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NYS
National Youth Service



Cape Mental Health

The North-South Development Dialogue

Annual Review 2005-2006

Siyanceda - we are helping



The Siyanceda Youth Service Programme was developed by Training Workshops Unlimited (TWU) and is a registered National Youth Service Programme. The programme assists trainees with intellectual disability to bridge the gap between 'protective' and open labour market employment. Sponsored by the Umsobomvu Youth Fund, the first phase of Siyanceda in 2003-2004 provided life skills and work skills training for 40 trainees. TWU successfully negotiated the implementation of the second phase with the UYF after the placement of 68% of the first group of trainees in open labour market positions.

The second phase extends from October 2005 until March 2007. Forty youth with intellectual disability, selected from the disadvantaged communities of Athlone, Mitchells Plain, Khayelitsha and Retreat, underwent a two-week orientation programme designed by Siyanceda Trainer, Sharon Kelderman. They then received comprehensive training in Hygiene and Cleaning Services (NQF Level 1) and started their first community placements in February 2006.

Four job coaches, James Mkalipi, Churchill Mqingwana, Shamila Ownhouse and Marion Ford monitor the progress of the 40 trainees and provide daily support at their community placements. Once a week the trainees continue receiving career skills and life skills training to promote their successful integration into the open labour market. The opportunity to do voluntary community service means that trainees like 21-year-old Ntombentsha Catherine Sijentu from Langa can gain practical work experience and also build relationships with community members. Community placements, in turn, improve employers' perceptions of people with intellectual disability and of youth in general.

Training Workshops Unlimited participated in the Umsobomvu Youth Service Learners' Forum held in Cape Town in March 2006. Siyanceda enjoyed the distinction of being selected as one of the 'best practice' projects that representatives attending the Forum visited. This was an excellent opportunity to expose other Youth Service Programmes to the skills development and placement of persons with intellectual disability according to the TWU and Siyanceda model.

Stéphan Pretorius
Siyanceda Programme Manager

Ntombentsha Catherine cleans the Athlone Church of Christ and its kitchen, Educare Centre and Christian Academy. Marina Williams of the church comments that they have grown to love her, and her job coach, James Mkalipi, remarks that her confidence and self-esteem have grown enormously since she started this placement. Her increased employability means that Ntombentsha Catherine faces a more promising future than thousands of youth who are poorly educated and have little chance of securing employment.

Siyanceda helps prospective employers to comply with Employment Equity targets relating to the employment of persons with disabilities. In addition, the programme provides the necessary training and support to enable employers to interact appropriately with employees with disabilities and to implement reasonable accommodation effectively.



The dialogue

between North and South, between theory and practice, and between researchers and workers, results in new ideas and development in services for people with mental disability.

Cape Mental Health has a rich tradition of dialogue and purpose-driven exchanges with partners in the Northern Hemisphere that has impacted directly on our ability to provide an accessible and enabling environment for persons with mental disability.

We have hosted eleven **Cape Town International Kite Festivals** that have brought kiting enthusiasts to our shores from Europe, Asia and North America, and have raised awareness of our organisation and the work we do.

Our relationship with the **London Business School** extends to 2001 when LBS students conducted a Communications Audit for us. We returned the favour when we hosted a Creative Encounter in March 2005 for eight international directors from Clover/Danone and exposed them to a service delivery model that adopts a people-centred approach to management.

Our psychosocial rehabilitation programmes have enjoyed close ties with **SOGG** and with **Basisberaad GGZ**, both in the Netherlands. These relationships provided the catalyst for the formation of CCAB, an advocacy body that continues to empower consumers and lobby for the rights of persons with psychiatric disability.

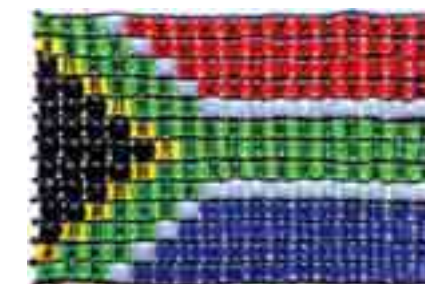
SAGENET, a multi-sectoral South African and German network, has held enormous benefit for the disability sector over the past decade. This voluntary body and the influence of its 'Southern' Chairperson, Birgit Schweizer, have been the source of many of our exchange programmes with Germany.

Birgit has been a senior staff member of Cape Mental Health for 14 years, and has facilitated a number of study visits to **St. Martin's** in Germany, a 'village' that offers comprehensive facilities for people with disabilities. Through these exchanges our careworkers from disadvantaged communities have gained considerable skills in developing the potential of children and adults with intellectual disability.

Through **SAGENET**, we also established contact with **ICJA (Youth Exchanges International)**, that paved the way this year for volunteers Oliver Eiermann, Sabrina Carroasca and Sabine Friedel, to share their skills and intercultural learning.

We pay tribute to Donald Vogel, 'Northern' Chairperson of SAGENET, who is the visionary behind many of the initiatives and funding partnerships undertaken with Germany.

Cape Mental Health has carried little of the financial burden of the Swedish and German exchange programmes, because our Northern partners have paid for travel, accommodation and other expenses. But we offer an invaluable learning experience in return, showing our Northern partners the importance of benchmarking as a management tool, and just how creative and innovative service delivery can be in spite of limited resources.



A belief in equality

Sweden – the land of the midnight sun, the northern lights, and the Nobel Prize – is a country where a belief in the equality of people is pervasive. This is reflected particularly in the opportunities that the country creates for people with disabilities.



In 1979 Sweden faced the challenge of implementing a new model of psychiatric care, with patients released from institutions and psychiatric hospitals into society. But many of the earlier patients lacked opportunities for social companionship and vocational rehabilitation in their communities. Enskede Skarpnäck's psychiatric section in Stockholm sent many of its staff to Trieste in Italy to study social cooperatives.

Social Cooperatives - empowering people with psychiatric disabilities

Entry into the EU in 1995 increased Sweden's opportunities to run projects for disadvantaged groups. Persons with psychiatric disability received renewed attention through the Committee

Siyakha Kunye - Building Together

A partnership was established with the Sociala Kooperativ-projektet, a Swedish-based NGO focusing on the development of social cooperatives. The Project Manager, Bosse Blideman, accessed funding through SHIA (Solidarity, Human Rights, Inclusion and Accessibility), the Swedish Organisations of Disabled Persons International Aid, for three mental health professionals working in the area of psychiatric disability to benefit from the Swedish Exchange programme.

Denise and René were impressed by the range of services available to people with psychiatric disability, the community-based structures and systems in place, and the considerable government support these services enjoy. Local clubs, for instance, are proactive in organising activities and fundraising for overseas trips, as well as running activity centres where people can learn skills such as woodworking, pottery, gardening and bookbinding, amongst others. In each municipality there is also a multi-disciplinary team that visits people living on their own.

For Denise an unexpected highlight of the trip was being able to attend the International Clubhouse Community Development Conference in Helsinki. This was a gathering of over 400 delegates from Fountain Houses worldwide, and it was a proud moment for Denise to introduce our Fountain House (the only one in Africa) to the international arena.



The large psychiatric hospital in Trieste had closed and several workplaces were set up as cooperatives (including a hotel, restaurant, and various production cooperatives) so that the patients could participate in a social and cultural community. Inspired by Trieste, Enskede Skarpnäck and, subsequently, enthusiasts, county councils and organisations in Sweden formed social cooperatives.

"...handicap is not viewed as a characteristic of a person, but as something that arises when a person with a functional impairment is confronted by an inaccessible environment"

Swedish legislation

The Lutheran tradition in Sweden is evident in its strong work ethic. When people with a 'functional disability' cannot gain access to the open labour market, however, the social cooperative offers opportunities that encourage voluntary membership and active participation.

on Psychiatric Care and the psychiatric care reform that followed, and bodies such as the Swedish National Association for Social and Mental Health (RSMH) and the Schizophrenia Fellowship (IFS) came to the fore.

Even though the differences between Sweden and South Africa (a First World Country and a mixed-economy country) are vast, both countries have faced challenges in reforming psychiatric care. Cape Mental Health therefore decided to draw on Sweden's wealth of experience in developing services and opportunities for people with psychiatric disability.

Cooperatives are formed by people coming together as equals, pooling their resources for the common purpose of generating a profit. Equal decision-making and ownership generate empowerment of the individuals who are members of the cooperatives.

**Denise Grobbelaar,
Fountain House Coordinator**

In June 2005 Denise Grobbelaar, who manages a work skills rehabilitation programme, and René Minnies, who coordinates our psychosocial rehabilitation groups and advocacy body, embarked on a two-week journey of discovery to Sweden to research whether the services the Swedes offer to people with psychiatric disability could be adapted to the South African context. (Carel Mouton of the Limpopo Province was the third member of the group).

Denise and René went on 22 study visits, exposing them to the whole continuum of care, especially social co-operatives (the model used for empowering people with psychiatric disability).

The Swedish government funds the social cooperatives, paying the rent and salaries of the job coaches that are employed to guide the members. The money generated by the cooperatives is then split between the ongoing costs of the cooperative and the members.

As a model of social integration and empowerment, cooperatives work well in a developed country where the necessary funding, training and resources exist. In the South African context, we would need to explore seed funding, ongoing support, training, research and marketing.

**René Minnies,
Rainbow Foundation & CCAB Coordinator**

Bosse Blideman and Ami Rohnitz paid a return visit to South Africa in October 2005. They enjoyed a successful and busy study programme and were clearly impressed by our efficiency and organisational ability. A further outcome of the Swedish Exchange has been that Bosse Blideman has sourced further funding from SHIA for a Social Cooperative Learning Exchange Week to be held in Cape Town in June 2006. This seminar holds the promise of further dialogue with stakeholders in the cooperative movement in South Africa.

Integration - for trainees with intellectual disability

Since German unification in 1990, Germany has expended considerable funds to bring productivity and wages in Eastern Germany up to Western standards. South Africa, too, has had to redress historical imbalances created by Apartheid. Both countries have grappled very seriously with Employment Equity issues, but it is the challenges in the disability sector that have been the subject of the 'development dialogue' between Cape Mental Health and our German partners.

In 2003 five Cape Mental Health staff visited Berlin, and the following year we hosted the return visit of eight German mental health professionals. In 2005 we maintained the momentum of this dialogue, and participated in a number of exchange programmes, all focusing on developing services and creating opportunities for persons with intellectual disability.

In September 2005 Santie Terreblanche, General Manager of Training Workshops Unlimited (TWU), paid a two-week visit to an integration company in Berlin. The visit was funded by the Parity Association and offered a full programme of meetings and visits. A positive outcome of this visit was that the FAF, an organisation consulting Integration Companies in Germany, offered to send one of their consultants to Cape Town for a week to assist TWU with the final business plan for our Contract Cleaning Company.

Cape Mental Health and Training Workshops Unlimited are constantly looking at ways to extend our range of services available to persons with intellectual disability. The next pioneering step is to launch our own Contract Cleaning Integration Company where they can practise their acquired skills and earn market-related wages.

**Santie Terreblanche,
TWU General Manager**

Consequently, 2006 started on a high note with the arrival in February of Michael Weiss. Michael is an Integration Company specialist and therefore the ideal person to review and refine the business plans that had originally been designed for TWU in 2005 by two visiting ASA German Exchange delegates.

Lifeskills Training – Lebenshilfe

In August 2005 staff members Ntombesintu Mcimeli of Athlone Training Workshop and Michelle Cupido of Retreat Training Workshop flew off to Germany for a one-month Lifeskills Exchange Programme funded by Lebenshilfe Berlin. The focus of their visit was on adults with severe and profound intellectual disability over the age of twenty-one. This disadvantaged group is in particular need of services as our special care centres provide for children and youth up to the age of 21, but as their disability is too severe for them to be placed at our training workshops, they are sent home with little or no opportunities in the community for further development.

During their stay in Berlin, Ntombesintu and Michelle visited a range of projects for severely disabled children and adults, and learned about alternative augmentative communication, handling principles, life skills training and the latest developments in programme delivery. They lived in households that included severely disabled individuals and witnessed the high level of care and handling that can be provided. The knowledge and skills they have gained were communicated to the rest of the Lifeskills Programme staff at TWU and evidence of the learning can be seen at all the Lifeskills Programmes at the different workshops.

Dr Cramer is regarded as the father of disability equity legislation in Germany and was one of the founder designers of the disability equity legal codes. His visit provided the Commission on Employment Equity with guidance and an application model with which to monitor disability equity and ensure equity compliance from the corporate sector. Subsequently, Mike Toni from the DPSA has been appointed as a Commissioner onto the Employment Equity Commission and has been invited to Germany to pursue this dialogue.

Community-based job creation

After a flurry of preparation and advice from participants in previous exchanges, social worker Kay Cikizwa and social auxiliary worker Steven Sityo set off on their first overseas trip. From April to July 2006 they participated in a 3-month ASA Exchange Programme that focused on the implementation of community-based job creation initiatives, such as beading and food gardening. On their return, Kay and Steven will 'give back' to the communities that Cape Mental Health serves by sharing their insights and expertise.



In May 2005, Shamila Ownhouse and Sharon Kelderman embarked on an ASA Exchange Programme to Berlin. ASA and its partners organise three-month work-and-study stays for young people from Germany and other European countries to Africa, Asia, Latin America and South Eastern Europe. This promotes exchange and learning through personal experience.



Shamila and Sharon researched the prospect of developing an integration company as an 'exit opportunity' for persons with intellectual disability from our training workshops into the open labour market. This preparatory visit yielded far-reaching results.

These delegates, Lena Hardieck and Agnes Cebulla, had done much groundwork over a three-month period in designing the business plans, consulting with various specialists, and researching prospective funding. Michael and Lena (the latter had applied for an extension from ASA) refined the integration company implementation strategy, in consultation with Cape Mental Health.

Michael's expertise and contribution have given us the confidence to consider launching a Contract Cleaning Integration Company, the first integration company in South Africa, in April 2007. This groundbreaking initiative will provide exit opportunities into the open labour market for young persons like Ntombentsha Catherine.

Employment Equity

The long-awaited arrival of Dr Cramer was realised when Cape Mental Health, in partnership with Disabled People South Africa (DPSA) and the Commission on Employment Equity, hosted his visit. Dr Cramer arrived in Cape Town on 25 March 2006 to participate in an exchange dialogue that would influence the monitoring and implementation of the Employment Equity Act in South Africa.

Employment Equity opportunities in South Africa for persons with disabilities remains unacceptably low. The lowest target of 2% has not been achieved and strategies to address the problem are absent. Disability equity legislation and monitoring policies in Germany provide a model that can be adapted for the South African context.

Ingrid Daniels, Director

Staff list as at 31 March 2006

CAPE MENTAL HEALTH SOCIETY - HEAD OFFICE

(INCLUDING LEARNING FOR LIFE, THE RAINBOW FOUNDATION, SEXUAL ABUSE VICTIM EMPOWERMENT, SOCIAL DEVELOPMENT SERVICES, PUBLIC EDUCATION AND THE STAFF COUNSELLING NETWORK)

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IMIZAMO-YETHU SPECIAL CARE CENTRE

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ATHLONE TRAINING WORKSHOP, GARDEN POT CENTRE and WORKSHOPS UNLIMITED TRAINING SCHOOL

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MITCHELLS PLAIN TRAINING WORKSHOP

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NONCEBA TRAINING WORKSHOP

Nomalungelo Hlutwa • Anthony Luthuli • Mary Mohapi

RETREAT TRAINING WORKSHOP

Lorraine Cupido • Michelle Cupido • Sharon Hendricks • Wilma Samuels

SIYANCEDA YOUTH SERVICE PROGRAMME

Marion Ford • Sharon Kelderman • James Mkalipi • Churchill Mqingwana • Shamila Ownhouse • Stéphan Pretorius

General Committee

Alan Crisp • Aretha Folding • Mercia Folding • Tracy Fortune • Phoebe Gerwel • Bronnie Harding • David Lotz • André Roux • Jennifer Septoe • Shona Sturgeon • Baba Zide

HONORARY PSYCHIATRISTS: Dr Sean Baumann • Prof. Tuviah Zabow

PRESIDENT: Fred Phaswana • VICE-PRESIDENT: Ken Sturgeon

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Cape Mental Health thanks all the individuals, trustees, corporates and organisations who have given support either financially or in kind in the past year. In particular, we acknowledge the vital support provided by the Department of Social Services and Poverty Alleviation, the Department of Health, the Community Chest of the Western Cape, the National Lottery Distribution Trust Fund and the Umsobomvu Youth Fund.



Warmest thanks are also extended to our volunteers who work with such dedication to improve the lives of persons with mental disability. Your support is invaluable.

A volunteer that deserves special mention is photographer Eric Miller whose photographs of Ntombentsha Catherine Sijentu feature in this Annual Review. Eric has championed our cause for many years. Please visit www.eric.co.za to see more of his work.

Audited Financial Statements for the 2005-2006 financial year are available on request.