



Older Persons and Accommodation

"To deal effectively with the plight of older persons by establishing a framework aimed at the empowerment and protection of older persons and at the promotion and maintenance of their status, rights, well-being, safety and security; and to provide for matters connected therewith.

Preamble to the Older Persons Act 13 of 2006

1. Introduction

In late November last year the Port Elizabeth newspaper, the *Herald*, reported that

"the Department of Social Development will closing down the only state-funded frail care centres in Nelson Mandela Bay in six weeks' time – a shock decision affecting the lives of 240 disabled and elderly patients".¹

There is a disturbing trend in the number of people who have been rendered homeless due to the closing down of institutions and other places of residence for vulnerable populations, especially older persons and psychiatric patients. The assumption that NGOs and faith-based organisations are in a position to fill the breach is predicated on the mistaken belief that this sector has the means, staff, and overall capacity to absorb the increasing demand for care.

A ministerial report on the neglect and ill-treatment of older persons entitled "Mothers and Fathers of the Nation: The Forgotten People" was published in 2001, but did little to practically address the circumstances of older persons. Minister of Human Settlements Lindiwe Sisulu asserted in her 2009 budget speech

"our priority is the elderly, considering our limited resources, not young people [...] there has to come a time that as a nation we must be able to say there is no one in our country who is over 60 who does not have decent

accommodation; that must be our priority, and we can achieve that by 2019."²

The enormous challenge of providing adequate accommodation for elderly people was discussed at a CPLO roundtable discussion on 21st February. The speakers were Mr Syd Eckley, committee member of the SA Human Rights Commission dealing with challenges facing older persons; Dr Sebastiana Kalula, director of the Albertina and Walter Sisulu Institute of Ageing in Africa at UCT; and Mr Gavin Weir, housing manager of Neighbourhood Old Age Homes (NOAH).

2. Who Qualifies as an Older Person?

An older person is one 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. South Africa has an estimated population of 54.96 million people, 5.2% of whom (about 2.85 million) are over the age of 65. It should be noted that we have more people living longer and this demographic shift needs to be taken into account when developing policies, programmes and accommodation for an aging population.

There has been some suggestion that the age of retirement should be raised to 70. This would mean that economically active older persons could continue to work and contribute to the economy.

The economy would benefit from their experience and there would be less dependence on the state.³ It is not clear, though, whether many older people, especially those who have always intended to retire at 65, would welcome such a move.

3. Historical Overview

In 1944, during the last years of the government by the United Party, the Pensions Laws Amendment Act was passed by Parliament. The Act provided war pensions and a non-contributory old-age pension scheme to African men and women. It also extended disability grants to Coloured, African and Indian people. However, there was a discrepancy with regard to the payment of the benefits to the pensioners. The maximum benefit payable to African pensioners was set at less than one-third of the maximum payable to White pensioners. Nevertheless, in spite of this difference the Act received strong opposition from the National Party. This lack of parity would continue until the end apartheid era. During that period the so called independent homelands were responsible for the payment of pensions to elderly Africans, a burden which grew as people who had worked on the mines, in industry and in domestic service retired to the 'homeland' to which they were designated.

As can be seen from this, social provision for black elderly people was at best basic, and never adequate, in the pre-1994 era.

4. Declarations, Policies and Legislation on Ageing

Syd Eckley,⁴ a veteran campaigner in the field of gerontology,⁵ points out that there are a number of human rights instruments which seek to promote, protect and ensure the well-being of older persons. These include the UN Charter of Human Rights; the Madrid Declaration (which emphasises older persons being part of the development agenda); and the African Union Charter on Ageing. All the above focus on " the prevention and combatting of neglect, abuse, and exploitation, guaranteed access to health and frail care, and poverty alleviation; and bind all organs of State and natural and juristic persons to protect older persons."

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South Africa's most recent Budget increased the state old age grant from R1 505 to R1 600, while it increased from R1 525 to R1 620 for people over

the age of 75.⁷ Should a male person be over the age of 60 but under the age of 65, yet be unemployed, he can apply for the older persons grant.

4.1. The Madrid Plan of Action on Ageing

The Madrid Plan of Action on Ageing of 2002 presents a bold new agenda for handling the issue of ageing in the 21st century.⁸ It focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. It is a resource for policymaking, suggesting ways for governments, NGOs, and other actors to reorient the ways in which their societies perceive, interact with, and care for their older citizens. And it represents the first time that states agreed to link questions of ageing to other frameworks for social and economic development and human rights, most notably those agreed at the United Nations conferences and summits of the past decade.⁹

There is an important emphasis in the Madrid Plan on the equality and dignity of all ages. Older persons are seen as subjects rather than objects. They are acknowledged as an important sources of knowledge, wisdom and expertise. They need an 'enabling environment' where their rights to dignity and equality are protected and fulfilled; social and health services must be accessible, equitable and affordable. This is a dynamic, developmental and integrated approach.

4.2 The Older Persons Act 13 of 2006

The Older Persons Act was informed by the developmental model set out in the Madrid Plan, and sought to provide a comprehensive policy on ageing. However, progress regarding implementation has been slow. Furthermore, the Department of Social Development's recently published service specifications for the funding of national bodies, which aim to establish partnerships with stakeholders to facilitate the implementation of the Older Persons Act, makes no mention of accommodation.¹⁰ The failure to achieve the objectives set out in the Act and the increasing awareness of the various abuses experienced by so many elderly citizens, resulted in an investigation into the circumstances of the aged by the South African Human Rights Commission (SAHRC) in 2013.¹¹

4.3 The SAHRC ruling

The findings of the SAHRC were published in 2015 and set out clear directives to the National Department of Social Development which must,

“within six months of date of receipt of the report, provide a circular to ensure uniformity in funding of services to older persons in all provinces. This circular should prioritise issues of safety, staffing, nutrition and health. The department must also ensure that in the next budget cycle special ring-fenced funding allocation is allocated to residential facilities to ensure that they comply with health and safety standards in the Older Persons Act and national building, occupational health and safety regulations.”¹²

In addition, it was stipulated that the

“Department of Social Development must ensure that all funded residential care facilities are registered by end of 2015 and that new ones are registered by the end of 2016; the Department of Health must within eight months from date of receipt of the report, consider a strategy for the supervision of care for frail older persons in communities. The department must also establish, within a year of the report, measures to ensure uniformity in service provision and practice in case of an older person’s mental illness. The report recommends that such residents be moved from frail care centres into state psychiatric facilities to stabilise their conditions before being transferred to a frail care centre. The psychiatric hospital or clinic must provide psychiatric staff to supervise the ongoing treatment of psychiatric residents in the frail care facility”.¹³

In the shadow of the Life Esidimeni scandal it is clear that this has not happened. The number of beds in state funded facilities for those in need of frail care has decreased from 33 000 to 27 000.

There are eight state-owned old age homes and 410 registered non-profit organisations that look after the elderly in the country. CEO of the SAHRC, Lindiwe Khumalo, says many of these facilities are often over-crowded and poorly maintained. There are over 1 000 informal and unregistered homes caring for the aged but little oversight is done. These homes are effectively allowed to operate outside legal and professional parameters, and officials are unable to ensure compliance with the

Act in such homes. Dr Khumalo reiterates that, “the capacity of these centres to deliver care to older persons is wanting on a number of levels.”¹⁴ These include limited space, equipment shortages, and a lack of skilled labour.

5. Appropriate Housing for Older Persons

Physician and specialist in geriatric medicine, Dr Sebastina Kalula, points out that in the 21st century it is unrealistic to expect that all older persons can be cared for at home. Traditional family structures have been eroded and the consequences of the HIV/AIDS tragedy cast a long shadow in terms of the care of the elderly. Group or institutional care can no longer be regarded as ‘un-African’. Alternatives are needed. A Comprehensive Geriatric Assessment (CGA), including an assessment of living conditions as well as the person’s degree of functional impairment, would determine appropriate accommodation needs.

Dr Kalula points out that frailty is a long term condition. It can be defined as

“a state of decline and vulnerability in late life, characterized by: weakness and decreased physiologic reserve. Frail older adults are less able to adapt to stressors such as acute illness or trauma, and are at increased risk for multiple adverse outcomes including procedural complications, falls, institutionalization, disability and mortality.”¹⁵

While frailty cannot be avoided it can be managed with appropriate care, necessary medication and suitable assistive devices and mobility aids. Accommodation should be such so as to maximize functionality and provide as much comfort as possible for the older person, at the level of frailty and infirmity experienced by each individual. Ramps, banisters and raised toilet seats help. Showers should be accessible to a bath chair. Beds should be easy to get in and out of and a high chair¹⁶ with arm rests that is easy to get in and out of so as to accommodate weak lower limb muscles should be used.

6. Models of Appropriate Housing

Neighborhood Old Age Homes (NOAH), is an excellent example of affordable, empowering and secure housing for older persons. Based in Cape

Town, NOAH believes “that its integrated model of ‘home, health and happiness’ is a direct expression of a central tenet of the Older Persons Act – that is, ‘promoting active ageing in the community for as long as possible.’”¹⁷ Older persons are housed in community style households, a model which provides its beneficiaries with opportunities to feel financially and physically secure; to be part of their immediate neighborhood; to retain their sense of dignity; and to remain healthy and active for as long as possible.¹⁸ “The group-housing model is based on the concept of economies of scale: by bringing together a group of people on a social pensioner’s limited income and pooling resources, living costs become more affordable.”¹⁹

NOAH’s Gavin Weir focuses on societal attitudes and stereotypes toward older persons, noting that,

“there is a powerful and enduring myth that older persons are persons at ‘the end of their days’, with lives circumscribed by illness and unhappiness, and really incapable of making any further contribution to the wider society. As a result of these social attitudes the essential needs of poor older persons are frequently overlooked or deliberately ignored by families, communities, funders, politicians and policy makers. Yet it is this indifference to the needs of older persons – particularly poor older persons – that results in many older persons leading lives of severe impoverishment and ill health.”²⁰

Abbeyfield SA is another organization which focuses on accommodation for the elderly in a holistic manner. They provide accommodation for self-supporting senior citizens within the security and companionship of small households. Abbeyfield currently provides accommodation to senior citizens in 21 houses.²¹

Another non-institutional alternative accommodation option is ‘aging in place’, which the U.S. Center for Disease Control and Prevention describes as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.” However, to properly facilitate this way of living, important adjustments to accommodation may need to be made at some expense.²²

7. Health Care

Many elderly people experience social isolation and loneliness and develop depression. Mood

disorders are common. Old age is a period of progressive losses: vision and hearing may deteriorate; mobility may become compromised; increasing vagueness and dementia may impede social interaction and become a cause of much distress. One’s sense of independence is slowly eroded while dependence on others increases. This may cause resentment toward assistants/carers/staff. Social networks are vital. Progressively assisted living is required due to the frailty or infirmity of the older person.

Poor nutrition; physical inactivity; poor self-perception of health; smoking; and excessive consumption of alcohol all compromise any sense of well-being.²³ Medication may need supervision, especially if one medication could negatively impact on the efficacy of another. Older persons take longer to recover from infections and the extent of the recovery will often not reach the previous baseline. Older persons are vulnerable to dehydration and feel both the heat and the cold severely.

8. Abuse of Older Persons

Older persons may be subject to a wide variety of neglect and abuses, and many are severely impoverished. Many households are dependent on the Older Person’s Grant while others, particularly in the rural areas, struggle with lack of access to social security and health care services. Many suffer physical and financial abuse by the people with whom they live. Although the Older Persons Act provides for a register of those found to be guilty of elder abuse, it is not yet operational.²⁴ Furthermore, older persons may have various unauthorized deductions made from their grants for insurance, interest on loans, and airtime.²⁵ Given the high number of unregistered old age homes where no real oversight takes place, it is difficult to know if these homes provide adequate toilet and other hygiene facilities, as well as an appropriate balanced diet.

9. Conclusion

Each generation stands on the shoulders of those who came before. Millions of our elderly people survived the exploitation and racial discrimination of apartheid.

Many sacrificed much in the struggle for a society free from discrimination of any kind, and they deserve to have the opportunity to enjoy the benefits of post-apartheid South Africa, where

their rights to dignity and equality are protected and fulfilled.

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¹ The Herald 23rd November 2016

² <http://www.gov.za/minister-lindiwe-sisulus-prioritises-housing-elderly>

³ However, this may be a further impediment to young people trying to enter the job market.

⁴ Syd Eckley is a former Director General of the South African Council for the Aged and founding member of the South African Gerontology Society and member of the SAHRC Inquiry into the treatment of the elderly.

⁵ Gerontology can be defined as the scientific study of the biological, psychological, and sociological phenomena that are associated with old age and ageing.

⁶ 'Aging in South Africa: the Time Bomb is ticking', presentation at the SACBC Parliamentary Liaison Office Roundtable on 'Older Persons and Accommodation', Syd Eckley, 21st February 2017

⁷ A People's Guide to the Budget, SARS, February 2017

⁸ The previous UN International Conference on Aging was held in 1982

⁹ Madrid Protocol

¹⁰ Service Specifications for funding of National Bodies, DSD, 20th February 2017

¹¹ The departments that made submissions during the hearings included The Department of Social Development (DSD), The Department of Health (DoH), The Department of Public Works (DPW) The South African Police Service (SAPS), The Department of Justice and Constitutional Development (DoJCD), The Department of Trade and Industry (DTI) and external stakeholders including The South African Older Persons Forum (SAOPF), and Age in Action, among others.

¹² Report of the Human Rights Commission; see <http://www.sahrc.org.za/index.php/sahrc-media/news-2/item/323-sahrc-launches-report-on-challenges-facing-older-persons>

¹³ Ibid.

¹⁴ Ibid

¹⁵ Presentation by Dr Kalula at the Roundtable on 'Older Persons and Accommodation', 21st February 2017

¹⁶ Dr Kalula recommends a height of 45 cm

¹⁷ See 16 above

¹⁸ Presentation by Gavin Weir at the Roundtable on 'Older Persons and Accommodation' 21st February 2017

¹⁹ 'Old, alone and no place to go' Mail and Guardian', 31st October 2014

²⁰ See 17 above

²¹ <http://www.abbeyfield.co.za/>

²² <http://www.iol.co.za/personal-finance/frail-care-what-you-should-know-1860431>

²³ See 13 above

²⁴ This is also the case with the Register of Sexual Offenders and the Register of those unsuitable to work with children.

²⁵ Daily Maverick, 7th March 2017

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