

An action plan for ageing reform

South Africa | 07 June 2019 | Initiative

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AN AGENDA FOR ACTION

Governments should:

- > **Create a holistic policy for the elderly rather than differentiate between welfare, health, housing and social care**
 - > The fragmented and uncoordinated framework is creating massive inefficiencies of delivery.
 - > There is no central repository of information people can turn to for assistance and guidance.
 - > Consider global budgeting (creating a common funding pool for institutional care and home- and community-based services) instead of separate budgets.

- > **Seek a sustainable funding model**
 - > This is where it begins and ends. We see no way for government to be able to motivate this on its own. This must be developed as a public-private partnership or at the very least a for-profit or not-for-profit partnership.
 - > Currently, what policy exists is hugely dependent on NGOs to provide the servicing. If we are going to create a sustainable model that builds on cross-subsidisation and shared resourcing, we need to include the for-profit private sector.
 - > Engaging the private sector will demand careful considerations as to how tax breaks and regulatory enablers could be framed. The problem is that the political appetite for addressing ageing is almost non-existent.

- > **Address workforce shortages with education and training, and support informal carers financially or non-financially**
 - > The Samson Institute for Ageing Research (SIFAR) is planning to develop a training programme approved by the South African Qualifications Authority (SAQA) that can be offered by organisations accredited with the Health and Welfare Sector Training Authority (SETA). Accredited carers would be registered in the Carer Licensing Register, with the view being that only accredited carers hold positions in licensed facilities.
Consider our current crisis with medical income placement. The needs are huge but the funding is inadequate. Unless we can resolve this, extensive training programmes will be pointless. This is where a public-private partnership model for funding may be the only way forward.
 - > Consider how to mobilise more youth into the care profession. Promote the care industry to the youth as one where jobs are not likely to be replaced by automation.
 - > Provide better models for community-centred care that can promote intergenerational support systems through volunteer groups.

- > **Change attitudes to ageing**
 - > Too often the emphasis is on ageing and performance decline rather than their potential to contribute actively to society and the economy
 - > Ageism can lead to depriving an increasing proportion of the population of their basic rights of dignity, respect and healthcare.

- > Regulate quality and promote transparency about outcomes and costs
 - > The challenge here will be to ensure that funding will depend on quality care outcomes and not just on cost containment.

- > Consider changing regulations to make homes and communities more age-friendly and dementia-friendly
 - > In South Africa, what will be needed most is a way to ensure that long-term care facilities are adequately resourced and supervised. Again, strict standards of care and accreditation need to come into play.

Health professionals and carers should:

- > Incentivise integration, care planning and specialist medical input to make it more person-centred

- > Quality of life should take priority over systems and procedures. This requires a significant change in the culture and skills of carers with improvements in recruitment and training and greater support from management from those carrying out difficult jobs at low pay¹.
- > Find ways to keep the elderly out of institutions and in the community.
- > Rethink the use of medication, with less emphasis on cure and more on managing declining health in a way that maximises quality of life
 - > Concentrate on social rather than medical models of care. • Develop new approaches to goal-oriented medicine for people in long-term care.
- > **Appoint a consulting specialist who can coordinate different medical regimes and specialists who might be required to ensure a smooth transition through the various stages of the ageing process**
- > **Consider models of care that promote intergenerational interactions and personal care plans**
 - > Eden Alternative is a model for retirement living which recognises that creating a community where life revolves around close and continuing contact with people of all ages, as well as with plants and animals, is the only way to counter the three great deterrents to retirement living: loneliness, helplessness, and boredom.
- > **Embrace technology to help people and their carers self-manage and maximise staff productivity**

Health insurance and financial services providers should:

- > **Focus on the value they provide to the individual. Reward quality and professionalism rather than cost-cutting**
- > **Create products and services where there are real needs**
 - > At this point in South Africa, long-term care is effectively a no-go zone for insurers. Typically, open-ended medical aid schemes don't cover Alzheimer's. Providing frail care insurance is proving to be prohibitively expensive. South African financial institutions need to start considering how this could be better addressed.
 - > There is a desperate need for advisers who can help individuals navigate their way through the maze of considerations around their lifestyle and long-term care options. This demands financial planning acumen, a knowledge of housing models and care-support options for the elderly as well as the cost of medical aid for these services, and an appreciation that the consulting is likely to be with the extended family and not just the individual.

Employers should:

- > Do away with mandatory retirement ages
- > Change attitudes and policies towards ageing. Until we start to recognise the considerable contributions that older people can make to society we are simply going to turn our back on a topic none of us are ever ready to acknowledge – ageing
- > Provide pension schemes that allow members to continue saving
- > Create more opportunities for intergenerational teams and mentorships
- > Reform pension systems that incentivise early retirement or penalise a return to work
- > Consider incentives that encourage employers to retain, train, hire, protect and reward older workers
- > Help older adults plan for the next phase of their lives and invest in lifelong learning
- > Introduce HR policies to accommodate:
 - > Compassionate care leave
 - > Leave to attend to critical illness
 - > Leave related to death or disappearance of a child
 - > Bereavement leave

Employees should:

- > Assert their rights, demand information and participate in planning
- > Encourage employers to consider innovative benefit programmes that facilitate a way to use their skills after formal employment has ended
- > Explore opportunities to provide mentoring and leadership training that could extend past retirement date

Retirees should:

- > Get as informed as possible
- > Find a reliable financial guide who is able to provide our new-generational advice framework
- > Plan, plan plan
- > Walk, walk, walk

References

1 KPMG (2013).

[FUNDING](#)

[LONG-TERM CARE](#)

[HOLISTIC MODEL](#)

[SAMSON INSTITUTE FOR AGEING RESEARCH](#)

[HEALTH PROFESSIONALS](#)

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