

## Timeline:1923

### A Fund for Disabled Children

It was in Cape Town, the Mother City of the Republic that the community first showed that it was aware that physical disability created problems which could be prevented if the necessary services were provided.

As early as 1923 the Society for the Protection of Child Life in Cape Town, aware of the lack of services for the physically disabled, instituted a fund to provide splints and surgical requisites for disabled children. There was a very limited number of beds available in the general hospital for orthopaedic cases, and the Society was alarmed at the number of bone tuberculosis cases not being treated.

The fund instituted was administered by a Committee which became known as the Invalid Children's Aid Committee. This acted as a sub-committee of the Society for the Protection of Child Life until 1944 when it became an autonomous body known as the Invalid Children's Aid and Maitland Cottage Home Society.

#### **Timeline:1936**

The Lady Michaelis Orthopaedic Hospital



In 1929 this committee rented two cottages at Maitland with the object of providing care for children with bone tuberculosis while waiting for hospital beds. In 1952 a new well-equipped hospital was built at Newlands to accommodate 85 children. In 1954 the name was changed to Maitland Cottage Home Society.

In 1926 Lady Michaelis opened her home in Plumstead as an orthopaedic hospital with 48 beds. This home was taken over by the Provincial Administration in 1933 and has continued to provide full orthopaedic treatment to children under the age of 16.

The public was becoming more and more aware of the need for additional institutions. As a result of an appeal by the Cape Hospital Board, the Women's Hospital Auxiliary was formed under the patronage and leadership of her Royal Highness, Princess Alice of Athlone.

Money was collected, the Princess Alice Home was built and handed over fully-equipped to the Cape Hospital Board in 1932. This institution provided 72 beds for children up to the age of 18 years. Development of facilities continued to take place until it reached the status of a fully-fledged orthopaedic hospital, the Princess Alice Orthopaedic Hospital. Unfortunately, due to State financial constraints, both hospitals were closed in 1997.



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# 70

Years



## Timeline: 1936

### St Joseph's Home Opened

In 1936 St. Joseph's Home in Phillipi was opened by the Pallotine Missionary Sisters to provide mainly for chronic cases. Accommodation for 60 beds for children up to the age of 18 years was provided, and later a further 25. This institution was subsidised by the Provincial Hospitals Department in respect of hospital patients and by the Welfare Departments in respect of children in need of care according to the Children's Act. Facilities for schooling are provided under the Education Departments.

At the same time as these developments were taking place facilities in general hospitals were improving. After the Groote Schuur Hospital was opened in 1938, the Somerset Hospital included an Orthopaedic Department. The Orthopaedic Department at Groote Schuur Hospital expanded.

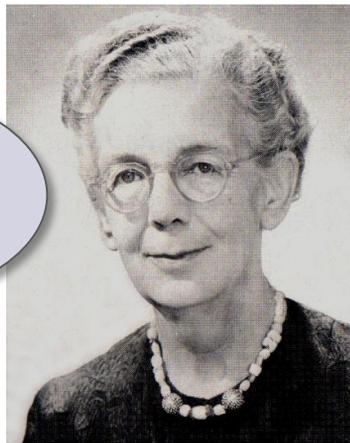
The Karl Bremer Hospital was opened in 1956 and Tygerberg Hospital in 1976. Other general hospitals such as Woodstock and Victoria Hospital admitted orthopaedic patients.

In 1935 a fund was established in memory of Dr. Pieter Moll, the father of orthopaedic surgery in this country. This became known as the Pieter Moll Aid Fund and was designed to further the treatment of all physically disabled by financially assisting all research projects into orthopaedic problems generally, and the training of doctors and specialists.

It assisted in the establishment of a Chair of Orthopaedics at the University of Cape Town. In 1955 Prof. C.E. Lewer Allen, an Honorary Vice-President of the present Western Cape Association for Persons with Disabilities became the first Professor of Orthopaedics in the country.

#### **Timeline:1937**

Mrs H.C.Horwood  
Co-founder of the  
Cape Cripple Care  
Association



By 1937 hospital accommodation had been provided but there was no system in place for contacting cases, arranging for diagnosis and subsequent after-care for patients who were discharged from hospital.

The need for a co-ordinating body was strongly felt and it was for this reason that those interested in the problem and, in particular, Dr. Pieter Roux and Mrs H.C. Horwood formed the Cape Cripple Care Association on the 25 February 1937, with Mr J.B. Kipps as its first Chairman.



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## Timeline: 1937

### Cape Cripple Care Association Founded

The functions of this Association were set out as follows –

- to co-ordinate and correlate the work of the different societies, committees, departments and institutions already engaged or interested in Cripple Care Work in the Province and to prevent overlapping in their sphere of activity;
- to formulate general policies and to promote and support measures for the early discovery and prompt and efficient treatment of children who might otherwise become cripples;
- to promote schemes for the education, treatment, employment, training and general welfare of cripples;
- to encourage where necessary the formulation of local associations to carry out these objects;
- to be the official channel for communication in matters of general policy between constituent bodies and the Provincial Authorities and between constituent bodies and a National body;
- to generally concern itself with all matters and questions relating to the care of cripples and the prevention of crippling conditions.

The establishment of the machinery for early diagnosis, hospital treatment and after-care for all sections of the community regardless of their “ability to pay” was the first function of the Association. It was difficult to move rapidly with very limited funds available and a small staff.

Fortunately for South Africa, Lord Nuffield made a gift of £100 000 to the country with the object of stimulating government, public and private interest, action and enterprise, and generally awakening South Africa to the urgent needs of its cripples which were assessed in 1937 to be 30 000.

**Timeline:1937**  
Lord Nuffield's generous gift helped form a national body.



In order that this magnificent gift might be properly controlled and wisely and justly spent, the Cape Cripple Care Association decided that the time had come to form a National body to fulfil this task.

A conference was called in Cape Town in June 1939, and the result of the conference was the establishment of the National Council For The Care Of Cripples In South Africa. Dr. (Mrs) J.E. Conradie became its first Chairman. The main object of the National Council, as defined in its Constitution, was to ensure a National Orthopaedic service for cripples and to co-ordinate and correlate the work of the different Associations, Departments and Institutions engaged in this work.



**70**  
**Years**



## Timeline: 1948

# Orthopaedic Appliances

One of the first problems which faced the Association in its attempt to follow up cases was the delay in obtaining orthopaedic appliances for indigent patients. The State Department of Health was responsible for the supply of rehabilitative appliances and the authority for the payment of such appliances was given at Head Office in Pretoria.

This procedure caused delays and thus prevented a completely efficient service to the disabled. In 1948 the Association took over the ordering of these appliances so as to ensure the minimum of delay. A special orthopaedic clerk was appointed for this purpose. The local authorities co-operated and agreed to authorise the making of appliances on the recommendation of the social workers. This did not, however, apply to authorities for artificial limbs. The local Welfare Department agreed to accept reports from the Association's social workers without insisting on re-investigation.

**Timeline:1948**  
Supplying  
orthopaedic devices  
for the indigent.



The need for the supply of wheelchairs to the immobile physically disabled became evident at an early date. Through donations and purchases the Association acquired 150 wheelchairs which were hired out at a nominal rental or in some cases free of charge. The State Department of Health assisted by allocating chairs to indigent patients and thus freeing a greater number for use by temporarily disabled persons and those who could not afford the purchase of a new chair.

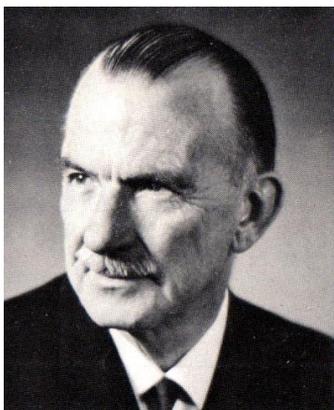
In April 1980 Provincial Hospitals assumed the responsibility for allocation of orthopaedic appliances and technical aids to those physically disabled (a) not covered by medical aid and (b) whose income did not exceed a certain level. The 1987 income limit was R450 per month and where possible, patients were required to contribute an amount equal to 10% of their monthly income towards the cost of such aids.

These aids remained the property of the hospital and were returned once the individual no longer required them. In most instances, applications for wheelchairs and walking aids were dealt with via the social work department of the hospital. Disabled people whose income exceeded R450 per month obtained aids and appliances from commercial suppliers of specialised aid and equipment.

# Orthopaedic Appliances - continued

Despite these improvements in supply over the years, many problems related to the acquisition, selection and use of suitable aids and other products have been identified. Some of these problems are -

- High cost of aids and appliances;
- The consumer is often not aware of the range of products available on the market;
- Many consumers do not know who the suppliers of such products are or how they can be contacted;
- Researching a particular type of product is an extremely time-consuming process, particularly when the product is not available on the South African market;
- Consumers may purchase or hire products which are not the most suitable solution to a particular problem nor the most economic;
- Many individuals and institutions have equipment which is not in use either because they have not received adequate instruction or training, or because the correct item was not selected in the first place;
- No single health care worker can be expected to have a thorough knowledge of all products available;
- High cost of repair and maintenance of aids and appliances.



Prof. B. Bromilow-Downing

In order to circumvent some of these difficulties, the Association continued to operate a limited service for hiring various aids, primarily wheelchairs.

In addition, maintenance and repairs of State-aided wheelchairs were undertaken via Rosedon Work Centre, the protective workshop for persons with Cerebral Palsy as well as other persons with physical disabilities.

The Association also established the Bromilow-Downing Independent Living Centre, named after the late Prof. B. Bromilow-Downing, who piloted the establishment of the Centre, which was officially opened on 16 July 1985. Despite repeated attempts to secure a State subsidy for the Centre, the Association could no longer carry the costs, and made the sad decision to close the Centre on 31 March 1994.

One-off aids or modifications to aids are required when –

- (a) No aid which specifically matches the needs of the individual is available commercially;
- (b) An existing product requires modification to suit the needs of the individual;
- (c) Where the price of a commercial product is so high as to put it out of reach of the individual requiring it.

In order to meet this need, Volcare, an organisation whose objects include the design of required aids, was launched in 1982. Originally registered as an Incorporated Company not for Gain, Volcare applied to the Association for branch status, and functioned as a branch for 24 years. Unfortunately, Volcare was dissolved in 2006 as a result of an influx of commercial enterprises with the same aim, effectively putting them out of business.



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Years



## Timeline:1948

### Orthopaedic Clinics

In 1948 as a result of the efforts of the then Chairman, Dr. Norah Roux, five urban clinics were established at Aspeling Street, Wynberg, Bokmakierie, Windermere and Vasco with financial assistance from the National Council.

This network of clinics in residential areas proved to be so successful that the Provincial Administration was persuaded to take them over in 1949. As a result of development in Bellville another clinic was opened in 1958. In 1950 rural clinics were established at Worcester and George on a quarterly clinic session basis with aftercare orthopaedic nurses providing the necessary medical supervision between clinics and home-nursing where necessary. The Beaufort West orthopaedic clinic was opened in 1955.

The Paarl Committee of the Association assisted with the establishment of an orthopaedic clinic at the Paarl Hospital. The first clinic was held on 16 November 1962. The Provincial Administration provided accommodation at the hospital, the services of an orthopaedic technician and the temporary services of an orthopaedic nurse to guide the voluntary staff who organised the clinic. Paarl community assisted in carrying the costs of this undertaking. In similar vein, 1963 heralded the establishment of an orthopaedic clinic at Oudtshoorn.

#### Timeline:1967

Eben Dönges Hospital was opened in 1967 in Worcester, the major town in the Boland/Overberg Region approximately 100km from Cape Town.

The hospital serves a population of 480 000 and renders high quality specialist services in all the major clinical departments.



The opening of the Eben Dönges Hospital at Worcester with the provision of orthopaedic clinic sessions as part of the hospital service lifted a heavy financial burden from the Worcester Association which had been responsible for the orthopaedic medical services for many years. The post for a district orthopaedic nurse to work from the hospital was created in September 1968.

## Timeline:1981

### Orthopaedic Nursing Service

A domiciliary orthopaedic nursing service which was started in the Cape in conjunction with the network of clinics not only provided the very necessary aftercare and medical supervision, but also saved hospital beds by providing treatment at home.



70  
Years



# Continued...

## Orthopaedic Nursing Service

The Cape Provincial Administration ultimately assumed responsibility for all these clinics. In 1981 when restructuring the service in the Western Cape, the Administration opened five additional clinics in Caledon, Stellenbosch, Malmesbury, Vredenburg and Vredendal. In addition, the domiciliary orthopaedic nursing service was extended.

As there was no training in this country at the time, this service was started with imported staff. In 1945 our National Council instituted a one-year course in orthopaedic nursing in collaboration with the Union Department of Health and the Cape Provincial Administration.

**Orthopaedic nursing** is a nursing specialty focused on the prevention and treatment of musculoskeletal disorders.

Orthopaedic issues range from acute problems such as fractures or hospitalization for joint replacement to chronic systemic disorders such as loss of bone density or lupus erythematosus.

Orthopaedic nurses have specialized skills such as neurovascular status monitoring, traction, continuous passive motion therapy, casting, and care of patients with external fixation.



Mrs H.C. Horwood, the Chairman of the then Cape Cripple Care Association, was largely instrumental in bringing this about and acted as Chairman of the Nursing Committee in Cape Town.

The Cape Provincial Administration then took over the provision of this service. Training of one year's duration for a diploma in Orthopaedic Nursing was offered at Princess Alice Orthopaedic Hospital.



# 70

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## Timeline:1963

### Paraplegic Unit

As a result of approaches by the Rehabilitation Committee of the Association and Professional Personnel of the Hospitals Department, the Administrator of the Cape Province approved the establishment of a Paraplegic Unit at the Conradie Hospital in June 1963. The Association initially seconded one of its social workers to the centre on a part-time basis who worked in close collaboration with the medical team at the centre. Shortly after its establishment, two paraplegics were placed in employment in the open labour market.

In addition, hospitals established physiotherapy and occupational therapy services also appointed hospital social workers. A school of Physiotherapy was opened at the University of Cape Town in 1958 and a school of Occupational Therapy at the University of Stellenbosch in 1961. Subsequently, schools of Physiotherapy were opened at the Universities of Stellenbosch and the Western Cape, and schools of Occupational Therapy at the Universities of Cape Town and Western Cape.

Wheelchairs of today and yesterday.



## TimeLine:1964

### Social Work Services

In 1964 the Association noted that the medically rehabilitated paraplegic being discharged from the Paraplegic Unit in Pinelands presented a much greater social problem than the average case dealt with by the Association until then. They relied on special wheelchairs for their mobility, special facilities in their homes to enable them to be independent and very few were able to use public transport.

When our Association was established 70 years ago, the main concern was the medical care and aftercare of persons with disabilities. This remains an important sphere of work in preventing permanent disabilities, but the emphasis today is on enabling persons with disabilities to live as independently as possible within the community.

For this reason, at the same time as the development in clinic and medical aftercare services was taking place, the Association was building up a staff of social workers to guide clients through the available services and assist in the identification of challenges facing persons with disabilities in the community.

## Timeline:1970

### Architectural & Attitudinal Barriers

Medical rehabilitation must be accompanied by social rehabilitation in order to achieve maximum functioning of persons with disabilities. Social challenges could involve attitudes and relationships within the family or the larger community. It often happens, however, that the child or adult with a disability is unable to function to his maximum potential without alteration to the physical and social environment. This alteration involves the provision of special services in the community. The attention of the Association has been given to developing these community resources as well as ensuring that existing services are maintained.

In the early 1970's the Association concentrated its attention on adjusting the environment in such a way as to enable persons with disabilities to live more independently in the community – the problem of architectural barriers was brought to the attention of the authorities and the general public. The St Giles Association obtained the co-operation of the Lions Club to carry out a survey of Cape Town in order to publish a handbook giving details on the accessibility of buildings to persons with disabilities.

The campaign against environmental barriers continued. The Cape Town City Council was persuaded to draft regulations providing special parking facilities for drivers with disabilities. These were instituted in 1975 and have subsequently been expanded to include other local authorities.

#### **Timeline:1984**

The Cape Town City Council passes a by-law controlling parking bays for the disabled.



An Access Committee composed of persons with disabilities was formed in August 1978. They negotiated with the Cape Town City Council and were successful in persuading them to ramp the pavements at shopping areas over a period of time. The Committee continued its work, and in 1983 the Cape Town City Council agreed to issue parking discs to drivers with disabilities. These discs replaced the parking meter hood previously used. Persons using discs park free of charge for an unlimited time in ordinary parking bays, as well as in parking bays specifically demarcated for use by persons with disabilities.

This was followed in 1984 by this Council constituting a by-law making it a legal offence for any person other than a disc holder to use demarcated parking bays. Unfortunately, due in part to both public ignorance and misunderstanding, these bays are often utilised by able-bodied persons. The Traffic Department do not have the manpower to monitor the use of these bays, so it remains our duty to inform the public of the reason for their existence.



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## Continued: Architectural & Attitudinal Barriers

In 1985 the Access Committee worked closely with a group of persons in Stellenbosch interested in forming an active committee to promote access in the town of Stellenbosch. This group 'Aksie Toeganklikheid' operated as a sub-committee of the Association, and contributed valuable work.

In conjunction with Disabled People South Africa, the Committee continued to strive for legislation on access and inclusion of specifications in the National Building Regulations and Building Standards Act. This was finally achieved and gazetted in April 1986. Implementation of access features in all public buildings is now mandatory but requires continuous vigilance and encouragement to ensure total access for the future.

## Branches

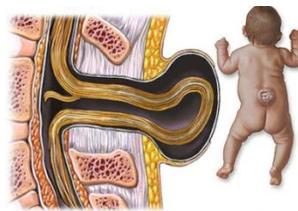
Apart from the services rendered by the Provincial office, the Association has been dependent upon its registered Branches to provide for the needs of persons with disabilities in their respective areas. Branches either provide services in a given geographic area or are registered for a specific function. By 1986, the number of registered Branches had climbed to 11, each run by its own Management Committee and enjoying separate legal status.

**The Association for Spina Bifida and Hydrocephalus** began as a support group for persons affected by the condition that met at Red Cross Children's Hospital on a monthly basis to discuss mutual problems and seek solutions to their problems.

### What is Spina Bifida?

Spina bifida comes from the word for 'split spine' in Latin. It is one of a class of serious birth defects, called neural tube defects (NTDs), which involve damage to the bony spine and the nervous tissue of the spinal cord. Some vertebrae of the spine don't close properly during development and the spinal cord's nerves don't develop normally.

They are exposed and can be subjected to further damage. At birth, they protrude through the gap instead of growing normally down the bony spinal column. Nerve signals to most parts of the body located below the level of the 'split spine' are damaged and a wide range of muscles, organs and bodily functions are affected.



The hospital social worker informed the group that there were hundreds of persons affected by the condition, that many of them were impoverished and that there was much ignorance around the condition. It was then agreed that they consider forming a structured organisation with a constitution, registered with the Department of Social Welfare as a non profit organization. The Association for Spina Bifida and Hydrocephalus was officially launched on 26 November 1996. The entire membership of the Association consisted of a group of volunteers who were all otherwise employed.

## Continued: Branches

**Bergrivier APD** was established in June 1987. This was the spontaneous outflow of a few persons' enthusiastic and compassionate initiative from the communities of Velddrif and Laaiplek.

Two classrooms of the old deserted school came into use solely as a shelter for the disabled persons during the day

A Management Committee was elected and together with a Social worker from West Coast APD, the activities of the organisation finally got off the ground. Bergrivier APD became the first workshop to accommodate persons with disabilities on the West Coast! While several articles were manufactured, there was no urgency to the work and the workshop was regarded chiefly as a social group.

### Timeline:1981

The Ocean View Work Group was registered and began operating as a Protective Workshop



At the request of people with disabilities in **Ocean View**, two social workers in 1974 initiated an activity group to offer persons with disabilities in the community, activities of interest to add incentive to their daily lives.

Initially the group met once a week at the local civic centre and even as far back as 1974, volunteers were involved. They assisted with craft lessons and transporting members. One of the instructors was the retired manager from the Cripple Care Rehabilitation Centre in Athlone, now known as the Reable Centre. In 1981, with the backing of the then Cripple Care, the **Ocean View Work Group** was registered and began operating as a Protective Workshop.

In 1995 the **Olifantsrivier APD** was established and by 1997 they were registered as a branch and receiving supervisory support from the WCAPD, but without the services of a social worker.

Over the last 70 years, several sub-committees and Branches of the Association have since registered as welfare organisations in their own right. These include:

The **Arthritis Foundation** which was established as a Branch in June 1970 when it undertook to supply voluntary service to help persons with arthritis who need assistance in their daily living activities, i.e.:

- To ensure that every person with arthritis has adequate medical and paramedical attention;
- To study the size of the problem, the effect it has on productivity and to plan more adequate treatment centres with the authorities concerned;
- To encourage research;
- And to meet any other special needs for the person with arthritis.



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## Continued: Branches

The Arthritis Foundation (Cape) ceased to be a Branch of this Association on 31 March 1974. Their experience showed that social problems of persons with arthritis were being handled by the Association's social workers and that the need in the community was for funds for the development of specialised medical units and research. They still concentrate their efforts on this.

The **Western Cape Cerebral Palsy Association** (then Cape Province Cerebral Palsy Association) which started as a sub-committee of our Association has since established schools for educable children with cerebral palsy. In addition, they have established training centres for trainable children, protective workshops and a social work service.

### Cheshire Home

Cheshire Home is connected, by mission, to the international organization established in 1948 in England by Lord Leonard Cheshire, a World War II R.A.F. pilot who dedicated his life to helping others less fortunate.

In 1948, he turned his family home in Hampshire into the first Cheshire Home, taking in a war veteran whom he personally nursed. Word soon spread and others came seeking care and shelter.

Since then, 400 independently operated homes and service programs have been established worldwide, 9 in the United States.



A **Cheshire Homes Committee** was formed during 1967 with the object of providing hostel accommodation for persons with disabilities who required home help. Application for registration as a separate welfare organisation under the name "**Cheshire Homes of the Cape of Good Hope**" was made, but in the meantime the Committee acted under the aegis of the Association.

The Committee of the Cheshire Home of the Cape of Good Hope opened the first home for persons with disabilities in June 1968. This was a pilot scheme which offered accommodation to only four residents.

In 1957 the need for rehabilitation services to discharged patients with physical disabilities was identified. After contact was made with the Cape Town branch of the Cripple Care Association, Mrs. Jeanne Steytler and other interested parties, started fundraising to establish a branch that could service the Northern suburbs of Cape Town.

Mrs. Steytler and her friends started doing hospital rounds with her husband, Dr. Steytler, an orthopedic specialist of Karl Bremer Hospital, to gain a better understanding of the long term impact a disability would have on a person's life.

At first, social work services was rendered by the social worker of the Karl Bremer Hospital. Clients had to be transported to the hospital to see the social worker and it was not always possible.



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Years



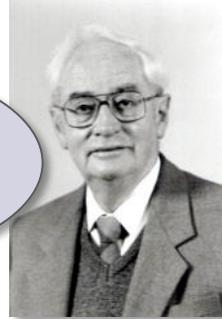
## Continued: Branches

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### Timeline:1961

Dr. Steytler, elected  
Chairperson of the Bellville  
branch of the Cape Cripple  
Care Association



In 1960 it became clear that that Bellville area needs it's own branch of the Cripple Care Association and in 1961 the branch was established. Mrs. Steytler was the first chairperson and her husband, dr. J.C.S. Steytler, was also chairperson of the branch. The social worker of the Cape Town branch rendered services to that branch. The original office was at 414 Hoboken Building, Bellville and in May 1973 the office moved to 307 Van der Stel Building, also situated in Bellville.

After much fundraising, the committee was able to appoint a secretary and a social worker. In 1973 the name of the organization changed to **Tygerberg Cripple Care Association** after it became clear that the name of the branch did not represent the area that was serviced by the branch.

In 1983 the name changed to **Tygerberg Association for the Physically Disabled** and in September 1999 the Association was affiliated to the Western Cape Association for Persons with Physical Disabilities.

The **National Foundation of Cheshire Homes** was registered as a separate welfare organisation in 1970. Cheshire homes of the Cape of Good Hope became a Branch of the National Foundation which was then affiliated to our Association.

Several years after the State approval of plans, money was allocated for the building of a 40 bed unit for several persons with disabilities in Milnerton. This opened in 1975. A 60 bed unit was opened in Hanover Park in 1983, and negotiations were underway for the establishment of a home in Guguletu, which opened some while later.

Over the years the services to persons with physical disabilities was extended. The **Miracles Protective Workshop** developed from a socialisation group to a state subsidised workshop. Since 1991 the workshop offered sheltered employment to persons with physical disabilities. Due to the lack of available and reliable public transport to persons with disabilities, two work groups were established in the service areas of Kleinvlei, Eerste River, and in Delft.



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Years



## Continued...

### Branches

Drs. Dommissie en Wilson realized the need for after-care for persons with disabilities in the Breede Valley area. Both of them being Rotarians, they encouraged and guided the Rotary Annes to establish a Social Relief Committee in 1951. Because of the expansion of their work the name changed to **Worcester Cripple Care Association** in 1953. Monthly clinics were held at the Municipal clinic, Waterloo Street. The first visiting orthopaedic surgeon, Dr. Comferal, was paid by the Association.

Funds were a constant problem, and fundraising always on the agenda. Their first fulltime social worker, Miss A. Möller, started in January 1975. The appointment of a social worker demanded an office, which the municipality provided at the old municipal office for R10 per month. The foresight of an erstwhile chairperson, Ms A.J. Louw, ensured that the Association occupied their own premises.

**Paraplegia** is an impairment in motor and/or sensory function of the lower extremities. It is usually the result of spinal cord injury or a congenital condition such as spina bifida which affects the neural elements of the spinal canal. The area of the spinal canal which is affected in paraplegia is either the thoracic, lumbar, or sacral regions. If the arms are also affected by paralysis, quadriplegia is the proper terminology.

### Timeline:1964

### Accommodation

Prior to accommodation being provided by Cheshire Homes, in 1964 the Association established a hostel for paraplegics because of the urgency of accommodating four single people being discharged from the Paraplegic Unit. The then Department of Coloured Affairs very kindly agreed to rent a cottage at the De Novo settlement at Kraaifontein to the Association for this purpose.

The Helpmekaar hostel and work depot was opened by the Association in 1965. This experiment at Kraaifontein to house paraplegics and keep them employed proved that rehabilitated paraplegics are able to be independent in their own home and can be over 50% productive provided that they are given suitable work and have no transport problems.

Subsequently, the Association opened Heide Street cottage, Athlone in 1976, the stepping stone for country residents towards independent living in the community. This cottage was occupied for many years by two paraplegics who were in employment and ran their own home. The Association has since sold the house to these ladies for a nominal fee and afforded them the opportunity of owning their own home.

West Coast APD opened a group home in 1985, leased from the Vredenburg Municipality and accommodated 6 persons with disabilities. It was a positive contribution towards the rehabilitation of persons with disabilities who experience enormous difficulties in country areas far from the epicentre of social and medical facilities. Unfortunately, this group home was closed in 2003 due to funding issues. Tygerberg APD likewise leased a home from the Municipality in which 8 persons with disabilities were housed, but this also closed.



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Years



## Timeline:1982

# Care Attendant Scheme

This is the promotion of the concept of independent living and thus the idea that persons with disabilities should have a choice of living in their own home or small group home rather than institutions raised the issue of availability of domiciliary services.

In 1982 the Association undertook research into the need for an Attendant Care Service. An Attendant Care Scheme is a scheme organised to provide care for persons with disabilities living in their own homes. A number of attendants are employed to assist persons with severe disabilities with personal care tasks.

Having proved the need, a pilot scheme was launched. Subsequent to the nine month pilot Attendant Care Scheme run in the Cape Peninsula, the Association assumed responsibility for an ongoing scheme. A modest scheme was initiated in 1986. Persons eligible for service should be aged between 16 and 60 years, have a severe disability, be medically stable and at a maximum level of independent functioning. Since March 1987 the Association has run the scheme in conjunction with Cheshire Homes and the Quadriplegic Association.

**Timeline:1986**  
A modest care attendant scheme was launched.



## Social Groups

The Association initiated social groups which started as sewing clubs for young girls with disabilities and developed into an entertainment club, a home industries club and a picnic club. These social groups expanded and were run by organisers employed by the Association with the able assistance of a band of volunteers.

## Protective Workshops

## Sheltered Employment

The real success of the schemes for persons with disabilities can be assessed to a considerable extent by the ability to place them in gainful employment. Being gainfully employed raises a person's self-esteem.

During the 70 years of its existence the Association has seen a noticeable improvement in the attitude towards disablement, both on the part of persons with disabilities themselves and on the part of able-bodied members of the public, although much remains to be done. There are employers who have found that "persons with disabilities in the right job" are an asset!

# **Timeline:1954**

## **Industrial Training Centre**

Social workers have, over the years, been confronted with the difficulty of placing persons with disabilities with a low standard of education in employment. CAFDA (then the Cape Flats Distress Association) encountered the same problem among applicants for relief. As a result of negotiations between the two organisations, the Industrial Training Centre was established at CAFDA in Retreat in 1954, with financial assistance from the National Council for the Care of Cripples in SA.

The then Department of Manpower agreed to subsidise the wages of these trainees and, although hampered by lack of finances, it was successful in training and placing people in the open labour market who would otherwise be dependent on State assistance.

Trainees from rural areas and those unable to use public transport were temporarily debarred from admission to this Training Centre at Retreat because of the problem of accommodation. The Cape Town City Council agreed to rent two attached cottages in Retreat to the Association. The opening of this hostel in August 1965 was a great step forward. This hostel was named after Miss Hilda Buyskes, one of our Honorary Life Members.

Workers with disabilities can become highly skilled & productive.



## **Rehabilitation Centre**

In 1967 the Association submitted sketch plans for a Rehabilitation Training Centre and hostel for persons with disabilities at Athlone to the then Department of Coloured Affairs together with estimates of costs. An application for a Housing loan for the erection of the hostel was made. This project was to incorporate or supplement the Industrial Training Centre and hostel at Retreat and the Helpmekeer hostel and Work Depot at Kraaifontein.

Negotiations with CAFDA who initiated and controlled the Industrial Training Centre since its establishment in 1954, resulted in a mutual agreement that the control be transferred to the Association as from 1 April 1969.

The Association is indebted to CAFDA for the valuable contribution they have made in the field of rehabilitation. The Industrial Training Centre and Norah Roux House were completed and occupied on 14 July 1972. The Centre became known as the Rehabilitation Centre and was subsidised by the Department of Health Services and Welfare (Representatives) and could accommodate 75 trainees.



**70**  
Years



# Continued...

## Rehabilitation Centre

In 1977, the Cape Town City Council made premises in Bonteheuwel available to the Association. These premises, known as “The Bridges” could accommodate nine males who had been placed in employment by the Centre and who had no families in Cape Town with whom they could live. This was another stepping stone towards independent living.

Residents were encouraged to find alternative accommodation in the community within a year. The Bridges exists today as the Taaibos Project and provides residential accommodation for 4 persons with disabilities.

1993 recorded the highest annual client intake since the inception of the Rehabilitation Centre. Sadly, the proportion of clients suffering from severe psycho-social difficulties was also greater than ever before, which was reflected in reduced therapy effectiveness. The challenge was for the Centre to reduce the cost of vocational rehabilitation without sacrificing the quality of the service being supplied.

## Sheltered Employment

Sheltered employment for ex-servicemen was provided by the then Department of Manpower since the Second World War when the problem of occupation for the discharged soldiers became evident. These facilities were extended to civilians with disabilities, and later to women with disabilities.

**Timeline: World War 2**  
Discharged soldiers returning from various conflicts created additional demands for sheltered employment



An old poster from the Second World War

## Protective Employment

The Annual Report of the Association for 1970/71 records that the need for provision of special sheltered employment schemes and the transport of persons with more severe disabilities remains a problem and prevents a large number of persons with disabilities from participating in the community to their full potential. This heralded the beginning of the Association’s involvement in more formalised protective employment for persons with severe disabilities.

The Association opened a small protective workshop in May 1973 in Guguletu. This was housed at the Community Centre and provided work for 12 persons with disabilities who would normally have sat at home in isolation. In 1976 the then Bantu Affairs Administration Board offered to allocate ground in the Black township for the purpose of building a protective workshop.

By 1978 plans for the erection of a workshop for black persons with disabilities had not materialised because of lack of funds. The Urban Foundation eventually assisted with the building of a multi-diagnostic workshop for black persons with disabilities.



70  
Years



# Continued...

## Protective Employment

Kwa-NoThemba Workshop opened in August 1981 with a small group of workers. By March 1982, there were 31 workers, 28 of which fell under the Association, 1 under Cape Mental Health, and 2 under SANEL. Kwa-NoThemba Workshop was separately constituted and registered as a fundraising and welfare organisation.

In July 1975, the Association entered into a contract with the Cerebral Palsy Association to allow admission of other white persons with disabilities to Rosedon Work Centre on the basis of paying a pro-rata share of costs. In addition, the Rehabilitation Centre in principle agreed to admit up to a maximum of 40 people not expected to be placed in the open labour market. The balance of vacancies (35) were to be reserved for short-term trainees who would be placed in the open labour market.

Three Branches of the Association offered protective workshop facilities, namely, Beaufort West, Oudtshoorn, and Ocean View Work Group. These workshops were opened in 1970, 1978, and 1981 respectively.

Chris Steytler Industries, a multi-diagnostic workshop was opened in 1983. This workshop operates under the auspices of the Institute for the Promotion of Work Facilities for the Disabled (now known as the Institute for the Promotion of Disabled Manpower) and is based in the industrial area of Bellville.

### Timeline:1985

In May 1985 and again in February 1986 a volunteer ran a week long course to train men with disabilities garden maintenance skills.



In addition to involvement in formalised protective workshop facilities, the Association in 1985 found a way of employing men whose education qualified them only for manual labour yet whose disability precluded them from this kind of work. In May 1985 and again in February 1986 a volunteer ran a week long course to train men with disabilities to maintain small suburban gardens. This proved very successful and the men subsequently found employment as gardeners in private homes.

A Home Industry Scheme was formalised in 1982. The Home Industries Scheme serves persons with severe disabilities living in the Cape Peninsula, who are unable to work in the open labour market or to use public transport. The Scheme worked on a buy and sell principle, whereby the handcrafted articles made at home by persons with disabilities were bought and the necessary raw materials sold to them.

A Co-ordinator continually upgraded the standard of articles produced, and as persons with disabilities became more stimulated and productive, so the need for marketing outlets increased. Contract work, for the manufacture of various products was also undertaken.



70  
Years



# Continued...

## Protective Employment

The Cripple Care Products Shop was opened in Claremont on 1 March 1979. The idea for the shop was not new. Encouraging persons with disabilities to produce goods had always been the Association's policy. The problem was to bring the articles to the notice of the public and to obtain their co-operation and assistance in buying the goods. As a result of the support of a large group of volunteers, the shop became a reality.

The shop ended its first year of operation with a turnover of over R10 000 for the benefit of persons with disabilities producing the articles for sale. It did not cover all costs but was considered to be a very worthwhile public relations exercise. The shop closed in 1981 as it was decided that sales would be better if organised at specific points.

## Timeline:1950 Special Education

Special education for white children with disabilities was provided in Kimberley by the then Department of Education in 1950. The lack of special schooling for other children hampered successful rehabilitation in many cases. In July 1969, the Moravian Mission Church agreed to sponsor the establishment of such a school, with assistance from the Association on ground made available by the then Administration of Coloured Affairs at Heideveld. A constitution was approved and provisional plans and estimates were drawn up for approval by the Administration of Coloured Affairs. These plans, however, never came to fruition.

Special Education requires close pupil to teacher relationships



A cottage on the property of St. Giles Association in Rondebosch became available in February 1979. The Association immediately took the opportunity of renting the premises in the hope that it could be used to accommodate a pilot project for a special school for children with disabilities.

A subsidy from the then Department of Coloured Relations was approved in October 1979 and the Principal / Teacher was appointed in November. The School "Astra" was opened in January 1980 with 11 pupils. In 1981, Astra School moved into interim accommodation in a small school building at Wittebome purchased by the Association for the purpose of providing educational opportunities for a larger number of pupils.

In 1986 building commenced on a new school building in Montana, and in July 1987 it was occupied, with a pupil roll of 113. In 1991 the Department of Education & Culture (Representatives) assumed responsibility for the school, thus allowing the Association to deploy funding into other welfare needs.



70  
Years



# Continued... Special Education

Meanwhile, in 1972 a committee aiming at establishing a Day Centre for black children with disabilities requiring prolonged physiotherapy treatment was delegated authority to carry out this function in the name of Tembaletu Day Centre.

In March 1974, the Tembaletu Day Centre was opened in the grounds of the Day Hospital, Guguletu. During 1981, the Centre was registered as a Private Special School with teaching facilities available for school children with disabilities. The Centre continues to function today.



## About Special Education

Desks should be arranged in a manner where each student has his/her own personal desk...no sharing or grouping, as this leads to major distractions for the special child.

Centres should be arranged in various parts of the room where students can go when they are done with their individual work, so they do not disturb others. These centers can be filled with fun and educational things such as puzzles, easy reading with pictures, and other hands-on material.

## Day Care Centres

Over the years there has been much concern within organisations offering services to persons with physical disabilities about children with multiple disabilities. Our colleagues in the field of mental health have established many special care centres and training schools for persons with mental disabilities.

As many of these resources are oversubscribed, there has over the years been little opportunity for children with both a mental disability and a physical disability to be admitted. This fact, together with the inadequate school facilities for children with physical disabilities led to the initiation, with mothers of children with disabilities, of the day centres and special care groups for children. These are non-residential facilities that provides for the educational development, physical development, socio/economic development, training, stimulation and care of children and young adults with physical and/or intellectual disabilities.



# 70

Years



# Timeline:1963

## Sport & Recreation

Sport and recreation play an important part in the rehabilitation of persons with disabilities. The Paraplegic Games Association of the Western Cape was formed at a public meeting held on 4 June 1963. The Cape Town City Council and Association for the Physically Disabled (Western Cape) leased ground to them for the development of a sports centre in Retreat and Athlone respectively. Clubhouses and sports grounds were developed, resulting in the growth and development of the Sports Association. This Association, subsequently known as the Western Province Sports Association for the Disabled, has over the years been a useful resource.

In 1982 the Association for the Physically Disabled started a swimming club with a small group of swimmers, mostly children of school-going age. This club, operated by a group of volunteers complements the activities of the Sports Association. Since the club started the growth in the group has been phenomenal. Some of the positive developments as a result of this type of involvement have been :

- Peer contact : the opportunity of meeting other youth with disabilities on an informal basis;
- Development of confidence in the use of public transport, through encouraging members to come on their own or in groups as far as possible;
- An increased awareness of physical ability;
- Providing the opportunity of competing with other persons with disabilities;

### **Timeline:1979**

#### **Newlands Rugby Stadium**

The first match was played in 1890. Newlands is the World's second oldest test venue.

In 1979, a portion of the open spectator area was allocated to persons utilising wheelchairs.



Since 1979 a limited number of wheelchair ambulant rugby enthusiasts have been able to join the spectators at Newlands on a regular basis. As a result of negotiations by the Access Committee of the Association, a portion of the open spectator area was allocated to persons utilising wheelchairs.

In 1985 the committee had contact with the Chris Burger Foundation regarding the possibility of the latter body purchasing a unit in the Danie Craven stand at the Newlands Rugby Ground. The Chris Burger Foundation has since purchased the unit which has been built with provision for access and is used solely for persons in wheelchairs.

The unit was initially administered by the Association and the Access Committee, but in 2000 the Chris Burger / Petro Jackson Rugby Players Fund took over administration of the suite. Tickets to the suite are distributed on a first come, first served basis, although preference is given to those persons with disabilities who have sustained injuries on the rugby field.



# 70

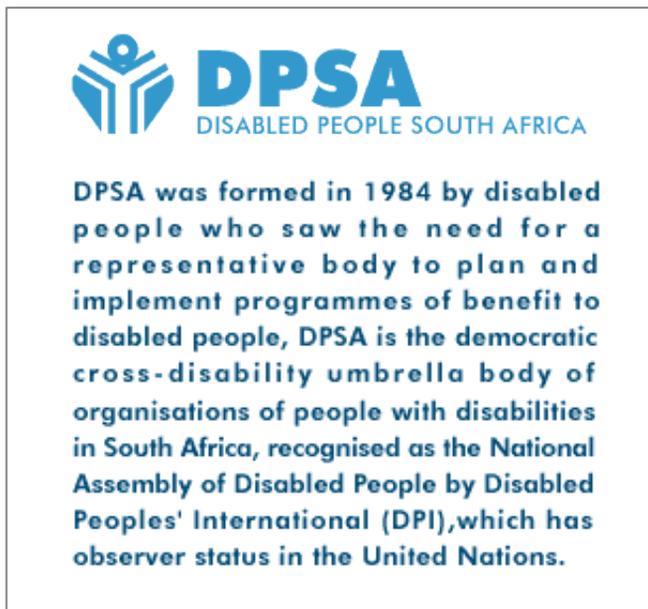
Years



## Timeline:1984

### Self-Representation

A new development in the area of service delivery came about with the constitution of Disabled People South Africa (DPSA) in 1984. This consumer movement is a form of self-representation by persons with disabilities, although the concept of self-representation is not new.



In many instances the development of human services has been shaped by professionals who have acted “on behalf of” a group of people in need. Services have also, however, been initiated by people who themselves have experienced the need or problem.

Membership of the disabled consumer movement is voluntary and persons involved are committed to “doing” something. They provide a pool of helpers who frequently have more time to donate to others than do professionals. In addition, these helpers are often perceived as less threatening and are therefore often more readily trusted.

They frequently have useful information and advice for others in the same situation. The helpers themselves also derive much benefit from helping. The process of doing something constructive improves their self-esteem and contributes to the development of independence.

Despite its value in certain respects, this consumer movement has not reduced the responsibility for professional input. It has merely provided another resource for the professional. DPSA thus serves as a resource which complements the work of the Association. It does mark the initiation, too, of an era of independent living for which the Association has long striven.

Happy 70th Birthday from West Cape Safety Glass (Pty) Limited



**70**  
Years



## Timeline:1984

### Updated Image

The advent of DPSA highlighted the need for the image of the Association to be acceptable to persons with disabilities. When Cripple Care Associations were established, “cripple” was the accepted terminology to define persons with defects in their muscular, skeletal and nervous systems which generally affected locomotion.

As no structure had been set up for the rehabilitation process as it is known today, and there was minimal specialist staff, those who could not benefit by treatment available required special “care”. The attitude of the community was one of sympathy and interested groups devoted their activities to providing services which were of a charitable nature.

During the past few decades, largely as a result of the stimulation provided by the then National Council for the Care of Cripples in the training of specialist staff required in rehabilitation, professional teams have developed throughout the country. This progress in rehabilitation techniques and approach has resulted in larger numbers of persons with disabilities being integrated into society.

The more educated persons with disabilities and the professionals working with them began to question the terminology used in the field. The term “cripple” seemed to most to have the connotation of someone, who has a “problem”, is sick and is useless.

▶ Founded in 1922, RI is a global network of people with disabilities, service providers, researchers, government agencies and advocates promoting and implementing the rights and inclusion of people with disabilities.



At the same time, or even prior to developments in this country, other organisations in the Western world started changing their terminology to indicate the rehabilitation aspects of their work and to replace the term cripple by physically disabled or handicapped. The International organisation became I.S.R.D. and later R.I. (Rehabilitation International).

As a result of requests received from persons with disabilities, professionals involved in the rehabilitation field and various community members in the Western Cape, a Special Members Meeting was held in March 1983 which approved the Association’s name change from Cape Cripple Care to the Association for the Physically Disabled (Western Cape). The National Council for the Care of Cripples in SA also changed its name to the National Council for Persons with Physical Disabilities in South Africa.



70  
Years



# Timeline:1983

## Transport

Transport remains one of the most costly items in the provision of service by the Association, and indeed for persons with disabilities who are unable to use public transport.

Modern society has moved a far distance from the rural community which depended on the home and family for recreation and amusement and where the distance between a residence and place of work was minimal. Urban populations move long distances from their homes to work, public entertainment, sporting activities, schools or educational centres, churches, shopping centres and to visit their friends. Easy mobility has become an essential part of living from an early age.

Little has been done to design traditional collective transport systems in such a way that persons with disabilities can make use of them. Buses, trains and aircraft are designed for the "average person". For this reason the opportunities open to persons with disabilities to participate actively in the life of the community, both in work as well as in leisure, have been limited.

Worldwide, motor vehicle manufacturers slowly began to recognise the needs of drivers with disabilities and equipped some models with complete hand operated controls.



Image courtesy of General Motors

The motor car has opened up new ways for some persons with disabilities. These new ways are, however, open to a limited few.

Many persons with disabilities are unable to use public transport systems provided in South Africa. Hence to enable persons with disabilities to function in society at present, special transport facilities need to be provided. Ideally persons with disabilities should be integrated into the public transport system.

Insofar as the Association itself is concerned, a new era of transportation was launched in 1983 when the Association purchased two motorised caravans. The specifications of these caravans enables easier and more comfortable transportation particularly for those persons in wheelchairs.

The caravans were fitted with floor rails so that wheelchairs could be safely clamped into position. In this way, persons did not have to be transferred from their wheelchairs.



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DISABILITIES  
TM NGP/PC

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Years



# Continued...

## Transport

With the advent of the minibus, this mode of transport blossomed and the Association was able to provide transportation for clients between their homes, places of employ, hospitals, and Association activities.

An undated picture of a Cape Cripple Care van.



In 1994 the National Council approached the Department of Trade and Industry, requesting that they consider granting a rebate on the customs duty on the importation of motor vehicles. This law was published later that year in the Government Gazette on 24 October 1994. This has since been extended to include both locally manufactured and second-hand vehicles.

## Timeline:1943

### Fundraising

In 1943 Dr Milly Krause approached the Postmaster General to approve the sale of Easter stamps in aid of cripple care. Dr Krause subsequently became the first Chairman of the Easter stamp fundraising committee of the National Council for the Care of Cripples in South Africa. The first Easter stamp campaign was launched in Bloemfontein in 1944 and proved to be the lifeblood of the cripple care effort.

A set of Easter stamps from 1978



## Timeline:1990

### General

In 1990 the Association purchased a suitable piece of land on the corner of Klipfontein Road and Milner Road, Rondebosch, with a view to building our own offices, along with commercial premises. By 1998 a joint venture agreement was signed with a developer and we hoped to occupy our new offices by mid-1999. Unfortunately, our lease expired at St. Giles' Centre, and we were forced to seek office accommodation elsewhere.

By 2002, no building had yet materialised, and the Association decided to purchase a house in Milnerton, which was converted into office premises. It was later decided to sell the Klipfontein Road property, the proceeds of which was distributed amongst Branches for the furtherance of their services.



70  
Years



# Timeline:1937- Present

## Governance

The Association has over the years constitutionally provided for a basis of co-operation with Branches and other organisations. During May 1963, the first Regional Conference was held in Cape Town. Representatives from all Branches in the South West Cape as well as from other interested organisations attended. This conference proved to be of such value to voluntary workers that it was agreed that such a conference take place regularly.

Whereas in the initial stages of development the constituted Council was the Governing Body of the Association, at the suggestion of affiliated organisations this council became a forum for discussion, and the Management Committee the Governing Body.

### Past & Present Chairpersons

Mr J.W. Kipps	1937 – 1939
Mrs H.C. Horwood	1939 – 1948
Dr. N. Roux	1948 – 1958
Mr L. Bisset	1958 – 1975
Dr. R.B. Goldschmidt	1975 – 1978
Prof. B. Bromilow-Downing	1978 – 1980
Dr. A.G. Key	1980 – 1983
Prof. G. Dall	1983 – 1991
Dr. J. Crosier	1991 – 1993
Mr P. Collis	1994 – 1996
Mr P. Oscroft	1997 – 2000
Mr R. Hendricks	2001 – 2005
Mr W.M. Blom	2005 - present

### Past & Present Directors

Miss H. Monkhouse	1940 – 1944
Miss N. Salmon	1945
Miss Engels	1946
Miss M. Newlands	1947
Miss N. Coram	1948 – 1950
Mrs F. Liebenberg (nee Jurgens)	1950 – 1953
Mrs F. von Moltke	1952 – 1955
Mrs J. Wilson (previously Reynolds)	1955 – 1982
Miss S. Hurford	1983 – 1998
Mr J. Joubert	1998 – present



Mr.J.W.Kipps



Dr.A.G.Key



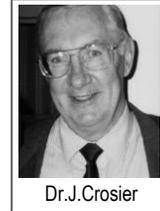
Mrs H.C.Horwood



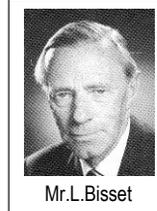
Prof.G.Dall



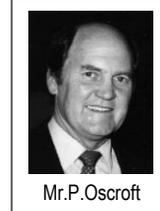
Dr.N.Roux



Dr.J.Crosier



Mr.L.Bisset



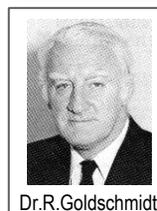
Mr.P.Oscroft



Mr.J.Joubert  
Current Director



Miss.S.Hurford



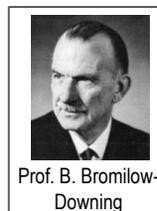
Dr.R.Goldschmidt



Mr.R.Hendricks



Mrs.J.Wilson



Prof. B. Bromilow-Downing



Mr.W.M.Blom



70  
Years



# Timeline: The Present

## Governance

Leading up to the end of the 20th Century, the Association was conscious of the need to sustain the growth it had shown in the previous 60 years of service. It therefore embarked upon a process that would consolidate its efforts and reconstruct itself so as to provide the stable foundation upon which it could go forward into the new millennium.

Recognising the need to involve all participants in its work more actively, a new constitution was drawn up to provide for the establishment of a network of Branches and the creation of a Regional Council on which the Branches would be represented and from which the Management Committee would be drawn.

This not only mirrored the relationship between the 11 Provincial Associations and the National Council, but also ensured the more efficient conduct of the Association's affairs and an improved ability to cater for the needs of persons with disabilities.

Regular meetings of branch representatives ensures continuous networking.



According to the Association's Constitution, a meeting of Branch Representatives must be held annually. This ensures continuous networking amongst Branches, allowing them to discuss issues of mutual interest and learn from each other.

In latter years the Association has used this as an opportunity to run training workshops along a central theme.



70  
Years



# Timeline: The Present

## Developmental Social Work Services

The Association and its Branches presently employ 33 social workers, 2 social auxiliary workers and 14 community development workers.

In 2000 the Association arranged for Mr Pete Ritchie, Director of the Scottish Human Services Trust and author of “Partners in Policymaking” to visit South Africa in the hopes of learning alternative methods of service delivery in the execution of our mission.

It was Mr Ritchie who introduced the Association to the concept of person centred planning, a way of helping people who want to make changes in their lives. It is an empowering approach to helping people plan their own future and organise the support and services they need, as opposed to the social worker making her own decisions about the client’s life.

This approach furthers the Association’s ideal of independent living, and allows persons with disabilities to take responsibility for decision-making in their own lives. Following on from this visit, the Association made a strategic decision in 2002 that its core business would be developmental social work services, embracing the philosophy of person centred assessment.

Independent Living  
(courtesy of Wikipedia)

**Independent Living**, as seen by its advocates, is a philosophy, a way of looking at disability and society, and a worldwide movement of people with disabilities who proclaim to work for self-determination, self-respect and equal opportunities.

In most countries, proponents of the IL Movement claim preconceived notions and a predominantly medical view of disability contribute to negative attitudes towards people with disabilities, portraying them as sick, defective and deviant persons, as objects of professional intervention, as a burden for themselves and their families, dependent on other people’s charity.

These images, in the IL analysis, have consequences for disabled people’s opportunities for raising families of their own, getting education and work, which, in turn, result in persons with disabilities making up a large portion of the poor in any country.

The Association then sent a delegation consisting of our chairperson, a social worker and an occupational therapist to Russia in 2005 on an exchange visit. They spent a week in that country and learned much of services to persons with disabilities in Russia. Unfortunately, the return visit from the Russian delegation never materialised.



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TM NGP/16

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Years



**Continued...**

## **Developmental Social Work Services**

Continuing in the vein of learning from international professionals, the Association recognised a need to educate ourselves and our staff on community based rehabilitation, in order to diversify and expand on our services. A widely recognised author and health activist in this field is Mr David Werner, Co-founder and Director of HealthWrights (Workgroup for People's Health and Rights).

In February 2007 the Association invited Mr Werner to present a series of seminars and workshops in the Cape Town and Southern Cape areas, on community based rehabilitation, based on his experiences with project Projimo in the rural mountainous area of Western Mexico. This series of talks was well attended by staff of the Association, along with other organisations working in the rehabilitation field.

We are confident that the application of this acquired knowledge can only be of benefit to the people we serve.



**70**  
Years



# apd

(ASSOCIATION FOR PERSONS WITH DISABILITIES)

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with your Organisation



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# Timeline:1999

## The Roll-In Shop

The Independent Living Centre was re-established in 1999 in partnership with Conradie Hospital, and re-named the Independent Living Service Centre. The hospital agreed to loan the use of the old superintendent's house as office premises while the Association provided 2 staff members and office equipment.

Cape Town APD ran the Centre until the State decided to close the Conradie Hospital and relocate it to Lentegour as the Western Cape Rehabilitation Centre. At this time the Association again took over the project as it was felt that such a provincial service should remain with the Provincial Association.

After some financial difficulties, the Centre was renamed the Roll-In Shop, and while the same services continue to be provided, focus was placed more on marketing the resource as a shop. This has proved to be hugely successful, and from being a drain on the Association's resources due to a lack of subsidy, it has for the last few years managed to sustain itself.



## the Roll-In shop

The main objectives of the Centre are –

- the provision of an information and advice service about all types of available aids, together with regular household appliances, fixtures, fittings and architectural hardware suitable for use by persons with disabilities of all ages;
- the provision of a permanent display of specialised aids and commercially available products for demonstration to persons with disabilities and health care professionals.

## Hours

Monday - Thursday

08H30 - 16H00

Friday

08H30 - 14H30

# the Roll-In shop

## Adding Value to Lives

Having difficulty getting out of the bath?

Looking for a low cost wheelchair?

Gripping cutlery a problem?



The Roll-In Shop is a one-stop resource shop, which allows persons with disabilities, the elderly or those recuperating from surgery the opportunity to visit a single centre, yet have the choice of a wide variety of products.

## Comprehensive Display

The shop displays and sells a wide range of useful gadgets & appliances, including -

**Wheelchairs & other mobility aids:** (*walking sticks, crutches, rollators, etc*)

**Appliances for bathing, showering, dressing, eating, and other everyday tasks.**

**Incontinence products:** (*adult diapers, urine bags, etc*)

In addition, the Roll-In Shop provides an affordable rental service useful for the elderly or those recuperating after surgery, comprising chiefly wheelchairs, commodes and bath seats, on a daily, weekly or monthly basis.

Information and advice on accessibility are provided by an Administrative Officer : Sales, who has over 30 years experience in the field of disability. In addition, the services of an occupational therapist is available by appointment.

### Branches:

Breede Valley APD  
George APD  
Knysna APD  
Olifantsrivier APD  
Oudtshoorn APD

Phone: (021) 555-2881  
Fax: (021) 555-2888  
Email: [director@apd-wc.org.za](mailto:director@apd-wc.org.za)  
Website : [www.apd-wc.org.za](http://www.apd-wc.org.za)  
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PERSONS WITH  
DISABILITIES

# 70

Years



# Timeline: The Present

## Branches

The Association presently has 21 registered Branches across the Western Cape.

Community based branches are presently located in Athlone, Beaufort West, Ceres, George, Heidelberg, Helderberg, Hout Bay, Knysna, Ocean View, Oudtshoorn, Paarl, Tygerberg, Vredendal, West Coast and Worcester.

Branches who operate specific functions are Bergrivier APD and Bethesda Hout Bay (protective workshops), Paarl Stimulation Centre (day care centre for children with disabilities), Robertson House and Wallace Anderson Home (residential facilities), Tembaletu Day Centre (governing body for Tembaletu Workshop) and the Association for Spina Bifida and Hydrocephalus.

1. Beaufort West APD
2. Bergrivier APD
3. Bethesda Hout Bay
4. Breede Valley APD
5. Cape Town APD
6. Drakenstein Centre
7. George APD
8. Heidelberg APD
9. Helderberg APD
10. Knysna APD
11. Ocean View APD
12. Olifantsrivier APD
13. Oudtshoorn APD
14. Paarl Stimulation Centre
15. Robertson House
16. Spina Bifida & Hydrocephalus
17. Tembaletu Day Centre
18. Tygerberg APD
19. Wallace Anderson Home
20. West Coast APD
21. Witzenberg APD



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DISABILITIES  
TM NPC/PS

# 70

Years



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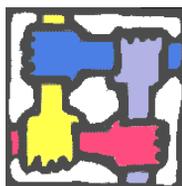
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# Timeline: The Present

## Branches

During the early 1990's matters radically changed at **Bergrivier APD**. The need arose to have a facility which would be of greater advantage to persons with disabilities. The local Municipality donated a plot of land, and with the help of the Ithuba Trust, the D.G.Murray Trust and other income, a brand new building was erected in 2000.



### **The Ithuba Trust**

“The Ithuba Trust is a dynamic, innovative human development initiative which seeks to empower disadvantaged groups and communities through the Republic of South Africa, by enhancing the quality of human life and by the alleviation of human suffering; through the power of opportunity, and via the creation of a multiplier effect.”

Bergrivier APD then registered as an NGO and a branch of WCAPD. Staff were appointed and a new combi generously donated. Capacity building became the order of the day, job creation was stimulated, and increased dignity for persons with disabilities was ensured.

**Breede Valley APD** continues to occupy the A.J. Louw building, although it underwent extensive renovations and now contains the Thys Blom wing.

- Services include developmental social work services through counselling and visits to orthopaedic clinics.
- Day care and stimulation of 17 children with severe disabilities through the Partners for Life project.
- Daily accommodation of 26 persons with disabilities in a protective workshop, including a laundry and catering services.
- Provision of conference and catering facilities to the public.
- The economic empowerment of persons with disabilities in different consumer forums.
- Ongoing identification of training resources, learning needs and vocational opportunities in the community to assist with the vocational guidance, training services and business management of the workshop.
- Recruitment, job creation and job placements of persons with disabilities.
- Awareness programs.
- Roll-In Shop.

Over the past five years the Breede Valley APD have experienced tremendous growth and extension to facilities and services to persons with disabilities. The results of their services will be measured against the improvement of quality of lives of persons with disabilities participating in community development programmes.



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# Timeline: The Present

## Branches

The **Ocean View APD** has come a long way since its early days as an activity group and operates from the Ocean View Centre for persons with disabilities, and is greatly indebted to Ms Dawn Hare for her tireless efforts. Their aim is to generate work opportunities that can be integrated with organised labour and the broader economy, and they provide training and occupation for adults with disabilities who are unable to enter the open labour market because of the nature of their disabilities or being unable to access public transport.

Having started with six members, the group now comprises 58 physically disabled and intellectually challenged workers, the majority of whom live in Ocean View with their families. Eight people are transported daily from Parkwood Estate, Grassy Park and Steenberg.

The majority of the work undertaken is contract work provided by several companies and includes uncomplicated piecework such as assembling, packaging, sorting, and finishing, and collating and folding items for mailing. One of the recent more challenging contracts is the assembling of “tori lines”, for long line and deep sea trawling to protect bird life. A number of years ago, Ocean View APD initiated a recycling project, and this has resulted in the organisation benefiting not only from the sale of the metal, but also winning incentives for the amount collected.

Recently, Ocean View APD was able to access funding to establish a computer resource facility, along with an instructor. Equipment has been purchased and a computer programme has been initiated which will not only benefit the workers but the broader community as well.

The provision of training and occupation has resulted in stronger motivation, greater self-esteem and independence with workers earning a small income to supplement their disability grants.

**Olifantsrivier APD** appointed a social worker in 2000 and from there their services blossomed. They were able to take part in their first sports day for persons with disabilities in September 2001.

They now also boast a Roll-In Shop, work groups and forums, a day care centre for children with disabilities, and remain exceedingly active in the media. In 2003 they were awarded a prize for the Best Practice Organisation in the region.

The **Association for Spina Bifida and Hydrocephalus** has grown tremendously and now has 300 persons with spina bifida registered. Amongst other achievements, they were instrumental in the launch of a research project into spina bifida, providing the families that participated and have provided “care packs” to mothers of babies with spina bifida.

In 2007 the State agreed to subsidise a third social worker’s post and **APD Tygerberg** was able to appoint a Xhosa speaking social worker to service the Xhosa community of the organisation’s service areas.



# Continued...

## Branches (Tygerberg APD)

Currently the staff exists of:

- Three social workers
- Administrative officer & Assistant administrative officer
- Motor vehicle driver & Workshop manager

Services currently offered:

- Social services to individuals and families of persons with disabilities
- Support groups
- Information sharing with regards to available resources in the community
- Awareness programs & Life skills projects
- Trainings opportunities to persons with disabilities
- Placement of persons with disabilities in the open labour market

### Miracles Protective Workshop

- Sewing department (alterations)
- Contract work
- Ironing
- Recycling (paper & cardboard)

In April 1999, after massive re-structuring, the Association split into a Provincial Office and a Branch, thereby creating Cape Town Association for the Physically Disabled. Although one of our newer Branches, Cape Town APD carries on the tradition of care which started in 1937, leaving the Provincial Office free to concentrate on services to Branches.

This has allowed us to focus on provision of advisory and consultation services to Branches, as well as extensive training where required, thereby increasing the capacity of staff, volunteers and clients which results in improved services on all levels, and increased independence of persons with disabilities.

## Accommodation

Three of the Association's Branches are group homes which provide residential care for adults with disabilities. Robertson House is based in Milnerton in the Cape Town area, the Wallace Anderson Home can be found in Riversdale, for those who prefer the country, and the Dawn Hare Group Home in Ocean View.

The latter was established in 2002 to provide a residence for six of the workers at Ocean View Centre for Persons with Disabilities. The residents have taken responsibility for running the home, the ladies assist with the weekly shopping, all take pride in keeping the house clean and neat and the men do the gardening. In June, the Group Home celebrated its first wedding of two of the residents.

## Orthopaedic Clinics

Social workers continue to attend orthopaedic clinics in rural areas so as to identify persons with disabilities who may require the Association's services, and attempt to address their needs.

## Care Attendant Scheme

The Care Attendant Scheme is presently run by Cape Town Association for the Physically Disabled.



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# Timeline: The Present

## Work and Employment

Despite many challenges over the years, many trainees have passed through the Rehabilitation Centre training programme, while the Centre has experienced its share of threats of closure due to lack of financial backing. However, it has survived and today, known as Reable Centre, houses the offices of the Cape Town Association for the Physically Disabled, from which high quality services to the community continue to be delivered.

Cape Town APD have embraced the history of this building and its connection with disability, and houses an exhibition which contains, amongst others, examples of assistive devices available through the years, from the time the Association came into being.

The Association realised that we need to not only cater for the needs of a limited number of persons with disabilities in the workshops but must attend to the needs of all those individuals who need to experience the outside world. Our aim is to achieve significant movement of persons with disabilities from workshops, and those presently at home, into an independent life in the community.

The Association has the advantage of having the capacity, resources, knowledge, administrative and social work infrastructure as well as the necessary expertise on hand. We have developed the RS2000 and ComServe computer support programs to assist branches with this process.

Wheelchair repairs  
at Moria Workshop,  
George



In November 1999 the RS2000 was launched, and approved nationally in 2001. The RS2000 is a model for managing protective workshops, and makes practical systems available, which includes –

- evaluating the workshop
- assessing clients and staff
- setting a client profile (ComProfiler)
- drafting a policy for the workshop
- drafting a business plan (general and trading) (ComPlanner)
- determining wages
- career pathing
- drafting an audit programme
- sub-contracting documents
- a guide to in-house training and instructions
- provide for a database, monitoring and measurement of progress
- costing of products and services (ComCost)



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## Timeline: The Present

### Comserve

The Comserve programme was initiated in 2005 and was soon adopted by all workshops, for use in conjunction with the RS2000. ComServe is an abbreviation of the words 'Community Services', and is aimed at providing a management tool for community service providers and in particular for linking community services to people with disabilities.

The underlying concept embraced by the Comserve system is that of networking and to this end the ComServe programme provides the hub connecting all the available and relevant services in a community to persons with disabilities requiring these services. Client and service provider are linked via scheduled activities which can be monitored and followed up.

There are 16 workshops which fall under the Association's umbrella, all of which apply the principles subscribed to in our mission and objectives.

### Education and Child Care

Day care centres exist today in Beaufort West, George, Paarl, Plettenberg Bay, Worcester and Vredenburg.

Caring for our youth with disabilities.



The Association also discovered that there was a break in services to children with disabilities between the time they left the day care centre and the time they enrolled in the protective workshop for vocational training.

In an effort to address this problem, the Partners 4 Life model was formulated whereby children with disabilities are identified and linked with social services, Special Care Centres, Child Development Centres and home-based care services. They are then placed in school, and/or partake in youth programs after school. This organises the support and services they need in order to enable them to make the correct choices concerning their future – either to complete their education or master a marketable task, and by so doing, empower and support them to build a career and a better future.

### Architectural and Attitudinal barriers (Accessibility)

Over the years the Access Committee fell away. The focus of Aksie Toeganklikheid has changed and they have evolved into the Matie / Helderberg Sport Club. Accessibility is still a concern and is handled by one or two persons with disabilities who formed part of the original group.



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## Continued... (Accessibility)

However, all staff of the Association are tasked to consider and lobby for universal access in their field of expertise. In this way, we have made sure that the issue of accessibility has become an intrinsic part of our way of life and our thinking. While much work still remains to be done to achieve a barrier free society, it is this concept of ensuring that all people have access to information, services, buildings and transport that we hope to instil in the outside world.

## Social Groups (Consumer Forums)

The social groups were the forerunner of the Consumer Forum model, and while social groups continue to meet and provide a much-needed benefit to persons with disabilities, the concept has been extended and incorporated into the Consumer forum model.

In 2002 the Consumer Forum model was established by Cape Town APD and went on to become adopted by Western Cape Association for Persons with Disabilities, for implementation across the province. It is a mechanism whereby individuals can assume responsibility for their own affairs and help others do the same.

Participation in Workshops



The model-

- Provides a platform for raising collective consciousness;
- Motivates and empowers persons with disabilities to become aware of their human rights and those of others;
- Provides opportunities for social integration, rather than isolation;
- Serves as a valuable source of information on various topics related to disability;
- Promotes creative problem solving through the exchange of information and discussion;
- Encourages the formation of projects that assist the various forums financially;
- Promotes community awareness of the needs of persons with disabilities, particularly those relating to accessibility of the environment;
- Empowers clients through participation in workshops, courses, public hearings and processes both internally in the Association and externally in the community.

Branches are encouraged to implement this model, and those that have are reaping the many benefits of clients who are able to function independently in the community, and at times even serve as volunteers in Branch areas.

# Timeline: The Present

## Sport and Recreation



The year 2000 saw the establishment of a partnership between the Association and the Western Province Cricket Association (WPCA). The WPCA had received many queries from persons with disabilities regarding accessibility of the grounds, but as they were inexperienced in the field of disability, were unable to ascertain whether many of the queries were valid.

WPCA subsequently allocated a certain amount of tickets to the Association, for distribution amongst persons with disabilities. This partnership is alive and well, and many persons with disabilities enjoy the cricket every season.

Several Branches run their own sporting activities, often linking with other organisations in order to create a more effective event. One such event is the involvement of Oudtshoorn, George, Knysna and Beaufort West APDs in the GAME Outeniqua Wheelchair Challenge held annually in George.



Elna Madolla (Oudtshoorn PDA) shows off her medals that she has accumulated on the sports fields.



WESTERN CAPE  
ASSOCIATION FOR  
PERSONS WITH  
DISABILITIES  
TM NGPTE

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Years



## Timeline: The Present

### Self-Representation

Again times have changed, and to reflect the Association's change of focus from the medical to the social way of thinking, the logo was changed in 2005. The new logo takes the human form as a starting point rather than focusing on the wheelchair, and emphasises that persons with disabilities are whole people. It extends the image of the human form into a celebration of the human spirit. It also suggests a breaking free of limitations to suggest that persons with disabilities can transcend their disability.

Along with the new logo came another change of name, this time to Western Cape Association for Persons with Disabilities, which brought it in line with that of the National Council.

### Marketing and Promotion

Once the new name and logo were in place, it was time for the Association to actively market itself and its services amongst members of the public, something private welfare organisations had hitherto been loathe doing.

The new marketing campaign is state of the art, using media, exhibitions, workshops & the internet to create public awareness.



The focus of marketing is thus –

- To develop an open, informed society which allows a two-way communication between persons with disabilities and non-disabled persons.
- To develop a knowledge base regarding information to allow informed decision making to the benefit of persons with disabilities and their families.
- To empower persons with disabilities with knowledge in order for them to be able to represent themselves regarding awareness, accessibility and employment.

The various tools used in achieving these aims include exhibitions and talks, displays, and use of radio interviews and newspaper articles. Sensitisation workshops are an effective way of educating the public concerning disability, and of the correct manner in which to communicate and interact with persons with disabilities, and are becoming increasingly popular. The Association joined the cyber age in 2002 with the launch of our website which is visited regularly by people wishing to discover more about our services.

Persons with disabilities are empowered through training workshops and accredited training courses to represent themselves in public, and participate fully in the marketing process. This guarantees them a renewed sense of purpose and value, which can be used to maximum effect in our awareness raising initiatives.



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## Timeline: The Present

### Fund Raising

The Easter stamp campaign continues to operate via the National Council for Persons with Physical Disabilities in South Africa, and for many years the Association co-ordinated the sale of stamps on a national level. Thanks to the generosity of the public, the campaign has shown itself to be the single most important fundraising effort for the Council.

However, it soon became apparent that the services of a fundraiser were urgently needed, in order to supplement the subsidies provided by the State, and generate additional income with which the Association could maintain and extend its services.

A fundraiser was appointed in 1988 whose mission it became to arrange events and activities with this in mind, and over the years many memorable events have been hosted. Among these are the annual Race Day held at Kenilworth Race Course, Carols by Candlelight at the V&A Waterfront, the newly embarked upon Lollipop Day and Casual Day.

And the Winner is...  
Michael Gorridon!



Another successful fund raising effort and a very happy winner.

Fundraising has become more challenging in today's economic climate, and in an effort to stay one step ahead, the Association continually investigates more creative ways of raising funds.

### Staff Development and Training

The Association has always regarded its investment in the continuing development of its staff and volunteers, as individuals and contributors to the community and wider society, as essential. It believes that ongoing development of its staff and volunteers to be crucial to the successful development and growth of the organisation, and the fulfilment of its vision and mission for the future.

## Continued... Staff Development and Training

As such, the Association is committed to delivering quality services through its employees and volunteers, and endeavours to ensure that they receive up to date, relevant and effective training and development in pursuit of the highest levels of competence and service quality at all times.

Development by workshops for careers at special care centres



Employees are continually invited to forward their development needs, and as a result of these ideas, staff development sessions are arranged throughout the year.

## Transport

Transport remains a challenge to both persons with disabilities and the Association in our efforts towards service provision. While the Branches of the Association do provide very limited transport for those persons employed in our protective workshops or children attending our day care centres, this by no means takes the place of a fully accessible public transport system. The Association was instrumental in the establishment of the Dial-A-Ride service, which makes accessible transport available to people for whom other forms of public transport are not suitable for their special needs. This service has since been taken over iKapa Tours and Travels, and has become a valuable resource in the community.

Accessible buses on Robben island



**Daimler Chrysler Commercial Vehicle Division** played a pivotal role in providing accessible buses on Robben Island for persons with disabilities. The Association attended the official launch of these buses at a special ceremony held to coincide with Women's Day on 9 August 2005.

The Association continues to assess applications for rebate on behalf of the National Council, and an average of 20 rebate applications are processed in the Western Cape per annum. While this is of great benefit to persons with disabilities who are able to purchase a vehicle, there are enormous amounts of people who have no access to transport.

# Timeline: The Present

## Networking with other Organisations

In recent years, Autism Western Cape and the SA Haemophilia Foundation have affiliated to the Association, thereby forming a partnership and effectively broadening the service base we are able to present to our clients. These organisations continually keep us abreast of their activities by way of newsletters, and we are able to utilise them as valuable sources of information in their respective fields.

In 2002 Directors of several NGOs in the Cape Town area expressed a need to create a forum on which they could discuss issues pertaining to all private welfare organisations, not only those within the disability sector. Thus the Western Cape Director's Forum came into being which today boasts an impressive membership of organisations from across the welfare sector. The Association continues to play a pivotal role in various issues taken up by the Forum with the Provincial Government.

The Association played a leading role in the formation of the Western Cape Network on Disability, an organisation aimed at co-ordinating services to the disability sector, and housed the secretariat for the first few years. The Association maintains representation on the Network which meets regularly.

## Sponsorships



Following on from the fact that the Association cannot work in isolation and that private welfare organisations no longer operate on funding kindly donated to them by well-meaning members of the public, the Association has embraced the concept of working together with corporate companies in the prevention of disablement, and the education of the public around disability issues.

We therefore encourage corporate companies to partner with us by investing large amounts of time and effort into the social upliftment of the community. This in turn is a tremendous advantage to the company, especially on a legislative level where they are required to meet certain social responsibility targets. Private welfare has become a business and should be marketed as such.

The Association assists Corporates by, amongst others -

- providing sensitisation workshops in order to educate their personnel on disability issues;
- interpreting Government legislation; and
- conducting accessibility audits

Sensitivity to issues pertaining to disability would contribute greatly towards tolerance of diversity amongst employees, resulting in changing attitudes towards persons with disabilities. Once attitudinal barriers have been broken down, persons with disabilities will be allowed to take their place in society with dignity.



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# Timeline: The Present

## Legislation

The struggle for persons with disabilities to achieve equal opportunities in South Africa is both a political and a human rights issue. Central government has historically regarded disability as largely a health and welfare issue. There has to date been no national disability policy or any statutory recognition given to the fact that persons with disabilities are as much a part of mainstream society as any other citizen.

With this in mind, the new Constitution of South Africa now incorporates disability into its Bill of Rights. The National Integrated Disability Strategy was published on 14 March 1996 for comment, and finalised in November 1997. Since then Government has adopted further legislation concerning persons with disabilities, namely,

- SA Constitution Act 108 of 1996 : Chapter 2 : Bill of Rights
- White Paper on the Integrated National Disability Strategy
- Employment Equity Act No. 55 of 1998
- Code of Good Practice : Key Aspects on the Employment of Persons with Disabilities
- Technical Assistance Guidelines on the Employment of Persons with Disabilities
- Labour Relations Act No. 66 of 1995
- Basic Conditions of Employment Act No. 75 of 1997
- Occupational Health and Safety Act 85 of 1993
- Skills Development Act 97 of 1998

Via the National Council, the Association was given the opportunity of commenting on these documents, and thus played a part in upholding the rights and dignity of persons with disabilities.

## Conclusion

In comparing the very beginnings of the Association's service delivery to the present day, it becomes evident that many changes have taken place over the years. Initially our services were concentrated on providing sufficient hospital accommodation, specifically for persons with a disability which could be managed by the attention of an orthopaedic surgeon. Through the years however, this initial focus has almost completely fallen away, and we now focus on community based rehabilitation and developmental social services. In this way, we look at all aspects of life and assist the person to function independently. Our service area has widened, which resulted in the development of more Branches in order to provide services in those areas. Branches themselves have steadily grown and many of them have themselves a long and proud history.

**Central to the core of any service is its people. The Association has been blessed with outstanding volunteers and staff members, some of whom have been mentioned in this publication. The vast majority however, are unnamed, but not forgotten. Now more than ever before is it apparent that the Association invests in its people, and in return, we are rewarded with excellent people who carry our mission forward.**

We are now in the fortunate position of being able to look back on all these experiences and learn from them. No matter what the future holds we may apply the principle of *Experto Crede*. As our history shows, have faith in experience.



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