Ageing in South Africa: THE TIMEBOMB IS TICKING

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GROWING CONCERN IN THE LIVES OF VULNERABLE OLDER PERSONS

• In this presentation I will share some of the facts about the state of older persons in South Africa.
• Access to frail care centres for the poorest of poor is fast declining
• Vulnerable older persons and their families cannot afford the care fees
• Organisations serving frail and poor older persons are mostly in a desperate struggled to survive—open beds, homes closing doors are becoming a reality
• Many desperate older persons with nowhere to go are lured into private and mostly unregistered facilities
• Finally, severe suffering and even persons dying of neglect
1. WONDERFUL DECLARATIONS, POLICIES AND LEGISLATION ON AGEING

• There is no shortage of directives to guide the world of ageing:
  • Two Human Rights Charters
  • The Madrid Declaration with the emphasis of older persons being part of the development agenda
  • African Union Charter on Ageing
  • A comprehensive policy on ageing and the Older Person’s Act.
  • All of the above focus on: Prevent and combat neglect, abuse, exploitation, guaranteed access to health and frail care, poverty alleviation binding all organs of State and natural and juristic persons to protect older persons
2. INVESTIGATIONS GALORE!!

- 1990—The Multi-dimensional Survey on Ageing which highlighted challenges and opportunities
- 1996-1999 The Re-prioritisation Study which resulted in the phasing out of Categories 1 and 2 in homes and to establish more community based care and support
- 2000-2002 The Ministerial Committee on the Abuse of Older Persons with strong recommendations to combat this evil.
- Findings throughout concur—society is ageing, huge ‘backlogs’ left by apartheid, enormous pressure on the fiscal and fear of older persons falling through the cracks.
3. RESIDENTIAL CARE UNPACKED

- In 1990 there were 53,200 frail care beds. In 2012 the figure is 30,138. Estimated number is 27,500 today.

- What happened?
  - Phasing out of admission categories 1 and 2 from 1 April 2002
  - Impact of the discounting of loans. Agreements in 1993 required 60% of frail care stock must be reserved for social grantees. No sign that the agreements are honoured.
  - Capital funding for upgrading of care facilities were discontinued in 1996
  - Health and safety standards declined—estimate only 20% of facilities today comply
RESIDENTIAL CARE (2)

• Subsidies to homes did not keep track with rising costs — Average R1 523-00 per person per month in 2007/8 in many provinces were only increased to R1583-00 in 2014/15
• Disparity of subsidies between provinces and areas in provinces
• Economic downturn resulted in less donations to fund persons with low pensions.
• Lottery allocations do not address the most critical needs
• Directives by officials from Departments of Health and Social Development to honour staff ratios, forced cost of care to unaffordable levels. Majority of homes to not comply with standards
RESIDENTIAL CARE (3)

- Department of Health unwilling to assist in funding advanced care for frail persons. No double dipping not allowed—Public Finance Act.
- Department of Health do not always honour undertaking to supply adequate nappies and medication for poorest of poor.
- Undertaking by Social Development that a costing model will be introduced to relieve pressure on homes. Report 10 years outstanding.
- Care equipment outdated and inadequate is a general concern.
4. SERIOUS CONSEQUENCES / FALLOUT

- The bed stock is declining rapidly resulting in less and less frail older persons finding an acceptable place to stay
- Country wide organisations report a decline in persons seeking admission resulting in increased empty beds
- Care costs make it difficult to cater for frail persons without a sponsor (family or friend)
- Standards in homes for poorest persons, specifically in disadvantaged communities and rural areas, are fast declining
- The number of unregistered “homes” are increasing. These homes are run at sub-standard levels. It is estimated that there are over 1 000 such homes in South Africa
- Officials are unable to ensure compliance with the Act in such homes
4. SERIOUS CONSEQUENCES / FALLOUT (2)

- Increasing number of frail older persons move in with family
- Frail persons move in with other frail persons in flats of in wendy houses or shacks
- Risk of neglect and abuse increases for persons outside the protection in a facility
- Home based care is fast becoming a preferred option. The question is that these “agencies” are not always registered and are allowed to operate outside legal and professional parameters
5. VIOLENCE AND ABUSE

• Act 13 of 2006—Chapter 5 addresses this challenge. However, in practice the Domestic Violence Act is preferred—evidence by Department of Justice

• The National Abuse Register is not functional

• Department of Justice has a Directorate for vulnerable persons. Accurate statistics are kept

• The picture is alarming:
  • Number of completed court cases involving older persons nationally increased from 1 458 in 2010/11 to 2 427 in 2012/13—Latest statistics not yet available
  • Top of the list is physical, emotional, verbal and financial abuse. The province with highest number of completed court cases is Western Cape
6. HEALTH CARE

• All the reports mentioned identified access to health care as a major challenge
• Local primary health care clinics do not see older persons as their priority and they normally have to wait till the end of the day to be served
• Access to doctors is a concern
• Older persons reported in all the investigations, doctors and nurses prefer not to touch or examine them properly or at all
• Access to medication is a problem area
7. THE NUTSHELL

• The ageing field in SA remains fragmented, similar to before 1994 along cultural, religious and racial lines.
• Wonderful work is done by organisations who do walk the talk, but they mostly operate in isolation and is in a desperate fight for survival.
• Absence of strong leadership at national level with a lack of a clear vision
• No voice of substance speaking for older persons
• Absence of a political will to address the shortfalls and backlogs is wavering
• The Department of Social Development, who is the legal custodian, generally fails older persons and the committed people and organisations who serve them
• Training of professionals in applied gerontology, like nurses, doctors and social workers, are almost non existent.
• The research program on ageing started in the 1990’s has virtually disintegrated
• Our population is fast ageing and answers need to be found to address increased dementia in the higher age cohorts
• Our nation’s mothers and fathers are in need of leaders who will stand up for them and take their plight seriously
IN CLOSING

MY QUESTION IS - WHO will take up the challenge?

EVEN IF YOU ARE ON THE RIGHT TRACK, IF YOU SIT STILL, YOU WILL BE RUN OVER