

Katharina Govender

proficient in: specialised care programs for adults and children



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South Africa | Germany

+27 years experience.
Worked with teams of 2 - 6 people.

“ Do you require a co-created care program design, action plan and implementation by a consultant who can offer advice, coaching and on-site implementation? ”

PROFILE • SOUTH AFRICA & GERMANY

Katharina Govender has 27 years’ experience working with special needs children and adults in Germany and South Africa, as part of a team or on her own. She provides tailored co-created programs that support and enhance the lives of individuals afflicted by terminally ill conditions, debilitating serious illness and special needs.

Her care expertise includes working with people who live with Cancer, Parkinson’s Disease, Progressive Supranuclear Palsy, Dementia, Alzheimer’s, Physical Impairments, Autism, Down Syndrome, and patients requiring palliative care.

Katharina’s purpose is to improve the quality of life for both the affected person and the family through physical and emotional support.

She uses a combination of techniques and life experience to either enhance existing care plans, or co-create programs uniquely adapted to the needs of the patient in collaboration with nurses, doctors, occupational therapists, and physiotherapists

Katharina utilises methods inspired by global best practice and incorporates:

- 1. body movement practices
- 2. psychosocial support
- 3. speech exercises
- 4. art exercises

via her co-created care design plans in collaboration with nurses, doctors and other health professionals. She also draws on various body movement techniques, German Hospice Practice and other teachings to improve the well -being of individuals with special needs.

Katharina’s holistic co-created programs are based on her ongoing careful observation and interaction with the individuals in need, to ensure that they are given the best possible care in their respective surroundings.

MY EDUCATIONAL TRAINING INCLUDES THE FOLLOWING

2014

Learner Facilitator Course, Willie Erasmus, Clinical Psychologist

2012

Diploma in Pre-Primary Montessori Education, Early Childhood Development
(24.01.11 - 24.11.24)

2003

160 Hrs Completed: Medicent GmbH, Paramedic Training School

80 Hrs Completed: Medicent St.George's Hospital, Car Paramedic Assistant

64 Hrs Completed: St.George's Hospital Paramedic Assistant - Operations

2002 - 2003

Vocal Training, Achtel & Co, Musicschule, Hamburg

1999

ASB Arbeiter-Samariter -Bund Hauskrankenhelfer (Nursing Home Trainee School, 01.11.99 - 08.12.99)

CASE STUDIES

Case 1

Patient: Dr. M.H. **Patient Condition:** Parkinson's & Alzheimer's Diseases

Patient Age: 70 **Program Duration:** 7 years | 1997 - 2004

Location: Hamburg, Germany | Patient's Home **Language:** German **Capacity:** Private **Team Members:** 0

Tools: Mobility Exercises, Psychosocial Support (including Reading, Storytelling & Musical Interactive Engagement), Eating and Swallowing Support (Monitor & Assist). Fine Motor Skill Treatment. Ad-Hoc Medical Attention in Coordination with Attending Medical Doctor.

Routine: 2.5hr sessions each day, Mon-Fri

Methodology: Consisting of stretching, body activation exercises for balance and strength, 30-45min walks, and 20-30min interactive engagement utilising reading, storytelling and music. 30-45min fine motor skill treatment (twice a week). Attending medically as far as possible in coordination with attending medical doctor.

Results: Reduced patient deterioration, stabilised patient with care till end-of-life.

References: K.H.(wife, now deceased, reference letter available), K.H (daughter)

Case 2

Patient: Mrs. G.W. **Patient Condition:** Elderly lady with beginning stages of Dementia

Patient Age: 80 **Program Duration:** 3 years | 2000 to 2003

Location: Hamburg, Germany | Patient's Home **Language:** German **Capacity:** Private **Team Members:** 6

Tools: Full-Time Care in Collaboration with the Attending Medical Doctor. Mobilisation and Comprehensive Physical Exercise. Psychosocial Care, Travel Assistance. Walking Assistance. Organisation and Care of the Household. Establish Surroundings for Nursing Requirements in Relevant Domiciles in Team Collaboration. Organisation of Holidays. Preparation of Nursing Documentation. Acquainting New Co-workers with the Work.

Routine: 21hrs per week

Methodology: Consisting of stretching, body activation exercises for balance and strength, 30 min walks and 20-30min interactive engagement utilising reading, puzzles, conversation, outings, and travel. 30-45min fine motor skill treatment (twice a week). Attending medically as far as possible in coordination with attending medical doctor.

Results: Reduced patient deterioration, stabilised patient with care till end-of-life.

Reference: P.R., Lawyer (Guardian)

Case 3

Patient: Mrs. G.S. **Patient Condition:** Elderly

Patient Age: 81 **Program Duration:** 2 years | 2010 to 2012

Location: Cape Town, South Africa | Patient's Home

Language: German **Capacity:** Private **Team Members:** 0

Tools: Mobility Exercises, Psychosocial Support (Including Interactive Engagement: Reading, Writing, Storytelling)

Routine: 3 days a week, 3hrs each day

Methodology: Consisting of stretching, body activation exercises, 30min walks, 60min interactive engagement utilising, writing, reading, storytelling and baking cakes. Attending medically as far as possible with attending medical doctor.

Results: Reduced patient deterioration, stabilised patient with care till end-of-life

Reference: Dr. B.S. (Daughter)

Case 4

Patient: Mrs. G.T. **Patient Condition:** Elderly lady with failing eyesight using a walker.

Patient Age: 91 **Program Duration:** 2.5 years | 2013 to 2015

Location: Cape Town South Africa | Care Facility

Language: German, English **Capacity:** Private **Team Members:** 0

Tools: Mobility Exercises, Psychosocial Support (including crossword puzzles, reading & conversations. Fine Motor Skill Treatment.

Routine: 2 hr sessions 3 days a week.

Methodology: Consisting of stretching, body activation exercises for balance and strength, 20min walks, and 45min interactive engagement utilising reading and crossword puzzles. 20min fine motor skill treatment (twice a week).

Results: Reduced patient deterioration, stabilised patient with care till end-of-life.

Reference: A.T (Son)

Case 5

Student & Patient: Ms. K.M.H. **Patient Condition:** Down Syndrome

Student Age: 14 **Program Duration:** 3 years | 2014-2016

Location: Cape Town, South Africa | St. Cyprians High School **Language:** English

Capacity: Private and Collaboration with School Staff within School System **Team Members:** 0

Educational Tools: Inclusive Education Support, Tutoring All Subjects, Speech Exercises, Behavioural Education, Educational Facilitation, Excursion and Extra Mural Activity and Engagement, Mobility Exercises.

Routine: Mon-Fri, during School Hours, 7.30am-3pm

Methodology: Supporting and developing independence in all aspects as much as possible.

Keri Meo, previously had a facilitator sitting next to her in class and writing everything down for her. I changed this within the first 6 months of working with her, ensuring that she would participate in as much as she could, and write her own notes. I would tutor her between and after lessons. Rearranging her room from child-like to a teenage appropriate room. Ensuring she participated in school activities without excessive monitoring.

Results: Completed her Matric year. Participated in the interschools concert with her violin.

Sustained transformation from previously low to new high improved emotional management, body language, educational and social capability, and confidence.

Reference: V.H (Mother)

Case 6

Patient: Mr. C.S.

Patient Condition: Progressive Supranuclear Palsy (PSP) and Multiple System Atrophy.

Patient Age: 65 **Program Duration:** 2021-2024 **Location:** Cape Town, South Africa | Patient's Home

Language: German, English **Capacity:** Private **Team Members:** 2 (24hr Carers)

Tools: Develop and Manage Program Plan with Team. Mobility Exercises Psychosocial Support (including Interactive Engagement: Reading, Conversations Drawing, Painting, Pottery), Eating Swallowing Support (Monitor and Assist), Body Movement Practices, Speech Practice Exercises, Art Exercises, Fine Motor Skill Treatment. Ad-Hoc Medical Attention in Coordination with Attending Medical Doctor, Attending Doctor Visits.

Routine: 4hrs each session, 4 days per week.

Methodology: Consisting of stretching, body activation therapy for balance and strength, 45min walks, and 60min interactive engagement utilising reading, drawing, painting pottery. 30-45min fine motor skill treatment (twice a week). Attending medically as far as possible in coordination with attending medical doctor, attending doctor visits.

Results: Reduced patient deterioration, stabilise patient

References: J.S (Wife), Dr. B.S (Sister) Dr. O (attending Doctor),
M.vd W. , (Palliative Care Professional Nurse).

Case 7

Patient: Mrs. A.J. **Patient Condition:** Dementia

Patient Age: 62 **Program Duration:** 2024-2025, might still continue in an adjusted form online

Location: Cape Town **Language:** German, English

Capacity: Private **Team Members:** None until now

Tools: Mobility Exercises, Psychosocial Support (Including Reading, Puzzles, Communication Assistance including answering Whatsapp messages, Storytelling, Musical Interactive Engagement), Art Exercises, Organization of the household, Ad-hoc medical attention in coordination with the medical doctor.

Routine: 5 hours on a Tuesday and Thursday every week

Current: Testing working online with an adjusted program

References: R.J. (Husband)

OTHER RELEVANT EXPERIENCE

Anschahohe Eppendorf Care Facility

2003-2004

Facilitated and managed various basic and support nursing work with multiple patients regarding personal hygiene, daily operations, occupant mobilisation support, fostering social contacts and documentation of independent work. Various elderly patients' illnesses included Cancer and Dementia.

Asklepios, Clinic North, Ochsenzoll

2001

Assisting nursing staff in the psych ward.

