand, Moorreesberg, Hessequa, Knysna, Oudtshoorn and Beaufort West.

The three fundamental competencies of a Peer Supporter is to support and empower people living with disabilities in and around their communities, to advocate and raise awareness around disability and related issues, and to network and form links with other organisations, key stakeholders, and government.

The impact thus far has been incredible. The programme has had a positive effect on the peer supporters themselves in terms of personal growth and development, as well as on our organisation. Below are the stats from just the first and second year of the programme, and these statistics continue to rise astronomically.



Disability Rights

A huge step forward!

There has been much talk recently about our rights; women's rights, religious rights, children's rights, civil rights, gay rights and more, sparked by events both in South Africa and abroad.

A landmark event in South Africa during December has similarly created a wave of excitement and discussion amongst individuals and organisations alike within the disability sector. Sadly, the greater public is unaware of this, although they are directly affected.

I am speaking of the approval by Cabinet on 9 December 2015 of the White Paper on the Rights of Persons with Disabilities (WPRPD).

So why is this such an enormous event for persons with disabilities? Don't all South Africans enjoy equal rights? Well, yes and no. On paper, all South Africans are equal before the law, as stipulated in Chapter 2 of our constitution, the Bill of Rights, including persons with disabilities. South Africa has fantastic legislation which protects the rights of all its citizens, and persons with disabilities are included. We also have the Integrated National Disability Strategy (INDS) which detailed our strategy when dealing with persons with disabilities, the Technical Assistance Guidelines (TAG) which lists case studies on accommodating persons with disabilities in employment, and many others. However, these have simply been strategies and guidelines, with no real bite.

Up until now. The White Paper is the forerunner of what is hoped will be a Bill and subsequently formulated into legislation. Now we're moving forward. Now we have a document that will fast track transformation regarding persons with disabilities.

The White Paper was developed over a period of time in consultation with organisations of and for persons with disability, State Departments, The South African Human Rights Commission and more that brings the United Nations Convention on the Rights of Persons with Disabilities closer to home and guides the review of existing policies and development of new policies to align with international treaty obligations. It also stipulates the norms and standards for the removal of barriers that maintain the discrimination against persons with disabilities and outlines the responsibilities of stakeholders in providing barrier-free, appropriate service delivery to persons with disabilities.

To this end, the White Paper is based on 9 strategic pillars, each broken down into focus areas and accompanied by an Implementation Matrix that unpacks the pillars into measurable and time-based actions.

That's great, you say, but what does it have to do with me?

Well, you have an important role to play in embracing disability and the people who are affected by disability. Most barriers are put in place through negative attitudes and attitudes can be changed through education. Any person with a disability will tell you that they continue to experience discrimination on a daily basis. Whether it's the announcements at the train station that one is unable to hear, the teller at the bank who refuses to assist a client with a visual impairment, the accessible toilet which is locked and nobody knows where to find the key, or the rude stares from people as you pass by, the person on the receiving end gets the clear message that they are a nuisance and not welcome.

YOU have the power to change that, within your own circle. You can be the change in your family, your neighbourhood, worship group, book club, sports team and many others. By changing your own attitude, you will be a catalyst of change amongst all who come into contact with you.

Organisational Development

Western Cape APD staff attended an Organisational Development Workshop from 1-3 March 2016 facilitated by James Taylor from the Community Development Recourse Association focused on **Looking Back** and creating a shared picture of ourselves as an organisation. We were able to look back to when the organisation was first established in 1937, when it was known as Cape Cripple Care, right up to the organisation we now know as Western Cape Association for Persons with Disabilities.

We looked at **all** the significant changes over the years which impacted the organisation. We then went on to take a snapshot of the present organisation and looked at what lives in between and gives the organisation its character. The first day ended by identifying the strengths and weaknesses of the organisation and dissecting them with a focus on improvements.

The main theme of the second day was **Looking In and Out**, exploring what lies behind the picture, looking out at the world we serve and what is it asking of us. We began the day with a quick review of the previous day and then got straight into the programme. We asked some fundamental questions like, do we really want to change and if so, what do we need to change most?

All participants gave fantastic input, engaging in excellent exercises to allow our minds to think of creative solutions. We also looked at different ways of managing and organising ourselves and the work we do. We closed the first day by answering the questions what hat is changing in the world we serve? And what should the recipients of our services be asking of us?

On the final day we concentrated on **Looking Forward** and planning the change. We created a picture of the ideal future and then put pen to paper to set clear goals for the future of the organisation. We concluded the workshop by identifying those responsible for each step of the process and suitable time frames.

A committee was established to keep track of developments and monitor achievements going forward into 2017 and beyond, which meets from time to time to discuss developments and progress going forward.

Statistics

Types of Disabilities

MOBILITY

Stroke – Hemiplegia	375
Head Injury	101
Meningitis	33
Cerebral Palsy	165
Hydrocephalus	19
Paraplegia	290
Quadriplegia	141
TB Spine	22
Spina Bifida	71
Post Polio	106

INJURIES

Hand, Hip, Knee, Back	57
Osteoarthritis	28
Amputations: Upper Limbs	83
: Lower Limbs	141
Rheumatoid or Other	16
Congenital Disabilities	51
Multiple Sclerosis	33
Muscular Dystrophy	33
Dwarfism	5
Other (Guilliam Barre, Brachial Plexus)	36

NEUROLOGICAL

Epilepsy	89
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SENSORY

Hearing Loss or Deaf	66
Visual Impairment or Blind	76
Intellectual	519
Psychosocial	80
Multiple Disabilities	84
Other	209

Beneficiaries

AGE	Elderly 55+	524
	Adults 36-54	1231
	Youth 19-35	1119
	Children 0-18	910
	Total	3784

GENDER	Male	1340
	Female	2444

ETHNICITY	African	961
	White	156
	Coloured	2306
	Other	41

Impact

90 Peer Supporters made 37 545 interactions:

Individual contacts•	31 071
Group sessions•	1 187
Awareness activities•	988
Branch-related tasks•	1 345
Meetings & other•	4 415

Physical care	:	346
Basic needs	:	959
Health care	:	299
Education & training	:	547
Work & Employment	:	903
Social integration	:	569
Therapeutic services	:	1 634
Community resources/integration:		157

Special Care Centres	:	8
Residential facilities	:	2
Protective workshops	:	11

Staff

Social Work Supervisors	:	5
Senior Social Workers	:	2
Social Workers	:	39
Social Auxiliary Workers	:	7
Community Development Practitioner	:	1
Community Development Assistants	:	16
Directors	:	2
Occupational therapists	:	4
Day carers	:	56
Programme Implementers	:	9
Workshop Managers	:	12
Workshop supervisors	:	3
Finance and Administration	:	46
Awareness	:	3
Human Resource	:	1
Fundraising	:	2

TOTAL 208

Views of Service Providers

ON SERVICES RENDERED TO PEOPLE WITH DISABILITIES

Marianne Strydom

ABSTRACT

The study was initiated because a welfare organisation delivering social work services to people with disabilities, was investigating the possibility of developing a family preservation programme. Family preservation is the primary model utilised by social workers when rendering child and family social work services where children are abused and neglected. The aim of the investigation was to determine the views of service providers about the services delivered to persons with disabilities in order to determine the possible content of a family preservation programme in the field of disability. It was found that obstacles like limited people power and funds placed serious constraints upon services delivered to people with disabilities. However a clear link between the aims of family preservation services and the needs of families caring for a relative with a disability has been established.

INTRODUCTION

The World Health Organisation reported that about 40 per cent of Africa's population consist of people with disabilities, with 10 – 15 % being children of school-going age (Chitereka, 2014). In South Africa specific data about the nature and incidence of disability are lacking (Department of Social Development, Department of Women, Children and People with Disabilities & UNICEF, 2012; Graham, Selipsky, Moodley, Maina & Rowland, 2010), although the Committee of Inquiry into the Comprehensive System of Social Security (CICSS, 2002) estimated that 16% of the South African population are either disabled or are living in a household with a disabled person (Cathiram, 2008). It is estimated that between 1% and 1,8% of employed people in South Africa have a disability (CASE 1999; Maja, Mann, Sing, Steyn & Naidoo, 2011; Statistics South Africa, 2001; White Paper on Integrated National Disability Policy, 1997). This means that the majority of people with disabilities depend on a social disability grant for survival. Graham et al. (2010) rightly state that people who contend with disabilities in South Africa face a range of challenges, mainly because they are often living in poverty.

BACKGROUND TO THE INVESTIGATION

Various organisations and professions in South Africa render services to persons with disabilities. NGOs delivering social work services form part of these organisations. Research in SA found that 31% of respondents with a disability indicated that a social worker was the predominant form of social support available to them (Graham et al., 2010), while young people with disabilities seem to be more aware of social workers than of home-based carers, community rehabilitation workers and rehabilitation therapists (Lorenzo & Cramm, 2012). Social workers are thus important role players in service rendering to people with disabilities.

The study was initiated because a welfare organisation delivering social work services to people with disabilities, was investigating the possibility of developing a family preservation programme for people with disabilities. Family preservation is the primary model utilised by social workers when rendering child and family social work services where children are abused and neglected. The aim of family preservation is to prevent the statutory removal of children by increasing the coping skills of families through strengthening family bonds and facilitating the family's utilisation of formal and informal resources, thereby improving the functioning of the family (Al, Stams, Bek, Damen, Asscher & Van der Laan, 2012; Ryan & Shuerman, 2004:347; Tracy, 1995:980). These services and the possible link to social work in the field of disability will be discussed.

FAMILY PRESERVATION SERVICES AND DISABILITY

Family preservation services consist of different types of services such as family support services and family-centred services (Pecora, Fraser, Nelson, McCroskey & Meezan, 1995:xix; Tracy, 1995:974). Family support services refer to the resources as well as supportive and educational services that should be available to parents in communities. The focus of these services is on giving families access to services or networks in communities to enable and support them to care for their children (Chaffin, Bonner & Hill, 2001; Pithouse & Tasiran, 2000; Warren-Adamson, 2006). Parent education programmes, feeding schemes, play groups, and school- or community-based resource centres are examples of such services (Armstrong & Hill, 2001:351; Pierson, 2002:81; Tracy, 1995:974).

People with disabilities need a variety of services from community agencies and the role and task of social workers are to link them with these community resources, as well as raising awareness in communities on issues of disability (Chitereka, 2014). With regards to children with disabilities, community-based support should be available to parents, care-givers and community members (Philpott & McLaren, 2011). Families, living with a family member with a disability, should thus have access to community-based support programmes such as home-based care and support groups.

groups. Another family preservation service is family-centred services. Through these services social workers attempt to prevent the family's problems and needs from reaching crisis proportions. The intervention consists of therapeutic services like counselling and educational services such as the development of skills in family members (Cash & Berry, 2003; Juby & Rycraft, 2004; Martens, 2009; Mullins, Chueng & Lietz, 2011). Concrete services such as assisting and enabling families to obtain housing, providing food and clothing and engaging family members in life skills programmes or empowering them to utilise community resources are included in the rendering of family-centred services. (Maluccio, Pine & Tracy, 2002; Mullins et al, 2011; Tracy, 1995).

When rendering social work services to people with disabilities, social workers provide counselling to enable adjustment to the disability, inter alia by focussing on various problems of a personal and interpersonal nature. Social workers will include the family in counselling where necessary to facilitate understanding of the nature of the disability, to support the person with a disability, as well as to improve the capacity of care-givers (Chitereka, 2014).

It is clear that family preservation services when applied to people with disabilities would focus on enabling the family to care effectively for the family member with a disability and on fully utilising community resources. Services should focus on proper care of the person with a disability within the family unit, or with no other option, but to have the person with a disability admitted to a residential facility. Within this context the focus of this paper is to present the views of service providers on services rendered to persons with disabilities, as well as the obstacles experienced in service delivery, to determine the possible content of a family preservation programme.

1. Greatest obstacles experienced by organisations when rendering services to persons with disabilities

The following were identified as the greatest obstacles in service delivery:

- (a) Insufficient funds in the organisation
- (b) Insufficient community resources

2. The experiences of service providers with regards to the involvement of family members with a person with a disability in the household

Family preservation is focused on the effective care of children within the family. Intervention therefore includes the strengthening of family bonds. In South Africa people with disabilities are mostly cared for in the family home. The sub-themes that developed were:

- (a) Varying involvement of family members
- (b) The family is ignorant about the disability
- (c) Insufficient resources in the family to support the person with a disability

3. Problems which service providers observe when persons with disabilities are cared for in their families

The participants were asked to describe the problems service providers observe when persons with disabilities are cared for in their homes. The sub-themes:

- (a) Lack of care and supervision
- (b) The family lacks the financial resources needed to provide care
- (c) Abuse of persons with disabilities

CARE OF PERSONS WITH DISABILITIES IN RESIDENTIAL FACILITIES

The focus of family preservation is on keeping the child within the family, although in certain situations it could be in the best interest of the child to be placed in alternative care. Similarly there could be situations where it is in the best interest of the person with a disability to be cared for in a residential facility.

1. Views on why persons with disabilities should be cared for in residential facilities rather than at home

The participants were asked to supply reasons why persons with disabilities should be cared for in residential facilities, rather than at home. The sub-themes are discussed below:

- (a) Higher quality of care
- (b) Overall development of persons with disabilities
- (c) The family is unable to care for the person with a disability

FOCUS OF FAMILY PRESERVATION PROGRAMMES FOR PERSONS WITH DISABILITIES

The participants were requested to indicate what the focus of a family preservation programme for persons with disabilities should be. The data obtained are:

- (a) Care of person with a disability
- (b) Support of the family
- (c) Development of resources in the community

CONCLUSION

The care of persons with disabilities in their homes is adversely affected by insufficient funds in organisations, insufficient finances in families and insufficient resources in communities. With regards to the development of a family preservation programme, it appears that there is a need with regards to the following aspects:

- The empowering of families through training programmes to develop skills and to enable family members to care for disabled family members at home;
- Support for the family through counselling to promote a good relationship and an understanding between the family and the person with a disability and thereby improve the family's management skills of the specific disability, and strengthening of the family bonds.
- Developing community resources to support the family and the person with a disability, to integrate them effectively into the community.

NGOs delivering social work services to people with disabilities will however not be in a financial position to develop and implement family preservation programmes as it has already been established that they do not have the financial means to sustain existing programmes effectively. These organisations could however enhance service rendering by including family preservation principles in their current in-service training of social workers, as well as their existing programmes, as a clear link between the aim of family preservation services and the needs of families caring for a relative with a disability has been established.

Success Stories – Juliana

Tell us a little about yourself Juliana?

I am **Juliana Plaatjies**, a 52-year-old woman from Oudtshoorn, a Peer Supporter and I serve on the Boards of Oudtshoorn APD, Western Cape APD and the Bridgton Clinic.

How did you become disabled & what effect did it have on your life?

I was in a motor vehicle accident on 28 April 1998 sustaining damage to my neck resulting in C4 quadriplegia and spent 6 weeks in a coma and 1 year in hospital due to paralysis. The accident changed my life radically. I was dependent on family and friends and the previously upbeat person changed to an embittered one. I didn't want to engage in the community, sat at home day after day, and only went out to doctors' appointments or church. I didn't want to hear the word "disabled" because I was not born like this and would recover. The road was not an easy one as I felt that I was of no use to society and would spend the rest of my life in a wheelchair, and led the life of a recluse, remaining in my pyjamas for the entire day.

Then you come into contact with a Peer Supporter of Oudtshoorn APD. Tell us how that happened.

After my husband's death, I stayed with my sister and her husband, who always encouraged me to continue trying and go back to doing things. A lady came to visit and talk about church matters, who was also the social worker at Oudtshoorn APD. I sent her packing as I did not see myself as having a disability. Then I received a visit from Eshida, the Community Worker for Oudtshoorn APD, and since I know her, we had a great time chatting, until she also began talking about APD's activities and services and encouraging me to get involved – I was furious! She could say what she liked, APD would never see me on their doorstep! The following day, Charmaine Williams, a Peer Supporter at APD, came knocking. At this point, I decided I may as well hear what she had to say.

In what ways did the Peer Supporter support you?

Charmaine began telling me about her disability, and at that moment I was curious and wanted to hear her story, but I made it clear that I do not have a disability! She came every week but I sometimes avoided her as I still had not accepted my situation. Charmaine discovered that I attended a prayer group every Tuesday morning, so she arrived to collect me, saying we would go together. I remember thinking "This woman is persistent!" but she would not give up on me. They invited me to the Hermanus Wheels & Runners event and Charmaine and Eshida explained away every excuse I could think of, until I had no choice but to go along.

It was an eye opener for me. I saw people with severe disabilities participating in games and events and decided right there to get involved. I became the receptionist at Oudtshoorn APD although my sister had to teach me to write with my left hand.

Tell us a little about how you are become a Peer Supporter and why?

Our occupational therapist asked if I wanted to be a Peer Supporter, and seeing what a difference Charmaine had made in my life, I agreed immediately. I know the pain, hurt, bitterness, loneliness and frustration of someone who has become disabled and I want to help, support and encourage them, to help them back into society.

The Peer Supporter knows the road you are about to travel and can support you along the way with their experience.

Where are you in your life today Juliana, compared with your life before disability?

Some days I pinch myself and ask "Is this really you, Juliana?" So many changes have happened over the last 6 years, I meet many different people, go to different places and have even been in an aircraft! The more I get involved, the more recovery sets in. My life today compared to pre-disability? I am a more thankful and grateful person.

What is your message to people with disabilities?

There is hope after disability. Work with your occupational therapist, do your physiotherapy exercises, try again, get involved in organizations for persons with disabilities, be positive, accept your disability or situations, change your mindset, believe in yourself and have a positive self-image. Do not let people pity you or feel sorry for you, and appreciate the support of family and friends.

*After meeting with APD, your life will never be the same again!
Today I can say that I am a PROUD DISABLED WOMAN!*

Success Stories – Gregson

Accessibility

Gregson Cahl was virtually confined to his house until his life was made easier with the recent addition of a ramp at his home; with the help of an anonymous benefactor.

He became disabled (quadriplegic) after a motor vehicle accident in 2002. After the accident he lost his mobility and was bedridden and could not participate in any activities. Since the ramp was built, he received a motorized wheelchair and has since then been much more independent. Gregson registered for computer training as well as a training course in enterprise development with the help of another benefactor.

Accessibility needs for our clients remain a high priority.



A Word from the Treasurer

Analysis of Income 2015/2016

SOURCE OF INCOME	'15/'16 - R	%	'14/'15 - R	%
Trusts fund and Bequests	875,544	20	689,432	19
Grants and Subsidies	2,314,034	52	1,784,307	50
Fundraising	437,826	10	463,221	13
Investment income	537,774	12	550,303	15
Donations	31,343	1	9,597	0
Other income	222,786	5	105,593	3
Total Income	4,419,307	100	3,602,453	100

Analysis of Expenditure 2015/2016

EXPENDITURE	'15/'16 - R	%	'14/'15 - R	%
Staff expenses (professional and support staff)	4,054,634	79	3,311,364	73
General administration expenses	952,129	19	1,051,247	23
Roll-In-Shop	0	0	102,493	2
Wear and tear of fixed assets	118,076	2	94,481	2
Total Expenditure	5,124,839	100	4,559,585	100

NET DEFICIT FOR THE YEAR

(705,532)

(957,133)

Application of Funds at 31 March '16

APPLICATION OF FUNDS	'16 - R	%	'15 - R	%
Fixed assets	5,405,030	23	1,924,242	9
Investments at market value	12,061,242	53	17,940,111	79
Money market investments & bank accounts	3,665,456	16	1,432,547	6
Net other current assets	1,831,693	8	1,318,251	6
Total	22,963,421	100	22,615,151	100

Comments on the summarised annual financial statements

Looking at the 2016 result it is clear that the, Western Cape Association for persons with disabilities, through its directors and staff, continue to take very bold steps into protecting the future of our organization.

INCOME STATEMENT

The net deficit for the 2016 financial year amounted to **R705 532**, against a deficit of **R957 133** during 2015. Each year the deficit is financed with the fair value adjustment of investments and profit on sale of investments. This fair value adjustment of investments and profit on sale of investments was **R1 489 558** during the 2016 year.

Income increased by **R816 854** to **R4 419 307** and the expenditure increased by **R565 254**, to **R5 124 839**.

The increase in income is mainly attributable to the increase in income from Trusts and Bequests and subsidies received.

Gross staff expenses increased by 22% during the 2016 year. The percentage increase in staff expenses is in line with the percentage increase in the subsidy received from the Department of Social Development. General Administration expenses decrease by **R99 118** (9%) during the '16 year.

BEQUESTS

Trust Funds and bequests amounting to **R875 544** were received during the year. ('15: **R689 432**)

BALANCE SHEET

The market value of the investments amounted to **R12 061 242** at 31 March 2016. ('15: **R17 940 111**).

Money on Money Market investments and in bank accounts was **R3 665 456** on 31 March 2016.

Chris Botha
Treasurer

How can you help?

- Motivate your colleagues to sign up for payroll giving
 - Let us have your children's old toys, books & puzzles for our day care centres
 - Wood offcuts lying around in your garage can be used in our workshops
 - Keep an eye on our wishlist & see where you can help
 - Place a link to our website on your e-mail signature
 - Collect bric-a-brac in your neighbourhood for our opportunity shops
 - Connect with us on Facebook & Twitter
 - Select us as a beneficiary on your MySchool card
 - Challenge your sports team or group to participate in a sporting event for our cause via GivenGain
- Send your furniture to us for reupholstery
Volunteer your skills or time
Give in memory of a loved one
Donate your birthday gifts
Gift your shares
Leave a legacy

Acknowledgements

Partners

National Council for Persons with Physical Disabilities in South Africa
Cerebral Palsy Association of the Western Cape
Muscular Dystrophy Foundation—Cape Branch
Western Cape Forum for Intellectual Disability
QuadPara Association of the Western Cape
Afrikaanse Christelike Vroue Vereniging
Western Cape Network on Disability
Western Cape Rehabilitation Centre
Inclusive Education Western Cape
National Institute for the Deaf
Multiple Sclerosis Society
Institute for the Blind
Cape Mental Health

Funders

Western Cape Department of Social Development
National Lottery Distribution Trust Fund
Community Chest Western Cape
Power Group
Woolworths
Suzuki
ER24

Affiliates

Autism Western Cape
Parkinson's Association
SA Haemophilia Foundation

Branches

Beaufort West APD - 023 415 1650
Bergrivier APD (Veldrif)- 022 783 0420
Bethesda Hout Bay - 021 790 7037
Breede Valley APD - 023 347 2002
Cape Town APD - 021 637 1204
Drakenstein APD (Paarl) - 081 463 2068
George APD - 044 878 0063
Goukam Neuro. Life Assn - 028 713 4130
Helderberg APD (Stellenbosch) - 021 882 8852
Hessequa APD (Heidelberg) - 044 873 4959
Jo-Dolphin Swartland APD (Malmesbury) - 022 486 4186
Knysna APD - (044) 385 0126
Moorreesburg APD- 078 137 0045
Mossel Bay APD - (044) 690 3204
Ocean View APD - (021) 783-1274
Olifantsrivier APD - (027) 213 5764
Oudtshoorn APD - 044 272 2106
Overstrand APD - 028 315 1025
Paarl Stimulation Centre - 021 862 7113
Robertson House (Milnerton) - (021) 551 3780
Die Sterreweg (Plettenberg Bay) - (044) 533 2639
Tembaletu Day Centre (Gugulethu) - (021) 633-2100
Tygerberg APD - (021) 592-4173
Wallace Anderson Home (Riversdale) - (028) 713 3626
West Coast APD (Saldanha) - (022) 714 4579
Witzenberg APD - (023) 312 3935



**WESTERN CAPE
ASSOCIATION FOR
PERSONS WITH
DISABILITIES**

TM: WCAPD

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