

PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

TUESDAY, 17 JULY 2018

ANNOUNCEMENT

The Speaker:

Referral of document to committee in terms of section 54(1) and (2) of the Financial Management of Parliament and Provincial Legislatures Act, 2009 (Act 10 of 2009), as amended:

Parliamentary Oversight Committee

Western Cape Provincial Parliament: Monthly financial statements (In-year Monitoring Report) for the period ended 30 June 2018.

TABLING

The Speaker:

Tabling of document in terms of section 54(1) and (2) of the Financial Management of Parliament and Provincial Legislatures Act, 2009 (Act 10 of 2009), as amended:

Western Cape Provincial Parliament: Monthly financial statements (In-year Monitoring Report) for the period ended 30 June 2018.

COMMITTEE REPORTS

1. Annual Report of the Standing Committee on Community Development for the 2017/18 financial year, from 1 April 2017 to 31 March 2018

Members

The Committee comprises of the following members:

Democratic Alliance

Botha, LJ (Chairperson)
Mitchell, DG
Wenger, MM

African National Congress

Gillion, MN
Makeleni, P

Alternate Members

Gopie, D (ANC)
Lekker, PZ (ANC)

1. Introduction

The mandate of the Committee is to:

- 1.1 Maintain oversight over the Executive.
- 1.2 To keep the Departments of Health and Social Development accountable to it.
- 1.3 To consider and report on legislation and other matters referred to it by the Speaker.
- 1.4 To monitor the implementation of legislation.

In the fulfillment of its mandate, the Committee:

- 1.5 Facilitated public participation in the legislative and other processes of the Committee.
- 1.6 Conducted its business in a fair, open and transparent manner.
- 1.7 Promoted co-operative governance.
- 1.8 Reported regularly to the House.

2. Reporting Departments

- 2.1 Department of Health
- 2.2 Department of Social Development

3. Overview of Committees Activities

No of Committee activities	43
No of Public Hearings	11
No of Oversight Visits	4
No of Cluster Visit Weeks	1
No of International Study Tours	1
No of Provincial Bills considered	1
No of NCOP Visit Weeks	0
No of NCOP Bills considered	0
No of Committee briefing meetings	25
Workshops/conferences attended	0

4. Committee activities

Members of the Standing Committee on Community Development were part of the May 2017 Social Cluster Visit Week delegation and conducted oversight visits to a number of Non-Profit Organisations (NPOs) that receive funding from the Department of Social Development. One of the NPOs that were visited by the Social Cluster delegation was Child Welfare South Africa (CWSA) in Albertinia on 12 May 2018. The purpose of the visit was to assess the programmes that CWSA offers to the communities and surrounding farms in Albertinia. During the visit the officials of CWSA reported that their office has challenges, namely the office was under-resourced, the staff complement was inadequate and transport was a challenge. The financial mismanagement was also highlighted as a major challenge at the CWSA in Albertinia.

Subsequent to the Social Cluster's visit, the Committee resolved to invite officials from the Child Welfare (CWSA) office in Albertinia to brief the Committee on the challenges that were highlighted and observed by the Committee during the Social Cluster Visit on 12 May 2017. The meeting was held on 25 July 2017. The aim of the meeting was to get a briefing on the operations and finances of the CWSA in Albertinia, following the alleged financial mismanagement that was reported to the Committee during the Social Cluster Visit Week. Ms G Van Rensburg, Regional Director of CWSA in the Western Cape, briefed the Committee during the meeting.

Due to the severity of the challenges at the CWSA in Albertinia the Committee resolved to extend the invitation of the meeting to key stakeholders. The invited stakeholders included Cllr G Riddles, Mayor of Hessequa Municipality; Cllr I T Mangaliso, Ward 2 Councillor in Hessequa and Mr H Eksteen, Board Chairperson of the CWSA.

During the meeting, it was reported that a total of 11 affiliate offices of the CWSA in the province, including the Albertinia office, were under administration, and that seven of these affiliates have managed to turn things around and only six were still under administration. It was further reported that there was a plan in place to assist all the affiliates that were under administration.

The stakeholders that attended the meeting on 25 July 2017 reported that the funding from the Western Cape provincial Department of Social Development was misdirected to the bank account of the national CWSA after it had been deposited in the bank account

of the CWSA in the Western Cape. Thereafter, the national office allocated the funding meant for the Western Cape communities to other provinces. This misdirection of funding had a negative impact on the services provided by the CWSA in the communities of the Western Cape.

Subsequent to the meeting of 25 July 2017, the Committee resolved to invite the national office of the CWSA to get clarity on these allegations. The briefing by the national CWSA was held on 29 August 2017. Dr Obaji gave a brief background on the finances of Child Welfare South Africa.

A follow-up briefing Committee meeting on the progress made by the CWSA in taking out the Western Cape affiliates of the CWSA that are under administration is scheduled to take place in 2018.

In addition, in May 2017 the provincial Department of Health briefed the Committee on the progress that was made by the Department in implementing the Western Cape Health Facility Boards and Committees Act, 2016 (Act no 4 of 2016). This is part of the Committee's mandate of monitoring the implementation of legislation passed by the Provincial Parliament.

The Committee meetings during April 2017 focused on the scourge of attacks on the Emergency Medical Services (EMS) personnel in the province. To find a solution to the problem the Committee resolved to engage the public by conducting two stakeholder and public consultation meetings in Kalksteefontein and Khayelitsha. These communities were chosen because they were amongst the areas that were identified as red zone areas, due to the high number of attacks on EMS personnel when they render services. The invitations to the meetings were extended to various stakeholders and the Department in conjunction with the Committee, who engaged with community members. A communication breakdown between the Department of Health and communities in the province was identified as a major challenge. The majority of community members were not aware of the attacks on EMS personnel in their areas and were not aware that their areas were regarded as red zone areas due to the high incidence of attacks. Subsequent to this, various community stakeholders undertook to work hand-in-hand with the Department in finding a solution and addressing the attacks.

Another significant meeting of the Committee took place on 25 April, a briefing by the South African Social Security (SASSA) on progress made by SASSA in building its capacity to ensure an effective migration process from outsourcing to insourcing the social grant services. In addition, SASSA briefed the Committee on progress made to reimburse the social grant beneficiaries that were affected by the unlawful deductions. Members of the public and various stakeholders such as the Black Sash were invited to the meeting and were afforded an opportunity to give input. The social grant beneficiaries who attended the meeting submitted their details to the SASSA delegation and their cases were considered and resolved.

The Standing Committee also conducted an oversight visit to the Bonnytoun Child and Youth Care Centre for the awaiting-trial and sentenced youth in Kraaifontein. Following the escape of 31 boys in January 2017 from the Bonnytoun Child and Youth Care Centre, the Committee decided to conduct an oversight visit to the Centre. The purpose of the visit was to inspect the facility, followed by a briefing by the Department of Social

Development on the day-to-day operations and the Safety Plan of the Centre. The Centre currently provides care to 130 boys between the ages of 14 and 21 years who are awaiting finalisation of statutory intervention in terms of the Child Justice Act, 2008 (Act 75 of 2008) and who are convicted of offences and sentenced by Courts to compulsory residence in a Child and Youth Care Centre in line with the Child Justice Act, 2008 (Act 57 of 2008).

The Committee noted some challenges during the visit, namely, the inadequate infrastructure, as during the visit the room in which the workshop was held was wet and leaking due to the heavy rains. The machinery in the workshop could not function as the room was flooded, there was the late arrival of staff on duty due to train delays, high absenteeism due to sick and stress leave of staff members, the shortage of staff members and a shortage of sewing material.

The Committee also conducted an oversight visit to the Diabetes South Africa Support Group in Mitchells Plain. The main objective of the visit was to get a better understanding of the programmes and activities of this support group and to ascertain whether this initiative can be rolled out to other communities.

5. Legislation

During the 2017/18 financial year, the Committee dealt with the following items of legislation:

5.1 Provincial Bills

- 5.1.1 Vote 6: Health and Vote 7: Social Development in the schedule to the Western Cape Adjustments Appropriation Bill [B 6–2017]
- 5.1.2 Vote 6: Health and Vote 7: Social Development in the schedule to the Western Cape Appropriation Bill [B 3–2018]

6. Facilitation of Public Involvement and Participation

In line with the Committee's mandate to facilitate public participation as part of the legislative process, members of the public were invited to participate in the consideration and deliberations on:

- 6.1. The Annual Reports of the Department of Health and the Department of Social Development;
- 6.2 The Western Cape Adjustments Appropriation Bill [B 6–2017] on Vote 6: Health;
- 6.3. The Western Cape Adjustments Appropriation Bill [B 6–2017] on Vote 7: Social Development;
- 6.5. The Western Cape Appropriation Bill [B 3–2018] on Vote 6: Health; and
- 6.6. The Western Cape Appropriation Bill [B 3–2018] on Vote 7: Social Development.
- 6.6 The stakeholder and public consultation meetings on the attacks on Emergency Medical Services (EMS) personnel in the province.

7. Financial Particulars

The Standing Committee was allocated an amount of R124, 714.00. The Committee overspent by R68, 974.34. This expenditure is largely attributed to stakeholder forum and consultation meetings for facilitating participation in the consultative forum when trying to find a solution to curb the scourge of attacks on EMS employees while providing services in communities. The Committee advertised extensively in newspapers to notify the public of their democratic responsibility to participate in expressing the negative impact of these attacks in their communities and to be part of finding the solution. Also, costs were incurred for the meetings on the Annual Reports, the Western Cape Adjustments Appropriation Bill and the Western Cape Appropriation Bill. In addition, the Committee incurred high transport costs as transport was outsourced to transport community members to and from the stakeholder and consultative forums, for transport for the members of the community who attended the SASSA meeting, and accommodation for the officials of Child Welfare from Albertinia.

2. REPORT OF THE STANDING COMMITTEE ON COMMUNITY DEVELOPMENT ON AN UNANNOUNCED OVERSIGHT VISIT TO A PAYOUT POINT OF THE SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA) IN BELTHORNE, ATHLONE, ON 5 JUNE 2018.

The Standing Committee on Community Development, having conducted an unannounced oversight visit to the payout point of the South African Social Security Agency (SASSA) in Belthorne, Athlone, on 5 June 2018 reports as follows:

The delegation

The delegation of the Standing Committee on Community Development included the following Members:

Democratic Alliance

Botha, LJ (Chairperson)
Mitchell, DG
Wenger, MM

African National Congress

Gillion, MN
Makeleni, P

Alternate members

Gopie, D (ANC)
Lekker, PZ (ANC)

Ms N Jamce, Committee Coordinator, accompanied the delegation:

Background

A briefing meeting of the Committee with SASSA took place on 28 February 2016 and with the Black Sash on 31 May 2017 on the spate of unauthorised, undocumented and

illegal deductions from the bank accounts (smart cards) of beneficiaries of SASSA grants. During the meeting on 28 February 2016, SASSA informed the Committee that the grants payment contract between SASSA and Cash Paymaster Services (CPS) was due to expire in 2017. SASSA undertook to build its own capacity and insource the grant-payment services at the expiry of the contract in 2017. Since the contract has expired, the Committee resolved to visit a payout point to assess the progress made by the SASSA from outsourcing to insourcing the grant services.

1. Inspections

On arrival at the Belthorne payout point in Athlone, the Chairperson introduced the Committee to the SASSA regional managers, Mr Louw and Mr Brink. She informed the SASSA officials that the reason for the Committee's visit was to assess the progress made by SASSA with the unlawful deductions from the social grants of beneficiaries and to check if SASSA has managed to stop the unlawful deductions from the social grant beneficiaries. In addition, the Committee wanted to assess the progress made by SASSA from outsourcing to insourcing the social-grant service.

The Committee, proceeded to do a walkabout and interacted with the social-grant beneficiaries.

The following observations were noted:

- 1.1 The Committee was informed that 5 June 2018 was the last day on which the Belthorne Community Hall in Athlone would be utilised as a payout point. The social-grant beneficiaries would be paid either through their bank accounts or through their SASSA and South African Post Office (SAPO) Social Grant Cards.
- 1.2 The employees of CPS were still on site paying out the social grants to the social-grant beneficiaries. Upon investigation, the Committee was informed that it was the last day for CPS to pay out the social grants. When the social-grant beneficiaries received their money from the CPS officials, they moved to the SASSA-SAPO-queue for the verification of their fingerprints and, thereafter, they received their SASSA-SAPO-Social Grant Cards or completed consent forms for their future grants to be paid into their bank accounts.
- 1.3 During the visit, the SASSA and SAPO officials were assisting the beneficiaries with the migration process by helping them to register for the new social-grant payment system by verifying beneficiaries' fingerprints and determining if their social-grants payments would be deposited into their bank accounts or onto their new SASSA-SAPO-Social Grant Cards.
- 1.4 The SASSA-beneficiaries who were at the venue complained that the queue was moving slowly. The SASSA-officials, however, mentioned that the fingerprints of the beneficiaries needed to be verified before SASSA could issue new SASSA-SAPO-Social Grant Cards. The Committee was further informed that in July 2018, the social-grant beneficiaries will not get their social grants if they have not followed the process of verifying their fingerprints and signing the consent form for payment.
- 1.5 The social-grant beneficiaries were given a choice. They could be paid through the SASSA-SAPO-Social Grant Card with no transaction fees; or the money could be deposited into their bank accounts with banking fees. However, beneficiaries who preferred to use the green easy-pay CPS card could not be stopped as the green card is from a registered financial institution.

- 1.6 Deductions from the SASSA–SAPO–Social Grant Card are not allowed. Only deductions for funeral policies are permissible. However, SASSA does not have control over deductions from the bank accounts of social-grant beneficiaries.
- 1.7 The SASSA–officials informed the Committee that the verification of the details of the social-grant beneficiaries and the issuing of the new social-grant cards would be concluded by September 2018.
- 1.8 SASSA is in the process of procuring the Athlone Hall from the City of Cape Town until the end of September 2018 as a central point for the renewal of the Social Grant Cards. Once the hall has been secured, SASSA will inform all the social-grant beneficiaries about the venue through community newspapers and other forms of communication.
- 1.9 During the visit the Committee was informed that cases that were reported in 2016 are still being investigated and have not been resolved. The CPS–officials who were onsite indicated that, once they completed the affidavits, they send them to their head office for investigation. They reported that most cases of unlawful deductions that were reported had been resolved.
- 1.10 The Committee observed that there was insufficient communication between SASSA and the social-grant beneficiaries. People were panicking because they did not know what was going to happen if they did not renew their information at the Belthorne Community Hall before 12:00 on 5 June 2018.
- 1.11 There was a shortage of SASSA and SAPO staff during the visit and the fingerprint verification process was taking too long.
- 1.12 Although there were many people waiting for the verification process and waiting to receive their new SASSA–SAPO–Social Grant Cards, the Committee was informed that SASSA had to be out of the venue by 12:00 and beneficiaries would have to go to the Athlone central venue once it had been procured because SASSA had use of the Belthorne Community Hall only until 12:00 on the day of the visit. SASSA could not make use of the venue beyond the agreed time of 12:00. The City of Cape Town was charging SASSA R5 600 per day to use the venue.

2 Concerns

- 2.1 The Committee raised its concern about the lack of communication between SASSA and the social-grant beneficiaries regarding the process that needs to be followed by the beneficiaries when renewing their social grants.
- 2.2 The Committee also raised its concern that there were few SASSA and SAPO officials on site during its visit. The Committee felt that more officials needed to assist the social-grant beneficiaries to migrate to the new social-grant payment system.

3 Resolutions

The Committee RESOLVED to invite SASSA to brief the Committee on the progress made with the migration process of outsourcing to insourcing the social-grant services and on the progress made with reimbursing social-grant beneficiaries who were affected by unlawful deductions in the Western Cape.

4 Conclusion

The Committee successfully concluded its unannounced oversight visit to the Belthorne payout point in Athlone.

3. REPORT OF THE STANDING COMMITTEE ON COMMUNITY DEVELOPMENT ON THE OVERSIGHT VISIT TO THE SECTOR TASK TEAM FOR OLDER PERSONS (STTOP) IN WOODSTOCK ON TUESDAY 24 APRIL 2018.

The Standing Committee on Community Development (Social Development), having conducted an oversight visit to the Sector Task Team for Older Persons (STTOP) in Woodstock on 24 April 2018, reports as follows:

Delegation

The delegation included the following Members:

Democratic Alliance

Botha, LJ (Chairperson)

Wenger, MM

African National Congress

Lekker, PZ

Makeleni, P

Apologies

Mitchell, DG (DA)

Gillion, MN (ANC)

Gopie, D (ANC)

Ms N Jamce, Committee Coordinator accompanied the delegation.

1. Introduction

The Standing Committee, as part of its oversight mandate over the Department of Social Development, and complying with the committee programme, resolved to embark on an oversight visit to the Sector Task Team for Older Persons (STTOP) in Woodstock.

The visit was scheduled as a result of the request sent to the Committee by the STTOP to be given the opportunity to brief the committee on key issues facing service providers that work in the older persons sector in the Western Cape.

2. Overview

The delegation visited the STTOP in Woodstock on 24 April 2018. The main objective of the visit was to engage with STTOP on the key issues facing service providers working in the older persons sector in the Western Cape. This visit was one of many visits scheduled by the Committee as part of its programme for the 2018/19 financial year. At the centre the Committee was welcomed by Mr G Weir, director of the STTOP in the Western Cape Province, representatives from different non-governmental organisations (NGOs) for older persons in the province and officials of the Department of Social Development. The presentation was led by Ms Barbara **Segaua**, followed by input by the representatives of the different NGOs who were in attendance.

Ms Segaua informed the Committee that the STTOP had requested the meeting in order to brief the Committee about the hard realities of the “lived experience” of social pensioners, which are underscored by Statistics South Africa’s (Stats SA) Social Profile of Older Persons Report for 2011- 2015. According to the STTOP, the report by Stats SA indicated that in 2015, 3,1 million (70%), of 4,4 million people aged 60 years and older, received social pensions. Of that number 50,7% lived in a household without an employed adult. In other words for at least 50% of pensioners who receive a social grant the social pension income of R 1 690 a month or R56,33 per day is a critical source of income for them and their families.

The STTOP reported that the organisations working with older persons are resource-strapped despite government funding. Many older persons are the sole providers in their families and often contribute most of their state pensions for their families’ expenses. A significant number of older people play a vital role as childminders and caregivers. Moreover, due to the scourge of HIV and Aids, older persons are now required to be their grandchildren’s primary caregivers.

The STTOP mentioned that the majority of social pensioners in the province rely on state-subsidised services as a result of personal and historical circumstances arising from pre-1994 conditions, meaning that a large number of old-age pensioners were unable to invest in private retirement options.

3. Key points emanating from the discussion during the visit at the STTOP Service Centre in Woodstock

3.1. Access to affordable housing

For social pensioners living on a monthly income of R1 690 access to subsidised housing is an essential prerequisite for being able to remain active in their communities for as long as possible. There are a number of barriers facing social pensioners regarding access to safe and affordable housing. It is common cause that there are long waiting lists for subsidised public housing throughout the province. For example, with respect to the City of Cape Town’s public housing list, it is estimated that if a social pensioner successfully registered for such housing today it would take 60 years before that person received it.

The STTOP wants the proper integration of older persons in society and this calls for the realisation of and adherence to the National Special Housing Needs Policy and its programme dated June 2015 by the Departments of Social Development and Human Settlements.

3.2 Access to affordable public transport

Access to affordable public transport is of equal importance to enable social pensioners to remain active in their communities. The lack of accessible public transport was highlighted in research on service centres that was commissioned by the provincial Department of Social Development in 2015. The issue of transport was raised because the researchers were requested to investigate the intermittent attendance of pensioners at service centres subsidised by the Department of Social Development. The outcome of the research indicated that the intermittent attendance by pensioners was due to a lack of accessible public transport, particularly in the rural and under-serviced urban areas of the province.

3.3 24-hour care services for older persons

It is a physiological fact of the aging process that at some stage in the lives of many older persons they will require 24-hour care. Such care, if properly provided, needs funding for staffing, building and ongoing maintenance. Services such as 24-hour care services are without question the most expensive services older persons need.

3.4 Mental frailty

In addition to physical frailty, older persons are affected by dementia. In the Western Cape there are not enough specialised facilities that provide residential care, day care or respite care. Many individuals moreover do not have access to diagnostic services.

3.5 The training and registration of carers in the province

For any organisation to provide the necessary services to older persons (particularly vulnerable older persons) it needs to employ a cadre of suitably trained and registered staff. Without such suitably trained staff organisations face very serious difficulties in providing quality care for older persons.

4 The following NGOs gave input, as follows:

4.1 Input from NOAH on the housing needs of older persons in the province

Neighborhood Old Age Homes (NOAH) is an NGO that advocates services for social pensioners through the communal, independent housing model. The NGO has been looking at addressing the challenge of the critical shortage of cost-effective housing for social pensioners in the province. Currently it is estimated that there are over a quarter of a million social pensioners in the Western Cape Province and of that number, it is estimated, only 800 social pensioners are housed in safe and affordable accommodation. It has been noted that the government's budget is under severe strain and funding from corporate and private donors is diminishing. The private sector has shown no interest in providing capital funding on the scale required to build the required housing units.

NOAH informed the Committee that they are determined to expand access to affordable housing and change the service centre models to models with greater autonomy and community participation. However, this will be achieved through sound positioning, active lobbying and robust monitoring, evaluation and strong governance. This NGO indicated that the Provincial Government needs to lead the way by funding, building and developing an increasing number of housing opportunities for social pensioners. NOAH is of the opinion that in order to meet the needs associated with a rapid growth in the aging population, there is a need to do more with respect to the provision of independent housing. The NOAH model is cost-effective, with only a small annual shortfall of approximately R100 000, after DSD funding for subsidies and rentals. However, a stumbling block in accessing housing is the capital costs related to the development of new stock.

The NGO said that there is a need for the national Department of Human Settlements to respond to the application for the adoption of the Special Needs Housing Policy dated June 2015. NOAH believes that if this policy is approved, NGOs in the older persons sector would be able to apply for both capital and ongoing maintenance grants to increase the number of communal houses that are available to social pensioners.

Ms Debra Fortuin from the Provincial Department of Social Development (DSD) agreed that there is slow progress with regard to providing for the independent living of social pensioners due to a lack of policy. However, the DSD has committed itself to provide the operational costs relating to independent living. Ms Fortuin further mentioned that the DSD is looking to strengthening the home-based care service. The national Department of Social Development is piloting a project that aims to train carers.

5 Ikamva Labantu Service Centre in Gugulethu gave input on the transportation challenges facing older persons in the province

Ms Sigasana, manager of Ikamva Labantu, informed the meeting that Ikamva Labantu aims to create a supportive environment for older persons and keep them active in their communities for as long as possible. Ikamva Labantu works to accomplish this by delivering its services through a senior's club model.

According to Ms Sigasana, there are many seniors who are unable to access the seniors clubs due to physical frailty, poor health or the need to care for their households. There are many active seniors who are interested in participating. Ms Sigasana highlighted the following challenges:

- 5.1 Transport to and from the club is a challenge. She said that the DSD only funds transport in rural areas not in the urban areas. In addition, the movement of people from rural areas to the urban area was identified as a challenge.
- 5.2 Ikamva Labantu wanted Dial-a-Ride to be requested to provide a transportation service to assist with transporting older persons in communities to access services. This request was not considered.
- 5.3 Furthermore, Ikamva Labantu reported that in Khayelitsha, the taxi associations do not allow Ikamva Labantu to hire private taxis or Avanza vehicles to transport older people to and from the service centres to access services.

Ms Fortuin from the DSD responded by saying the Department recognised the need for transport in the older persons sector, but that transport is not the mandate of the DSD and that it needed to be addressed with the relevant department.

6 Cape Peninsula Organisation for the Aged (CPOA) gave input on the funding challenges in the older persons sector in the province

Mr Xolani Phukwana, chief financial officer of the CPOA, led the presentation. He informed the Committee that the CPOA has been in operation since 1953 and has retirement facilities that comprise of six welfare homes and 14 economic residences, which include 10 frail care facilities.

Mr Phukwana indicated that currently there is no frail care home for older persons in Khayelitsha and to address this need the CPOA purchased land from the Western Cape Provincial Government (WCPG) in May 2012 to build a frail care facility in that area. He said that the entire project would cost an estimated R20 million and that the CPOA has committed R10 million in funding to this project and has requested the provincial

government to fund the shortfall of R10 million, including the annual escalation of this project. Mr Phukwana indicated that the government has not shown any commitment to this project as yet and that this has delayed the commencement of the project. According to Mr Phukwana, the Khayelitsha home for the frail is a planned as 100-bed frail care home, with 60% of the beds allocated to frail care and 40% to those suffering from dementia.

Some of the operational challenges that were highlighted by CPOA are the following:

6.1 Financial Challenges

Older persons in CPOA facilities depend on the R1 690 monthly social pension from the government. The relatives of the pensioners normally do not assist with financing. The CPOA operates six welfare homes with 530 residents and the CPOA annually accumulates a loss of R24, 4 million.

6.2 Staffing challenges

There is a shortage of nurses at welfare homes. The working conditions are also often less staff-friendly than at economic homes. Staff members at welfare homes have transport challenges that result in safety concerns, especially at night. In addition nurses have to escort residents to day hospitals and this puts pressure on the remaining staff. There is a shortage of trained nurses and care staff, and agency staff are easier to hire for the economic homes.

6.3 Transport challenges

The CPOA provides transport to hospitals and day clinics for all CPOA residents. The CPOA incurs additional costs to maintain a combi pool and there is also the high cost of fuel. The residents need to be escorted, resulting in additional costs for relief staff at the homes.

6.4 Security

The welfare homes are situated in dangerous areas and the CPOA needs to appoint security guards who are on duty round the clock.

6.5 Medical consumables

The CPOA reported that medical consumables provided to the welfare homes by the day hospitals are inadequate.

Mr Phukwana concluded by noting that additional funding is needed because more residents are suffering from dementia, which necessitates specially trained staff, and a separate dementia section in the homes. However, there is no subsidy for residents who suffer from dementia.

7. Dementia SA gave input, as follows:

Dementia SA is a South African non-profit organisation (NPO) that assists people who have limited access to private health care to live with dementia or care for those with dementia.

Dementia SA provides a 24-hour helpline, raises awareness nationally and is actively involved in research and ongoing advocacy. The organisation advises residential care facilities and provides training that aims to provide carers with a general understanding of dementia and how to identify the signs and symptoms of dementia, which are not part of the normal aging process. The training is provided to nurses, community health workers, social workers, community workers as well as the legal and financial professionals. Occasionally training is provided to the police and magistrates.

Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Memory loss is an example. Alzheimer's is the most common type of dementia. While symptoms of dementia can vary greatly, at least two of the following core mental functions must be significantly impaired to be considered dementia, i.e. memory, communication and language; ability to focus and pay attention; reasoning and judgement; and visual perception.

Key points that emanated from input by Dementia SA are the following:

- 7.1 Primary health care needs to be strengthened by providing training in dementia awareness at all healthcare facilities. It was reported that nurses do not know how to deal with patients suffering from dementia.
- 7.2 A dementia plan is urgently needed.
- 7.3 There is a need for increased dementia awareness and feasible support interventions.
- 7.4 The number of people with dementia is increasing, and there is a corresponding need to determine accurately not only the burden of dementia in the country but also the resources that are needed to support and care for the affected persons and their families.
- 7.5 Community awareness is needed in respect of people with dementia and real conversation is also needed by people affected by the illness of dementia.
- 7.6 It was reported that in terms of the Mental Health Act, No 17 of 2002, dementia is not regarded as a disease. In addition medical aids do not cover patients with dementia.
- 7.7 The STTOP indicated that it tried to engage the Department of Health with a view to establishing a dementia programme three years ago. Unfortunately the Department was not interested.
- 7.8 Dementia has a stigma attached to it, and in some areas people suffering from dementia are living alone and are even victimised.

8. Input by the board of the STTOP

- 8.1 There is a need for legislation that will govern and regulate the services of home-based carers. Currently there are no set standards for the quality of services provided by carers.

- 8.2 Due to the lack of policy some of the residential homes for older and frail persons are managed by people who are not qualified to do the job and they are not monitored.
- 8.4 It was reported that 80% of residential facilities use carers. Semi-skilled carers are in charge of the homes and are trusted with administering the medication of the most vulnerable group, the frail and elderly persons, without any supervision.
- 8.5 The home-based carers are not registered. Therefore, if they commit a crime or engage in abuse they are fired from that particular home only to move on to the next home.
- 8.6 Alzheimer's SA suggested that carers should have at least basic nursing qualifications. However, the South African Nursing Council is not willing to accommodate carers.

The representatives from Dementia SA and Alzheimer's South Africa highlighted that legislation needs to be put in place to govern the home-based carers to ensure that the registration system, curriculum and training, set standards and monitoring and evaluation systems are in place and are adhered to by residential homes in the province.

STTOP informed the Committee that it has the right people with experience who were willing to start a private initiative that aims to address the challenges of the home-based carers in the province.

9. Resolution

The Committee RESOLVED to invite the Departments of Social Development, Health, Human Settlements, Transport and Public Works to brief the Committee on the issues raised by the NGOs during the visit.

10. Recommendation

The Committee RECOMMENDED that the Department of Health and Dementia SA should conduct outreach programmes at schools and youth centres to raise awareness about dementia.

11. Information requested

The Committee REQUESTED that:

- 11.1.1 The Department of Human Settlements provides the Committee with a copy of the Communal Living Policy for the social grant pensioners.
- 11.2 A detailed report on the progress made in the implementation of the Communal Living Policy for the social grant pensioners in the province.

12. Conclusion

The Committee successfully concluded the oversight visit to the STTOP and undertook to invite various departments to a consultative meeting to find a solution to the challenges raised during the meeting by various NGOs. The NGOs will also be invited to this meeting.