SOUTH AFRICAN POLICY FOR OLDER PERSONS

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CONTENTS

1. FOREWORD

The 2001 census indicated a significant growth in the number of older persons in the country. It is predicted that this number will rise. It is therefore essential to develop a policy that protects older persons. The impact of population ageing on the socio-economic development of the society, combined with the social and economic changes taking place in all countries, necessitates policy development. This policy will ensure integration and empowerment of older persons.

The primary purpose of developing policy on older persons is to that quality services to older persons are accessible, affordable, comprehensive and equitable. It further seeks to create an enabling environment to older persons living in the community and within facilities.

The policy calls for changes in attitudes and practices at all levels in all sectors so that enormous potential of ageing may be realized. It promotes that older persons should age with security and dignity, and also empower themselves to participate within their families and communities.

While the Department of Social Development is the lead Department in providing protection, care, support and development to older persons, it is a fact that it cannot achieve its mandate alone. Inter-sectoral collaboration remains the key in attaining this goal. Both the civil society and the government departments have to pull resources together to provide comprehensive services to older persons putting older persons at the center of all interventions. This policy seeks to ensure that older persons issues are addressed and dealt with in a holistic and collaborative manner.

DR ZST SKWEYIYA
MINISTER OF SOCIAL DEVELOPMENT
DATE:

EXECUTIVE SUMMARY

The primary purpose of the Policy on Older Persons is to facilitate services that are accessible, equitable and affordable to older persons and that conform to prescribed norms and standards. Such services should empower older persons to continue to live meaningful lives in a society that recognizes them as important sources of enrichment, expertise and community support.

Although the growing population of Older Persons in the country has increased by 4% when comparing 1996 and 2001 Census data, there is a change in the family structure which has adversely affected the roles of the older persons within the family and the community.

The main goals of this policy is to enable older persons to enjoy active, healthy and independent living and to create an enabling and supportive environment that ensures that both frail and mobile older person receive services that respond to their needs.

The policy acknowledges that there are principles and values that underpin services to older persons and that the family as a fundamental unit of society should be maintained and protected in accordance with societal values, traditions and customs.

The fundamental principle that should drive a total transformation of ageing in South Africa is that older persons form an integral part of society. Within the African context family life is a non-negotiable and reciprocal support network throughout the life cycle of people from birth to death. The needs of older persons and their circumstances must determine the services to be provided. The Older Persons Policy therefore takes into consideration this principle, and seeks to strengthen family and community systems to enable them to cater for older persons.

The Policy conceptualizes the three key priorities outlined in the Plan of Action adopted at the 2nd World Assembly on Ageing in Madrid namely; Older Persons and Development, Advancing Health into Well –being and ensuring an enabling and supportive environment. It further highlights the fourth element, which is critical in the South African context, namely, Protection of Older Persons.

It should be highlighted that the success of this policy will depend on the collaborative effort amongst government departments and civil society. Mechanisms to ensure protection of older persons have been outlined which amongst others include; identification of older persons in need of care and keeping of the register on abuse. The policy takes therefore into cognizance institutional arrangements in the provision of services to older persons.

It should be highlighted that the success of this Policy will depend on the commitment by government to allocate substantially more funds to implement this Policy, efforts to address the imbalances in service provision through capacity building, infrastructure development and training. The willingness of the civil society and the government to work together will also determine the success of this model. The need to put monitoring and evaluation mechanisms in place to ensure compliance and effective implementation of the policy has been highlighted.

Ageing is a natural process of life. Older persons are a valuable resource. They are the repositories of tradition, culture, knowledge and skills. These attributes are essential in maintaining intergenerational links.

The policy is aligned with Service Delivery Model and financial Awards policy of the Department.

DEFINITIONS

1. In this Act, unless the context indicates otherwise –

(i) **"abuse"** means a single or repeated act, or lack of action occurring within any relationship where there is an expectation of trust, that causes harm or distress to an older person, including physical, psychological, financial, material or sexual harm or neglect;

(ii) **''care''** means provision of physical, psychological, social or material assistance to an older person and includes services aimed at promoting the quality of life and general well-being of an older person;

(iii) **"associated auxiliary workers"** includes assistant nurses, social auxiliary workers and other workers that assist professionals in the performance of their duties;

(iv) **''caregiver''** means any person who provides care to an older person;

(v) **''community-based care and support services''** mean development, care and support services provided within a community, aimed at promoting and maintaining the independent functioning of older persons in a community, and include home-based care for frail older persons within the community;

(vi) **''day care''** means a service within a residential home or a community-based facility which provides social, recreational and health related activities in a protective setting to individuals who cannot be left alone during the day, due to health care and other social needs;

(vii) **‘‘Department’’** means the Department of Social Development in the national sphere of government;

(viii) **‘‘Director-General’’** means the Director-General of the Department;

(ix) **“Domestic assistance”** means the provision of domestic services to an older person living outside a facility, in order to enable the older person to maintain his or her present level of independent living;

(x) **‘‘facility’’** means a building or other structure used for the purpose of providing accommodation, shelter, community-based care and support services to older persons, including a private residential home in which older persons are accommodated;

(xi) **“frail older person**” means an older person in need of 24 hour care and/or whose physical or mental condition renders him or her incapable of caring for himself or herself;

(xii) **“grant-in-aid”** means a grant paid to or on behalf of any older or persons with disabilities who is in such a physical or mental condition that he or she requires regular attendance by any person;

(xiii) **‘‘home-based care’’** means the provision of health and personal care services rendered by formal and informal care givers in the home in order to promote, restore and maintain a person’s maximum level of comfort, function and health, including care towards a dignified death;

(xiv) **“magistrate”** includes an additional and an assistant magistrate;

(xv) **"manager"** means the person responsible for the day to day management of a facility or service;

(xvi) **"minister"** means the Minister of Social Development;

(xvii) ''**older person''** means a person who, in the case of a male, is 65 years of age or older and, in the case of a female, is 60 years of age or older;

(xviii) **''older person in need of care and protection''** means an older person referred to in section 24(5);

(xix) **"organisation"** means any body, group or association of persons, any institution, federation, society, movement, trust or fund, incorporated or unincorporated, and whether or not it has been established or registered in accordance with any law, who care for support or assist with the needs of older persons;

(xx) **"owner"** means a person, persons or an organisation which owns a facility or service referred to in this Policy;

(xxi) **''police official''** means a member as defined in section 1 of the South African Police Service Act, 1995 (Act No. 68 of 1995), or a member of a municipal police service established under section 64A of that Act;

(xxii) **"province"** means a province established in terms of section 103 of the Constitution of the Republic of South Africa, 1996;

(xxiii) **"recipient of social assistance"** means a person receiving a grant under the Social Assistance Act, 1992 (Act No. 59 of 1992);

(xxvi) **“rehabilitation”** means a process where older persons are provided with tools to enable them to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, and includes measures to restore and/or provide functions, or compensate for the loss or absence of a function or for a functional limitation, but excludes medical care;

(xxv) **“representative”** means a family member, lawyer, friend or member of the general public authorised to represent the interests of an older person;

(xxvi) **‘‘service’’** means any activity or programme designed to meet the needs of an older person;

(xxvii) **‘‘shelter’’** means any facility or premises maintained or used for the reception, protection and temporary care of an older person in need of care and protection;

(xxviii) **‘social worker’’** means any person registered as a social worker under section 17 of the Social Service Professions Act, 1978 (Act No. 110 of 1978);

(xxix) **“welfare organisation”** means an organisation which renders services to older persons for non profitable purposes and includes any company or other association of persons established for a public purpose and the income and property of which are not distributable to its members or office-bearers except as reasonable compensation for services rendered, and includes a nonprofit organisation established in terms of the Nonprofit Organisations Act, 1997 (Act No. 71 of 1997).

CHAPTER 1

1.1 INTRODUCTION

The role of older people in South African households has changed significantly over time. Traditionally, their role was to advise, direct and lead their families and societies in those practices, rituals and ceremonies that not only ensured their own survival, existence and continuity, but that of the community as whole. They were involved in the socialization of society and ensured the attainment and passing on of society's knowledge, values and norms.

The advent of formal education, the Church and a modern way of life meant a change in the roles played by older people in society. Whilst these have contributed to the development of communities, they have led to a lesser recognition and the erosion of the status of older people. Additional factors such as urbanization, migratory labour system and the onset of chronic diseases, have had a devastating impact on the structure of the family. Older people are now key to the survival of an increasing number of orphaned and vulnerable children and those adults that are sick from AIDS. Older people play this very difficult role with no resources at their disposal and absolutely no recognition for their efforts.

South Africa, as with other countries in the world, has an ageing population, which means that the proportion of older persons in the country is increasing. This scenario has calls for a concerted effort towards strengthening the capacity of older persons to play a more meaningful role in society, to enjoy active ageing and healthy and independent living, by creating an enabling environment for all older persons.

1.2 SITUATION ANALYSIS

1.2.1 Statistical trends

Existing data[1] reveal distinct patterns and characteristics of the older population of South Africa.

1.2.1.1 Proportion of older persons in the population

The October 1996 population census enumerated a total of 40,5 million people. 6.9% of the population was aged 60 years or older. The 2001 census shows older persons as constituting 7.3% (3.28 million) of the population (44.8 million), a growth of .4%. This proportion is substantially lower than in the developed world, where the proportion in countries such as Italy is 19%. It is marginally lower than the average proportion (8%) in equivalent developing countries, but higher than the average for Africa (5%), which has a very young population in comparison with the rest of the world.

1.2.1.2 Provincial distribution of older persons

The proportion of older persons in South Africa varies considerably between the nine provinces. The lowest proportion of older persons is in the two provinces of Mpumalanga (6,0%) and Free State (6,0%). The highest proportion, by a considerable margin, is in the Eastern Cape (18,8%). This is an indication of the economic vulnerability of the Eastern Cape population, with its relatively low proportion (51,4%) in the 15 to 59 year old (potentially economically active) category and exceptionally high proportion dependant 0 to 14 year olds (39,3%), the highest in the country.

In terms of the overall distribution of older persons, the largest concentrations are in KwaZulu-Natal (19,9%) and the Eastern Cape (18,0%). Owing to out-migration and urbanisation amongst younger persons older persons are disproportionately

[1] Statistics South Africa; research on ageing trends in South Africa by Ferrari and Kindles; Annual Reports of the Department of Social Development; a research report on elder abuse in black townships on the Cape Flats by the Centre for Gerontology (UCT); interim results from a 2001 departmental audit of old age residential facilities; and the Halt Elder Abuse Line (HALT).

represented in the rural areas (of the country). Three other provinces have high concentrations of older persons, namely Gauteng (16,2%), Limpopo (12,4%) and the Western Cape (10,7%). In the cases of Gauteng and the Western Cape, however, these older persons have the benefit of larger proportions of 15 to 59 year olds than do those living in KwaZulu-Natal, the Eastern Cape and Limpopo. National resource allocations to older people should thus take account of their distribution between and within provinces. The province with the largest percentage of the aged in South Africa is KwaZulu-Natal.

The population distribution of older persons is as follows:

Province	1996		2001	
	N	%	N	%
Eastern Cape	***531276***	***18,8***	***591095***	***18,0***
Free State	178432	6,3	197785	6,0
Gauteng	***456847***	***16,2***	***544524***	***16,6***
KwaZulu-Natal	***555044***	***19,6***	***652457***	***19,9***
Limpopo	351384	12,4	408365	12,4
Mpumalanga	163494	5,8	195996	6,0
North West	224010	7,9	269500	8,2
Northern Cape	62771	2,2	67800	2,1
Western Cape	301942	10,7	352984	10,8
South Africa	***2825200***	***100,0***	***3280505***	***100,0***

(Source: 1996 and 2001 census reports)

1.2.1.3 Proportion of women to men

More than six out of ten (61,6%) older persons in South Africa are females, who tend to live longer than males and are thus more likely to be widowed and to be living alone than older males. The female proportion rises to 68,5% (more than two out of three) amongst older persons aged 85 years or over. Overall, older males represent 3,8% of the total male population, while older females represent 5,7% of the total female population.

Number of individuals by age and gender – Census 2001

Age	Male	Female	Total	% of total population
60-64	444510	620784	1065294	2,38
65-69	304763	483164	787927	1,76
70-74	232547	398922	631469	1,41
75-79	136436	231101	367537	0,82
80-84	90835	180111	270945	0,60
85-89	28843	65380	94223	0,21
90-94	11309	30407	41715	0,09
95-99	4201	11237	15437	0,03
100+	1556	4402	5958	0,01
Total	**1255000**	**2025508**	**3280505**	**7,32**

1.2.1.4 Racial composition of older persons

The largest group among older persons is African, constituting just over two-thirds (67,7%) of the total aged population. More than one in five (22,5%) older persons are white, which is more than double the proportion the white group forms of the total population (10,9%). This reflects the longer life expectancy of whites on the one hand and their lower total fertility rate (1,9) in comparison with Africans (3,2). African older persons live primarily in rural areas, while the majority of older persons from the other population groups live in urban areas.

Older Person population by age group and race

Race	60-64	65-69	70-74	75-79	80-84	85+	Total	%
Black	601684	525056	312205	261326	108410	89475	1898156	67.7
White	175332	155236	121357	86625	55248	36530	630328	22.5
Coloured	79859	55016	33919	20607	11097	8348	208846	7.4
Indian	26669	18094	10975	6103	2644	1618	66103	2.4
Total	883544	753402	478456	374661	177399	135971	2803433	100.0

(Source: 1996 census)

1.2.1.5 Older persons and education

More than half (51,1%) of older persons had no formal schooling. Older persons living in urban communities are more likely to have had formal schooling, and generally to have progressed further in the educational system than older persons living in rural communities (are). It is significant that only 36% of older women received any kind of formal education in comparison with 64% of older men.

Actual figures

Province name	Age 0 - 14	Age 15 - 59	Age 60+
Eastern Cape	2370729	3475005	591031
Free State	830023	1678967	197783
Gauteng	2087086	6205484	544604
KwaZulu-Natal	3271027	5502655	652332
Limpopo	2076804	2788519	408316
Mpumalanga	1093239	1833805	195947
Northern Cape	251359	503608	67762
North West	1148320	2251423	269610
Western Cape	1236709	2934504	353128
Total	**14365296**	**27173970**	**3280513**

Percentage

Province name	Age 0 - 14	Age 15 - 59	Age 60+
Eastern Cape	16.50	12.79	18.02
Free State	5.78	6.18	6.03
Gauteng	14.53	22.84	16.60
KwaZulu-Natal	22.77	20.25	19.89
Limpopo	14.46	10.26	12.45
Mpumalanga	7.61	6.75	5.97
Northern Cape	1.75	1.85	2.07
North West	7.99	8.29	8.22
Western Cape	8.61	10.80	10.76

1.2.1.6 Older persons and disability

Approximately 430 000 or 23,1% of older persons are disabled. The most common disability is (the) loss of sight (47,1%) followed by physical disabilities (20,4%). More than one-quarter (28,2%) of black older persons are disabled, in comparison with 10,5% of white older persons. The proportion of disabled amongst older women is 23,1%.

In addition the proportional and absolute growth in the number of older persons, and especially the very old is of critical importance. This trend will (inevitably) have major policy and budgetary implications for the government (See Ageing Trends: South Africa.

The UN Department of Economic and Social Affairs (2002), estimates that the average annual growth rate of the 60+ category of the population in South Africa, will decline from 2,9% during the period 2000-2005, to 1,9% by 2025-2030 and to 1,6% in 2045-2050. Although the growth rate will decline, the **absolute number** of people in this age group will increase from the current 2,8 million to 4,6m in 2025 and 6,5m in 2050. By 2050, 13,7% of the population will be 60 years old or more. The ratio of older persons to the potentially economically active adult group will increase from the current 5,7 to 14,9 in 2050. This proportional and absolute growth in the number of older persons, and especially the very old is of critical importance. This trend will inevitably have major policy and budgetary implications for the government (see "Ageing Trends: South Africa").

1.3 Existing residential and support facilities

In the 1998/1999 financial year 474 homes, with the overall capacity to accommodate 42 952 older persons, were subsidised by provincial government. There were a further 7 state-run homes with a capacity to accommodate 1083 older persons. The distribution of old age residential facilities is disproportionately in the wealthier provinces of Gauteng and the Western Cape (17%), with a distinct lack of facilities in poorer provinces such as Limpopo. Voluntary NGOs,

FBOs or CBOs run large proportions of these facilities. In addition to accommodation and assisted living facilities, such organisations homes provide home help and meals on wheels and they facilitate support groups and luncheon clubs.

CHAPTER 2

2.1 Vision

A society in which people are enabled to age with security and dignity and to continue to participate in their communities as citizens with full rights.

2.2 Mission

To facilitate services to older persons that are accessible, equitable and affordable, that conform to prescribed norms and standards and improve the quality of life.

2.3 Goal of Policy on Older Persons

- To enable older persons to enjoy active, healthy and independent lives
- To create an enabling and supportive environment to older persons
- To provide continuous care to those older persons in need.

2.4 Principles and Values

- **The family**, in its diverse forms, is the fundamental unit of the society, linking generations and should therefore be maintained, strengthened and protected in accordance with traditions and customs.

- Older persons should have **access** to primary health care, curative care, social services and other care and support systems in order to maintain their optimal level of physical, mental, spiritual and emotional well-being.

- Services should be provided in an **intersectora**l and **collaborative** manner.

- Throughout their lives, all persons have a **personal responsibility** to contribute to their social and financial independence.

- Where independence is unattainable, **the family, community and all tiers of government** (national, provincial and local) have a shared responsibility to provide the necessary care and support.

- Services should enable older persons to remain **independent and self supporting** for as long as possible.

- Older persons should be **treated fairly and with respect** regardless of gender, racial, cultural or religious backgrounds, and services must be non discriminatory.

- The individuals' **right to privacy and confidentiality** must be respected.

- The **self determination and the autonomy** of individuals of older persons must be

- Service providers must have **personal and professional integrity** when providing services.

- Acknowledgements of the **right** of beneficiary older persons **to information**

- Commitment to engage in a **collaborative multi-sectoral service delivery**

2.5 Policy and Legislative Framework

The Constitution of the Republic of South Africa, 1996. Act 108 of 1996.
Human Rights Commission Act, No. 54 of 1994.
Aged Persons Act, No. 81 of 1967.
Aged Persons Amendment Act, No. 100 of 1998.
Domestic Violence Act, No. 116 of 1998.

Promotion of Equality and Unfair Discrimination Act, No. 4 of 2000.

Income Tax Act, No. 58 of 1962. (amended: 32 of 1999.)

Income Tax Amendment At, No. 90 of 1962.

Rent Control Act, No. 80 of 1976.

Restitution of Land Rights Act, No. 22 of 1994.

Maintenance Act, No. 23 of 1963.

Mental Health Act, No. 18 of 1973.

Health Act, No. 63 of 1977.

Criminal Procedure Act, No. 51 of 1977.

Criminal Procedure Second Amendment Act, No. 85 of 1996.

Public Protector Act, No. 51 of 1977.

Social Assistance Act, No. 45 of 1994.

Aliens Act, No. 1 of 1937.

Social Work Amendment Act, No. 102 of 1998.

Social Service Professions Act, No. 110 of 1978.

Recognition of Customary Marriages Act, No. 120 of 1998.

Social Assistance Act, No. 59 of 1992. (Proclamation No. 8 of 1996)

Housing Development Schemes Act for Retired Persons, No. 65 of 1988.

Child Care Act, No. 74 of 1983.

Housing Act, No. 107 of 1997.

Prevention of Illegal Eviction from and Unlawful Occupation of Land Act, No. 19 of 1998.

Rental Housing Act, No. 50 of 1999.

Labour Relations Act, No. 66 of 1995.

Employment Equity Act, No. 55 of 1998.

Health Act, No. 63 of 1977.

Health Professions Act, No. 56 of 1974.

International Health Regulations Act, No. 28 of 1974.

National Policy for Health Act, No. 116 of 1999.

Mental Health Act, No. 18 of 1973.

The following policies impact directly on the protocol on elder abuse.

Protocol on Victim Empowerment

Protocol on Elder Abuse

Human Rights Charter

Protocol on Child Abuse

Department of Health: Strategy on Elder Abuse

SADC documentation

UN Principles and Resolutions

Vienna International Plan of Action

IFA position on Elder Abuse

Department of Health: Patients' Charter

2.6 Intersectoral collaboration

Older persons shall receive preferential treatment and be treated with dignity and respect at public facilities and, to this end, all government departments at national, provincial and local level must proactively ensure that this occurs. Departments should establish desks that promote the user-friendliness of their services and respect for the dignity of their older clients in particular. This applies to the Departments of Agriculture, Arts and Culture, Communications, Education, Environmental Affairs and Tourism, Finance, Foreign Affairs, Health, Home Affairs, Housing, Justice and Constitutional Affairs, Labour, Minerals and Energy, Provincial and Local Government, Public Works, Safety and Security, Social Development, Sport and Recreation, Trade and Industry, Transport, and Water Affairs and Forestry.

In addition, there should be close collaboration between government departments to ensure that older persons can access information and services with a minimum of effort and inconvenience.

2.7 Focus Areas of Policy

The policy emphasizes the following three focus areas as adopted during the Second World Assembly Plan of Action held in Madrid in 2002:

A. *Older persons and development*, to be addressed by active participation in society; work and the ageing labour force; rural and urban development; access to knowledge, education and training; intergenerational solidarity; income security, social protection and poverty prevention; and provision in emergency situations.
B. *Advancing health and well-being into old age,* to be addressed by lifelong health promotion; universal and equal access to health services; HIV/AIDS; training of care providers and health professionals; mental health services; and disabilities.
C. *Ensuring enabling and supportive environments* to be addressed by housing and the living environment; care and support for caregivers; addressing neglect, abuse and violence; and communicating positive images of ageing.

These three priorities reflect the needs of older persons at different stages of the life cycle. Whereas the “development” component will be of greater pertinence to mobile and active older persons, the “health” and “supportive environments” will be more closely associated with the (particular) needs of the older and frailer, amongst the broad category of older persons.

CHAPTER 3

3. OLDER PERSONS & DEVELOPMENT

3.1 Integrated community based care and support services

Services to older persons vary according to the level at which they are required. The broad categories of services in this regard are as follows:

The levels of intervention are as follows:

- ***Prevention***

  This is the most important aspect of service delivery. Services delivered at this level are aimed at strengthening and building the capacity and self-reliance of the client. At this level the client is functioning at an adequate level but there is a possibility of at-risk behaviour at a later stage.

- ***Early intervention (non-statutory)***

  Services delivered at this level make use of developmental and therapeutic programmes to ensure that those who have been identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care.

- ***Statutory intervention/residential/alternative care***

  At this level an individual has either become involved in some form of court case or is no longer able to function adequately in the community, and services are aimed at supporting and strengthening the individual involved. At this level a client may have to be removed from his/her normal place of abode, either by court order or on the recommendation of a service provider, to alternative care (e.g. foster care), or placed in a residential facility.

- ***Reconstruction and aftercare***

The previous intervention is aimed at providing alternative care which should wherever possible be a temporary measure, followed by reconstruction/aftercare services to enable the client to return to the family or community as quickly as possible. Services delivered at this level are aimed at reintegration and support services to enhance self-reliance and optimal social functioning.

3.2 Preferential treatment of older persons

As a developing country, South Africa needs to take seriously every aspect of development in its broadest sense, including the impact of and opportunities presented by the growing population of older persons. Although more people are reaching greater ages, many live in poverty and experience poor health, disabilities and discrimination. Nevertheless, older persons make a significant contribution to development through their families and communities. Careful attention should be given to the voices of older persons and their desire to be of continued worth to society should be harnessed and utilised.

Section 9.3 of the Constitution indicates that “the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.” Government should overtly recognise the maturity, wisdom, dignity and restraint that come with a lifetime of experience. The role of older persons as attractive, diverse and creative individuals, making vital contributions, should be promoted.

The mass media should be encouraged to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older persons and ageism in the workplace or any other context should be eliminated.

3.3 Poverty and Food Insecurity

Differences in quality of life and household income between urban and rural areas are stark. Almost three-fifths (59%) of urban but only 9% of rural households have a water tap inside their homes (Statistics SA, 1999). Half (50%) of urban but only 10% of rural households have telephones. Nineteen percent of town dwellers are sometimes not able to feed their children every day. This is the case with 28% of rural households. This impacts heavily on older persons, who are disproportionately represented in certain rural areas, notably the Eastern Cape and to a lesser extent, Limpopo, where they are frequently left to care for grandchildren by their adult children who migrate to urban areas for work. Overall, poverty is distributed unevenly among the nine provinces of the country.

The Eastern Cape, Limpopo, KwaZulu-Natal and the Free State have by far the highest poverty rates. Reflecting this poverty distribution, 72% of poor people in South Africa live in rural areas, and 70% of all rural people are poor. Within both urban and rural areas the situation is highly stratified, either spatially (i.e. with pockets of extreme poverty), or by target group (e.g. women and children, older persons and the disabled). Rural communities are also highly dispersed and this presents difficulties of accessing appropriate levels of support or service. Some of the noticeable ways in which poverty manifests itself relate to issues of food insecurity, low income levels, unemployment and underemployment, social crime and HIV/AIDS, limitations of existing social assistance and reduced asset bases. It is estimated that 39% of the population is vulnerable to food insecurity (Statistics SA, 1999), in spite of the state injection of cash into the household budgets of poorer people.

Older persons therefore should be explicitly targeted in government poverty relief programmes. Sustainable development of the agricultural sector, together with improvement of market opportunities and access to food by low-income people are critical. The availability of sufficient nutrition to older persons specifically,

should be ensured through appropriate food schemes and the encouragement of older persons in the development of food production.

Older persons should be targeted in information campaigns in respect of correct nutritional and eating habits. A balanced and affordable diet to prevent dietary deficiencies, disease and disability should be facilitated through the development of national minimum dietary goals.

3.4 Emergency situations

Older people are especially vulnerable in emergencies, including food emergencies that arise from natural disasters, such as floods and droughts. Emergencies usually pose a major risk to food security, access to food supplies, shelter and medical health care. In rural areas, emergencies may pose an even bigger threat to older persons than in urban areas, owing to the lack of infrastructure and basic services. Older persons are generally much less able to cope with emergencies because of their physical vulnerability and they should thus be consciously and deliberately targeted to ensure their equal and easy access to food, shelter and life-sustaining services and facilities during and after natural disasters and other humanitarian emergencies.

3.5 Social grants

Current policy on social grants is based on Section 27(1) (c) of the Constitution, which entitles all citizens to social security and if they are unable to provide for themselves, to social assistance. The term social security is often used to include social assistance. The domains of social security are: poverty prevention, poverty alleviation, social compensation and income distribution. Many issues related to social security are sensitive as they touch on the material interests of organised workers and the unorganised poor, as well as the insurance industry and employer organisations.

The current forms of social assistance in South Africa include Old Age Grants, Disability Grants, Foster Care Grants and Child Support Grants. Though social assistance is not aimed at meeting the total needs of recipients, it is a means of enabling them to meet their most basic needs. People who are unable to support themselves are eligible to for social assistance grants. People who have applied for grants are eligible to receive social relief of distress until their grants are paid.

Old Age Grants in payment by province: March 2005

	Number of recipients	Total value in Rand
Eastern Cape	415 472	322 129 298
Free State	128 173	98 649 635
Gauteng	256 720	195 475 555
KwaZulu-Natal	429 480	332 772 475
Limpopo	326 520	254 562 181
Mpumalanga	148 880	115 397 965
North West	183 885	142 456 947
Northern Cape	44 732	34 085 228
Western Cape	163 857	123 162 421
Total	**2 097 719**	**1 618 691 705**

Source: Department of Social Development

The current Social Assistance Act No. 59 of 1992 discriminates between men and women on the basis of age. Subject to the means test, the age criterion for eligibility to the Old Age Grant should be 60 years and above, irrespective of gender.

There should be collaboration with the Financial Services Board to synchronise legislation and policies on contributory pension schemes to provide for a safety net continuum for older persons, thereby addressing the causes of dependence on social assistance.

A new comprehensive social security system should:

- Provide for public education programmes to promote retirement planning amongst all adults, young and old.
- Establish a contributory retirement scheme for the self-employed and informally employed.
- Institute a mechanism to enforce all employers to contribute to an approved retirement fund.
- Provide for the transfer of benefits between retirement funds in the event of change of employment, to prevent continuous withdrawal of benefits by members when changing jobs.
- Minimize taxation on contributions to pension and retirement annuity funds in terms of the Income Tax Act, as an incentive to saving for retirement.

3.6 Immigration

The Immigration Bill (par. 13) proposes that a retired person permit may be issued for a period exceeding three months to a foreigner who is older than 60 and intending to retire in South Africa, subject to two financial criteria. Firstly, the person should have the right to a pension from his/her country of origin, or an irrevocable annuity or retirement account. Secondly, that the person should have a minimum prescribed net worth. The Bill proposes that such a person may be permitted to work under terms and conditions determined by Home Affairs, but would not be eligible for an Old Age Grant. The permit would have to be renewed at least every four years.

Programmes that facilitate the integration of older migrants and refugees into the social, cultural, political and economic life of South Africa should be encouraged. In particular, language (including sign language) and cultural barriers to older migrants in public services should be eliminated.

3.7 Work and the ageing labour force

Early retirement effectively constitutes a loss of valuable human resources to the economy. In a developing country like South Africa, this contention must be balanced against the critical shortage of formal employment opportunities and the consequent massive unemployment levels, especially amongst youth.

Social security and employment policies regarding retirement age should be coordinated in order to eliminate disjuncture. In South Africa, few people retire with sufficient means to live independently and comfortable retirement is a rare luxury. The employability of older persons can be improved by lifelong learning, especially information technology (IT) training and by ensuring adequate and safe working conditions. Age diversity should be used as an enhancement by business.

In line with the provisions of the Constitution, older persons should have the right to work and to retire and there should be no discrimination against older persons in the labour market. No employer should be permitted to discriminate against any older person in relation to the advertisement of or recruitment for employment, or the creation, classification or abolition of jobs or posts. Similarly, age should have no bearing on the determination or allocation of wages, salaries positions, accommodation, leave or other such benefits; the choice of persons for jobs or posts, training, advancement, apprenticeships, transfer, promotion or retrenchment; or the provision of facilities related to or connected with employment. Proper trained medical staff in occupational medicine should be available to protect and treat employees.

Further provisions to facilitate employment for older persons would be that the retirement age should not be lowered except on a voluntary basis and measures should be taken to prevent industrial and agricultural accidents and occupational diseases. Pension and provident funds should introduce greater flexibility in their policies in order to accommodate members who wish to work beyond the age of

60 or 65, and to continue contributing to such funds. Employers should be required to take measures to ensure a smooth and gradual transition from active working life to retirement and make the age of entitlement to a pension more flexible.

3.8 Access to knowledge, education and training

A high proportion of older persons from poor urban and rural backgrounds never had the opportunity to attend school or dropped out at an early age. They are typically marginalised within an education system that favours youth, even within the adult basic education and training (ABET) sector. However, older persons have a variety of literacy needs, depending on their personal circumstances and contexts. For the urban and rural poor, these needs include form filling in order to acquire identity documents and to access government services such as Old Age and Disability grants; basic numeracy for the purposes of shopping; household budgeting; income generating activities and managing a pension; reading the Bible, hymn books and newspapers; and assisting children with homework, since older persons are often also primary care-givers. There is a need for customised, context-sensitive literacy programmes that address these requirements.

Lifelong learning entails continuous learning throughout life in both formal and informal environments. It is essential for effective personal and social development and contributes to economic and social well-being. As a consequence of the pace of technological development and change, it becomes increasingly difficult for older persons to keep up with new information, communications and other technologies. Their full participation in all dimensions of social, economic and political life thus becomes impossible. In order to combat the marginalisation and dependence that is a consequence, attention should be given to the provision of lifelong learning programmes that target older persons in particular.

The capacity of ageing farmers should be strengthened through continued access to financial and infrastructure services and training for improved farming techniques and technologies.

Opportunities should be provided within educational programmes for the exchange of knowledge and experience between generations, including counselling on issues such as sexual behaviour. Older persons should act as mentors, mediators, advisors, teachers and transmitters of knowledge, culture and spiritual values.

Older persons should be encouraged to volunteer to offer their skills in all fields of activities. The differential needs and skills of female and male older persons should be recognised in the design of volunteering programmes. Government and civil society should facilitate volunteering activities.

Older persons should have access to the Skills Development Fund, which should be used to finance the acquisition of skills that will enable them to remain in, or re-enter the open labour market.

3.9 Access to information

Awareness campaigns should be implemented to inform older persons about the grants for which they are eligible and the documentation that is required in order to apply for such grants, including the child support grant and foster parent grants for which many older persons caring for grandchildren qualify. Similarly, such campaigns should inform older persons of their rights in terms of the Constitution. Proactive engagement with older persons on such issues is a critical prerequisite to enhancing their quality of life.

3.10 Recreation

Older persons have a right to access recreation facilities and programmes. Sports and recreational activities that are suited to older persons should be

organised so as to enrich their lives and encourage creative use of time. Recreation clubs should be located for easy access to offer a range of activities such as music, reading, theatre, dance, gymnastics, swimming, yoga, walking, exercise, keep fit classes, relaxation, art and craft and educational and social activities. Older persons should be provided with easier physical access to cultural institutions. Such centres should organise workshops in fields like handicrafts, fine arts and music, where older persons can play an active role both as teachers and participants. Subsidised transport should be provided.

3.11 Consumer protection

Many pensioners rely on loans to survive between pension payout days. There is a high reported incidence of pensioners being confronted with different types of funeral policies and micro loans by “loan sharks” (amashonisa) at pay points. Most of them are not registered with the Micro Finance Regulatory Council, which recently implemented new rules requiring standard written agreements including information on interest rates being charged. Some micro-loan companies are accessing direct deductions from pensions. In addition to small loans, other service providers are providing food-parcels, funeral policies and other products, the cost of which is deducted from the pension. High interest rates are charged in spite of it being a very secure loan.

Protection of vulnerable older persons should be provided by various methods:

- Deductions from grants of premiums for funeral cover policies should be subject to the discretion of the Minister.
- Companies offering loans and funeral insurance policies should be regulated and monitored in terms of uniform norms and standards. They should be required to provide transparent and jargon-free consumer education about their products and services that enable older persons to make informed decisions.

- The practice of micro-loan companies being allowed to confiscate the identity documents of pensioners once they have received their grants should be outlawed.
- Government and banking institutions should address the issue of high bank charges that discourage low-income older persons from operating accounts. Banks should be made more accessible to residents of rural areas and officials should more actively encourage transfers to banks.

3.12 Government services at reduced tariffs

Water, electricity, municipal rates, transport, health and other public services should be provided at reduced tariffs for older persons in receipt of social grants or fixed pensions. Preference should be given to older persons in the implementation of land reform and restitution processes.

3.13 Intergenerational Solidarity

Intergenerational ties are valuable for everyone. Older persons through their life experiences have accumulated knowledge and wisdom. They should therefore be afforded opportunities to share their knowledge and skills with younger generations in families, communities and in society as a whole. This will enable the fundamental of achieving a society of all ages. Solidarity is also a major prerequisite for social cohesion and a foundation of formal public caring systems. Intergenerational relationships work in both directions, with older persons providing significant contribution. This will foster solidarity between generations and thus promote social co

CHAPTER 4

4. ADVANCING HEALTH & WELL-BEING INTO OLD AGE

Health is not only a vital asset but also a fundamental right. It is defined as a "complete state of physical, mental and social well-being" (World Health Organisation). Health thus has implications that extend far beyond medicine and a health care system. It includes a temporal, socio-economic and political perspective as well as biological, behavioural and psychosocial processes that operate from conception to old age. All have potent influences on health outcomes and chronic disease risks. Most illnesses and diseases require not only medical solutions but also political and social interventions. In the context of South Africa, older persons should be eligible for Primary Health Care (PHC) services at no cost to themselves.

A Ministerial Committee was appointed in 2000 to investigate the neglect, ill-treatment and abuse of older persons. It found services for the elderly in hospitals and clinics to be less than adequate and heard many complaints about the attitude of staff to older patients, the shortage of medicines and assistive devices, the lack of transport and long out-patient waiting times.

The care and safety of the growing number of older persons should be a concern of all Government Departments and agencies in contact with the elderly. These Departments and agencies need to collaborate to ensure services are cost-effective, efficient and integrated. While the main emphasis of services to older persons should be at community level to enable older persons to live at home as long as possible, serious attention also needs to be given to the conditions of older persons in residential homes and hospitals. In this respect it is essential that suitably qualified government officials undertake regular visits to such institutions to ensure that older persons are receiving high quality care. Additionally, it is critical that health care staff should adopt a caring attitude

towards older persons in particular, in line with the principles of Batho Pele (putting people first).

4.1 Preventative health care

Although many chronic diseases or conditions experienced by older persons are not curable, they are preventable as are most complications associated therewith. Older persons and their caregivers should receive person-centred care and services, emphasising the patient's central role and responsibility in his/her health care.

Good health behaviour should be encouraged amongst learners throughout the school curriculum, by inclusion of life skills programmes in School Health Services and the Health Promoting Schools initiative.

Access to age-friendly health facilities, professionals, information, education, drugs, assistive devices and guaranteed quality dedicated care should be ensured.

In order to reduce health risk, it is necessary to:

- Implement best practice guidelines to prevent and reduce negative lifestyle risk factors and to recognise and act on symptoms related to the associated disease and biological risk factors.
- Implement best practice guidelines to prevent and manage the incidence of substance abuse, mental and neurological illnesses and falls in older persons.
- Develop and enforce legislation to control environmental and external health hazards and prudent use of natural resources.
- Provide high quality scientific and medical information about risks, to facilitate informed decision-making.
- Ensure government takes responsibility for health and safety related to basic human requirements, including drinking water, sanitation, food,

public transport, working environments and literacy (basic education) requirements.

- Increased access to health services, disease management and acute health care to reduce the burden of chronic diseases, disabilities and mortality, and to maintain the highest possible level of functional capacity (Secondary and Tertiary Prevention).
- Forward planning for discharge from hospital should be factored into their full reintegration into communities.

Older persons should have access to emergency care, appropriate specialist care, ongoing general medical and surgical care, mental health and dental care and discharge planning.

4.2 Support services

As indicated in Health legislation, pharmaceutical services, namely the safe and effective supply of specialised drugs for common chronic diseases and conditions of ageing should be ensured. The Department of Health, through partnerships should provide free transport to state-held facilities with community-based organisations and service centres. Community Health Centres (CHCs) should provide Primary Health Care Services.

Hospitals should render secondary services, including specialist geriatric services, to older persons at a specific user fee. Specialist geriatric services should be provided for in-patients (diagnostic and therapeutic care) and outpatients (referral, continuity and condition specific care). Tertiary centres for older persons should provide additional care for complex or rare conditions. Laboratory services, radiography services and other diagnostic support services should be provided at district hospitals.

Medical schools directly linked to tertiary hospital complexes should provide Tertiary Health Services. A full range of specialised, medical, surgical, psychiatric, diagnostic, therapeutic and rehabilitation services should be offered.

Step down facilities should be targeted at people who would otherwise face unnecessarily prolonged hospital stays or to avoid acute in-patient care, long-term residential care or continuing/recurrent in-patient care. These should be designed to maximise independence and to enable patients to remain or resume living at home. The facilities should involve short-term intervention, be integrated within the whole system of care and should focus on responding to and averting crises, and active rehabilitation following acute hospital stays where longer-term care is considered.

4.3 Older persons and HIV/AIDS

Older persons must be provided with adequate information, training in care-giving skills, treatment, medical care and social support regarding management of HIV/AIDS. It is essential to develop programmes that ensure that AIDS treatment and support strategies recognise the needs of older persons who are infected and affected by HIV/AIDS. The contribution of older persons, in their role as caregivers for children and family members with chronic diseases, including HIV/AIDS and as surrogate parents, must be recognised.

The impact of HIV/AIDS has added strain to already dire circumstances of older persons in the rural areas. Older persons are forced into using their meagre resources to care for their ailing family members affected by the disease. The burden of caring for and educating orphans has major financial, physical and psychological impact on the quality of life of older persons. Information about eligibility for Care Dependency, Child Support and Foster Care Grants should be made available proactively. Rural areas, where fewer NGOs are in existence, should be specifically targeted.

Older persons are open to infection, both as caregivers and as sexually active people, owing to physical contact with persons infected with HIV/AIDS and should be more overtly targeted in awareness campaigns. They should be empowered to inform their grandchildren on sensitive and complicated issues like safer sex and HIV/AIDS.

Improved sexual relationships in older age should be promoted through health education and counselling. Assistive technology or treatment for specific sexual problems in old age (e.g. vaginal dryness or erectile dysfunction) should be provided. Use of condoms should be promoted amongst those unsure of their spouse's sexual behavior, to prevent sexually transmitted infections.

4.4 Treatment and care guidelines

As prescribed in health legislation, there should be decentralised provision of care for patients with chronic diseases and disabilities. The views and preferences of older persons should be accommodated whenever possible in planning their care. Surveillance systems should be implemented for traditional disease categories as well as non-communicable diseases, disabilities, associated risk factors, human rights issues and other social issues. Caregivers should be included in the management plan. Given the susceptibility to chronic diseases amongst older persons, medical aid companies should be obliged to make adequate provision for assistance to patients suffering from chronic illnesses. These should include cardiovascular disease, certain cancers, chronic pulmonary disease and diabetes. Home-based care services should be provided for house-bound persons living alone or with their families many of whom are now left alone, neglected or even abused and have no life-line or means or seeking help.

4.5 Social Services and Health Workforce

With the ageing population comes increases in chronic diseases and degenerative conditions and the problems of multiple pathology or co-morbidity.

A cadre of academic geriatricians who can educate health care providers in the care of older persons should be developed. Specialist training in the medical schools of South Africa, with Geriatrics a registered sub-speciality should be expanded. Geriatric training should be included and integrated into the undergraduate training of health care providers. Trainees should be required to undergo mandatory rotation through the continuum of care of older persons, from community-based care to terminal care, preventive and promotive to rehabilitative care. Information about professional opportunities available for specialist geriatricians and gerontologists should be disseminated.

Many older persons in rural areas rely on practitioners of traditional medicine for their PHC needs. Similarly, churches play an important role in accessing and providing health care to older persons. These sectors should thus be accommodated in policy planning.

4.6 Older persons and disabilities

Amongst older persons, 23,1% of females and 22% of males are disabled. The most common disability among the older population is loss of sight (47,1%), followed by physical disabilities (20,4%), hearing impairment (14,3%), multiple disabilities (10,5%) and mental disability (2,9%) (1996 census).

Age-related vision and hearing disabilities should be addressed by enabling programmes to prevent and cure activity limitations and to restore participation of older people in community life. Cataract surgery should be made affordable to all older persons. For those below the disability threshold, interventions should be aimed at recovering the best possible level of function and improved quality of life.

Basic medical and psychosocial rehabilitation services at primary level should include community-based and institution-based services; disability preventive services; early detection and diagnostic services, starting at a young age and

facilitated by the Department of Education; best practice evidence-based rehabilitation and intervention services; counselling services for people with disabilities and their families and caregivers; training in self-care; provision of technical/therapeutic aids, psychotropic drugs and supplies as prescribed; follow-up and support services/groups/senior peer counseling groups; referral services; in-service and continued education for service providers; outreach services; basic research activities.

Specialised rehabilitation services should include regional tertiary or institutions; spinal, burns and stroke units and high security psychiatric care units; training of specialist rehabilitation providers; diagnostic services and appropriate diagnostic technology; management and rehabilitation of complicated cases; provision of technical /therapeutic aids and supplies as prescribed; a research programme; follow-up and support services; and a referral system.

A budget for technical Therapeutic Aids (Assistive Devices) should be allocated at provincial and district level. The budget should provide for all categories of assistive devices to meet current demand, backlog, maintenance and replacement. An effective assessment, procurement and replacement system for assistive devices should be in place. Only appropriately trained rehabilitation providers should assess and prescribe. No person with a disability owing to sensory function loss (paraplegia / quadriplegia / tetraplegia) should be discharged without assistive devices. No person with any disability requiring an assistive device should be discharged from a health facility without the necessary plan to obtain the needed device. Instant access to assistive devices for persons with feeding and swallowing difficulties should be guaranteed. Service for maintenance and repairs of assistive devices should be available. Payment for assistive devices and maintenance should be according to a standardised patient fee structure. A database for assistive devices should be available in each province.

CHAPTER 5

5. ENSURING ENABLING & SUPPORTIVE ENVIRONMENTS

The promotion of an enabling environment for social development continues to be a central goal of international forums, including the Second World Assembly on Ageing in 2002, although there have been shortfalls in the financing of social services and social protection in many countries in the past two decades.

A continuum of care is needed if the environment for older persons is to be enabling, supportive and sensitive to their values, needs and changing capacities. Wherever possible older persons should be able to choose where they want to live. Housing and the surrounding environment are particularly important because of the emotional and psychological security which they should provide. Studies have shown that good housing promotes good health and well-being. For older persons there is however a need for accessibility and safety precautions and for attention to be given to the maintenance of the home.

In South Africa apartheid was uniquely unjust in the severe dislocation it caused to black, coloured and Indian communities. Families were broken up and older persons were forced to leave areas where they had worked and lived all their lives and move to areas where basic services and support systems were lacking. While there was little or no provision for these older persons, the white elderly had access to a wide range of quality services. The official excuse was that in black communities, older persons “are cared for in the extended family system.”

The continuum of support services for older persons ranges from independent living at one end to institutional care at the other and includes sheltered or assisted living, community and home-based care services.

5.1 Independent Living

The new government in 1994 acknowledged the impact on older persons of the lack of services in rural areas and the severe shortage of affordable accommodation and services in urban areas. Appropriate, adaptable and affordable housing for older persons is the cornerstone of any dispensation for older persons (Social Welfare White Paper, 1997). The White Paper commits the then Department of Welfare (renamed Social Development) to cooperate with the Department of Housing to address this as a priority.

South African housing policy is based on Section 26 of the Constitution, which states that everyone has the right of access to adequate housing. The government is required to take reasonable steps towards the progressive realisation of this right. The Housing White Paper (1994) recognises the need for "special needs" housing, including that required by older persons.

In 1995 the Discussion Group on Ageing estimated that 10% of persons qualifying for or in receipt of Old Age Grants or the equivalent income, required specialised accommodation and that capital funds should be made available. This did not materialise. The following steps were taken by the Department of Housing to assist older persons.

a) The Housing Subsidy Scheme provides subsidies to people who cannot otherwise afford to build or buy a house. Recipients of the Old Age Grant are eligible for the subsidy as are disabled persons (currently about R22 000). However, no data is available on how many subsidies have been awarded to older persons. Generally, the number of subsidies budgeted for is much fewer than the number of households in need of housing. Older persons are exempted from a new regulation requiring applicants for subsidies to contribute towards the cost of the house. Older persons who are disabled may also apply for an additional amount to pay for adaptations to their property to accommodate their disability.

b) Indigency policy: Older persons, and others who occupy subsidised houses, are liable to pay service charges irrespective of their income. These are unaffordable to many, leading to escalating arrears and eventually to repossession and eviction. Many local authorities do not have “indigency” policies to assist those who cannot afford to pay the charges. Municipal rates are also unaffordable to many older homeowners with a low or fixed income.

c) Security of Tenure: Older persons have benefited in the following ways from measures to improve security of tenure:

    i. They are more leniently dealt with by Servcon, a body set up by government to address the issue of defaulters on home loans.
    ii. Under the Rental Housing Act (No. 50 of 1999) tenants who lived in old rent-controlled properties (many of them older persons) are protected until July 2003 and the Minister of Housing is tasked with monitoring the impact of the new Act on poor and vulnerable tenants and taking action to alleviate their hardship.
    iii. The Prevention of Illegal Eviction from and Unlawful Occupation of Land Act (No. 19 of 1998) requires courts to give special consideration to the rights and needs of older persons (amongst other vulnerable groups) before granting an eviction order.

However, older persons have not yet been directly informed of their housing rights and there is a need for research to establish their housing needs in rural and urban areas. The following gaps in present housing policy require attention:

i) The policy does not adequately address the needs of older persons nor provide for emergencies to which older persons are particularly vulnerable, e.g. the provision of safe houses.

ii) Data is not collected on the age of applicants for the housing subsidy

iii) The policy does not address the needs of older persons in rural areas and living on communally owned land.

iv) There is no monitoring of housing needs of older persons, particularly in deep rural areas, where access to basic services is more critical than a housing structure.

There are however housing schemes developed and implemented in some provinces, e.g. the Free State, that can serve as best practice models that can be incorporated into governments housing policy.

5.2 Assisted living/ sheltered housing

By assisted living or sheltered accommodation is meant the provision of affordable, adaptable and secure accommodation, providing older persons with an environment that enables access to support services, food supplies, primary health care, a pension pay-point or bank, transport, recreational, educational and leisure activities.

With the policy shift from institutional care to community care in the 1980s greater attention was given to sheltered housing as a way of returning the mainly white residents of homes back into the community as well as maintaining older persons in the community. With the prospect of subsidies being limited to frail older persons, some homes were adapted by their owners into assisted living units. Government offered local authorities 100% loans to build special housing units for older persons.

No information is available on the scale of local authority housing schemes or indeed those run by non-governmental organizations. But in the 1980s, privately run retirement villages began to spring up. The Housing Development Schemes for Retired Persons Act (No. 65 of 1988) provided for the management of these villages and for residents' committees. By 1995 there were 400 such facilities catering for 26 779 older persons. Private or non-profit companies run most schemes. Today the number of owner-occupied or rented units in such schemes is estimated to be 55 000. Many such schemes have dual registration under Act 65 of 1988 and the Sectional Title Act. But the latter Act does not provide for residents' committees. This has meant that levies and fees in some schemes have been increased without consultation and without taking account of what residents can afford.

While retirement villages continue to be built for those with higher incomes or investments, little is being done to meet the need of lower-income older persons for sheltered accommodation. In 1995, the Discussion Group on Ageing pointed out the need for national minimum standards for such accommodation and proposed enabling legislation so that funds for this could be transferred from the Department of Housing to the then Department of Welfare, but this has not yet been addressed.

The Social Housing Foundation, provided for under the Housing Amendment Act of 1999, has not addressed the issue of sheltered housing for older persons. This continues to be seen as the responsibility of the Department of Social Development, even though the DoSD has neither the funds nor the capacity to build housing.

The continuing shortage of sheltered housing has contributed to the mushrooming of private unregistered homes for older persons in some urban areas, where accommodation and food are provided in return for the Old Age

Grant. Living conditions in some of these homes are far from satisfactory although in terms of existing legislation they should be registered and inspected.

5.3 Community-based services

Formal community-based services, like other services, were previously concentrated in historically white areas. The majority of older persons, who were not white, only had recourse to informal support and family support where available. In 1995 the Discussion Group on Ageing estimated that 20% of older persons on social grants (or the equivalent) required community-based services in the form of multi-purpose community centres where there would be primary health care, food distribution and adult education services, as well as pre-school and after school centres.

In 1995 there were 385 registered service centres countrywide (251 white, 14 Asian, 72 black, 48 coloured) catering for 37 500 older persons. There was a shortfall of services to 325 000 persons who had no access to a service centre. The Discussion Group called for capital loans and subsidies to be made available to NGOs, Section 21 companies and other service providers for the provision of such centres. These centres should serve the whole community and recipients should contribute to the service. It recommended that government funding be restricted to service centres which catered for the target group (older persons in receipt of a social grant or the equivalent income).

However, far from these recommendations being implemented, the number of service centres fell to 188 with attendances falling to 17 400 in 1998. However, clubs increased from 320 in 1993 to 840 in 2000. These are run in local churches and halls and are mostly managed by elderly volunteers. They provide meals, companionship, home care and spiritual support. Age in Action (SA Council for the Aged), which has been active in setting up clubs, has found that only 214 or 25% of clubs receive government funding. Funding criteria and minimum norms and standards for these services have still to be developed. In the interim pilot

projects have been launched in several provinces to try to establish a workable model which would ensure financial accountability, quality service and access.

The Discussion Group drew attention to the development of community health centres by the Department of Health and the possibility of an integrated service. However, although many elderly patients attend these centres for health care, little is provided to them by the centres in the way of home care services. Such services that do exist in some areas are run by non-governmental organisations. Meals on wheels or meals on foot services are run in several urban areas by NGOs, FBOs and CBOs but probably reach less than 20 000 homebound people nationwide.

The need for an integrated community service is highlighted by the HIV/AIDS pandemic. The extension of home-based care services to individuals and families affected and infected by AIDS will be an opportunity for older persons to act as volunteers, for older persons caring for orphans to get support and also for care services reaching frail older persons living at home.

Community-based services for older persons are necessary to enable older persons to remain independent for as long as possible (UN Resolution 46/91). Community care aims to establish a supportive environment in which the well-being of older persons is addressed at different levels:

- The individual is responsible for preparing and providing for independent old age.
- The family, as the primary unit of society, is enabled and assisted to provide the necessary support and care to older family members. This should include training for care-givers and the payment of care-givers allowances
- The community and its FBOs, NGOs and CBOs provide for spiritual needs; give support to families taking care of older family members;

contribute to the provision of basic services to older persons to prevent permanent residential care; and organise outreach programmes to lonely older persons and those without family support.

Community-based care services should include:

- Meals on wheels / food on foot or at a service centre or luncheon club;
- Home help services to assist with household chores;
- Health and nursing care, including personal care and hygiene;
- Laundry services in cases of incontinence;
- Day care for older persons to assist working families;
- Transport to clinics/hospitals to ensure monthly check-ups and provision of medication;
- Comprehensive health care to help older persons maintain or regain an optimum level of physical, mental and emotional well-being and prevent or delay the onset of illness;
- Social and legal services to enhance older persons' autonomy, protection and care;
- Access to appropriate institutional care for protection, respite care, rehabilitation, social and mental stimulation in a secure environment and educational, cultural, spiritual and recreational services.

In order to provide such services to the largest number of older persons the following steps need to be taken:

1. Existing facilities for older persons should be utilised and managed as multi-purpose community centres in collaboration with other sectors.
2. Inter-disciplinary assessment units should be set up at district level to ensure assessment of frail older persons, accessibility and the provision of appropriate services.
3. There should be an effective communication strategy to inform communities of the shift to community care and support

4. Poorly serviced communities should be identified and assisted to develop services and upgrade facilities.
5. Care-givers should be offered training and care-givers allowance should be introduced.

5.4 Residential Care

Racial discrepancies in the availability of residential care facilities for older persons are unique to South Africa. The provision of large residential institutions for older persons, “the old age home,” emerged in South Africa over a century ago (in line with British practice at the time). The number of homes expanded rapidly after World War II. In 1964 there were 120 homes subsidised by the government. There were also homes for white older persons run for profit, over which the government had no control. A survey found that 68% of older white persons lived alone or in boarding houses and were at risk of neglect or exploitation. Twenty years later the number of subsidised homes had increased to 405 homes with 35 032 beds. In comparison, by 1986 there were eight homes for black, 37 for coloured and 2 for Indian older persons - a total of 3 145 beds. More than 8% of whites over 65 lived in homes and less than 0,5% of black over-65s were in homes. The justification for this disparity was that the care needs of older persons from different cultures varied. It was not until the 1980s that the negative features of institutional care were raised and the problems of institutionalisation and abuse were highlighted for the first time.

Loans to build or buy homes had been provided to utility companies or registered welfare organisation by the National Housing Fund at an interest rate of 0,5%, repayable over 30 years. The Department of Provincial and Local Government laid down standards. The cost to government of the building loans and subsidising residents escalated. By the 1980s the growing demand for equitably distributed services and international trends away from residential care led to a shift in official policy towards community. From 1984 only new loans for homes for frail older persons were approved. But in 1993 the bulk of the R319 million

spent on care of older persons was still spent on residential care, mostly for white older persons. The Discussion Group on Ageing was set up in 1993 to review policy. The same year the Discounting of Government Loans Scheme allowed organisations running homes to discount their loans and sell off portions of their facilities. Such discounts were on condition that a strictly enforceable minimum of 40% of accommodation was utilised by social pensioners. Evidence suggests that this agreement was not monitored and that many NGOs have reneged on it.

In 1995 the Discussion Group on Ageing recommended that residential care be restricted to the mentally or physically frail. Additional facilities, consisting of four bed units, should be provided in rural areas and small towns linked to multi-purpose centers. The Department of Social Development accepted that residential care should be restricted in this way and many homes were closed or converted for other use, but no additional facilities were provided despite the special need in rural areas and small towns where no facilities existed.

The Aged Persons Amendment Act (No. 100 of 1998) was an attempt to make residential homes more accessible, accountable and representative. Implementation has been problematic, partly owing to drafting problems and lack of coordination with other laws. Many homes appointed management committees and are applying the assessment tool Dependency Questionnaire (DQ98) to new admissions and are observing protocols on elder abuse.

The Provincial Departments of Social Development report that in 1998/1999 474 homes were subsidised. These homes had an overall capacity of 42 952 persons. There were a further 7 state run homes with a capacity of 1 083 older persons. Occupation of these facilities was 15% to 20% below capacity. By 2001 the number of subsidized homes had fallen to 353. The distribution of old age residential facilities is predominantly in the wealthier provinces of Gauteng and the Western Cape, with a lack of facilities in poorer provinces, especially Limpopo. In 2002 over R11 million had been paid out of Lotto proceeds by

Uthingo to old age facilities, predominantly in Gauteng, the Western Cape and KwaZulu-Natal.

Older Persons Residential Facilities by Province, 2001

Province	Facilities	Subsidised	Capacity	% Facilities	% Subsidised Facilities	% Capacity	Average capacity per facility
EC	62	59	4071	11	17	10	66
FS	33	31	1987	6	9	5	60
GT	197	110	14290	35	31	36	73
KN	80	55	6285	14	16	16	79
LP	7	7	1214	1	2	3	173
MP	21	20	1602	4	6	4	76
NC	42	20	1892	8	6	5	45
NW	19	19	1144	3	5	3	60
WC	96	32	7317	17	9	18	76
Total	557	353	39802	100	100	100	71

A previous survey indicated that the facilities cater predominantly for white residents. The majority of residents (78%) are women and the facilities are located mainly in urban areas.

Management of the residential facilities was reflective of the racial profile of the residents, with 77% of Board members and 77% of management committee members being white. Black membership of these bodies was 12% and 14% respectively. The proportion of coloured members on Boards and Management Committees was 8% and 11% respectively, these figures being much higher in the Western and Northern Cape, where coloured people form the majority of the population. Only one percent of these bodies comprised Indian membership. Nevertheless, 66% of facilities indicated that they had set up Management Committees in compliance with Section 3 of the Aged Persons Act. Almost two-thirds (64%) of management committees had been elected, with 29% having

been appointed and 7% formed in other ways. Controlling bodies of the facilities comprised mainly church, non-profit organisations and private trusts.

Care and nursing assistants comprised almost four out of every ten (39%) employees of the old age residential facilities. A further 19% were registered or enrolled nurses. Yet oversight of residential facilities remains the responsibility of Provincial Social Development/Social Services Departments, which are not equipped to monitor either the quality of medical care or the incidence of abuse.

Since the provision of frail care for those in need of twenty-four hour care is official policy the division of responsibility between Social Development and Health Departments needs to be clarified and clear norms and standards established for the operation of these facilities. Due to the projected increase in the number of older persons the provision of frail care will need to be increased. If existing facilities are to remain viable, funding will need to be maintained at a realistic level. Future financial assistance to institutional care is to be limited to a maximum of 2% of the target group (older persons in receipt of a social grant or the equivalent income) and to institutions that are strategically placed to reach the target group.

5.5 Support to Non-governmental organisations

A funding framework was accepted at a consultative conference called by the then Department of Welfare in October 1995. It proposed the phasing out of subsidies to group one and group two residents (the fit or semi-fit). This hit low-income residents who were living in primarily institutions because there was no alternative affordable accommodation available. The maximum subsidy payable was based on the estimated monthly cost per resident and was means-tested. This was to be revised annually but in most provinces this amount has been frozen at the 1996 level, imposing considerable strain on those running residential homes. Many residential care facilities have, as a result of financial constraints, reduced the number of beds available to the most vulnerable and

poorest older persons and are now targeting more affluent or economically self-sufficient residents.

In terms of the new model for integrated community based care and support services, emphasis is placed on the prevention of dependency on continuous care. To address imbalances in service provision in disadvantaged and rural areas, funding for prevention programmes will need to be enhanced and developed. Currently, funding for these services is insufficient to cover operating costs..

The new Policy on Financial Awards, will address the funding of services rendered by organs of civil society to older persons. The funding models for such services have been developed but will from time to time, need to be reviewed by the department. These models determine the major cost drivers for the different programmes provided to older persons, as well as the unit cost for such programmes. Within the context of broader service delivery, and prior to implementation, any new service envisaged must be evaluated on its potential viability; its ability to meet the needs of the poorest and most vulnerable; its affordability and the capacity of the service provider to render an efficient and effective service.

5.6 Registration of service providers

The Aged Persons Act (No. 81 of 1967) provided for the registration of residential homes for older persons. The present policy proposes that all facilities that provide services to more than six older persons will be required to register, except state facilities that are managed by other relevant legislation e.g. the Public Service Act 103 (No. 103 of 1994). State facilities should however also comply with norms and standards for such facilities. The purpose for such registration is the protection of older persons.

Homes caring for family members would not need to register. Persons accommodating fewer than six older persons would need to notify the responsible Provincial Department of the names of those accommodated and the terms and conditions of the service provided.

5.7 Governance of Services

The Aged Persons Amendment Act (No. 100 of 1998) laid down provisions for the appointment and composition of management committees for residential homes and sought to establish representatively and accountability. However the line between management responsibility and residents' involvement was blurred and caused some confusion and conflict. This should be remedied as follows:

i) Governing bodies: The governance structure of a facility or service for older persons will depend on the Act under which such a facility is registered: The Companies Act 1973, Housing Schemes for Retired Persons Act, 1988 or Non-Profit Organisations Act, 1997.

ii) Management of services: The governing body shall set up a management committee to be responsible for the administration of the facility or service. The new Older Persons Bill provides for the registration of all such facilities with the Department of Social Development and also provides for the establishment of management bodies for such facilities. The terms and conditions of such bodies shall be laid down in Regulations to the new Act, once promulgated.

iii) Residents/Users Committees: Such committees shall be established in all facilities and services registered under this the new Bill. The function of such committees shall be to represent the interests of the residents/users on domestic arrangements within the facility or service.

CHAPTER 6

6. PROTECTION FOR OLDER PERSONS

6.1 Abuse

More than a million older persons worldwide are victims of violence each year (Lundy, et al. 2000). As a form of domestic violence, elder abuse or maltreatment is defined as the willful infliction of physical pain, injury, or debilitating mental anguish, unreasonable confinement or willful deprivation of services that are necessary to maintain physical and mental health (O'Malley, 1987, in Lundy et al; 2000).

In South Africa, over 630 000 persons aged 60 or more indicated in a survey that they had a poor or very poor relationship with the head of the household in which they lived. Most of these (81%) were black Africans and about two-thirds were residents of rural areas of South Africa. The rest (19%) were either white, coloured or Indian and mostly (90%) living in urban areas (October Household Survey 1996, Statistics South Africa). Adversarial household relationships of this nature are further complicated by poverty that is the lot of many older persons.

Any form of abuse including neglect has devastating consequences for older persons. Moreover, ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover from trauma. The impact of the trauma may be worsened because shame and fear cause reluctance to seek help. This chapter addresses the issue of providing protection for older persons from all forms of abuse.

Any person who abuses an older person should be guilty of an offence and liable to conviction to a fine or imprisonment, or to both such fine and imprisonment. Professionals need to be equipped to recognise the risk of potential neglect,

abuse or violence by formal and informal caregivers both in home and in community and institutional settings.

6.2 Identification of older persons in need of care/ protection

An older person in need of protection is one who:

- has his/her income, assets or old age grant taken against his/her wishes;
- has been removed from his/her property against his/her wishes (unless this has been done for the protection of the person);
- has been neglected or abandoned without any visible means of support;
- lives or works on the streets or begs for a living;
- is addicted to a dependence-producing substance and is without any support or treatment for such dependency;
- lives in circumstances likely to cause or be conducive to seduction, abduction or sexual exploitation;
- lives in or is exposed to circumstances which may seriously harm that older person physically, mentally or social well-being;
- is in a state of physical or mental neglect;
- has been or is being maltreated, abused, neglected or degraded by a care –giver or family member;
- has been evicted from a farm because he/she is no longer fit for work
- has been labeled as a person involved in witchcraft and blamed by a community for inexplicable events such as droughts, floods, crop failure and HIV/AIDS-related deaths. Such persons are usually women and are suspected of witchcraft on the grounds of their physical appearance. They are often violently intimidated, tortured or even killed if they do not flee and forfeit their assets.

Importantly, the right of older persons to self-determination should be respected if they are capable of making decisions. In all instances, assistance should be offered and older persons given the choice of whether or not they accept the assistance.

6.3 Reporting of an older person in need of care/ protection

A national protocol should be introduced for the implementation of a strategy on elder abuse. The following steps are proposed in a protocol Any care-giver, medical practitioner, nurse or any other person involved with older persons in a professional capacity and who on personal observation concludes that the older person is in need of care protection must report that conclusion to a social worker, police official or family court registrar.

- Any other person in the local community, including traditional leaders, who suspects that an older person is in need of care, may report that suspicion to a social worker, police official or family court registrar.
- The person who reports the abuse should substantiate the allegation or suspicion with facts available to that person.
- The social worker, police official or family court registrar to whom such a report has been made should investigate the matter within 48 hours and, unless the report is frivolous or obviously unfounded, take steps to ensure the safety and well-being of the older person.
- Any person who obstructs or hinders a social worker or other designated person in the course of her/his investigation shall be guilty of an offence.
- A magistrate may issue a warrant for the removal of an older person who has been abused or neglected to a place of safety.

In terms of the Domestic Violence Act 116 of 1998, an older person, family member or a representative of an older person may apply for a protection order to prevent assault or threats. An offender who contravenes such an order may be arrested. Such complainants may not be evicted because of such action.

The regulations under the Aged Persons Amendment Act 100 of 1998 require professional who examine or attend to older persons to notify the Head of Department if they suspect abuse, injury or neglect.

6.4 Register of abuse of older persons

Immediate steps should be taken to establish a register of all notifications of abuse of older persons, as provided for in the Aged Persons Amendment Act 1998 and Regulations. A similar register should be kept of convicted abusers.

6.5 Legal Assistance

Intersectoral collaboration between the Departments of Social Development, Justice and Safety & Security should ensure the protection of assets of older persons being administered by family, friends, curators or any other designated person or body.

6.6 Victim empowerment support services

Services for victims of abuse and rehabilitation services for abused and abusers should be provided. Older persons who are self-abusive should be directed to rehabilitation. The right to self-determination should, however, be respected.

Service providers or government officials who do not treat older persons with respect, dignity and sensitivity should be guilty of an offence. This should include service provider of social grants to older persons.

Places of safety (for example safe houses or safe beds) should be accessible to victims of abuse who are not able to return to their normal places of residence. Such places of safety should include hospitals, clinics or other institutions and even private homes. Places of safety should be subject to official government accreditation.

The Department of Social Development should, in its own right, address the following issues: the dissemination of information on the rights of older persons under the Constitution; recommended measures for the creation of safe and supportive environments; the production of provincial resource directories including telephone support lines; the provision of shelters or safe houses for the

temporary accommodation of elderly victims of crime and violence and the establishment of registers of older persons who are victims of crime and violence.

As the coordinating department of the Victim Empowerment Programme (VEP), the Department of Social Development, should ensure that the Departments of Health, Justice, Correctional Services and Education, as well as S.A. Police Services develop policies and programmes that address the needs of older persons who are victims of violence and crime.

The Department of Health should address physical and emotional needs. This includes the prioritisation of victims in health care facilities, such as clinics and hospitals, and the provision of counseling services.

The Departments of Education; Correctional Services; Justice and the South African Police Services (SAPS) should provide training at schools on predisposing factors to and prevention of violence against the older persons; and legal redress and facilities for older persons who are victims of violence and crime. Training is to be given to Correctional Services personnel on restorative justice; perpetrator programmes including informing perpetrators about the mediator programme and the Domestic Violence Act.

SAPS should provide opportunities for victims, their relatives or relevant professionals to lay charges against perpetrators and should provide information on court processes and procedures; progress of cases; and the whereabouts of the perpetrator (i.e. whether in jail or out on bail). The Department of Justice should provide opportunities for legal representation in court and to ensure that government departments providing services to victims adhere to the principles outlined in the Draft South African Victims' Charter.

CHAPTER 7

7. INSTITUTIONAL ARRANGEMENTS

7.1 Policy implementation

The contributions of national, provincial and local government, private institutions, FBOs, CBOs and NGOs to the implementation of the Older Persons policy should be clearly spelt out. The existing cadre of development workers must be trained on amongst others, older person's issues in order to facilitate the flow of information about rights and services to older persons. The current home community based workers must integrate older persons issues in their training and service delivery.

7.2 Consultative Forum

A Forum on Ageing should be established to ensure effective public-private planning and co-ordination on all issues pertaining to older persons in South Africa. The issues should be inclusive of but not restricted to those included in this policy document. The Forum should comprise from seven to ten members and should be representative of the older persons population of South Africa.

The Forum may, generally or in any specified case, appoint a Committee to exercise and perform all powers and duties of the designated body. If the Forum appoints a Committee, those powers and duties are regarded as having been delegated to the Committee. The Committee can in turn appoint investigative task teams at local level.

8. MONITORING AND EVALUATION

Monitoring and evaluation mechanisms should be put in place to ensure compliance and effective implementations of this policy.

Services to older persons should be monitored on a continuous basis, clear indicators and targets should be set to ensure proper monitoring. The services should be evaluated on an annual basis to determine effectiveness, and ensure that remedial action is taken should there be a need.

9. CONCLUSION

The Policy for older person is aimed at promoting and protecting the rights of older persons within the community.

The approach to ageing is to keep older persons with their communities as long as possible and should be consisted in making it possible to have them live independently. Therefore the policy is geared at creating an enabling and supporting environment for older persons to live with dignity and self-fulfillment.

This policy upholds the three main upholds the three main priorities of the International Plan of Action on Ageing mainly:

- Older Persons and development
- Advancing health and well being into old Age
- Enabling and supportive environment

In addition, the policy has incorporated a country specific issue as the fourth dimension of the policy, namely, protection of older persons.

The Policy serves as a road map for the government and its partners to bring about sustainable improvements to the lives of older persons. Older persons must be full participants in the development process and also must share the benefits of broader development efforts of the country.

The new approach to ageing which calls for older persons to be in their communities for as long as possible, also calls for a developmental approach in rendering services to older persons. It calls for recognition of the social and economic contributions of older persons and therefore for policy advocates for older persons to be enabled to continue with income generating activities as long as they are able and willing to do so.

The Policy promotes a life course approach, which recognizes ageing as a natural process and as part of the life cycle. It recognizes the strengths of older persons, including their contribution to the economy of the country, which must be utilized for the benefit of society as a whole. It however also recognizes and acknowledges the need for the protection of older persons, to enable them to reach their full potential and their ability to function maximally.