



# OLDER PERSONS POLICY

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## 1. DEFINITION OF TERMS

**“Abuse”**: means an act or omission or lack of appropriate action which causes harm or distress to an older person and which occurs in any relationship where there is an expectation of trust, and includes the infliction of physical, psychological, financial and sexual power or an older person or a threat to do so;

**“Assisted living”** Means a facility that provides accommodation with support services for older persons such as provision of meals. Transport or medical services etc;

**“An older person”**: in the case of female a person who is 60 years or older and in males 65 years or older. Other terms commonly used include senior citizen or elderly

**“Integrated Development Plan”**: is a planning method to help municipalities develop a coherent, long-term plan for the co-ordinated of all development and delivery in their area.

**“care-giver”**: means a person who provides care to older persons.

**“Community based care and support services”**: means services to promote and maintain the independent functioning of older persons in a community.

**“Community based centres”**: means centres established to promote and maintain community based care and support services.

**“Developmental local government”**: means a local government committed to work with citizens and groups within the community to find sustainable ways to meet their social, economic and material needs and improve the quality of their lives.

**“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.

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**“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 attendance by any person.

**“Home base care”:** means a provision of services by caregivers to older persons who are permanently or temporarily in need of care which cannot be provided by family members or spouse in order to promote, restore and maintain a person’s maximum level of comfort, function and health.

**“Manager”:** means a person responsible for the day to day management of a facility or service.

**“Older person in need of care and protection”:** means a person referred to in section 20(5).

**“Recipient of social assistance”:** means a person receiving a grant under the Social Assistance Act, 1992 (Act No. 59 of 1992).

**“Rehabilitation”:** means the process aimed at enabling older persons to recover from an addiction illness, hospitalisation or trauma in order to function optimally.

**“Representative”:** means a family member, lawyer, friend or member of the general public authorised to represent the interests of and older person.

**“Services”:** means any activity or programme designed to meet the needs of older persons and includes community based care and support services.

**“Shelter”:** means any building or premises maintained or used for the reception, protection, and temporary care of older persons in need of care.

**“SPU”:** is a special programme unit that is in the office of the Executive mayor with special emphasis to the target group of people with disabilities, youth, gender, children, older person and HIV/AIDS.

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**“welfare organisation”:** means an organisation which renders services to older persons for non-profitable purpose and includes any company or other association of persons established for a public purpose and the income and property of which are not distributed to its members, or office bearers except as reasonable compensation for services rendered, and includes a non-profit organisation established in terms of the Non-profit Organisation Act, 1997.

## **1. EXECUTIVE SUMMARY**

Older persons through their wealth of knowledge and in their position as custodians of values can make a valuable contribution to development and to society in general. The services being offered to Older Persons by MLM are still not appropriate, that of low quality and is characterized by a number of people who are still living in poverty with poor access to services and care.

**Thus, MLM is committed to:**

- Delivering programmes that will change the lives of Older Persons through the provision of integrated services for the care, support and protection of the older persons;
- Deal with the problems associated with ageing, and promote a society that is suitable for all ages.

## **2. PURPOSE**

- 2.1** To improve access to healthcare, community based care and support services programme.
- 2.2** To develop community plans of action that addresses the restoration of the dignity and respect for the Older Persons.
- 2.3** To facilitate services to Older Persons that are accessible, equitable and affordable, that conforms to prescribed norms and standards and improves the quality of life.

## **3. LEGISLATIVE REQUIREMENTS**

Below is a summary of the International, National, Provincial and Local legislation and policies that is relevant to Older Persons.

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### **3.1 INTERNATIONAL LEGISLATION**

- Madrid International Plan of Action on Ageing 2002
- United Nation Resolution 46/1991
- Vienna International Plan of Action on Ageing 1982
- World Programme of Action Concerning Disabled Persons
- UN Declaration of Human Rights.

### **3.2 NATIONAL LEGISLATION**

- South African Constitution, Act No. 108 of 1996
- Older Persons Act, No. 13 of 2006
- Protocol on Management of Elder Abuse
- South African Policy for Older Persons, 2006
- National Development Plan
- Intergovernmental Relations Framework Act, No 13, 2005

## **4. SCOPE OF APPLICATION**

- 4.1. MLM aim to promote and protect the rights of Older Persons within the community.
- 4.2. Create an enabling and supporting environment for Older Persons to live with dignity and self-fulfilment.
- 4.3. Provide a basis for further understanding of Older Persons and the services they require.
- 4.4. The policy shall seek to improve the quality of life of Older People of MLM and the right to a healthy, productive life, to live in a caring and safe environment as well as to be treated with respect.

## **5. STRATEGIC OBJECTIVES**

- 5.1. To give recognition to the elderly as valuable members of the society with specific development needs.
- 5.2. To ensure Older Persons participation in structures representing them and to ensure that they make inputs into all governments decisions regarding them.
- 5.3. To create an enabling and supportive environment to Older Persons.

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- 5.4. To give recognition of the developmental challenges faced by institutions of governance in MLM.

## **6. PROCESSES**

- 6.1. Alignment to IDP requires a multi-sectorial response and therefore need to be considered by all clusters by mainstreaming cross-cutting issues, through supporting the different directorate in order to take account of the issues like HIV/AIDS, poverty and gender.
- 6.2. Consultative meeting should be held throughout the district in order to obtain inputs from all Older Persons and relevant stakeholders of the Local Municipalities in the municipality.
- 6.3. In order to popularise this agenda, roadshows should be conducted throughout the local municipalities.

## **7. KEY FOCUS AREAS.**

### **7.1. OLDER PERSON AND DEVELOPMENT**

- 7.1.1. Older Persons explicitly targeted in government poverty relief programmes.
- 7.1.2. Older Persons targeted in information campaigns in respect of correct nutritional and eating habits.
- 7.1.3. Access to knowledge, education and training of Older Persons from poor urban and rural background be provided depending on their personal circumstances and context.
- 7.1.4. Awareness campaigns be implemented to inform Older Persons about grants for which they are eligible and the documentation that is required in order to apply for such grants.
- 7.1.5. Capacity Building provided for Older Persons by partnering with role-players in the provision of skills programmes targeting order persons
- 7.1.6. MLM to engage in the development of systems and programmes that encourage participation of the elderly in the society.
- 7.1.7. Training to be provided to service providers to ensure that the Older Persons are better equipped to deal with challenges and roles that they are expected to fulfil in the era of HIV/AIDS pandemic.

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## **7.2. ADVANCING HEALTH AND WELL-BEING INTO OLD AGE**

- 7.2.1. Access to age-friendly health facilities, professionals, information, education, assistance devices and guaranteed quality dedicated care should be ensured.
- 7.2.2. Older persons should have access to emergency care, appropriate specialist care, ongoing general medical and surgical care, mental health and dental and discharge planned.
- 7.2.3. 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.

## **7.3. ENSURING ENABLING AND SUPPORTIVE ENVIRONMENT**

- 7.3.1. Social grants and emergency situations to be provided for to Older Persons.
- 7.3.2. Safe and effective supply of specialised drugs for common chronic diseases and conditions of ageing be ensured.
- 7.3.3. Careful attention given to the voice of Older Persons and their desire to be of continued worth to society should also be harnessed and utilized.
- 7.3.4. The role of the Older Persons as attractive, diverse and create individuals, making vital contributions should be promoted.
- 7.3.5. Partnership of community-based organisations and department of health should provide free transport to state-held facilities like community health centres or primary Health Care services.
- 7.3.6. Provision to facilitate employment for Older Persons would be that the retirement age should not be lowered except on a voluntary basis.
- 7.3.7. 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.
- 7.3.8. Response plan against killings of older persons and children be integrated to other relevant stakeholders in communities that have been affected and may be affected in the future.
- 7.3.9. Protective measure from the abuse as well as the identification of older persons in need of care and protection.



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- 7.3.10. Assisted living or sheltered accommodation should be made available for the provision of affordable, adaptable and secure accommodation, providing older persons with an environment that enables access to support services, primary health care and pension pay-point, transport as well as recreational activities.
  - 7.3.11. Though the policy shall be available in English the copies should also be translated into isiXhosa and Sesotho.
  - 7.3.12. Copies will be printed and be distributed at the event launch.

## **8. ROLE AND RESPONSIBILITIES**

- 8.1. The office of the SPU Manager assumes a coordinating role in ensuring that the issues of Older Persons are mainstreamed and is facilitating the implementation of the policy for Older Persons.
- 8.2. The Special Programmes Unit ensures the establishment of the Older Persons Forum which is reviewed after five years or as and when there is a need.
- 8.3. Older Persons should take responsibility to become involved in all activities, programmes and services which affect them.
- 8.4. The implementation of the policy should be the responsibility of the all the local municipalities to ensure that the issues of Older persons are mainstreamed into their line function
- 8.5. MLM should engage in the development of systems and programmes that encourage active participation in society and development through the participation in voluntary programmes. and policy evolution processes as well as counselling in elder abuse toll free line.

## **9. IMPLEMENTATION, MONITORING & EVALUATION**

The directorates are required to report on the services and programmes which they offer to older persons.

Focal persons for older persons in the MLM will be required to submit quarterly reports to the Council on the programmes of Older Persons.

The Older Persons Forum must seat on quarterly basis planning, evaluating and reporting on programmes and issues that affect Older Persons.

The contributions will be made to the provincial department and subsequently to the annual country report and then to the United Nations.

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