

Service Delivery to Older- and Disabled Persons

1. Background

Badisa is one of the two largest NPO's rendering services to older persons in the Western Cape, whilst we also make a substantial contribution in respect of services rendered to persons with disabilities.

Various challenges are experienced in the rendering of these services and we would like to work with the Department and other role players as equal partners in addressing the needs of older- and disabled persons.

As such we would like to share some information with you on the most important trends and challenges that we experience and am looking forward to explore ways in which we can work together in addressing these challenges.

2. Badisa 2030 Strategy for Older Persons

In October 2018 Badisa arranged a consultative workshop to explore what the greatest challenges are in respect of the services rendered to older persons. This was based on the realization that the aged population in the world, including South-Africa, will more than double during the next 30 years and to give effect to the "Decade of Healthy Ageing" as announced by the United Nations and the World Health Organization.

It was realized that we cannot simply continue to render the same services as in the past. And that we need to re-align our focus to ensure that we are able to respond to the changing needs. The 2023 Strategy was approved in March 2020 and the re-focus basically include the following realities/focus areas:

- The number of older persone that are 60 years and older will more than double over a period of 30 years and that we need to position us to cater for an increase in the demand for services.
- The limited accommodation that we have in homes for the aged will have to be optimized in that we will only be able to accommodate category 2 and 3 older persons in these facilities.
- There will be an increase in demand for specialized care in respect of older persons with Dementia.

- We need to increase the available social housing accommodation that we render to independent and semi-dependent older persons that are unable to stay in their homes and communities for various reasons.
- We need to shift our service delivery focus to a more community-based approach that will enable and support older persons to stay in their homes and communities for as long as possible.
- We need to make changes to our infrastructure in homes for the aged so that it will be appropriate to accommodate more level 2 and 3 beneficiaries, create Dementia Units and accommodate economic residents that can pay the full residents fee.
- We need to find innovative ways in which we can make our services financially more sustainable through models of cross-subsidization, creating income-generating opportunities, the development of a dedicated marketing and fundraising plan and applying the principle of solidarity between programs.
- We need to optimize the use of technology to improve service delivery, create efficiencies and be more cost effective.

3. Badisa 2030 Strategic Guidelines for Persons with Disabilities.

Although we have a limited footprint in respect of the services that we render to persons with disabilities, a set of strategic guiding principles were developed to guide the way in which we re-align these services. In essence we would like to structure our services in accordance with the following principles:

- Persons with disabilities are part of families and the broader society and they must, as far as possible, stay with them and be provided with enabling and supporting services.
- Persons with disabilities and their families have valuable knowledge and experience about their disability that should be recognized and used.
- Residential Care should only be utilized where it is not possible for persons with disabilities to function effectively and optimally in families and communities.
- Where residential care is the most appropriate care and development option, this must occur within a model where the family of the disabled person is still primarily responsible for their care and development.
- Where residential care is the most appropriate option, families must be provided with the peace of mind that their children or family member will be continued to be accommodated and cared for in the residential facility irrespective of how their circumstances might change in future.
- Persons with disabilities should be provided with skills development opportunities that will enhance their independence and self-worth.

- Where possible persons with disabilities should be provided with opportunities to participate economically in the labor market.
- Where appropriate a system of recognition and reward should be implemented where skills are developed and products delivered.
- Residential Care should be based on a multi-disciplinary assessment of every person and must make provision for a spectrum of care and including special care for older disabled persons.

Alta du Toit already developed a 10-year Strategic Plan to give effect to the above-mentioned guidelines and has commenced with the implementation of their plan. The rollout to the remaining programs will commence when the capacity is available to manage the processes.

4. Services delivery

4.1 Older persons

Services are rendered through 45 Homes for the Aged (2 959 residents) of which 40 are in the Western Cape and 5 in the Northern Cape. Home based care services are rendered to an additional 66 persons in the Western Cape.

There are 19 Service Centers for the Aged (2 402 members) of which 18 are in the Western Cape and 1 in the Northern Cape.

Accommodation in the form of Life Right and Rental accommodation is also provided to 1 190 older persons – both independent and assisted living.

4.2 Persons with Disabilities

4.2.1 Intellectually Disabled

Services are rendered to Intellectually Disabled adults (386 persons) at the following 5 programs:

- Alta du Toit in Bellville in respect of 154 residents and 55 day-care persons.
- Eljada in Oudtshoorn in respect of 95 residents and 14 day-care persons.
- Vrederus Anneks in Villiersdorp in respect of 20 residents.
- Immanuel in Steinkopf in the Northern Cape in respect of 50 residents.
- Sorgsentrum in Riviersonderend in respect of 12 day-care persons.

4.2.2 Visually Impaired

Services are rendered by Innovation for the Blind in Worcester to 370 residents who are visually impaired.

5. Some relevant trends

5.1 Homes for Older Persons

5.1.1 Analysis of Audit Reports from 2018/19 to 2021/22

An analysis was done of the information in the Audit Reports from all the Homes for Older Persons to determine the trends in income and expenditure so that areas of risk can be identified for future planning. The purpose was also to determine if the implementation of the National Norms and Standards made services unaffordable and which cost-drivers had the biggest impact on homes. The analysis was done per region and for the Western Cape and the following findings were made:

- For the period 2019 to 2021 the average inflation was 4% per annum and it thereafter increase to 5.9% as at the end of March 2022. During the same period the subsidies received from the Department of Social Development decreased from 19.42% to 17.88% of income since there was a decrease in the number of sub-economic residents that received subsidies and the subsidy amounts per resident remained constant.
- The total number of residents decreased by 8.7% during this period because of primarily the impact of the Covid-19 pandemic. The largest decrease of 7.7% was however in respect of the sub-economic residents that were only in receipt of SASSA grants whilst the number of economic residents decreased by 5% over the same period.
- The number of employees only increased by 1.8% during this period. The number of carers increased by 8% but the number of professional nurses decreased by 24% and staff nurses by 15%.
- The salary account increased by 8.9% per annum over the period but was still 61.94% of the expenditure in comparison with the 61.97%, 4 years ago. It is important to note that the personnel expenditure remain relatively constant as a % of expenditure in spite of efforts made to align the personnel provision to the Norms and Standards.
- The outsourcing of support services increased from 11.4% in 2019/20 to 13.5% in 2020/21 and 20% in 2021/22. The outsourcing did not result in a substantial increase of the cost for these services as the annual increase of these services increased by 9.61% in comparison with the increase of 8.9% in the in-house salary account.
- The biggest cost driver was the annual increase of 20.3% in in the expenditure for items such as electricity, fuel, municipal tariffs and office expenditure.

Nag		79		236		315	
Ratio 1.9	9	39	39	118	118	315	629
Tans Nag		19		188		207	
Pers tans op Skof		6	13	23	165	207	
Surplus tekort Nag		-60		-48		-108	
Tekort/Surplus Pers.		-33	-26	-95	47	-108	

Totaal:tekort/Surplus -57.30 -57.30 -237.90 216.10 -136.39

Gemiddelde Salaris per jaar		282,000	228,000	96,000	66,000	Totale salaris Uitgawe
Salaris uitgawe P/J		-	-	-	-	-
		14,889,600	12,038,400	22,022,400	14,955,600	33,994,800
Salaris uitgawe P/M		-1,240,800	-1,003,200	-1,835,200	1,246,300	-2,832,900

Koste per Inwoner per jaar **-12,008** -12,008.05
Koste per Inwoner per maand **-1,001**

The following findings were made in respect of the Western Cape:

- The total staff compliment that is required is 1 573 of which we have 1 516.
- We currently have 82 nurses with a shortfall of 57
- We currently have 82 staff nurses with a shortfall of 57
- We currently have 114 assistant nurses with a shortfall of 238
- We currently have 1 022 care staff with a surplus of 216
- The amount of funds that we would require to be aligned to the Norms and Standards is R33.994m or R1001 per resident per month in respect of our 2 831 category 2 and 3 residents.

In addition, the following homes would need to increase their resident fee by more than R2 000 per resident per month to be able to meet the Norms and Standards

- PJ Strauss, Huis Johannes and Huis Uitsig, and

the following homes would need to increase their resident fee by more than R1 500 per resident per month to be able to meet the care staffing requirements

- Goue Aar, Huis Brewis, Huis Martina, De Kuilen, Zonnekus and DROOM.

The reality is that:

- Most of the homes are unable to afford the appointment of the required nursing staff at the appropriate levels and categories.
- The salaries that is paid is not market related to attract these staff.
- There is a shortage of nursing staff at all levels and an over provision of care staff.
- This creates legal risks for both the homes and Badisa in respect of medical negligence and compliance.

5.1.3 Introduction of MIS and Waiting List Module rollout

During 2022/23 Badisa approved the roll-out of a web-based electronic waiting list MIS solution for all Homes for Older- and Disabled Persons.

The purpose of the system is to provide the public with information on where which categories of accommodation is available at any Badisa home and also for them to complete one application indicating the specific homes where that they are applying for. The information in respect of each home will be available on the website of that home but also on the Badisa website.

Although the system is live a lot of information must still be populated by the homes/facilities – a process that we would like to complete within the next 3 months. The advantage of the system is that it should expedite the filling of vacant beds, for the public to complete only one application, for the application process to be easier since it is not paper based and for management information to be readily available.

A number of homes that could afford the expenditure implemented the full MIS that consist of four modules and computerizes the care recording system including the management of every resident and the management of medicine. It creates an electronic care plan of every resident and on-line information of every activity executed in respect of the care provided. This is not only more cost effective but also more efficient.

5.1.4 Some of the latest trends as at 31 March 2023

- The number of residents increased from 2 903 to 2 959 between the last two financial years after there was a decline in numbers during the Covid-19 pandemic.
- There was a reduction in the ability of older persons to pay the full residential fee as can be seen from the decline in the number of older persons that paid the full fee between 2021/22 and 2022/23 – a drop from 1 334 persons to 1206.
- In addition to the above finding there was an increase in the number of families that contributed to the payment of the residential fee where older persons could no longer afford to pay the full amount – from 781 residents in 2021/22 to 1 055 in 2022/23.

- Progress was made in achieving diversity objectives as the number of residents from the coloured population increased from 539 to 588.
- There was a substantial increase in the need for services and 48% more older persons registered on the waiting lists by 31 March 2023 when compared with the previous financial year.
- A positive development is the increase in community involvement through volunteers that increased by 14% from 677 to 769.
- Even more positive is the way in which homes responded to the stagnation in subsidies from government and the negative economic climate. Funds generated through fundraising/donations increased by 58% from R14.975 m in 2021/22 to R23.747m in 2022/23.

5.2 Programs for Persons with Disabilities

Some of the latest trends as at 31 March 2023:

- There was very limited movement at Programs for Intellectual Disabilities in the number of residents in that there were only 10 new admissions with 4 residents passing during 2022/23 confirming the fact that residents once admitted will stay there for the rest of their lives. A challenge that is experienced is the life-long impact on a facility that accommodates a SASSA resident where the parents are unable to make a financial contribution for the care of their child or family member.
- At Innovation for the Blind the movement in residents admitted was less strained in that there were 19 new admissions, 16 residents that passed and a waiting list of 57.

6 Additional challenges experienced

6.1 No National and Provincial Strategies with Implementation Plans for Older- and Disabled Persons available.

Although national consultations took place during 2022 and the target date for completion was 31 March 2023 there is still no National Strategy for Older Persons in place and similarly no National Priorities were identified as a country response to the “Decade of Healthy Ageing”.

This is also the reality for the Province. Although a Provincial Strategy and Priorities should follow and fit into a National Strategy and Priorities, this is unfortunately not our reality and, in our view, it is important that a consulted Provincial Strategy and Priorities should be developed that will optimize the use of scarce resources and align all role players to achieve agreed priorities.

6.2 Historical inequality between homes and service centers

The reality of historical unequal services between homes for the aged and service centers is an ongoing reality. These programs are faced with the fact that they are located in historically disadvantaged communities and that these communities and families just don't have the means and expertise to support them to the level where they are able to operate at the minimum level of service delivery and are financially sustainable.

We are therefore continuously faced with the reality where these programs need to rely on other programs to support them and although internal efforts are made to promote the principle of solidarity, the unequal reality continues.

Although we are aware of the fact that the Department is sympathetic towards these programs and would support them when possible, this is an aspect that we would like to explore with the Department so that a more sustainable solution could be found.

6.3 Subsidies stagnated and does not support policy shifts.

It is a well-known fact that subsidy amounts were not increased for the last 4 years placing a lot of financial pressure on programs to sustain services. Considering the impact of inflation, the actual value of subsidies decreased by about 20% during this period.

There is appreciation for the fact that Homes for Older Persons received an additional 4% allocation for administrative expenditure and Service Centers was again allocated a transport allowance – this time to all of them and not only the rural Centers.

The following tables provide an indication of how the resident and membership numbers changed over the last 4 years.

6.3.1 Homes for Older Persons

2020/21	1 352	R52 594m
2021/22	1 349	R52 883m
2022/23	1 388	R53 936m
2023/24	1 336	R53 656m (4% admin.)

6.3.2 Service Centers

2020/21	2 332	R5 271m
2021/22	2 276	R5 138m
2022/23	1 784	R3 881m (Capping 160)
2023/24	1 656	R4 152m (Transport)

6.3.3 Assisted Living

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2020/21	91	R740 257
2021/22	107	R901 364
2022/23	107	R901 364
2023/24	115	R913 405

What is significant from these numbers are:

- Subsidies for Homes for Older Persons remained basically the same over the 4-year period.
- There was a 4% decrease in the number of SASSA residents receiving subsidies between the last 2 financial years.
- There was a 40% reduction in the number of members at Service Centers and a 27% reduction in subsidies.

It is important to note that there are no subsidies available for the promotion of Home-Based Care although the Older Persons Act of 2006 and the reality that we will face over the next 30 years will necessitate the rendering of community-based services, as the available accommodation in Homes for Older Persons will only be able to cater for the frail aged that can no longer be cared for at home.

6.4 Training of care staff

There is no accredited training available for care staff and they are appointed at homes after completing a three-month Home-based Care course. This has a negative impact on service delivery and the quality of care that is provided. This training is not sufficient and the approval of an accredited training course has been outstanding for many years.

A way in which to address this shortcoming is to create the internal capacity to provide ongoing training and support to care staff. We simply don't have the means to do this and would like to explore the possibility with the Department for this capacity to be created for the Province so that all homes can benefit from this.

6.5 Establishment and registering Dementia Units.

Legislation requires that Dementia Units should be registered with the Department of Health should care be provided to six or more residents diagnosed as such. In order to register a set of additional requirements must be met in respect of the infrastructure, equipment and staffing, but no additional financial support is provided by government.

The result of this is that homes are unable to meet these requirements to register and to provide the level of care required by these residents. This in spite of the increase in the number

of older people with Dementia and that this is one of the priority areas that we need to focus on in the next 30 years.

6.6 Incontinent products and provision of medicine by Department of Health.

In terms of the policy of the Department of Health incontinent products and medication will be provided to sub-economic residents that are in receipt of social grants and for which a subsidy is received from the Department of Social Development.

This is part of the basket of services provided by government to those that are poor and vulnerable. The reality is however that the provision of especially incontinent products is a continuous challenge in respect of availability and quality. It varies between regions and although various efforts were made to address this issue, it is not resolved and the result is that homes must use their already limited resources to purchase these items where families cannot assist.

Attempts over years to address this matter in the Older Persons Forum proved to be ineffective. This is a costly and unnecessary financial burden that homes must carry and a matter that in our view should be addressed with the indicated Department.

6.7 Restructuring of buildings

There are a number of challenges that is experienced in respect of the need to make the buildings fit for purpose namely:

- Most of our existing homes were built to accommodate all categories of residents including level 1 residents that are still independent. With the increase in the older population and in longevity homes will in future be re-positioned to accommodate the frail aged, while independent older persons will have to make use of alternative accommodation. The reality is however that the homes was not designed for this purpose and structural changes is necessary so that the frail aged can be accommodated.
- With that the demand for specialized care because of the increase in Dementia also requires structural changes to be made.
- The financial sustainability of homes is dependent on finding a balance between the number of economic residents that can pay the full fee and the number of sub-economic residents that can only contribute 90% of their social grant and the subsidy received from the Department so that the principle of cross-subsidization can be applied. The residents that can pay the full amount in many instances requires access to their own bathroom and our homes were not designed as such. This again requires structural changes which is costly but necessary for the financial sustainability of the homes.
- When structural changes are made to buildings it poses the additional challenge that new Health and Safety Certificates must be obtained which is in most instances very costly and discourages homes from bringing about changes.

6.8 Impact of Load Shedding

The impact of load shedding on service delivery, both in respect of life-support equipment and the general impact on activities such as preparing food, keeping the lights on, the availability of hot water, laundry services etc. is having a major negative impact on homes.

In an attempt to manage the negative impact homes are basically forced to find alternative power sources that would enable them to keep (some of) the lights on and would sustain life supporting equipment. The solutions vary from home to home and is based on what they can afford.

For the homes that is already under financial pressure this is an unaffordable situation and for those homes that are in a better financial position reserve funds are used to install what is more affordable. The solutions vary between power packs, invertors, batteries, solar panels, generators and combinations thereof.

All these solutions are costly and in essence unaffordable but considering the inability of the country to resolve the power supply issues and provide affordable electricity, it leaves the homes with no alternative to make investments in this regard.

There is unfortunately many suppliers entering the market offering the homes costly solutions with promises of savings that would be achieved that simply is not possible. The quality of work is also not always up to standard and already resulted in the solar installation igniting at one of our homes.

Badisa developed some guidelines for our homes so that they can take informed decisions when approached by suppliers with solutions, but this remains an area of concern and further work must be done in this regard.

6.9 Financial sustainability

Reference was already made to the service delivery reality and financial challenges faced by previously disadvantaged homes and service centers. Homes are faced with amongst other the following financial challenges:

- The stagnation of subsidies over a period of 4 years while inflation resulted in a general increase in expenditure of at least 20% over the same period.
- The impact of the above inflation increase in electricity, fuel and food as these are major expenditure items at the homes and service centers.
- The impact of load shedding and costly alternative solutions.
- The financial implications if staff should be appointed according to norms and standards.
- The impact of restructuring/maintaining homes to be appropriate to accommodate level 2 and 3 residents in future, establishing Dementia Units and accommodating economic residents in Rooms with own bathrooms.

- The purchasing of incontinent products and medication that should have been provided by Department of Health.
- The funds required for the on-going training of care staff.
- The impact of the economy in general resulting in an increase in the number of older persons that cannot continue to pay the full resident fee and an increase in applications for exemption of increases and a reduction in fees.

With this in mind an assessment was done of the TPA allocations made by the Department for 2023/24 as well as the financial position of the homes/service centers as at 31 March 2023, considering profit/losses for 2022/23, the movement in and status of Reserve Funds and the budget projection for 2023/24.

There are a number of homes and service centers that were identified as under extreme financial pressure and where internal efforts are made to obtain donations and financial support from other programs within Badisa as a short-term measure to prevent them from closing. Assistance from the Department is however also required in respect of the following homes:

Name of Home	March 2023 Reserves	Budget 2023/24	Projected Shortfall/Surplus
Ons Huis - Citrusdal	R458 513	-R900 681	-R442 168
Vrederus – Villiersdorp	R198 274	-R519 078	-R320 804
Huis Johannes – B/West	R163 799	-R242 200	-R78 401
Goue Aar - Malmesbury	R90 412	-R1 114 442	-R1 024 030
Huis Martina -Parow	R438 613	-R309 114	+R129 499
Isak van Tonder - Ladismith	R614 649	-R542 997	+R71 652
Total shortfall for 4 identified homes.			R1 865 403

In essence all service centers are under financial pressure and during the 2022/23 financial year the following three centers were forced to close because of financial reasons:

- Beaufort West
- Op die Berg (Koue Bokkeveld)
- Cederclan (Clanwilliam)

The following Service Centers had closing balances of less than R150 000 as at 31 March 2022 and will be under severe pressure during the 2023/24 financial year.

- Percy Bilton
- Sisonke
- Macassar
- Wolseley

- Kuilsrivier
- Ceres
- Sonskyn

7 Badisa Actions

In order to continue to deliver and even in due course extend our services to the Aged and Disabled, it is clear that we need to continuously look at different alternatives. Merely continuing what has been done in the past will not enable us to be successful in rendering services to the most vulnerable people of our societies. In this regard, Badisa is putting strategies in place to focus on alternative and sustainable sources of funding. This includes the following:

- Increased focus on marketing and fundraising. This includes the re-positioning of Badisa as a collective to be more attractive to potential donors, and incorporates the use of external and internal experts on:
 - o Adequate ways to best present our stories of hope
 - o The identification of the right donors
 - o Focused and structured collaboration with identified donors
 - o Evaluation of other sources of Income, e.g. second hand shops, etc.
 - o Re-look at organizational and legal structure of Badisa to be more flexible and in line with modern trends
- Analysis of cost drivers within all of our facilities. Initially this entails the identification of the biggest cost drivers, and the use of central negotiations using the total volumes of Badisa as a collective to negotiate better terms. Further cost improvement options for investigation:
 - o Possible sharing of costs, e.g. Centralization of Bookkeeping Services, or alternatively sharing of bookkeeping services amongst a cluster of programs, etc.
- Working closer with and reaching out to members of our two founding churches to assist in various ways at our different programs. Members of our two founding churches has a passion for vulnerable communities, with different skillsets that can contribute to rendering tactical and strategic support at our different programs.
- Continuation of collaboration and lobbying with Government to work together as financial and strategic partners in rendering of services to the vulnerable in our communities.

8 Request to Department of Social Development

It is our humble request that the Department of Social Development should take note of the opportunities and challenges that Badisa is experiencing in respect of the services rendered to older persons and persons with disabilities and that consideration should be given to the following priorities:

- 8.1 The development of a Provincial Strategy and Implementation Plan for the delivery of services to older persons that will be inclusive and optimize the utilization of scarce resources.
- 8.2 Community based financial support/subsidies to be introduced and phased in for the rendering of Home-Based Care services to vulnerable older persons.
- 8.3 Consideration should be given to provide additional assistance to Homes for Older Persons from historically marginalized communities for a specific time frame to enable them to address service delivery and sustainability challenges.
- 8.4 Consideration should be given to implement a Provincial Social Housing Policy that will support Homes for the Aged to bring about structural changes in line with the changing demand for future services (A National Social Housing Policy was developed but not implemented).
- 8.5 To facilitate high-level discussions with the Department of Health in respect of challenges experienced with the provision of incontinent products, medication and the support required to establish Dementia Units.
- 8.6 Support Badisa and the Aged Care Sector with the establishment of accredited and ongoing training to care workers.
- 8.7 Government should consider ways in which to assist homes to manage the impact of load shedding.
- 8.8 Financial support to the four most vulnerable homes and seven most vulnerable service centers with a once-off financial allocation of approximately R2 million for the at-risk Homes for Older Persons and approximately R1 million for the at-risk Service Centers. This will allow Badisa breathing space to implement a wider public funding campaign and strategy as set out in more detail in this document.

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