

# INDEPENDENT LIVING CENTRE WESTERN CAPE

## (Association for Physically Disabled Western Cape)

### 1. ASSOCIATION FOR PHYSICALLY DISABLED (WESTERN CAPE)

The Association for the Physically Disabled Western Cape (APD-WC) and its 20 registered branches, as private registered welfare organisations, render a variety of services to persons with disabilities in the Western Cape Province. The Association operates as a Provincial Association of the National Council for Persons with Physical Disabilities in S.A., a member of South African Federal Council on Disability.

### 2. ESTABLISHMENT OF ILC: BACKGROUND

In February 1999, after identifying a need for such a service, the APD-WC established the Independent Living Centre (ILC). This has developed beyond all expectations during the past 3 years. The Centre is situated on the premises of the Conradie Hospital in Pinelands, Cape Town. The ILC is a unique one-stop resource and information centre for persons with disabilities, injuries or recuperating from major operations, the aged, medical profession, special schools, old age homes and various NGO's in South Africa. The aim of ILC is to enable people with disabilities to achieve the best quality of life and independent community living as possible.

The ILC was established on the premises of Conradie Hospital because the hospital

- specialises in rehabilitation;
- is centrally situated as far as the geographical boundaries of Cape Town Unicity was concerned;
- is easily accessible as far as transport is concerned;
- is involved in all aspects re the treatment of persons with disabilities especially rehabilitation and aftercare;
- is easily accessible to persons with disabilities and their dependants from areas outside of the Cape Town Unicity boundaries. Upon discharge, patients of Conradie Hospital are referred to APD-WC branches for aftercare, rehabilitation and developmental social work services;
- **was prepared to enter into a partnership with the APD-WC through making rental free office space available for Independent Living Centre whilst the Association was responsible for the running costs and expenses of maintaining and rendering the services;**
- is involved in the training of medical and para-medical students to which the ILC has also made a valuable contribution;
- is on the main transport routes which made for ease of delivery of products that the Centre displays and sells;
- is in an area that had security and was safe for consumers to visit.

### 3. PRESENT SERVICES OF ILC

ILC is a unique resource for persons with disabilities. The Centre holds a wealth of information about the range of assistive devices and equipment available to people with

disabilities, as well as information on other issues affecting persons with disabilities such as accessibility, transport, tourism, etc. The public can visit the Centre to view and try out a comprehensive display of assistive devices and equipment, such as mobility aids and wheelchairs, lifting and transfer equipment, assistive devices for use in the kitchen and bathroom. The display simulates a real home environment. It has for example, an accessible bathroom and kitchen area. The public can not only view the display, but also purchase and rent equipment through the Centre at very reasonable prices, as it is a non-profit concern. The equipment and assistive devices are sourced from a wide range of suppliers countrywide and by so doing offers the public a much wider variety of merchandise to choose from than other similar enterprises which are profit-making. The Centre also continuously sources and makes very low-cost aids and equipment as alternatives to the more expensive commercially available products. The Centre also accommodates a library of books and videos on topics relevant to people with disabilities. The ILC is managed by an Occupational Therapist assisted by an administrative staff member. Both have years of experience in this field and handle all enquiries and the distribution of information.

ILC is registered for VAT and has a **registered practice number** with the Medical and Dental Association of S A. – thus patients on a medical aid can claim for re-imburement.

ILC has formed partnerships with:

- major local and national suppliers of medical supplies and assistive devices for persons with disabilities;
- the Biomedical Engineering Department of the University of Cape Town via Volcare which designs, develops and manufactures various low cost assistive devices and equipment for persons with disabilities;
- APD-WC branches and Provincial Associations of the National Council for Persons with Disabilities in SA.
- Welfare organisations in the disability sector and organisations for the aged;
- the Western Cape Network on Disabilities;
- the Institute for Disabled Manpower;

#### 4. CONSUMER UTILIZATION OF THE CENTRE

The following persons have contacted and/or visited the Centre for information, advice and assistance:

Administrators  
 Architects/builders  
 Caregivers  
 Designers  
 Persons with disabilities  
 Elderly  
 Medical/Paramedical Professionals  
 Family  
 Friends  
 Interested people  
 Nurses  
 Occupational Therapists  
 Orthotists  
 Physiotherapists  
 Service clubs

Social workers  
 Speech therapists  
 Students  
 Suppliers/ Manufacturers  
 Support groups  
 Volunteers  
 Others

**An average of 350 people contact ILC per month.**

The nature of enquiries falls into the following broad categories:

- Personal care and home management (e.g. eating, dressing, hygiene, incontinence, lifting and transfer)
- Mobility ( e.g. wheelchairs, transport, sticks, crutches etc)
- Environmental adjustments (e.g. architectural hardware and design, access issues, parking discs etc)
- Therapeutic aids (e.g. special mattresses, cushions etc)
- Other (e.g. communication, computers, recreational aids, general information on aids, orthoses and prostheses, employment etc.)
- Accessibility

We have recently established a wheelchair and equipment bank from which people can hire wheelchairs and other equipment.

The establishment of e-mail facilities and the development of our own website (**www.apd-wc.org.za**) has now made it possible to further expand our services to the other provinces of South Africa and into Africa.

Although the Independent Living Centre is a worldwide concept (with for example over 40 in the U.K. alone), there is only one other Independent Living Centre in South Africa, situated in Gauteng.

## **5. SUSTAINABILITY OF THE CENTRE**

As a private welfare organisation, the Association for the Physically Disabled (Western Cape) has 65 years of knowledge and experience in the field of disability, which can be shared with the public through ILC.

APD–WC is totally responsible for the funding of ILC through donations, fundraising efforts and a small commission on sales. **ILC receives no provincial or state funding.**

To date, the ILC has been a sustainable project of APD-WC as we have been able to manage it on a low staff component and free rental from Conradie Hospital.

## **6. PRESENT SITUATION**

The Department of Health and the Western Cape government have together decided to relocate Conradie Hospital. The relocation of Conradie Hospital has resulted in the need to find other premises to house the Centre. It is important that the latter be linked with a

hospital that is accessible for persons with disabilities and their families and easily reached by our suppliers.

## 7. THE FUTURE OF ILC

The Association for the Physically Disabled (Western Cape) has identified the need to restructure the services of ILC to become a centre that is actively involved in the promotion and the enhancement of independent living and community based rehabilitation of persons with disabilities. We therefore need to investigate the possibility of a partnership between the Department of Health and the Association as far as the future of ILC is concerned - a partnership that will enable ILC to extend its services in order to enhance independent living of persons with disabilities in the community.

We propose the following:

### (a) WESTERN CAPE INDEPENDENT LIVING CENTRE (WILC)

The WILC must continue to render services as described above, but in order to make a contribution towards independent living in the Western Cape Province, we need to expand services of ILC to include the following –

#### □ **Accessibility**

There are many individual concerns that persons with disabilities face in performing basic daily activities, as well as changes in the community which are not conducive to independent living. ILC, as a resource centre, must address these issues.

Accessible transport

Accessible housing

Accessibility of public accommodations

Societal attitudes of inclusion and respect

Reasonable accommodation in employment

#### □ **Individual training**

For individual training the person meets with the ILC co-ordinator to set specific goals and to set a training schedule to meet those goals, then commits to comply as far as possible with the mutually agreed upon training schedule and tasks.

#### □ **Education and Awareness**

To increase awareness and educate the public re independent living of persons with disabilities.

#### □ **Personal Assistance Services**

Personal assistants are recruited, trained and referred to persons with disabilities who require assistance with personal care tasks in order to enable them to live independently.

#### □ **Employment Services**

Persons with disabilities seeking employment are given assistance in gaining interviewing and resume writing skills, job search techniques and receive job referral and follow-up counselling.

#### □ **Independent Living Skills**

External counsellors provide workshops, support groups and individual instruction in basic independent living skills/care, pre-vocational counselling and training. There is also a program which focuses on persons with disabilities of sixteen years and older. Teenagers work one on one with a trainer in achieving set independent living goals, such as learning how to use public transport and budgeting money.

❑ **Information and Referral**

Information concerning disabilities issues and referral to other agencies with services to those in the disabled community is provided to the public and consumers.

❑ **Legal Clinic**

Attorneys meet individual clients by appointment to discuss legal questions regarding discrimination, wills, consumer landlord/tenant contracts, family law, divorce, child custody, criminal and housing. These attorneys do not take cases.

❑ **Peer Support Services**

Counselling and peer support are provided to assist individuals, couples, families and groups with disability related issues. Consumers are offered support to help with various aspects of disabilities as it affects their daily lives.

❑ **Capacity Building**

Capacity building of social workers and staff of community based organisations, e.g. old age homes, to enable them to support the aims and objectives of the project.

### **LOCATION OF THE WESTERN CAPE INDEPENDENT LIVING CENTRE (WILC)**

If the WILC became an integral part of the Metropole Rehabilitation Centre at Lentegeur Hospital, it could achieve the above-mentioned. Persons with disabilities can be referred to the Centre where they are advised on the above-mentioned independent living issues.

When they are discharged from hospital, their referral to the welfare organisations in the community (A.P.D. Branches) is done in conjunction with a rehabilitation plan that will assist the community social worker or Occupational Therapist to immediately start with the implementation thereof, aftercare and follow up rehabilitation

ILC could also, in partnership with the Metropole Rehabilitation Centre, advise consumers on incontinence supplies which, after discharge from hospital, could be managed by community-based clinics or structures. The latter could also use ILC as a resource re medical supplies and assistive devices for persons with disabilities, and could purchase equipment and assistive devices from the Centre.

**The Metropole Rehabilitation Centre and the ILC will discharge a well rehabilitated patient back into the community. If there is no aftercare and ongoing community-based rehabilitation and support to take this process forward, the initial rehabilitation by Metropole Rehabilitation Centre and ILC will have been in vain and we might find the patient back for very expensive medical treatment.**

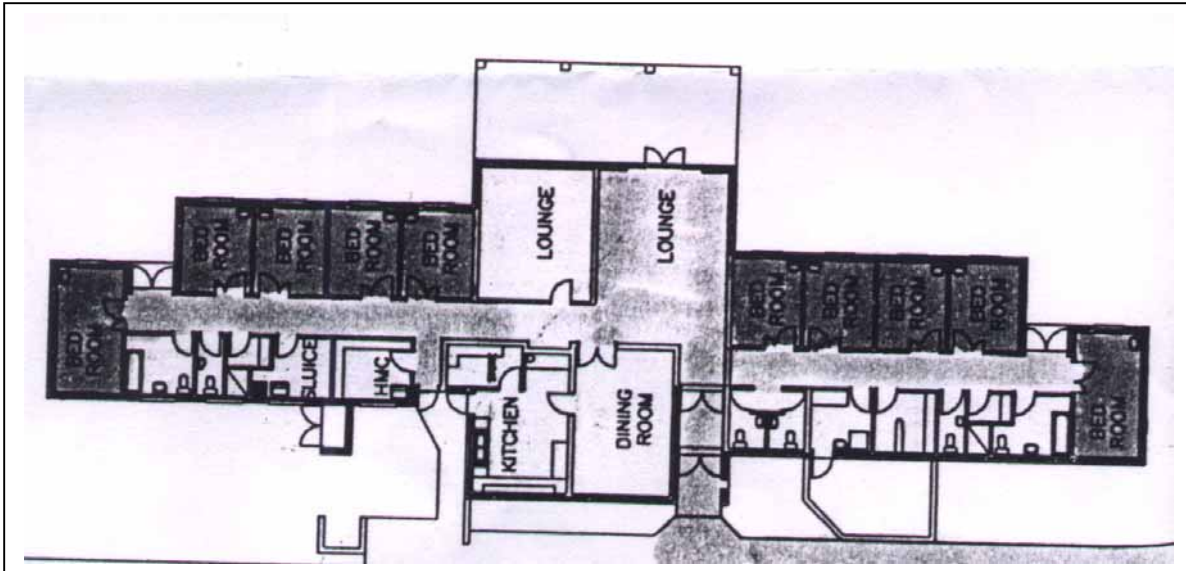
The following project will, however, compliment Metropole Rehabilitation centre and ILC rehabilitation in the community and will ensure ongoing community-based rehabilitation and support.

### **PROPOSED ACCOMMODATION FOR THE INDEPENDENT LIVING CENTRE WESTERN CAPE**

The Metropole Rehabilitation Centre is prepared to make the following accommodation available to the Association to relocate the Independent Living Centre. The needs for the Centre are the following –

- ❑ Display area consisting of
  - an open area for the display of wheelchairs, seating and assistive devices
  - accessible kitchen, bathroom and bedroom with the relevant equipment and assistive devices in each
- ❑ Reception area
- ❑ Two offices

- Meeting / lecture room accommodating 25 people seated for group and training sessions



#### **PROPOSED STAFF FOR THE INDEPENDENT LIVING CENTRE WESTERN CAPE**

Proposed staff for the Centre is –

Manager (Occupational Therapist)

Social Worker (*client referral with rehabilitation plan and client profile and training*)

Administrative Assistant

Receptionist

Cleaner

This staff will be part of a rehabilitation team of the Metropole Rehabilitation Centre.

#### **(b) COMMUNITY BASED REHABILITATION FOR PERSONS WITH DISABILITIES.**

##### **1. INTRODUCTION**

***“Persons with disabilities have in the past spent every day of their lives in a segregated protective workshop without direction or guidance. Day services here were heavily influenced by the social education model. This resulted in us adopting a heavily programmed approach where individuals were assessed to identify the shortcomings in their skills and abilities and were put through a programme of sequential skill training. Some parts of our day services provision retained elements of the adult training model, maintaining an interest in prime manufacturing and sale of goods. Our day services, in common with almost all other local authorities services, did not achieve any significant movement of people with severe disabilities from day centres into an independent life in the community, be that embracing work, leisure or education.”***

(Ways to Work: Pete Ritchie a.o. Scottish Human Services Trust)

**The same situation applied as far as our workshops and special care centres for persons with disabilities were concerned.**

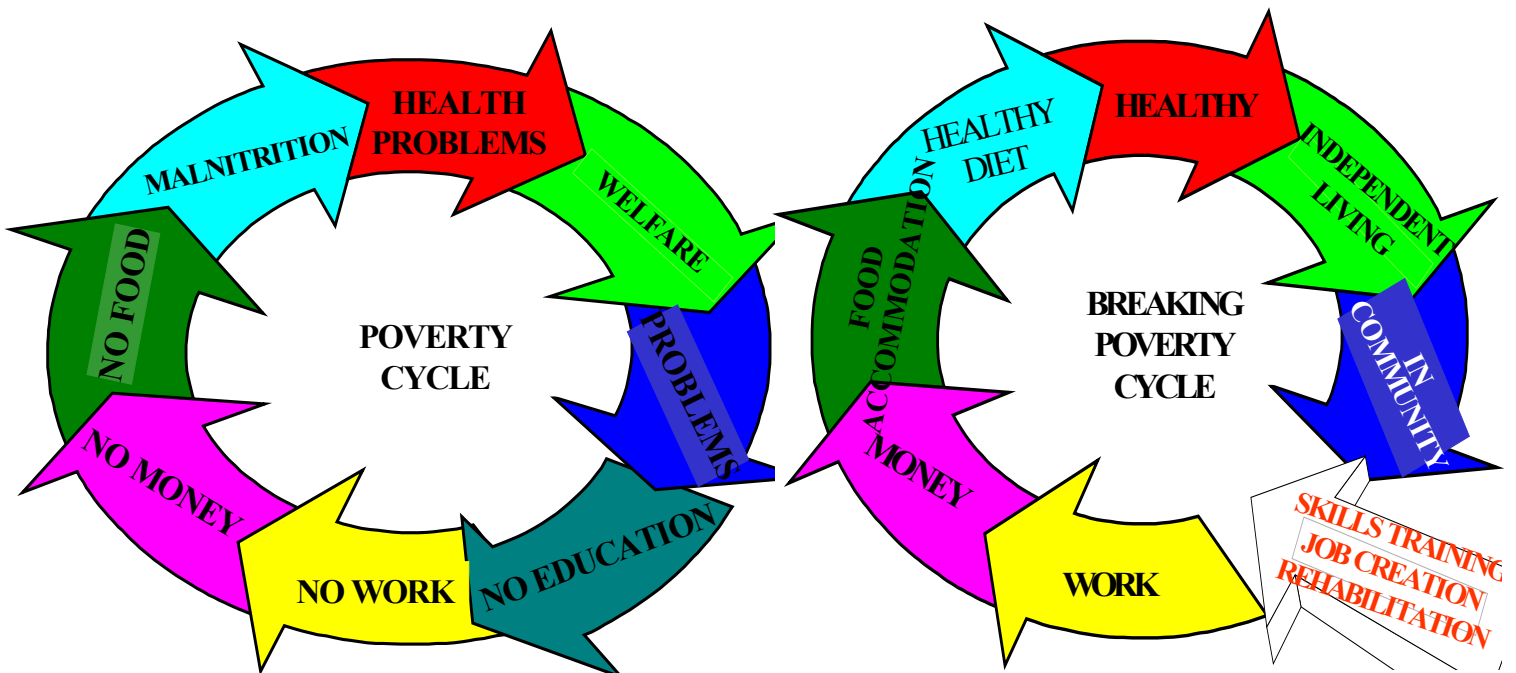
##### **2. WHAT DID THE ASSOCIATION FOR PHYSICALLY DISABLED (WESTERN CAPE) DO?**

This Association has researched and developed RS2000 and **APDCARE** programs to transform our protective workshops and special care centres for children with disabilities. The aim of these programs is not only to assist our workshops and special care centres to become profitable and sustainable but also to focus on client centred assessment of persons with disabilities, designing rehabilitation, training, development programs and career paths that would empower them towards community based employment and independent living.

The registered branches of the Association for the Physically Disabled (Western Cape) are at present on different levels of implementation of these programs and still receive ongoing attention and support. To date, the results have proven that we have managed to convert our workshops into centres that prove to be more productive, manufacture better quality goods, are more effectively managed and are in the process of improving their respective financial positions.

We will embark on training programs for child carers in the near future whereafter we will implement the **APDCARE** program at all our special care centres.

**We are of the opinion that in order to cost effectively ensure independent community life for persons with disabilities we have to concentrate on community based rehabilitation, skills training and job creation programs that will break the poverty cycle.**



### 3. THE NEED

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

We need to focus on client centred assessment, career pathing, development, education and training of persons (and children) with disabilities to enable them to either complete their education

or master a marketable task and by so doing, empower them to build a career and better future. This would be especially aimed at school leavers in the 18 – 25 years age group.

**Apart from the latter we agree with Pete Ritchie that the following is of the utmost importance and need to develop these partnerships as part of our project in order to be successful.**

**” Effective partnerships with employers have been a significant driving force for the development of successful agencies. Effective partnerships with day centres could speed up the process further, particularly for those individuals that could easily fast track through the system” “ Good partnerships can be positive and productive, creating opportunities for all, with none of the vitally important stake holders feeling redundant or threatened by the changes”**

We need to enter into a partnership with the Departments of Health and Labour in order to create community based REHAB teams to implement and manage community-based rehabilitation.

#### **4. THE ASSOCIATION FOR THE PHYSICALLY DISABLED WESTERN CAPE MODEL**

The solution is community based rehabilitation, special education, development, skills training and supported employment. Client centred assessment, training and development of career and education paths are already built into the RS2000/APDCARE and needs to be implemented and extended to address the needs of persons with physical disabilities.

In order to achieve the latter we need to implement the following.

#### **5. THE PROJECT**

The formation of **Rehabilitation, Assessment, Skills Training & Work Creation Centres**, with community based education and employment as its aim, in our branch areas which have large disadvantaged communities with a desperate need for people to become economically active.

**The proposed Branch areas for launching pilot projects within Association for the Physically Disabled (Western Cape) are Paarl, Worcester, Oudtshoorn, George, Cape Town and Vredendal.** Once in operation, these Centres, when in operation, will be linked with each other and operate as an extension of our existing workshops and child care centres and will undertake to assess and direct individuals in these communities into educational, developmental and economic activities. This will be achieved by building on their latent skills and aptitudes through hands-on education and training, and by providing assistance in identifying economic opportunities.

The Association for Physically Disabled Western Cape has the advantage of having administrative and social work infrastructure as well as the necessary expertise on hand to set up these Centres. We do, however, need input from occupational-, speech and physiotherapists from the Department of Health and skills training funding from the Department of Labour.



## 6. HOW WILL THESE CENTRES WORK?

### Objective:

A **Rehabilitation, Assessment, Skills Training & Work Creation Centre** will be a specialised service with the specific aim of empowering individuals towards independent living and becoming economically active in the community.

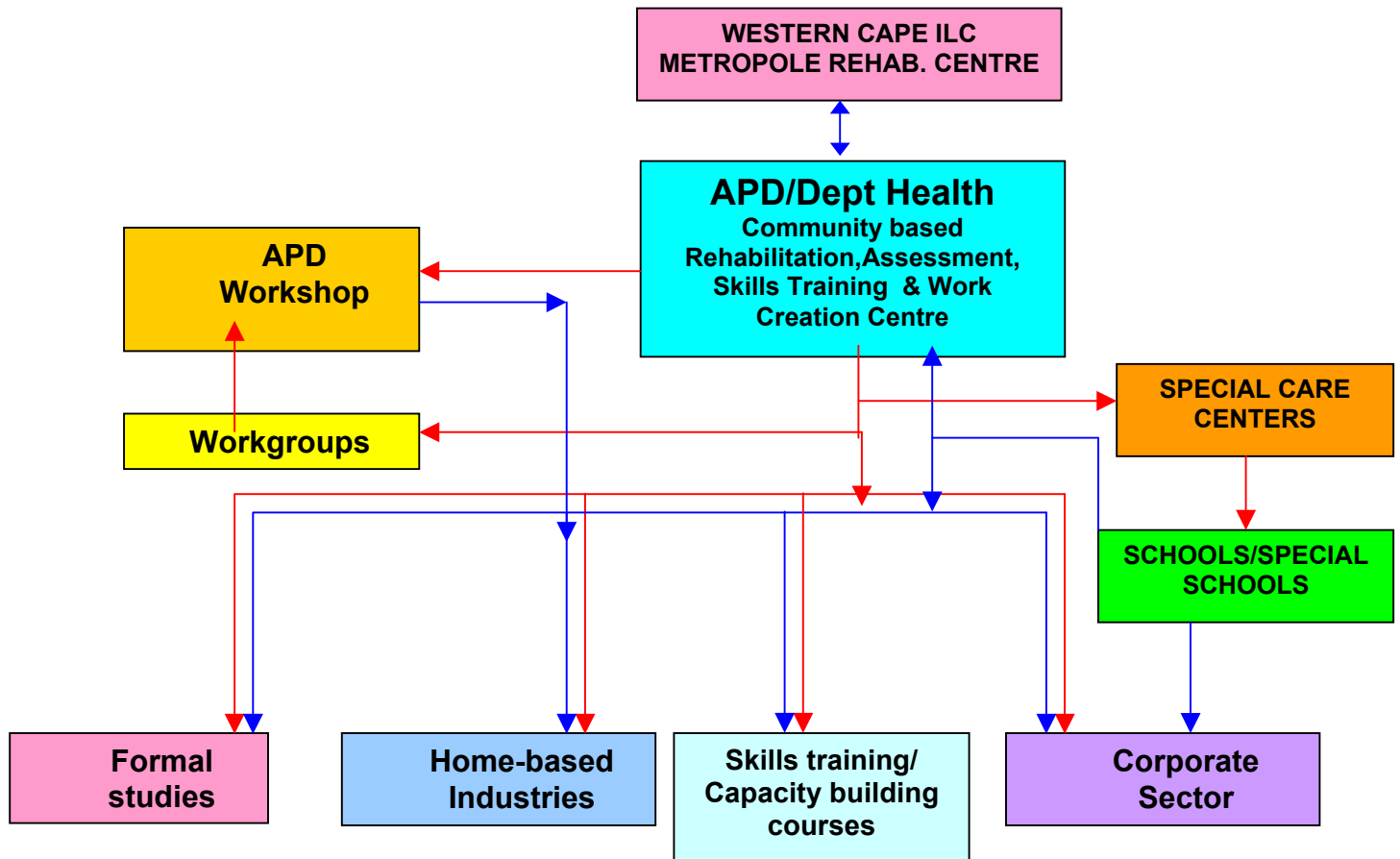
### Selection of Participants:

These Centres will focus primarily on people with disabilities but will not exclude other disadvantaged groups should the capacity for doing so exist. Individuals with the necessary motivation to participate will largely be identified by the Association for Physically Disabled social work services network in the community. The mothers of disabled children, for example, could participate in this project.

### Methodology:

The empowerment process will generally follow five stages:

1. **Client profile.** To compile a client profile and plan his/her future together and to identify educational needs, skills and aptitudes, which can best be reinforced and developed.
2. **Education.** To design educational and developmental programs for disabled children at special care centres.
3. **Training.** To develop identified skills and aptitudes into marketable channels.
4. **Economic activity placement.** The economic activity of the individual will be channelled as follows:
  - Full-time employment – corporate sector
  - Part-time employment agency work.
  - Home-based supported self-enterprises.
  - Employment in workshop.
  - Workgroups.
  - Formal studies.
5. **Training of parents** and family of persons with disabilities in order to build capacity so that they can actively participate in and support the community based rehabilitation programs.
6. **Referral** to community based support structures, i.e. workshop, child care centres, schools, etc.



## 7. REHABILITATION, ASSESSMENT, SKILLS TRAINING & WORK CREATION

### Assessment / Client Profile

Client centred assessments of persons with disabilities in the community will be done at the centre. Referrals from WILC / Metropole Rehabilitation Centre will be attended to after intake.

### Education:

An educational/stimulation program will be designed for the children in the child care centre or at home and the carers will be trained to implement it successfully. Assessment of children to determine school readiness or school leavers to determine a career path will be done.

### Training:

Training will be conducted according to the methods prescribed in the RS2000 support system and other manuals as well as accredited courses of the **Department of Labour**. These courses could be funded from funding available for training by the mentioned department. The training will include a period of practical 'hands on' experience by temporarily linking the individual to the workshop system.

On average, training will have a duration of 3 months and can for example include the following areas of economic activity:

- Sewing (Manufacture, repair work)
- Wood Work (Fitting, small item manufacture)
- Metal Work (Welding, small item manufacture)
- Food Processing
- Services (Domestic, Laundry)

Upholstery  
 Clerical (including computer work)  
 Handyman  
 Jewellery making (Non precious metal/stone)  
 Training courses will be developed as the need arises.

### **Work Creation:**

#### **Employment.**

As a first option every effort will be made to assist individuals who are capable of full-time employment to be placed in the open labour market.

#### **Part-time employment**

The work creation centre will endeavour to set up partnerships with commercial enterprises to facilitate the following scenarios:

- Whereby individuals may be placed to gain experience and extend their training in formal places of work for a period of time – supported employment.
- Where from an enterprise may draw personnel when temporary staff is needed. (I.e. 'Temp' agency)
- Use the centre as a resource for locating trained staff for employment.

#### **Home Industries support**

The work creation centre will set up a local home industry system in each area of activity in which training is provided to supply the following services:

- Provide capital in the form of equipment, which can be paid off by the individual. (The centre will endeavour to create an equipment pool for this purpose)
- Central buying. One of the big difficulties for individuals working in self-enterprises is the purchasing of raw materials at competitive prices. The aim will be to supply materials for a range of economically viable goods on a reasonable payback system.
- Provision of certain labelling and packaging
- Technical assistance
- Marketing assistance. This will be in the form of limited advertising and the direct sale of items through the selling mechanisms run by the workshop or APD in the area. (e.g. Shops, stalls, functions etc)

**The Home Industries will be an extension of the workshop and be managed in partnership with the disabled entrepreneurs.** The advantages will be that persons with disabilities could work from home but still get the training and support services from the APD and the Centre. The latter will reduce the running cost of the workshop e.g. rent and transport.

#### **Youth Services**

Provide individual and family counselling to disabled youth between the ages of 14 – 22, and their families, provide technical support to special education teachers, assisting students with goals of their individualised education plans / career paths.

### **Incontinence Supplies**

These Centres can be involved in the distribution of incontinence supplies and act as a resource advice centre that will be linked with Independent Living Centre Western Cape who can supply these centres with advice, equipment and supplies as and when necessary.

## **8. HOW WILL THESE CENTERS BE LINKED TO EXISTING SERVICES?**

A basic tenet of the project will be to link the Rehabilitation, Assessment, Skills Training and Work Creation centres to existing workshops business units of Association for Persons with Physical Disabilities Western Cape Branches.

Linking of the centres in this manner has several distinct benefits:

- The administrative infrastructure staff already exists.
- Some, if not all, the equipment/tools required will already be available.
- Special Care Centres exist.
- A functioning workshop implies existing facilities. (Work space, toilets)
- Experienced staff available on site who in many cases could absorb some if not all the extra workload.
- APD Branches have networks with community resources in place.

## **9. MOTIVATION**

### **Community Need**

Association for the Physically Disabled Western Cape's branches renders services in areas which have large disadvantaged rural communities and which have a growing need for rehabilitation, special care, practical skills training and work creation facilities capable of serving the specific needs of persons with disabilities.

### **Legislative Need**

Commercial enterprises need to comply with the affirmative action requirements in respect of persons with disabilities. Problems however arise in finding suitably trained individuals who are able to satisfy their employment requirements. The new Children's Bill also requires that we transform our facilities and services to children with disabilities.

*It should be pointed out that this proposal conforms to the United Nations resolution 48/1996, the Standard Rules of Equalisation of Opportunities for Persons with Disabilities.*

### **Needs of persons with disabilities**

The new legislation has created opportunities for persons with disabilities to enter the open labour market. These Centres will be the gateway for these people to prepare and support them to enter the market of community-based employment and independent living.

### **Funding of project**

The following funding resources will secure the future sustainability of the project.

- Subsidization of franchises by PAWC as extensions of workshops. (Workshops are registered for subsidization for persons with disabilities. Some can work in the workshop and others in the franchises)

- Financial support from the SA Government Department of Labour and their Education Skills levy and Training funds.
- Donations by corporate sector on employment of persons with disabilities trained at the center.
- Corporate sector funding.
- Department Health subsidies and manpower assistance.
- SA Lottery

The above-mentioned will financially support the centre once it is established.

**10. SUPPORT**

The social workers and occupational therapists will support persons with disabilities to ensure successful integration in the community e.g. into the workplace and with further advanced training in partnership with the employers.

**11. SUMMARY**

The Association for the Physically Disabled Western Cape, working in the field of disability, renders valuable services to persons with disabilities through our workshops and special care centres, but only to a small group.

We believe that these proposed Centres, in partnership with the Departments of Health and Labour, will enable us to include more people and that through these centres, we can make a meaningful contribution towards community based rehabilitation and employment for persons with disabilities in the Western Cape.

Johan vdM Joubert  
**Provincial Director**