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**CONTENTS**

<i>No.</i>		<i>Page No.</i>	<i>Gazette No.</i>
<b>GENERAL NOTICES</b>			
<b>Social Development, Department of</b>			
<i>General Notices</i>			
1327	Older Persons Act (13/2006): Draft regulations relating to Chapter 2 of the Act: Publication for comment.....	3	30408
1328	do.: Draft regulations relating to Chapter 3 of the Act: Publication for comment .....	40	30408
1329	do.: Draft regulations relating to Chapter 4 of the Act: Publication for comment .....	84	30408
1330	do.: Draft regulations relating to Chapter 5 of the Act: Publication for comment .....	122	30408

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## GENERAL NOTICES

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### NOTICE 1327 OF 2007

#### DEPARTMENT OF SOCIAL DEVELOPMENT

#### **PUBLICATION FOR COMMENT: DRAFT REGULATIONS UNDER THE OLDER PERSONS ACT, 2006 RELATING TO CHAPTER 2 OF THE ACT**

The Minister of Social Development intends to make regulations in terms of section 34 of the Older Persons Act, 2006 (Act No. 13 of 2006).

Interested parties are invited to submit comments on the proposed draft regulations to the Director-General: Social Development, Private Bag X901, Pretoria, 0001, fax number (012) 3127547 or e-mail: [Isabellas@socdev.gov.za](mailto:Isabellas@socdev.gov.za) (for attention: Ms Isabella Sekawana), within 30 days of the date of publication of this notice.

Copies of the draft regulations can be obtained from the Government Printer Pretoria, from Ms Isabella Sekawana Department of Social Development, 7<sup>th</sup> Floor, HSRC Building, 134 Pretorius Street, Pretoria, Tel: (012) 312-7352 or from the various provincial departments of Social Development. The draft regulations are also available on the Department of Social Development's website: [www.dsd.gov.za](http://www.dsd.gov.za).

**DRAFT****OLDER PERSONS ACT, 2006****REGULATIONS IN TERMS OF THE OLDER PERSONS ACT 13 of 2006****REGULATIONS RELATING TO CHAPTER 2 OF THE ACT**

The Minister of Social Development intends, in terms of section 34 of the Act, to make the regulations in the Schedule hereto relating to Chapter 2 of the Act.

**SCHEDULE****DEFINITIONS**

1. In these Regulations, any word or expression to which a meaning has been assigned in the Act shall have the meaning so assigned and unless the context otherwise indicates—

“**acceptable levels of services**” means services delivered in accordance with national norms and standards

“**applicant**” means a person who is applying to provide a service defined in section 1 of the Act;

“**asset**” means any immovable or movable property owned by the service provider bought with Government funds;

“**basic needs**” are needs which must be met in order to ensure survival;

“**Contract**” means a written agreement between the Department and the service provider stipulating the conditions of the agreement and enforceable by law;

“**financial year**” means the period between the 1<sup>st</sup> of April to the 31<sup>st</sup> March every year;

“**form**” means a form prescribed in the Regulations;

“**service provider**” means a person who is providing service defined in section 1 of the Act;

“**resident**” means an older person residing in a residential facility;

“**the Act**” means the Older Persons Act, 2006 (Act No. 13 of 2006).

**National norms and standards for acceptable levels of services**

2. Levels of Services provided to older persons are defined, monitored and evaluated according to the national norms and standards contained in Annexure B of these Regulations.

**Application for financial awards**

3. (1) A service provider who is entitled to receive a financial award referred to in section 8(1)(a) of the Act must make an application to the Director General in a form similar to Form 1 contained in Annexure A and comply with policy on financial awards as determined by the Director General.
- (2) A financial award referred to in section 8(1) (a) of the Act may be awarded to a service provider who satisfies the Director General that the service provider —
- (a) provides a service to older persons;
  - (b) maintains a register of members and beneficiaries
  - (c) is registered in terms of the Act;
  - (d) has the financial and management skills; and
  - (e) undertakes to—
    - (i) plan and manage the finances of the facility or service
    - (ii) apply effective accounting measure and keep proper records with regard to the expenditure of the financial award
- (3) If the Director General-
- (a) has approved the application, he or she must notify the applicant in writing of his or her decision; and
  - (b) has refused the application, he or she must in addition to the notice furnish reasons for such refusal.
- (4) A person whose application has been refused by the Director General may appeal to the Minister within 30 days of receiving such notification.
- (5) The Minister may confirm or set aside the decision of the Director General.

**Manner of entering into Contracts with Service Providers**

4. A contract entered into with a service provider must be in writing and contain standard clauses in accordance with the law of contract, including the following:
- (a) the nature of relationship between the Department and the service provider;
  - (b) the level of service to be provided by the service provider;
  - (c) the amount of the financial award including capital and/or operating funding;
  - (d) the service providers obligations, reporting, accounting and timeframes;
  - (e) the roles and responsibilities of the service provider and the Department;

- (f) procedures for monitoring and evaluation;
- (g) the duration of the contract;
- (h) remedies for failure to comply with conditions for receiving financial awards as referred to in regulation 5; and
- (i) a dispute resolution mechanism.

**Conditions for the disbursement of financial awards and compliance with norms and standards**

5. A person who receives a financial award must comply with the following conditions:
- (a) use the financial award for the care and benefit of older persons, and meet the requirements as determined by the Minister in the *Gazette*;
  - (b) comply with norms and standards referred to in Regulation 2
  - (c) allow a team, which may include management, the residents committee and an official designated by the Director General in writing, to visit and monitor a residential facility or community based care and support service at any reasonable time and provide that official with documentation and information which may be required by the team;
  - (d) the team must identify themselves to management and, in the case of a residential facility, the residents committee;
  - (e) report any financial irregularities and abuse of older persons to the South African Police Services or the designated official referred to in paragraph (c); and
  - (f) comply with the accounting procedure set out in regulation 6.

**Compliance with accounting principles and measures by service providers in receipt of financial awards**

6. (1) Despite any other law, a service provider must, when preparing financial statements, adhere to generally acceptable accounting principles including:
- (a) keep proper books and records of receipts and payments;
  - (b) Prepare an annual report on the activities of the facility or service including audited financial statements, in respect of each financial year;

- (c) In the case of community based care and support services, within six months of the end of each financial year submit the report and financial statements referred to in paragraph (b) to the Director-General of the Department;
  - (d) In the case of residential facilities, report as laid down in Chapter 4
  - (e) ensure that all financial activities are in line with current Treasury regulations.
- (2) The financial statements must in addition to the provisions of sub-regulation (1) comply with any other directions that may be given by the Minister or the Minister of Finance as to the information to be contained in such statements, the manner in which such information is to be presented or the methods and principles according to which such statements are to be prepared.
  - (3) The service provider must preserve the documents referred to in sub-regulation (1), as well as all supporting vouchers and signed receipts, whether original or certified for a period of five years.

#### **Penalties and Remedies for failure to comply with conditions for financial award**

- 7. (1) Any person who fails to comply with any of the conditions for the financial award is guilty of offence and liable on conviction to a fine or to imprisonment not exceeding one year or to both a fine and such imprisonment.
- (2) If failure to comply-
  - (a) is as a result of a criminal conduct the Director General must report to the South African police Service and withdraw the financial award; or
  - (b) is due to other causes, the Director General may instruct the service provider to comply with the conditions of the financial award or conduct an investigation and propose corrective measures.
- (3) Failure to comply or if corrective measures are not followed will lead to closure of the service or facility
- (4) Despite the provisions of sub-regulation (1), the Director-General may take the necessary steps to recover any portion of or the total amount of the financial award from the service provider.

#### **Conditions for management of assets**

- 8. (1) Any assets referred to in section 8(2) of the Act must be managed and used for the benefit older persons.
- (2) Proper control systems or processes and procedures must be put in place for the effective, efficient, economical and transparent use of the said assets.

- (3) A person who bought any assets with the Government funds must keep and update an asset register, and—
- (a) immediately on buying the assets, forward to the Director General the description details and a certified copy of proof of purchase of the said asset for purposes of entry into the register;
  - (b) take full responsibility and ensure that preventative mechanisms are in place to eliminate theft, losses, wastage and misuse of the said assets; and
  - (c) submit such asset register annually to the Director General.
- (4) If the facility is closed or a service is discontinued the assets will be disposed of according to stipulated conditions or will be handed over to another facility or service with similar objectives as stipulated in the constitution of that facility or service.

**Penalties**

9. Any person who contravenes or fails to comply with these Regulations is guilty of an offence and liable on conviction to a fine or to imprisonment not exceeding one year or to both such fine and such imprisonment.

**Short title and commencement**

10. These Regulations are called the Older Persons Regulations, 2007 and will come into operation on the date of publication.

**ANNEXURE A**  
**FORM 1**  
**APPLICATION FOR FINANCIAL AWARD**  
**[Section 8(1) and Regulation 3]**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

I, \_\_\_\_\_ (*full names and surname*) on behalf of  
 ..... (*organisation's name and NPO number*), hereby make an application for  
 financial award contemplated in section 8(1) of the Older Persons Act, 2006 (Act No. 13 of 2006).

I provide social services to (*number*) \_\_\_\_\_ older person (see attached list) at the place known as  
 \_\_\_\_\_ situated at (*physical address*)  
 \_\_\_\_\_

Name of place where service is provided			
Date of establishment			
No of management staff ( <i>Attach list</i> )			
Physical address			
Postal address			
Telephone No		Fax	

I declare that the above information is true and correct. I understand that any misrepresentation or omission of pertinent information may be considered as sufficient grounds for withdrawal of registration.

\_\_\_\_\_  
**Signature of applicant Place**  
**Date**

Documents to be attached to the form

- Business plan
- Certified copies of management committee
- Constitution
- NPO registration certificate



**ANNEXURE B**  
**MINIMUM NORMS AND STANDARDS FOR COMMUNITY BASED CARE AND**  
**SUPPORT SERVICES TO OLDER PERSONS**

<b>FUNCTION AREA</b>	<b>OUTCOME</b>	<b>STANDARD</b>
<p><b>1. DELIVERY OF SERVICES</b></p> <p>Physical environment determined by the category of services delivered.</p>	<p>a) Building and facilities are accessible to older persons in the community</p>	<p><b>Basic Services</b></p> <p>Informal/temporary accommodation (rural)</p> <ul style="list-style-type: none"> <li>▪ Informal kitchen (which could be a Lapa)</li> <li>▪ Kitchen must have water supply</li> <li>▪ There should be a meeting place i.e. community hall</li> <li>▪ Facility to wash hands</li> <li>▪ At least one toilet for every 25 members, separate for every gender</li> </ul> <p><b>Basic Services (Formal)</b></p> <ul style="list-style-type: none"> <li>▪ Community Hall – at least 1,5 m<sup>2</sup> per person</li> <li>▪ Office</li> <li>▪ Kitchen with running water</li> <li>▪ Safe source of electricity</li> <li>▪ Toilet facility 1:25 members of each gender</li> <li>▪ Ramps provided to make the facilities wheelchair and tripod accessible</li> <li>▪ Hand wash facilities in each toilet block with running water</li> </ul> <p><b>Intermediate Services</b></p> <ul style="list-style-type: none"> <li>▪ Community Hall – at least 1,5 m<sup>2</sup> per person</li> <li>▪ Office</li> <li>▪ Consulting room facility</li> <li>▪ Kitchen with running water</li> <li>▪ Safe source of electricity</li> <li>▪ Toilet facility 1:25 separate for members of each gender</li> <li>▪ Ramps provided to make the facilities wheelchair and tripod accessible</li> <li>▪ Hand wash facilities in each toilet block with running water</li> </ul>

<p>1.1 Statutory requirement</p>	<p>a) The Community based care and support service is registered in terms of the Older Persons Act(Act 13 of 2006</p> <p>b) Membership policy in accordance with statutory requirements</p>	<ul style="list-style-type: none"> <li>▪ Bathroom facilities with a shower with hot and cold water supply</li> <li>▪ Services are rendered 5 days per week</li> </ul> <p><b>Tertiary Services</b></p> <ul style="list-style-type: none"> <li>▪ Community Hall – at least 1,5 m per person</li> <li>▪ Office</li> <li>▪ Consulting room facility with a lock up facility for medicines</li> <li>▪ Kitchen with running water</li> <li>▪ Cooling room for perishable food products</li> </ul> <ul style="list-style-type: none"> <li>▪ Registration certificate accessible and publicly displayed.</li> <li>▪ Implementation of departmentally approved assessment instrument (B &amp; C categories)</li> <li>▪ Completed standardised background report.</li> <li>▪ Contract between service provider/ organisation and recipient / representative.( B&amp; C categories)</li> <li>▪ Membership policy and code of conduct to be in line with policy, principles and the South African Declaration on the Rights and Responsibilities of Older Persons.</li> <li>▪ Information on the organisation and services rendered provided.</li> <li>▪ Information accessible to all.</li> <li>▪ Membership registers to be available and updated for members and beneficiaries.</li> </ul>
<p>1.2 Provision of Community Based Care and Support programmes</p>	<p>a) Economic empowerment programmes</p>	<ul style="list-style-type: none"> <li>▪ Income generation activities(All categories)</li> <li>▪ Food gardening(All categories)</li> <li>▪ Arts and craft ( All categories)Poverty relief projects</li> <li>▪ Cultural activities</li> </ul>

	<p>b) Recreational opportunities</p> <p>c) Information</p> <p>d) Education</p> <p>e) Counselling services</p> <p>f) Spiritual, cultural, medical, civic and social services</p> <p>g) Provision of nutritionally balanced meals to needy older persons</p>	<ul style="list-style-type: none"> <li>▪ Indoor and outdoor games</li> <li>▪ Library services</li> <li>▪ Socialisation activities(outings,etc)</li> <li>▪ Sports activities (e.g. SANGALA)</li>   <li>▪ Awareness campaigns on the rights of older persons, on abuse, Dementia, HIV and AIDS</li> <li>▪ Information on basic services, how and where to access the services</li>   <li>▪ Adult Basic Education Training (ABET)</li> <li>▪ Life skills programmes( e.g bugetting, parenting skills)</li> <li>▪</li> <li>▪ Bereavement counselling</li> <li>▪ Trauma counselling( e.g abused older person, family crisis)</li> <li>▪ Pre and Post retirement counselling</li>   <li>▪ Religious activities</li> <li>▪ PHC services(e.g immunisation, basic podiatry services, monitoring of Health status,etc)</li> <li>▪ Cultural/traditional activities( e.g indigenous games)</li> <li>▪ Pension pay points/access social grants</li>   <li>▪ Meals on wheels( Provision of meals to older persons in the community on a regular basis)</li> <li>▪ Food on foot(When members from the service centre deliver meals to other member of the who are sick on foot)</li> <li>▪ Provision of a balanced meal to older persons at the Community Based Care and Support Service</li>   <li>▪ Life skills (Link to economic empowerment activities)</li> </ul>
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	<p>h) Provision of skills and capacity of older persons to sustain their livelihood</p> <p>i) Provision of professional services, including care and rehabilitation to ensure independent living of older person</p> <p>j) Services contained in the indigent policy for vulnerable and qualifying older persons</p> <p>k) Utilisation and management of existing facilities for older persons as multi-purpose community centres</p> <p>l) Integrated community care and development systems for older persons</p>	<ul style="list-style-type: none"> <li>▪ Sessional social work services</li> <li>▪ PHC nurse</li> <li>▪ Community Based Rehabilitation workers(CBR workers)- Assistant physiotherapist &amp; Assistant occupational therapist</li> <li>▪ support services</li> <li>▪ Programmes to enable and support families and spouses/partners to provide care and support</li>   <li>▪ Awareness on the content of the indigent policy of local government and rebates or rates concession for qualifying older persons( e.g TV license, discounts at supermarket, subsidised transport)</li> <li>▪ Referral system in place to access services contained in the indigent policy</li>   <li>▪ Outreach programmes( taking services to the community and making the facility available for the community)</li>   <li>▪ Directory of community care and support service</li> <li>▪ Utilisation of skills of older persons in the community projects(e.g skills of retired professionals)</li> <li>▪ Reality orientation programmes</li>   <li>▪ After school classes run by older persons</li> <li>▪ Cultural story telling</li> <li>▪ Operation dignity</li> <li>▪ Cultural games</li> <li>▪ Grand parenting programmes</li> </ul>
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	<p>m) Provision of Intergenerational programmes</p>	<ul style="list-style-type: none"> <li>▪ Moral regeneration activities (preservation of values, adopt a school, adopt a granny)</li> </ul> <p><b>Basic Services –Primary Support</b></p> <ul style="list-style-type: none"> <li>▪ Provision of nutritional balanced meal</li> <li>▪ Spiritual, cultural, medical, civic and social services</li> <li>▪ Intergenerational programmes</li> <li>▪ Information and educational programmes</li> <li>▪ Economic empowerment (one of the above mentioned services)</li> <li>▪ Home Based care</li> </ul> <p><b>Basic Services</b></p> <p><b>Minimum requirements</b></p> <ul style="list-style-type: none"> <li>▪ Must render two of the primary services of which meals be one of them, will progress to category B functioning three days a week, 18 hours per week</li> </ul> <p><b>Membership</b></p> <ul style="list-style-type: none"> <li>▪ Minimum of 40 older persons</li> </ul> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>▪ 1 coordinator</li> <li>▪ 4 Volunteers for 40 older persons</li> </ul> <p><b>Intermediate Services</b></p> <p><b>Minimum requirements</b></p> <ul style="list-style-type: none"> <li>▪ At least three primary services of which meals be one of them functioning 5 days a week for a minimum of 30 hours per week and will progress to category C when they meet prescribed requirements</li> </ul> <p><b>Membership</b></p> <ul style="list-style-type: none"> <li>▪ Minimum of 75 older persons</li> </ul> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>▪ 1 Coordinator/manager</li> <li>▪ 1 Administration clerk</li> <li>▪ 1 cook</li> <li>▪ 1 driver</li> <li>▪ 5 General workers(gardener, maintenance officer)</li> <li>▪ 1 Social worker/Auxilliary social worker (on sessional basis)</li> </ul>
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		<ul style="list-style-type: none"> <li>▪ 1 PHC nurse( sessional basis)</li> <li>▪ 1 Community Based Rehabilitation workers</li> <li>▪ 1 Dietician( sessional basis)</li> <li>▪ 1Volunteer for 20</li> <li>▪ 1 Caregiver for 20 older persons</li> </ul> <p><b>Tertiary Services</b></p> <p><b>Minimum requirements</b></p> <ul style="list-style-type: none"> <li>▪ Render all six primary services and as many secondary services as possible. They have to provide 3 meals per day if they render respite care services or and Assisted living.They must function five to seven days per week ( 40hrs or 168hrs per week) when rendering of respite care service and or Assisted living</li> </ul> <p><b>Membership</b></p> <ul style="list-style-type: none"> <li>▪ Minimum of 100 members</li> </ul> <p><b>Staff</b></p> <p>The staff compliment will depend on the services rendered, the following is the minimum staff:</p> <ul style="list-style-type: none"> <li>▪ 1Manager</li> <li>▪ 1 Administration officer</li> <li>▪ Cook</li> <li>▪ PHC nurse</li> <li>▪ 1 social Worker/ Auxilliary Social Worker</li> <li>▪ 2 Community Based Rehabilitation workers</li> <li>▪ General workers</li> <li>▪ 1 Driver</li> <li>▪ 1 Care giver per 20 older persons (if respite care and assited living services are rendered the ratio will be 1:10</li> <li>▪ 1 Volunteers per 20 older persons</li> </ul>
<p>1.3 Capacity building</p>	<p>a) Effective and accessible volunteer programmes</p>	<ul style="list-style-type: none"> <li>▪ Organisation must have             <ul style="list-style-type: none"> <li>- A recruitment programme</li> <li>- Selection criteria</li> <li>- Training programme</li> <li>- A job description</li> <li>- Register of volunteers</li> </ul> </li> </ul>
<p>1.4 Community participation</p>	<p>a) An informed and supportive community</p>	<ul style="list-style-type: none"> <li>▪ An outreach programme</li> <li>▪ Information sharing</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Plan for promotion of community participation</li> <li>▪ Involvement of community in special events, projects etc</li> <li>▪ Measure the response e.g donations, visits, volunteers</li> </ul>
1.5 Health and social welfare services	a) Optimal healthy ageing and self-actualisation through the provisioning of affordable accessible and appropriate health and social welfare services	<ul style="list-style-type: none"> <li>▪ Accessible primary health care services</li> <li>▪ Accessible and affordable curative care, i.e hospitals and day hospitals</li> <li>▪ Accessible social welfare services</li> <li>▪ Accessibility of multi-purpose services</li> <li>▪ Accessible psycho-geriatric services</li> </ul>
1.6 Transport	a) Facilitate the development Of an affordable, appropriate and safe transport system to Promote the accessibility of Services and the optimal Independent functioning of Older persons	<ul style="list-style-type: none"> <li>▪ Concessions to promote the accessibility of public transport</li> <li>▪ Older person-friendly and safe transport system/programmes</li> <li>▪ Transport available to access services</li> </ul>
1.7 Provisioning of assistive devices	a) Lending depots	<ul style="list-style-type: none"> <li>▪ Accessibility of lending depots</li> <li>▪ Assistive devices are available</li> <li>▪ Assistive devices are properly maintained</li> <li>▪ Training programmes in the correct use of assistive devices</li> <li>▪ Directory / data bank of lending depots</li> </ul>
1.8 Social and economic independence	a) Optimal independent functioning and self fulfilment / actualisation	<ul style="list-style-type: none"> <li>▪ Programmes to promote preparation and provisioning for old age</li> <li>▪ Poverty relief programmes to promote the financial sustainability of families</li> <li>▪ Programmes for the development of life skills</li> <li>▪ Enrichment programmes to</li> </ul>

		<p>acquire and transfer skills and culture</p> <ul style="list-style-type: none"> <li>▪ Programmes to utilise older persons' skills and expertise</li> <li>▪ Programmes for life-long training and education</li> <li>▪ Programmes to promote optimal self-actualisation</li> </ul>
1.9 Volunteerism	<p>a) Active corps of volunteers</p> <p>b) Active corps of older volunteers</p>	<ul style="list-style-type: none"> <li>▪ Establish and maintain a volunteer programme</li> <li>▪ Register for volunteers</li> <li>▪ Volunteer policy</li> <li>▪ Establish and maintain a senior volunteer programme</li> </ul>
1.10 Provision of food	<p>a) Hygienic food preparation and serving facilities</p> <p>b) Nutritious food</p>	<ul style="list-style-type: none"> <li>▪ Suitable premises and facilities for the preparation and storage of foodstuffs</li> <li>▪ Sufficient and appropriate crockery and cutlery</li> <li>▪ Eating facilities to be clean and odourless</li> <li>▪ Separate hand washing and ablution facilities for staff</li> <li>▪ Adequate functional storage of raw and prepared foods</li> <li>▪ Separate facilities for the storage of cleaning materials and refuse</li> <li>▪ Nutritious meals according to the service being provided with residential facilities providing 3 meals per day, and additional fluids at least 3 times per day</li> <li>▪ A pre-planned cycle of varied and balanced meals</li> <li>▪ Special diets in accordance with the medical needs of residents</li> <li>▪ Accommodation of cultural and religious preferences where feasible</li> <li>▪ Access to available food parcels</li> </ul>
<b>1. MANAGEMENT SERVICES</b>		
2.1 Management committee	a) Effective management committee	<ul style="list-style-type: none"> <li>▪ Elected and appointed members according to the</li> </ul>



	b) Members of the management committee are well equipped for their tasks	<p>constitution of the organisation</p> <ul style="list-style-type: none"> <li>▪ Regular meetings</li> <li>▪ Proper agendas and minutes</li> <li>▪ Regular reports to stakeholders</li> <li>▪ Receipts of regular progress reports on operational management service delivery</li> </ul> <ul style="list-style-type: none"> <li>▪ Training programme</li> <li>▪ Job description for management committee</li> </ul>
2.2 Statutory requirements	<p>a) Protection and promotion of the rights of older persons as the recipients of service</p> <p>b) Adherence to statutory requirements</p>	<ul style="list-style-type: none"> <li>▪ Approval by the Management Committee of a code of conduct and the adherence to and public display of the code of conduct</li> </ul> <ul style="list-style-type: none"> <li>▪ All applicable Acts and regulations available and updated (B &amp; C)</li> <li>▪ Working knowledge of applicable legislation (management committee and staff) (B &amp; C)</li> <li>▪ Training programme to ensure working knowledge (responsible body is another body/facility/government)</li> <li>▪ Constitution to be approved by relevant authorities and should promote accountability and transparency</li> </ul>
2.3 Functional management 2.3.1 Financial management practices applicable to the category of service rendered.	a) Accountability of management	<ul style="list-style-type: none"> <li>▪ Recognised and acceptable financial management practices are adhered to</li> <li>▪ Annual budget is approved in accordance with the organisation's constitution</li> </ul>

	<p>b) Efficient and effective service delivery</p>	<ul style="list-style-type: none"> <li>▪ The budget and monthly financial statements are accessible for</li> <li>▪ Financial statements are submitted at meetings of the Management Committee, at least every 3 months.</li> <li>▪ The office bearer responsible for the financial management is adequately trained and qualified.</li> <li>▪ Financial policy and delegation are determined by the Management Committee.</li> <li>▪ The payment of accounts and receipt of income is done in accordance with financial policy of the organization and in the case of Government funding according to the Treasury Regulations.</li> <li>▪ All external and internal audit reports must be submitted to the Management Committee and must be reflected in the minutes of the Committee meeting.</li> <li>▪ Annual financial reports submitted to the general members meeting.</li>   <li>▪ Operational meetings / communications with staff</li> <li>▪ Operational control of the service</li> <li>▪ Hygiene management of all areas and pest control</li> <li>▪ Accessibility of emergency services</li> <li>▪ Telephone number of emergency services prominently displayed</li> <li>▪ Proof of arrangements with emergency services with regard to management of emergencies</li> <li>▪ Emergency plan approved by relevant authorities</li> <li>▪ Access control</li> <li>▪ Safety officers appointed</li> <li>▪ Evaluation procedures in place</li> <li>▪ Register of abuse to be kept</li> <li>▪ Proof of arrangement with doctors on call, local hospital, ambulance service, contact numbers for support services S.A.P.S and nearest family member</li> </ul>
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2.4 Asset management	a) Effective utilisation and maintenance of assets	<ul style="list-style-type: none"> <li>▪ Preventative maintenance programme approved by Management</li> <li>▪ Asset Register available</li> <li>▪ Assets are comprehensively insured</li> <li>▪ Regular inspections performed and reported at meetings of the Management</li> </ul>
2.5 Human resource management	a) Well trained, motivated and dedicated staff	<ul style="list-style-type: none"> <li>▪ Human resource policy approved by Management Committee to ensure best practices exist</li> <li>▪ Staff recruitment policy approved by Management Committee</li> <li>▪ Relevant Acts must be available and adhered to</li> <li>▪ Signed copies of:</li> <li>▪ Job description to be kept in each staff member's file</li> <li>▪ Contract of employment which includes acknowledgement of the rights of older persons and their rights as recipients of service</li> <li>▪ Personal file of each staff member</li> <li>▪ Staff records e.g. leave / sick leave up to date</li> <li>▪ Training programmes for staff implemented</li> <li>▪ Induction programme in place</li> <li>▪ Evaluation programme in place</li> <li>▪ Grievance procedure available</li> <li>▪ Disciplinary code available</li> </ul>
2.6 Nursing administration	a) Provision of acceptable standards for continuous care	<ul style="list-style-type: none"> <li>▪ Policies and procedures known to and accessible by all members of nursing staff, including indications of quality of care to be maintained</li> </ul>
		<ul style="list-style-type: none"> <li>▪ Staff establishment and organisation</li> <li>▪ Appropriate deployment and utilisation of staff, including adequate supervision from trained professionals</li> <li>▪ Continuous professional development programme</li> </ul>

		<p>supervision and maintenance of registers and documentation in accordance with legislation</p> <ul style="list-style-type: none"> <li>▪ Develop individual care and support programmes for members.</li> </ul>
2. RIGHTS AND RESPONSIBILITIES OF OLDER PERSONS	<p>a) Older persons are treated with dignity and respect</p> <p>b) Older persons are protected against abuse, neglect, ill-treatment and exploitation</p> <p>c) Older persons and /or their family are active participants in the delivery of services</p> <p>d) A caring community</p>	<ul style="list-style-type: none"> <li>▪ Declaration on the rights of older persons signed, explained and displayed</li> <li>▪ Participation in the planning and management of services</li> <li>▪ Programmes to promote and maintain the status of older persons</li> <li>▪ Register on abuse (B &amp; C)</li> <li>▪ Protocol on abuse available (B &amp; C)</li> <li>▪ Protocols for the placement of people in safe environment</li> <li>▪ Training programmes for carers to deal effectively with abuse (B &amp; C)</li> <li>▪ Training programmes for survivors to deal effectively with abuse (survivors empowerment programme) (B &amp; C)</li> <li>▪ Personal safety and security awareness programmes</li> <li>▪ Recipients / family respect the social, cultural and religious beliefs of their fellow recipients of service.</li> <li>▪ Recipients and / or their family remain active and self-reliant as far as possible</li> <li>▪ Recipients / family freely participate in all programmes</li> <li>▪ Recipients/ family do not engage in practices that may endanger and / or disturb the lives, health and well-being of others</li> <li>▪ Active participation in the promotion and maintenance of the rights of older persons</li> <li>▪ Promotion of awareness in</li> </ul>

		<p>national and provincial programmes of interest to older persons</p> <ul style="list-style-type: none"> <li>▪ All programmes are older person sensitive and specific</li> </ul>
4. DATA INFORMATION SYSTEM	a) Reliable and valid data	<ul style="list-style-type: none"> <li>▪ Directory of services ©</li> <li>▪ Directories of services &amp; service providers ©</li> </ul>

## ANNEXURE B

## MINIMUM NORMS AND STANDARDS FOR RESIDENTIAL FACILITIES

FUNCTIONAL AREA	NORM	STANDARD
<p>3. <b>DELIVERY OF SERVICES</b> Physical environment determined by the type of service delivered.</p>	<p>a) Building and facilities are accessible to the residents</p>	<p>A – independent B- assisted living</p> <ul style="list-style-type: none"> <li>▪ <b>Accommodation category A (independent living) &amp; B(assisted living) residents:</b> Single room floor space at least 9m<sup>2</sup> Double room floor space at least 16m<sup>2</sup>. Ward type accommodation at least 7,5m<sup>2</sup> per resident – except head of bed all sides 0,6m from walls and Unobstructed space between beds of 1,2m.</li> <li>▪ <b>Accommodation category C (frail care) Residents.</b> Maximum of 4 beds per room. Floor area not less than 7,5m<sup>2</sup> per bed.</li> <li>▪ Doors sufficiently wide enough to accommodate wheelchairs, beds trolleys and tri-pods</li> <li>▪ No stairs / ramps at unreasonable steepness</li> <li>▪ Lifts in multi story buildings must be bed size lifts to accommodate beds and trolleys.</li> <li>▪ Toilets, baths and showers to be wheelchair/ tri-pod accessible</li> <li>▪ Non-slippery flooring</li> <li>▪ Emergency routes appropriate, clearly identified, visible during night time and all emergency exists accessible by wheelchair, trolleys and tri-pods.</li> </ul>

	<p>b) Nurses Station</p> <p>c) Nurses rest room and toilets</p> <p>d) Examination Room / Treatment room facility</p> <p>e) Passages / Staircases / Ramps / Steps</p>	<ul style="list-style-type: none"> <li>▪ Per floor in a multi level building / central and accessible to all residents</li> <li>▪ Nurse Call System</li> <li>▪ Counter and work surfaces</li> <li>▪ Telephone for internal and external communication</li> <li>▪ Wash hand basin with regulating taps</li> <li>▪ Lock-up facility for all medication and scheduled drugs.</li>   <li>▪ Lockers for all nursing staff.</li> <li>▪ Wash hand basin for the prevention of cross infection.</li> </ul> <p>Screened-off cubicles for privacy.</p> <p>Well-ventilated, heated area.</p> <p>Non-slip and non-shining flooring.</p> <p>Painted in light coloured, washable paint.</p> <p>Storage facility for various stock items.</p> <p>Wash hand basin with controlled taps where applicable.</p> <p>Equipped for the management of general and emergency situations medical situations.</p> <p>Outside passages covered for protection against elements</p> <p>Corridors a least 1,8m wide and provided with hand railing along the length of at least one wall.</p> <p>All corridors, staircases, flight of steps and ramps must have a non-slip floor surface and adequately lit and fitted with effective handrails.</p> <p>All steps must not be higher than 130mm or narrower than 355mm.</p> <p>Bathroom facilities must be provided in the ratio of one [1] bath or shower to at least every eight [8] residents.</p> <p>bathroom facilities for residents in the case of open plan facilities designed to be used for more than one person.</p> <p>Constant supply of hot and cold water to all baths and</p>
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	<p>f) Bathrooms and Toilet facilities</p>	<p>showers.</p> <p>Bath positioned in such a way that residents have adequate access and effective handgrips.</p> <p>emergency bells or a communication systems to be in place.</p> <p>At least one [1] wash hand basin with constant hot and cold water supply must be provided in each bathroom complex.</p> <p>Walls and ceiling of the bathroom complex must be painted with light coloured durable, washable paint.</p> <p>Floors must be covered with a non-slip surface.</p> <p>Wash hand basin and a towel rail adjacent to the washbasin must be provided in every room or ward - rims of the basin must be 830mm above floor level. Constant supply of hot and cold water must be supplied to all washbasins.</p> <p>One [1] toilet for at least every eight [8] residents of every sex.</p> <p>Of the toilets at least one for every 24 residents must have:</p> <ul style="list-style-type: none"> <li>A floor area of not less than 2,9m<sup>2</sup></li> <li>A minimum width of 1,6m</li> <li>A door with a width not less than 800mm</li> </ul> <p>Space between door and toilet</p> <p>Height of the toilet pans may not be less than 460mm and more than 480mm from the floor.</p> <p>Effective support rails must be provided in the toilets</p> <p>A urinal must be provided in the toilet complex where a facility is developed to be used by more than one male resident.</p> <p>toilets</p> <p>A sluice room must have a minimum floor area of 7,5m<sup>2</sup> and a minimum width of 2,5m. Must be well ventilated.</p> <ul style="list-style-type: none"> <li>Be equipped with impervious shelves</li> <li>Be provided with a constant supply of hot and cold water.</li> <li>Be equipped with a combination slop hopper sink with a wash facility for bedpans / urinals</li> <li>Be equipped with an impervious receptacle of</li> </ul>
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	<p>g) Sluice Rooms</p> <p>h) Toilet facilities for visitors</p> <p>i) Kitchen</p>	<p>adequate capacity with a close-fitting lid for soiled dressings. Sluice rooms must be reasonably accessible from bedrooms and frail care rooms.</p> <p>Separate toilet facilities for male and female visitors.</p> <p>Wash hand basin supplied with constant hot and cold water.</p> <p>Kitchen must have a minimum floor area of 16m<sup>2</sup> for at least 32 residents. The floor area must be calculated at 0,5m<sup>2</sup> per resident . Washing-up area separate from the food preparation area. Wash hand basin for staff hand washing. Adequate and constant hot and cold water supply to all basins. Impervious, easy to clean work surfaces in all areas. A safe source of power for cooking purposes. A suitable means for the effective extraction of heat fumes and gases. Smooth and even wall surfaces. A facility to maintain perishable foods at a temperature below 10°C. Sufficient suitable storage space for Crockery, cutlery and kitchen utensils. The frail care must be provided with a service kitchen for the preparation of beverages and the heating up of food only.</p> <p>Must be equipped with a basin for the wash-up of cutlery and crockery.</p> <p>Must be equipped with a separate wash hand basin for staff to prevent cross infection.</p> <p>Must be provided with constant hot and cold water supply.</p> <p>Well-ventilated laundry area.</p> <p>Adequately sized according to number of residents.</p> <p>Adequately equipped for washing, drying and ironing.</p> <p>Adequate arrangements for the separate receiving and</p>
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	<p>Service Kitchen</p> <p>j) Laundry and Ironing area</p> <p>k) Dining Room</p>	<p>disinfection / washing of soiled and infected linen and clothing.</p> <p>Separate storage area for the clean linen. Shelving must be of an impervious material.</p> <p>Walls and ceiling must be painted with durable, washable and light-coloured paint.</p> <p>If an outside contractor is used for laundry purposes it must be done in an approved laundry.</p> <p>A dining area with a minimum floor area of 1,5m<sup>2</sup> per resident with adequate passages and aisles in the dining area. Approved, suitable and safe artificial heating system in the dining areas. Non-slip floors.</p> <p>Floor area of not less than 1,5m<sup>2</sup> per resident. This area must be designed and situated in such a way that it can also be used for occupational therapy</p> <p>Adequate (separate) storage facilities for linen, furniture, suitcases, household cleaning agents, tools, medicines, and corrosive and other harmful substances. (In terms of relevant legislation) Must have a suitable, furnished administrative office on the premises.</p> <ul style="list-style-type: none"><li>▪ Cross ventilation</li><li>▪ Lighting, not glazing</li><li>▪ Safe heating and cooling system in the frail care, rooms, wards and the dining areas.</li><li>▪ Absence of offensive odours, through the effective management of physical environment, soiled linen, bedding and personal effects.</li></ul> <ul style="list-style-type: none"><li>▪ Security in accordance with local conditions</li><li>▪ Windows must be adequately protected or guarded to ensure the safety of residents.</li><li>▪ Emergency exits and routes practical and clearly identified and visible at night.</li><li>▪ Controlled access to facility</li><li>▪ Support railings both sides of corridors</li></ul>
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	<p>l) Recreation Area / Lounges / Sun Porches</p> <p>m) Storage facilities</p> <p>n) Administrative office</p> <p>o) Proper and adequate ventilation / heating / cooling / lighting</p> <p>p) Secure and safe environment</p>	<ul style="list-style-type: none"> <li>▪ Non-slip and non-shining flooring surfaces. All carpets, mats and other loose coverings must be suitably and safely secured to the floors.</li> <li>▪ Security of personal effects of staff and residents</li> <li>▪ Security and control over medication</li> <li>▪ Existence of emergency and disaster plan</li> <li>▪ Fire-fighting equipment in accordance with Occupation, Health and Safety Act 85, of 1993 – Fire protection certificate issued by Fire Dept</li> <li>▪ Appropriate 24-hour communication system (internal and external)</li> <li>▪ Programmes for prevention of injuries and infections [Service Delivery]</li> <li>▪ Access to an area to undertake private discussions and interviews.</li> <li>▪ A bed with mattress, chair and private and safe and lockable cupboard for each resident</li> <li>▪ Care equipment, e g crutches, wheel chairs, bedpans etc.</li> <li>▪ Catering equipment available</li> <li>▪ Laundry equipment available</li> <li>▪ Maintenance equipment</li> <li>▪ Adequate clean Bed Linen Blankets Pillows and towelling, per bed.</li> <li>▪ Furniture and equipment for staff requirements</li> <li>▪ Change room facility with lockers</li> <li>▪ Staff Rest room</li> </ul>
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	<p>q) Therapeutic environment</p> <p>r) Functional and sufficient furniture and equipment</p>	
<b>FUNCTIONAL AREA</b>	<b>NORM</b>	<b>STANDARD</b>
	<p>s) Physical layout of grounds and buildings promotes mobility, social interaction and areas of service delivery</p>	<ul style="list-style-type: none"> <li>▪ Appropriate medical emergency equipment</li> <li>▪ Office facilities</li> </ul> <p>Surrounding should be suitable from a health point of view  Avoid low-lying cold areas.  Avoid presence of factory / train  Smoke.</p> <p><b>Slope of terrain:</b>  The terrain should be as level as possible.  Sloping grounds</p> <ul style="list-style-type: none"> <li>▪ Sanitation</li> <li>▪ Clean drinkable water</li> <li>▪ Cooking and catering facilities</li> <li>▪ Laundry facilities /washing facilities</li> <li>▪ Nursing facilities</li> <li>▪ Recreational facilities / areas</li> <li>▪ Fencing</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Areas for care of persons with mental incapacity where necessary</li> <li>Secure environment appropriate for the needs of the individual, particularly those with mental incapacity.</li> <li>▪ Store facilities</li> <li>▪ Grounds are wheelchair / tri-pod accessible</li> <li>▪ Supply of electricity o alternate power source</li> <li>▪ (Designated smoking area)</li> </ul>
3.1 Legal Status for service delivery	<p>a) Service providers are registered</p> <p>b) Admission policy in accordance with statutory requirements</p>	<ul style="list-style-type: none"> <li>▪ Registration certificate of residential facility and service providers to be publicly displayed</li> <li>▪ Implementation of departmentally approved assessment instrument DQ 98</li> <li>▪ Completed standardised background report from Social Worker when necessary</li> <li>▪ Contract between organisation / recipient / representative [Service Level Agreement]</li> <li>▪ Admission policy and code of conduct to be in line with policy, [SA Policy for Older Persons] principles and the South African Declaration on the Rights and Responsibilities of Older Persons</li> <li>▪ Information on the organisation and services rendered provided</li> <li>▪ Information accessible to all</li> </ul>
3.2 Capacity building	<p>b) Support for caregivers, including family</p> <p>c) Effective and accessible volunteer programmes</p> <p>d) An informed and supportive community</p>	<ul style="list-style-type: none"> <li>• An outreach programme</li> <li>• Information sharing</li> <li>• Special events, projects etc</li> <li>• Measure the response e.g donations, visits, volunteers</li> </ul>
<b>FUNCTIONAL AREA</b>	<b>NORM</b>	<b>STANDARD</b>
1.3 Residential care	a) Comfortable clean, healthy, and satisfied residents	<ul style="list-style-type: none"> <li>• Individualised care management plan</li> <li>• Adherence to approved health, nursing and pharmaceutical administration acts, policies and procedures</li> <li>• Nutrition and hydration according to dietary requirement</li> </ul>

	<p>b) Optimal mobility of residents during active hours</p>	<ul style="list-style-type: none"> <li>• Socialisation through social and functional activities</li> <li>• Residents are out of bed where possible</li> <li>• Residents are appropriately dressed, presentable and clean</li> </ul>
	<p>a) Provisioning in the basic nutritional needs to promote healthy ageing</p> <p>b) Facilitate the provisioning of affordable, safe and accessible accommodation, housing &amp; assisted living</p> <p>c) Older Persons maintain their independence through the provisioning of : Day care services Home care services Short term residential placement and care services Emergency Care</p>	<ul style="list-style-type: none"> <li>• Retard the onset of frailty and illness through providing in the basic nutritional needs.</li> <li>• Prevention of malnutrition through information regarding balanced diets and needs</li> <li>• Provisioning of daily nutritional needs through food security programmes</li> <li>• Drinking water available</li> <li>• Programmes to promote optimal independent living</li> <li>• Affordable accommodation by means of rates' concessions</li> <li>• Housing that is ageing and culture sensitive</li> <li>• Strategy on welfare housing that will secure and increase housing stock of older persons</li> <li>• Accessibility of community care and support services</li> <li>• Programmes to enable and support families and spouses/partners to provide care and support</li> <li>• Directory of community care and support service</li> <li>• Home care services to address the needs of older persons living at home</li> <li>• The availability of (subsidized) beds and services to address the needs of persons requiring short term residential placement and care</li> <li>• Health and social monitoring system to Promote efficient family care giving</li> <li>• Register of accredited carers per community</li> <li>• Contract between service providers and carers</li> <li>• Social relief</li> </ul>

	Services	
1.5 Health and social welfare services	b) Optimal healthy ageing and self-actualisation through the provisioning of affordable accessible and appropriate health and social welfare services	<ul style="list-style-type: none"> <li>• Accessible primary health care services</li> <li>• Accessible and affordable curative care, i.e. hospitals and day hospitals</li> <li>• Accessible social welfare services</li> <li>• Accessibility of multi-purpose services</li> <li>• Accessible psycho-geriatric services</li> </ul>
1.6 Transport (home-based care ?)	b) Facilitate the development of an affordable, appropriate and safe transport system to Promote the accessibility of services and the optimal Independent functioning of Older persons	<ul style="list-style-type: none"> <li>• Concessions to promote the accessibility of public transport</li> <li>• Older person-friendly and safe transport system/programmes</li> <li>• Transport available to access services</li> </ul>
1.7 Support to carers	a) Enabled and motivated carers	<ul style="list-style-type: none"> <li>• Programmes to train, develop and support carers</li> <li>• Respite care programmes</li> <li>• Information and referral systems to support cares</li> <li>• Accessibility of health and social welfare services for cares</li> </ul>
1.8 Provisioning of assistive devices	a) Lending depots	<ul style="list-style-type: none"> <li>• Accessibility of lending depots</li> <li>• Assistive devices are available</li> <li>• Assistive devices are properly maintained</li> <li>• Training programmes in the correct use of assistive devices</li> <li>• Directory / data bank of lending depots</li> </ul>

1.9 Social and economic independence	<p>b) Optimal independent functioning and self fulfilment / actualisation</p> <p>c) Economically active older persons</p> <p>d) Socialisation</p> <p>d) Healthy and active ageing</p>	<ul style="list-style-type: none"> <li>• Programmes to promote preparation and provisioning for old age</li> <li>• Poverty relief programmes to promote the financial sustainability of families</li> <li>• Programmes for the development of life skills</li> <li>• Enrichment programmes to acquire and transfer skills and culture</li> <li>• Programmes to utilise older persons' skills and expertise</li> <li>• Programmes for life-long training and education</li> <li>• Programmes to promote optimal self-actualisation</li> </ul> <ul style="list-style-type: none"> <li>• Job-creation programmes to supplement old age grants</li> <li>• Community-based directories of job creation programmes</li> <li>• Strategy to eliminate compulsory retirement age</li> <li>• Programmes to promote continuous learning and development</li> <li>• Skills transfer programmes</li> <li>• Reality orientation programmes</li> </ul> <p>Promotion of independent living by means of active ageing, healthy ageing and self-actualisation</p> <ul style="list-style-type: none"> <li>• Promotion of participation of older persons in sport, recreation, leisure and arts and cultural activities</li> <li>• Life skills development</li> </ul> <p>Health promotion</p>
1.11 Volunteerism	<p>c) Active corps of volunteers</p> <p>d) Active corps of older volunteers</p>	<ul style="list-style-type: none"> <li>• Establish and maintain a volunteer programme</li> <li>• Register for volunteers</li> <li>• Training programme for volunteers to have a working knowledge of relevant legislation and policy</li> </ul> <ul style="list-style-type: none"> <li>• Establish and maintain a senior volunteer programme</li> </ul>
1.12 Provision of food	c) Hygienic food preparation and serving facilities	<ul style="list-style-type: none"> <li>• Suitable premises and facilities for the preparation and storage of foodstuffs</li> <li>• Sufficient and appropriate crockery and cutlery</li> <li>• Eating facilities to be clean and free of offensive smells</li> <li>• Separate hand wash basin / bowl for staff</li> </ul>

	d) Nutritious food	<ul style="list-style-type: none"> <li>• Adequate functional storage of raw and prepared foods</li> <li>• Separate facilities for the storage of cleaning materials and refuse</li> <li>• Providing 3 nutritional meals per day, and an additional 1.5 lt fluids during the day, and including at least 1 snack in the evening for special diets eg. Diabetics</li> <li>• A pre-planned cycle of varied and balanced meals</li> <li>• Special diets in accordance with the medical needs of residents</li> <li>• Accommodation of cultural and religious preferences where feasible</li> </ul>
2 MANAGEMENT SERVICES 2.1 Residents committee	<p>c) Effective residents committee</p> <p>d) Members of the residential committee are well equipped for their tasks</p>	<ul style="list-style-type: none"> <li>• Elected and appointed members according to the regulations of the older persons act, sect 20 (1)]</li> <li>• Regular monthly [sect 23 {1}] meetings proper agendas and minutes</li> <li>• Regular reports to [the residents] stakeholders</li> <li>• Receipts of regular progress reports on operational management service delivery</li> <li>• Training programme</li> <li>• Clear functions in line with the Older Persons Act 13, 2006 [sect 20 {3}] for residents committee members</li> </ul>
2.2 Statutory requirements	<p>c) Protection and promotion of the rights of older persons as the recipients of service</p> <p>d) Adherence to statutory</p>	<ul style="list-style-type: none"> <li>▪ Abuse Register</li> <li>Complaints register</li> <li>Restraining Register</li> <li>Conviction Person register</li> <li>Medication Registers</li> <li>Code of Conduct of Caregivers</li> <li>All Professionals should be Registered with their applicable Registration body</li> <li>• All applicable Acts and regulations available and updated</li> <li>• Knowledge of applicable legislation (residential committee and staff)</li> </ul>



	requirements	<ul style="list-style-type: none"> <li>• Training programme to ensure working knowledge</li> <li>• Constitution [In line with Constitution of SA and all other relevant Acts] to be approved by relevant authorities and should promote accountability and transparency</li> </ul>
2.4 Functional management 2.3.1 Financial management	c) Accountability of management	<ul style="list-style-type: none"> <li>• Meet requirements as stipulated in the Regulations for the Older Persons act</li> <li>• Recognised and acceptable financial management practices are adhered to</li> <li>• Annual budget is approved in accordance with the organisation's constitution</li> <li>• The budget and monthly financial statements are accessible for Developmental Quality Assurance audits and investigations</li> <li>• Financial statements are submitted at meetings of the service provider/board, at least every two months</li> <li>• The official responsible for the financial management is adequately trained and qualified</li> <li>• Financial policy and delegation are approved by the service provider</li> <li>• The payment of accounts and receipt of income is done in accordance with financial policy</li> <li>• All external and internal audit reports must be submitted to the service provider and must be reflected in the minutes of the board meeting</li> <li>• Monthly minuted Operational meetings / communications with staff</li> <li>•</li> </ul>
2.3.2 Asset management	b) Effective utilisation and maintenance of assets	<ul style="list-style-type: none"> <li>• Adhere to prescriptions to assets management in the Older Persons Act</li> <li>• Preventative maintenance programme approved by service provider</li> <li>• Updated Asset Register available</li> <li>• Asset register to differentiate between government assets and assets acquired through other means</li> <li>• Assets are comprehensively insured</li> <li>• Regular inspections performed and reported at meetings of the service provider</li> <li>• Evaluation procedures in place</li> </ul>

2.5 Human resource management	b) Well trained, skilled motivated and dedicated staff	<ul style="list-style-type: none"> <li>• Human resource policy approved by service provider to ensure best practices exist</li> <li>• Staff recruitment policy approved by service provider</li> <li>• Relevant Acts and Regulations, Policies and Procedures must be available and adhered to</li> <li>• Signed copies of: <ul style="list-style-type: none"> <li>- Job description to be kept in each staff member's file</li> <li>- Contract of employment which includes acknowledgement of the rights of older persons and their rights as recipients of service</li> </ul> </li> <li>• Personal file of each staff member</li> <li>• Staff records e.g. leave / sick leave, family responsibility leave up to date</li> <li>• Training programmes for staff implemented</li> <li>• Induction programme in place</li> <li>• Evaluation programme in place</li> <li>• Grievance procedure available</li> <li>• Disciplinary code available</li> </ul>
2.6 Nursing administration	a) Provision of acceptable standards for continuous care	<ul style="list-style-type: none"> <li>• Act, Policies and procedures known to and accessible by all members of nursing staff, including indications of quality of care to be maintained</li> </ul>
		<ul style="list-style-type: none"> <li>• Appropriate deployment and utilisation of staff, including adequate supervision from trained professionals</li> <li>• Continuous professional development programme supervision and maintenance of registers and documentation in accordance with legislation</li> </ul>
4. RIGHTS AND RESPONSIBILITIES OF OLDER PERSONS	<p>e) Older persons are treated with dignity and respect</p> <p>f) Protection against abuse, neglect, ill-treatment and exploitation</p>	<ul style="list-style-type: none"> <li>• Declaration on the rights of older persons signed, explained and displayed</li> <li>• Participation in the planning and management of services</li> <li>• Programmes to promote and maintain the status of older persons</li> <li>• Register on abuse</li> <li>• A national toll free help line 0800 60 10 11</li> <li>• Establishment of protocols on abuse</li> <li>• Protocols for the placement of people in safe environment</li> <li>• Training programmes for carers to deal effectively with abuse</li> <li>• Training programmes for survivors to deal effectively with abuse (survivors empowerment)</li> </ul>

	<p>g) Older persons and /or their family are active participants in the delivery of services</p> <p>h) A caring community</p>	<p>programme)</p> <ul style="list-style-type: none"> <li>• Community “Care Ring” or visiting programme</li> <li>• Personal safety and security awareness programmes</li> <li>• Places of safety / halfway houses</li> <li>• Recipients / family adhere to the spirit and letter of the admission contract</li> <li>• Recipients / family respect the social, cultural and religious beliefs of their fellow recipients of service / residents</li> </ul> <ul style="list-style-type: none"> <li>• Recipients and / or their family remain active and self-reliant as far as possible</li> <li>• Recipients / family freely participate in all programmes</li> <li>• Recipients/ family do not engage in practices that may endanger and / or disturb the lives, health and well-being of others</li> </ul> <ul style="list-style-type: none"> <li>• Active participation in the promotion and maintenance of the rights of older persons</li> <li>• Promotion of awareness in national and provincial programmes of interest to older persons</li> <li>• All programmes are older person sensitive and specific</li> </ul>
4. DATA INFORMATION SYSTEM	<p>b) Reliable and valid data</p> <p>c) Informed public</p>	<ul style="list-style-type: none"> <li>• Directory of services</li> <li>• Directory of service providers</li> <li>• Situation analysis</li> <li>• Demographic profiles</li> <li>• Reliable baseline information</li> </ul> <ul style="list-style-type: none"> <li>• Directories of services &amp; service providers</li> </ul>
5. INDIVIDUALISED CARE PLAN FOR HOME AND RESIDENTIAL CARE	a) Individualised care plan for each older person for whom direct care is provided	<ul style="list-style-type: none"> <li>• A personal record of each older person</li> <li>• A record of the name and details of the immediate family or responsible person to be consulted in cases of emergency or health care decision making</li> <li>• An assessment document completed within 48 hours of admission to the service, to be reviewed monthly or more frequently, if indicated.</li> <li>• A care plan to be updated in conjunction with the assessment document</li> <li>• Relevant records and documentation in accordance with legislative requirement.</li> <li>•</li> </ul>

	<p>Active Aging in Residential Facility</p> <p>b) Provision of specific care</p>	<ul style="list-style-type: none"> <li>▪ Reality Orientation Programmes Regular opportunities for socialisation through social and functional activities</li> <li>▪ Regular programmes appropriate for the needs and limitations for the persons being cared for</li> <li>• All persons to be out of bed at least twice per day and appropriately dressed for part of each day</li> <li>• Participation in organised activities, including but not limited to reading, radio and TV, religious and cultural activities.</li> <li>• Programmes to promote active and meaningful participation with family and community life and peer group activities</li> <li>• Personal Hygiene needs</li> <li>• Nutritional and fluid requirements and assistance</li> <li>• Mobility and Transfers</li> <li>• Night time special requirements</li> <li>• Bathing</li> <li>• Toilet needs</li> <li>• Medication management, administration and regular review</li> <li>• Prevention of pressure sores, including mobilisation, turning, pressure care</li> <li>• Access to immunisation according to recommended guidelines</li>   <li>• Available basic care plan for each client/resident including information relating to:             <ul style="list-style-type: none"> <li>- Personal hygiene needs</li> <li>- Nutritional and fluid requirements and assistance</li> <li>- Mobility and transfers</li> <li>- Night time special requirements</li> <li>- Bathing</li> <li>- Toilet needs</li> <li>- Medication management, administration and regular review</li> <li>- Prevention of pressure sores, including mobilisation, turning, pressure care</li> <li>- Access to immunisations according to recommended guidelines</li> </ul> </li> </ul>
		<ul style="list-style-type: none"> <li>• Available plans and information relating to:             <ul style="list-style-type: none"> <li>- Chronic disease management</li> <li>- Incontinence management, including</li> </ul> </li> </ul>

<p>Provision of Specific Care</p>	<p>c) Access to supplementary health care</p> <p>A] 24 Hour Care Services to frail older persons and persons who need</p> <p>B] Care and Supervision services to older persons suffering from dementia and related diseases</p> <p>c) Rehabilitation and Habilitation Services</p> <p>d) Public Education on issues of ageing, including dementia</p> <p>e) Have a program for Counselling services to residents and family members who need these services</p> <p>f) Implementation and</p>	<p>appropriate aids and appliances, including commodes, incontinence pads and catheters</p> <ul style="list-style-type: none"> <li>- Wound care management</li> <li>- Attention to sensory defects e.g. vision, hearing speech</li> <li>- Palliative care, recognising the need for respect of the choices and dignity of the terminally ill person</li> </ul> <ul style="list-style-type: none"> <li>• Access to additional services where appropriate and available</li> </ul> <ul style="list-style-type: none"> <li>▪ Basic care</li> <li>▪ Intake and output</li> </ul> <ul style="list-style-type: none"> <li>▪ Orientation programme</li> <li>▪ Separate facility (room)</li> <li>▪ Supervision continuous and observation</li> <li>▪ Conducive friendly environment</li> <li>▪ Safe environment</li> <li>▪ Free movement within specific seured area</li> <li>▪ Specific medication monitoring</li> <li>▪ Adjusted recreation activities eg. Colouring books</li> </ul> <ul style="list-style-type: none"> <li>▪ Provision of assistive devices</li> <li>▪ Physiotherapy and occupational services when applicable</li> </ul> <ul style="list-style-type: none"> <li>▪ Educating staff</li> <li>▪ Educating communities and relatives</li> </ul> <ul style="list-style-type: none"> <li>▪ When applicable</li> </ul> <ul style="list-style-type: none"> <li>▪ At least one outreach programme</li> </ul> <p>Meet the requirements for registration as a service for community based services according to the Act.</p> <ul style="list-style-type: none"> <li>▪ Subsidizes beds for older persons at risk ?</li> </ul>
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Health and Safety	monitoring of outreach programmes	<ul style="list-style-type: none"> <li>• As for permanent residents</li> </ul>
	g) Provision of beds for the temporary accommodation of older persons at risk	<p>Regular programmes appropriate for the needs and limitations for the persons being cared for.</p> <p>All persons to be out of bed and appropriately dressed for part of each day</p>
	h) Respite Care services	<p>Participation in organised activities, including but not limited to reading, radio and TV, religious and cultural activities.</p>
	j) Sport and recreational activities..	<ul style="list-style-type: none"> <li>• Programme for normal and deep cleaning to be in place</li> </ul>
	Cleaning Services	<p>Adhere to applicable regulations, Policies and Procedures regarding Infection Control.</p> <p>According to local government regulations</p>
	Infection Control	<ul style="list-style-type: none"> <li>• Operational control of the service</li> <li>• Hygiene management of all areas</li> </ul> <p>And pest control</p>
	Medical Waste management Waste Management	<ul style="list-style-type: none"> <li>• Accessibility of emergency services</li> <li>• Telephone number of emergency services prominently displayed</li> <li>• Proof of arrangements with emergency services with regard to management of emergencies</li> <li>• Emergency plan approved by relevant authorities</li> <li>• Access control</li> <li>• Safety officers appointed</li> <li>• Evaluation procedures for OH&amp;S in place</li> <li>• Proof of arrangement with doctors on call, local hospital, ambulance service, contact numbers for support services S.A.P.S and nearest family member</li> <li>• Fire fighting equipment available, optimally placed and annually inspected and reported on.</li> <li>• Staff trained in the effective use of the fire fighting equipment OH&amp;S</li> </ul>

**NOTICE 1328 OF 2007****DEPARTMENT OF SOCIAL DEVELOPMENT****PUBLICATION FOR COMMENT: DRAFT REGULATIONS UNDER THE  
OLDER PERSONS ACT, 2006 RELATING TO CHAPTER 3 OF THE ACT**

The Minister of Social Development intends to make regulations in terms of section 34 of the Older Persons Act, 2006 (Act No. 13 of 2006).

Interested parties are invited to submit comments on the proposed draft regulations to the Director-General: Social Development, Private Bag X901, Pretoria, 0001, fax number (012) 3127547 or e-mail: [Isabellas@socdev.gov.za](mailto:Isabellas@socdev.gov.za) (for attention: Ms Isabella Sekawana), within 30 days of the date of publication of this notice.

Copies of the draft regulations can be obtained from the Government Printer Pretoria, from Ms Isabella Sekawana Department of Social Development, 7<sup>th</sup> Floor, HSRC Building, 134 Pretorius Street, Pretoria, Tel: (012) 312-7352 or from the various provincial departments of Social Development. The draft regulations are also available on the Department of Social Development's website: [www.dsd.gov.za](http://www.dsd.gov.za).

**OLDER PERSONS ACT, 2006****REGULATIONS IN TERMS OF THE OLDER PERSONS ACT 13 OF 2006****REGULATIONS RELATING TO CHAPTER 3 OF THE ACT**

The Minister of Social Development intends, in terms of section 34 of the Act, to make the regulations in the Schedule hereto relating to Chapter 3 of the Act.

**SCHEDULE****DEFINITIONS**

1. In these Regulations, any word or expression to which a meaning has been assigned in the Act shall have the meaning so assigned and unless the context otherwise indicates—

“**applicant**” means a person who is applying to provide a service defined in section 1 of the Act;

“**asset**” means any immovable or movable property owned by the service provider bought with Government funds;

“**financial year**” means the period between the 1<sup>st</sup> of April to the 31<sup>st</sup> March every year;

“**form**” means a form prescribed in the Regulations;

“**service provider**” means a person who is providing service defined in section 1 of the Act;

“**the Act**” means the Older Persons Act, 2006 (Act No. 13 of 2006).

**Application and approval of Registration**

2. (1) A person that wishes to provide a community based care and support service to older persons must make an application in a form similar to Form 1 in Annexure A to the Director-General for the registration of a service.
- (2) The Director General may -
  - (a) after consideration of such application and such other information as he or she may request; and
  - (b) if he or she is satisfied that community based care and support service is managed and conducted in such a way that-



- (i) the services provided may be entrusted to or conferred on the management of that community based care and support service; and
- 1(ii) it complies with the conditions set out in the minimum norms and standards for community based care and support services determined by the Minister from time to time ,

grant full registration and issue a registration certificate in a form similar to Form 2 in Annexure A.

- (3) The Director General may at any time after one month's notice of his or her intention to do so, and after consideration of any representations received by him or her during such month-

- (a) terminate registration of a community based care and support service; and
- (b) deregister a community based care and support service,

if the service provider fails to comply with the provisions of the Act, conditions of registration and the norms and standards.

#### **Temporary registration**

- 3. (1) The Director-General may grant a temporary registration if the applicant does not comply with all the requirements for registration and issue a temporary registration certificate in a form similar to Form 3 in Annexure A.
- (2) A temporary registration certificate—
  - (a) may be issued subject to the conditions aimed at improving those conditions that have not been met by the applicant to a level acceptable to the Director General;
  - (b) may stipulate the period within which such person has to comply with all the conditions;
  - (c) may be granted if the Director-General reasonably believes that the applicant will take measures to avoid or reduce public health risks and abuse of older persons.
- (3) The Director-General may at any time after one month's notice of his or her intention to withdraw, and after consideration of any representations received by him or her during such month, withdraw temporary registration of a community based care and support service, if-

- (a) he or she reasonably believes that it is necessary to reduce the risk of harm, abuse and health hazard to older persons receiving the service; or
- (b) a service provider who contravenes or has failed to comply with the conditions for registration and norms and standards, despite being given an opportunity to do so.

### **Arrangements prior to termination of community-based care and support service**

4. (1) Any person who intends to terminate a community-based care and support service must in writing notify the Director-General of his or her intention by notice in the form similar to Form 4A contained in Annexure A.
- (2) The notice referred to in sub-regulation (1) must be made not less than three months before terminating the community-based care and support service.
- (3) The service provider must furnish the Department with full details of the steps that have been taken for the arrangements for the continuing of services to older persons.
- (4) The notice referred to in section 13(4)(a) of the Act, contained in a form similar to Form 4A contained in Annexure A, must be made not less than three months of taking a decision to terminate providing the community-based care and support services.
- (5) The Director-General must on receipt of the notice acknowledge receipt in a form similar to Form 4B contained in Annexure A, and consult with service providers, in the same area where the service is rendered, in order to make arrangements for the continuation or transfer of the service.
- (6) In the event of closure of the service the Director General in consultation with the management of the Service must give Direction on how the assets bought with Government funds of the said service are to be disposed of.
- (7) Any person who is aggrieved by the decision of the Director General may lodge an appeal in writing to the Minister within 90 days of such decision.
- (8) The Minister may confirm, set aside or amend the decision of the Director General.

### **Training of Caregivers**

5. (1) (a) The service provider of home based care must ensure that a caregiver undergoes the accredited training programme before such caregiver is allowed to render the service, and

- (b) must be registered in the register for care givers, as prescribed by the Department
- (2) The Director General must ensure that the training programme designed for caregivers is accredited by the Health and Welfare Seta, aligned with unit standard based qualification registered by the South African Qualifications Authority (SAQA).
- (3) The Director General will, in partnership with the Department of Health and the home based care service industry be responsible to design the training programme, manage its accreditation, implementation, monitoring and review.
- (4) The prescribed training programme for home-based caregivers must include the following key performance areas:
- (a) The rights of older persons including the right to access basic services;
  - (b) active ageing;
  - (c) understanding the older person within the community;
  - (d) specific knowledge of the needs of older persons:
    - (i) physical;
    - (ii) psychological;
    - (iii) social, cultural and spiritual; and
    - (iv) material;
  - (e) understanding the roles of older persons specifically in relation to care giving and support to children and families affected by unemployment, poverty and HIV/AIDS;
  - (f) caregiver protocols;
  - (g) understanding the different levels of care;
  - (h) Code of conduct for Caregivers as set out in Annexure "B";
  - (i) Applicable legislation and policies affecting older persons including the indigent policy;
  - (j) Knowledge of community resources, including the availability of emergency, education and training and counselling services;

- (k) Ability to identify elder abuse and neglect and the prescribed protocols in preventing and combating abuse;
  - (l) Communication skills and procedures;
  - (m) Customer care;
  - (n) Self and career development; and
  - (o) Any other aspect, which the Director General may regard as appropriate.
- (5) Service providers when appointing a caregiver must ensure that-
- (a) such a person had received the SAQA accredited training;
  - (b) caregivers receive the necessary supervision and ongoing training;
  - (c) there is compliance with the approved training standards;
  - (d) remuneration of caregivers is in accordance with labour legislation;
  - (e) there is compliance with human resource standards in accordance with labour legislation;
  - (f) the caregiver is registered on the caregiver register; and
  - (g) there is adherence with the approved code of conduct.

#### **Register and Registration of Care Givers**

6. (1) Application for registration as a caregiver must be done in the form similar to Form 5 in Annexure A. The registration certificate must be in a form similar to Form 6 in Annexure A and the note of intention to remove a caregiver from the Register must be in a form similar to Form 7 in Annexure A.
- (2) The service provider must ensure that a caregiver in his or her employment is on the register of caregivers.
- (3) All home-based care service providers must keep a register of caregivers in their employment.
- (a) Full names and identity number
  - (b) qualifications;
  - (c) employment history details;
  - (d) name of training institutions or programme where caregiver training was received;

- (e) current employer, specifically :
    - (i) name of employer;
    - (ii) address;
    - (iii) telephone numbers;
    - (iv) name of Supervisor;
  - (f) commencement date of employment as caregiver;
  - (g) criminal record details;
  - (h) date of admission to the register;
  - (i) date of removal from the register;
  - (j) any other information that the Director General may deem necessary.
- (4) The service providers must within six months after the end of the financial year submit the registers in respect in respect of home based caregivers referred to in sub regulation (2), to the Minister for safekeeping.

#### **Levels Of Community Based Care And Support Services**

7. (1) Levels of community based care and support services provided will vary according to the needs and means of older persons, be assessed by the service provider on a regular basis and must comply with the Minimum Norms and Standards contained in Annexure C of these Regulations.
- (2) The following categories of community based care and support services may be provided:
- (a) Prevention and Promotion Programmes**
- (i) Basic services provides the most basic needs for survival such as primary health and social care eg. Health, Nutrition, Shelter, Water, Sanitation, Power.
  - (ii) intermediate services in addition with the qualities referred to in (a) has additional support that are ancillary to health and social services such as podiatry, occupational therapy, physiotherapy, counselling, group support, education and training, capacity building, facilitation, respite care, culture and spiritual, transport services, transcultural, social rehabilitation and excursions, that require additional resources; and
  - (iii) tertiary services are in addition to (a) and (b), more comprehensive, which includes accommodation, assisted living, home based care, holiday excursions and other services delivered in settings such as Retirement Homes and Estates, Service Centers and Private Homes, and are partially or self funded.
- (b) Home Based Care Programmes**
- (i) Personal hygiene and physical care such as bathing, pressure sore prevention etc.

- (ii) Provision of professional and lay support such as counselling, information, education and companionship and home help services.
- (iii) Rehabilitation programmes that include provision of assistive devices.
- (iv) Provision of respite care.
- (v) Provide counselling for family members, caregivers and the community regarding ageing and associated conditions.
- (vi) Free Health Care according to the Health Act of SA
- (vii) Comprehensive home based care for terminally ill older persons (palliative care)

- (3) Any person who provides a service to older persons must comply with the minimum norms and standards referred to in subsection (1).

#### **Code Of Conduct For Caregivers Providing Home Based Care**

8. A caregiver must adhere to the Code of Conduct determined by the Director-General from time to time contained in Annexure B of these Regulations.

#### **Penalties**

9. Any person who contravenes or fails to comply with these Regulations is guilty of an offence and liable on conviction to a fine or to imprisonment not exceeding one year or to both such fine and such imprisonment.

#### **Short title and commencement**

10. These Regulations are called the Older Persons Regulations, 2006 and come into operation on the date of publication.

**ANNEXURE A**  
**FORM 1**  
**APPLICATION FOR REGISTRATION**  
**OF COMMUNITY-BASED CARE AND SUPPORT SERVICE**  
**[Section 13(1) and Regulation 2(1)]**  
**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

(For an applicant that is an organization)

A. \_\_\_\_\_ (full name of organization) herein  
 represented by \_\_\_\_\_ (full names and surname),

In his or her capacity as \_\_\_\_\_ duly  
 authorized in terms of resolution no \_\_\_\_\_ dated \_\_\_\_\_ (attach a  
 certified copy of the resolution)

OR

(Applicant that is an individual)

B. \_\_\_\_\_ (full name of individual applicant)  
 Makes an application for registration of the following services

- (i) Community based care and Support Services in terms of Section 13 (1) of the  
 Older Person's Act , 2006(Act no 13 Of 2006) Tick  YES /  NO and or

**Section A** (To be completed by applicants under (i) and or (ii) above)

**Basic details of the Services Provider (Organization or individual)**

1. Name of Organization

Or :

Name of the individual

2. Registration

2.1 Non Profit Organizations number :

2.2 Company or trust registration number :

**2.3 Any other registration details (specify) :**

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**2.4 Previous registration numbers****(i) Community based care and support:** \_\_\_\_\_**2.5 Was your registration number ever suspended or cancelled:****YES/NO****If yes, please provide details :**

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**3. Address details****3.1 Physical address of Administration Office:**

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**3.2 Physical addresses of services locations (identify facility)**

(ii)	_____	postal code	_____
(iii)	_____	postal code	_____
(iv)	_____	postal code	_____
(v)	_____	postal code	_____

**If there are more service locations please attach a list****3.3 Postal Address:****3.4 Telephone Numbers:**

(i) \_\_\_\_\_  
(ii) \_\_\_\_\_

**3.5 E-mail address:**

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**4. Financial details**

**4.1 Do you have a bank account?**

**YES/NO**

**If yes, provide following details**

(i) **Bank:** \_\_\_\_\_  
**Type Account:** \_\_\_\_\_  
**Account no:** \_\_\_\_\_  
**Branch Code:** \_\_\_\_\_

(ii) **Bank:** \_\_\_\_\_  
**Type account:** \_\_\_\_\_  
**Account no:** \_\_\_\_\_  
**Branch Code:** \_\_\_\_\_

**4.2 Do you have an auditor?**

**YES/NO**

**If yes, provide details**

(i) **Name:** \_\_\_\_\_  
(ii) **Address :** \_\_\_\_\_  
(iii) **Telephone number:** \_\_\_\_\_

**If no: Are your financial transactions subjected to an audit? Provide details of the auditing process.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.3 Audited Financial Statements**

**Please attach a copy of your Audited Financial Statements for the past year. If you do not have Audited Financial Statements please give the reasons and attach un-audited financial reports**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Governance Details****5.1 Constitution or deed: Please attach a copy of the above****5.2 Details of Governing Body:****Please attach a list of your Board members**

- (i) Name and title
- (ii) Position on board
- (iii) Address
- (iv) Telephone details

**5.3 Do you hold General Members Meetings** YES/NO**If yes, attach a copy of the minutes of the last meeting****5.4 Membership****How many enrolled members do you have? \_\_\_\_\_****6. Beneficiaries****How many persons benefits from the work of the services provided?**  
\_\_\_\_\_**Declaration****I declare that the above information is true and correct. I understand that any misrepresentation or omission of pertinent information may considered as sufficient grounds for withdrawal of registration.****Signature** \_\_\_\_\_ **Place** \_\_\_\_\_ **Date** \_\_\_\_\_**Full Name:** \_\_\_\_\_**Capacity:** \_\_\_\_\_**Copy of ID to be attached**

**Section B: Community Based Care and Support Services****1. Name of applicant (as in section A)**

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- (i) **Organisation or Company:** \_\_\_\_\_  
(ii) **Individual :** \_\_\_\_\_

**2. Description of Community Based Care and Support Services****2.1 When was the services first established : (date)**

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**2.2 What services are rendered (please tick) (Attach copy of your services plan)**

- Meals
- Meals-on-wheels, foot
- Transport
- Primary Health Care
- Home based care
- Assisted Living Services
- Respite Care Services
- Palliative Care Services
- Full Frail Care Services
- Emergency Care Services
- Physical Exercises
- Recreation
- Income Generation
- Socialisation
- Culture and Spiritual
- Home visits
- Advice
- Group Support
- Education and Training
- Counselling (social work)
- Temporary accommodation
- Other, Please specify

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2.3 On how many days per week do you operate? Tick

1	2	3	4	5	6	7
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3. **Beneficiaries**

Please give a breakdown of persons who benefit from the services on weekly bases

- (i) Total : \_\_\_\_\_
- (ii) Number of older persons: \_\_\_\_\_
- (iii) Number of children (if applicable) \_\_\_\_\_
- (iv) Number of persons with disabilities: \_\_\_\_\_
- (v) Other persons, specify: \_\_\_\_\_

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4. **Funding of the Services**

4.1 Do you receive a grant/ subsidy from the Department of Social Development  
Tick  YES /  NO

If yes what amount do you receive on a monthly basis: R \_\_\_\_\_

4.2 Do you receive a grant from the local authority Tick)  YES /  NO

If yes what amount do you receive per month or per annum: R \_\_\_\_\_

4.3 Have you applied for funding from the Department of Social Development witch  
was turned down? (Tick)  YES/NO

If yes give details :

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4.4 Do beneficiaries pay for the services (Tick)  YES /  NO

If yes what do beneficiaries pay for the services per month R \_\_\_\_\_ per individual?

If no, please give your reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Human Resources**

5.1 Do you have paid staff members (Tick) YES /NO

If yes give breakdown of employed staff:

POSITION	NO	TASKS

5.2 If you do not use paid staff members, how do you rendered the services?:

- (i) Volunteers YES/NO
- (ii) Partnership workers, provide by other organizations YES/NO

5.3 How many volunteers on a monthly basis rendered services \_\_\_\_\_ and the estimated total hours of volunteer work \_\_\_\_\_

**6. Services Locations**

6.1 Provide a list of places and areas where services are rendered.

AREA	PLACE
(i)	
(ii)	
(iii)	
(iv)	
(ivi)	

If you render services at more locations please attach a list.

Provide sketch plans of the above facilities

**6.2 Facilities in service delivery (please tick):**

- Hall
- Offices
- Kitchen
- Store Room
- Dining Room
- Clinic
- Library
- Bathrooms/Showers
- Toilets
- Wash Basins
- Other (specify)

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If you do not have the above facilities to your disposal, how do you render the services?  
Give details:

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**6.3 Basic amenities and equipment to render services. Please tick below:**

- Stove
- Fire
- Fridge
- Water supply
- Power supply
- Coring utensils
- Plates, cups etc
- Tables and chairs
- Recreation equipment
- Primary Health Care equipment
- Assistive devices (wheel chairs, tripods, commodes, walking sticks)
- Other, provide list:

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**Please attach a list of the equipment used in the facility**

**7. Business Plan**

**Do you render your services according to a year plan? (Tick) YES/NO**

**If yes, please attach your year plan to section B**

**If no, please indicate the reasons (Tick) below:**

- A new service**
- An outreach service from residential care facilities**
- Other, please specify:**

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**If your services are linked to other services, please give details:**

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**FORM 2**  
**REGISTRATION CERTIFICATE**  
**OF COMMUNITY BASED CARE AND SUPPORT SERVICES**  
**[Section 13(2) and Regulation 2(2)]**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

Registration Certificate No. \_\_\_\_\_

Issued to *(name Of Community Based Care And Support Services)*

\_\_\_\_\_  
\_\_\_\_\_

It is hereby certified that the above-mentioned Community Based Care And Support Services for older persons situated at *(physical address and capacity/no. of beneficiaries)*

\_\_\_\_\_  
\_\_\_\_\_

has been registered in terms of section 13 of the Older Persons Act, 2006 (Act No. 13 of 2006).

This certificate is valid with effect from \_\_\_\_\_ *(dd/mm/yyyy)*.

*NB. This certificate in terms of section 18(7) of the Older Persons Act, 2006 is not transferable.*

(OFFICIAL STAMP)

\_\_\_\_\_  
**DIRECTOR-GENERAL**  
**DATE: .....**  
**PLACE.....**



**FORM 3**  
**TEMPORARY REGISTRATION CERTIFICATE**  
**OF COMMUNITY BASED CARE AND SUPPORT SERVICES**  
**[Section 13(1) and Regulation 3(1)]**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)

Registration Certificate No. \_\_\_\_\_

Issued to *(name of Community Based Care And Support Services)*

\_\_\_\_\_  
\_\_\_\_\_

It is hereby certified that the abovementioned Community Based Care And Support Services for older persons situated at *(physical address and capacity/no. of beneficiaries)*

\_\_\_\_\_  
\_\_\_\_\_

has been registered in terms of section 13 of the Older Persons Act, 2006 (Act No. 13 of 2006), subject to the following conditions:

Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This certificate is valid for a period of \_\_\_\_\_ with effect from \_\_\_\_\_  
*(dd/mm/yyyy)* to \_\_\_\_\_ *(dd/mm/yyyy)*.

*NB. This certificate is issued in terms of section 18(7) of the Older Persons Act, 2006 not transferable.*



\_\_\_\_\_  
**DIRECTOR-GENERAL**  
**DATE:** .....  
**PLACE:**.....

**FORM 4A**  
**NOTICE OF INTENTION TO TERMINATE COMMUNITY-BASED**  
**CARE AND SUPPORT SERVICES**  
**[Section 13(4)(a) and Regulation 4(2)]**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

To: The Director-General  
 Department of Social Development

Notice is hereby given, in terms of section 13(4)(a) of the Act, of the intention to terminate community-based care and support services. The said decision will take effect as from.

The reasons for the termination are—

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Take further notice that as required in terms of section 13(4)(b) and (c) of the Act, arrangements are being made to inform the older person(s) in my/our care of the intended termination of the service, as well as to refer the older person(s) to another person or organisation who provides similar services. The details of the said person or organisation will be forwarded to you 30 days before the termination date mentioned above.

Details of organization/individual:

Name: \_\_\_\_\_

ID No.     

Registration      certificate      No      (Department      of      Social      development).

Physical address: \_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_ (B) Fax No. \_\_\_\_\_ Cell No. \_\_\_\_\_ E-mail  
address \_\_\_\_\_

Bank details of persons and organization:

List of beneficiaries and, names and ID numbers

I undertake to fulfill any obligations in terms of the Act before the date of termination.

\_\_\_\_\_  
**COMMUNITY-BASED CARE AND  
SUPPORT SERVICES PROVIDER**

**Name:**.....

**Capacity:**.....

**Date:**.....

**FORM 4B**  
**ACKNOWLEDGEMENT OF RECEIPT**  
**(NOTICE OF INTENTION TO TERMINATE COMMUNITY-BASED CARE**  
**AND SUPPORT SERVICES)**  
**[Section 13(4)(a) and Regulation 4(4)]**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE: NOTICE OF INTENTION TO TERMINATE COMMUNITY-BASED CARE**  
**AND SUPPORT SERVICES**

I hereby acknowledge receipt of your notice of intention to terminate community-based care and support services, as provided for in section 13(4)(a) of the Act.

The contents of your notice have been noted, and I anticipate your compliance with the provisions of section 13(4)(b) and (c) of the Act.

Your co-operation is highly appreciated.

Kind regards

\_\_\_\_\_  
**DIRECTOR- GENERAL**  
**DATE:**

**ANNEXURE B****CODE OF CONDUCT FOR COMMUNITY-BASED CAREGIVERS**

1. A caregiver must at all times-
  - (a) Treat older persons with respect and dignity and to honour their right to privacy and cultural and religious beliefs and habits;
  - (b) act with integrity and conscientiously in the performance of his or her duties;
  - (c) discharge his or her duties with efficiency, competency, due care and diligence;
  - (d) maintain effective inter-personal skills recognizing the importance of personal communication;
  - (e) not engage in any act of dishonesty, corruption or bribery;
  - (f) protect older persons against any form of danger, and
  - (g) to take the necessary action to prevent and combat physical, social, psychological, financial and verbal abuse or victimization of older persons;
2. The caregiver, must at all times, executes his or her duties in accordance to the instructions of superiors and the applicable job description. The following is of particular importance to the caregiver-
  - (a) adherence to specified duty hours;
  - (a) willingness to work outside duty hour in times of an emergency;
  - (b) dress according to the required dress code;
  - (c) recognize the importance of supervision and in-service training provided by the caregiver agency;
  - (d) adhere to the human resource guidelines and requirements of the employer.
3. A caregiver is required to-
  - (a) furnish the manager of the program with the necessary contact information in the event of an emergency;
  - (b) report any changes in the contact information;
  - (c) promptly submit reports to the caregiver agency on the execution of caregiver tasks;
  - (d) continue to further and expand his/her knowledge and skills regarding the care of older persons.
5. The caregiver must ensure that he or she is registered on the Caregiver Register as determined in 6(1) and 6(2) of these regulations

**FORM 5**  
**APPLICATION FOR REGISTRATION**  
**AS A CAREGIVER**  
**[Section 14(2) and Regulation 6(3)]**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

I, \_\_\_\_\_ (*full names and surname*), hereby make an application for registration as a caregiver in terms of section 14(3)(a) of the Older Persons Act, 2006 (Act No. 13 of 2006).

**SECTION A**  
*(Details of applicant)*

Name and Surname			
Preferred Name			
ID No		Date of birth	
Age	Nationality		Gender

Physical address			
Postal address			
Telephone No	Fax	Cell	
E-mail address			

**EDUCATION** (*Attach copies of relevant certificates*)

School, College or University	Standard / Qualifications	Date

**Other training** (*Attach copies of relevant certificates*)

Course / Qualification	Institution	Date

CONVICTIONS FOR CRIMINAL OFFENCES	Y	N	Details
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CONVICTIONS FOR CRIMINAL OFFENCES	Y	N	Details

**(SECTION B)**  
*(Declaration and attachments)*

**Declaration**

I declare that the above information is true and correct. I understand that any misrepresentation or omission of pertinent information may be considered as sufficient grounds for withdrawal of registration.

\_\_\_\_\_  
**Signature of applicant Place**

\_\_\_\_\_  
**Date**

**Copies submitted**

- ID
- Certificate of qualifications
- Other *(please specify)* \_\_\_\_\_

**SECTION D**  
*(For office use)*

Application Number	Registration details			Signature
	Full registration	Y	N	
	Or			
	Temporary registration	Y	N	
				_____ <b>DIRECTOR-GENERAL</b> <b>DATE: .....</b>

<b>Registration Certificate No.</b>	
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**FORM 6  
REGISTRATION CERTIFICATE**

[Section 14 of the Act]

**DEPARTMENT OF SOCIAL DEVELOPMENT  
OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

1. This is to certify that  
     Name.....  
     ID.....  
 Has been awarded a certificate as a caregiver

In accordance with .....  
 Registration No.....  
**DIRECTOR – GENERAL**  
**DATE**

OFFICIAL STAMP

**OR**

2. This is to certify that a certificate as a caregiver

Has been awarded to  
     Name.....  
     ID.....  
 Registration No.....  
**DIRECTOR – GENERAL**  
**DATE**

OFFICIAL STAMP

**OR**

3. This is to certify that  
     Name.....  
     ID.....  
 has complied with the requirements for the twelve month  
     Course .....

Registration No.....  
**DIRECTOR – GENERAL**  
**DATE**

OFFICIAL STAMP



**FORM 7**  
**NOTICE OF INTENTION TO REMOVE CAREGIVER FROM THE REGISTER**  
**[Regulation 6(1)]**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

The Director-General  
 Department of Social Development

Notice is hereby given, in terms of section 14(4) of the Act, of the intention to remove your name in the register as a caregiver. The said decision will take effect from \_\_\_\_\_. The reasons for removal are—

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My details are as follows:

First Names: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No. 

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Registration certificate No. \_\_\_\_\_

Physical address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ (B) Fax No. \_\_\_\_\_ Cell No. \_\_\_\_\_

E-mail address \_\_\_\_\_

**DIRECTOR – GENERAL**

**DATE**

**OFFICIAL STAMP**

## ANNEXURE C

**MINIMUM STANDARDS FOR HOME BASED CARE SERVICES****DEFINITIONS:**

**'Home Based Care'** means care provided or services rendered at the place where a frail older person resides, excluding at a residential facility, by a care giver in order to maintain such frail older persons maximum level of comfort, including care towards a dignified death.

**'Frail Care'** means the provision of services that address the physical, social and emotional well-being of frail persons.

**'Frail person'** means a person, excluding a child, whose physical or mental condition renders him or her in need of 24 hours continuous care.

**'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.

**'Respite Care'** means a service offered specifically to a frail older person and to a caregiver and which is aimed at the provision of temporary care and relief.

**'DQ98'** means an assessment tool that is used to gather information on the disability of the potential client and to assess his / her need for a caregiver, i. e. the dependency level. The effect of any specific physical impairment is expressed as its consequent disability / dependence.

**'Caregiver'** means any person excluding a family member who provides care to older persons.

**'Care'** means the provision of physical, psychological and material assistance to an older person where such older person is unable to provide these for himself or herself, and includes the service aimed at promoting the quality of life and general well-being of older persons.

The above definitions were adapted from the Older Persons 'Legislation' Act 13, 2006

FUNCTIONAL AREA	OUTCOME	STANDARD
1.4 Home Based Care Programme.	a) Older Persons maintain their independence through the provisioning of Home Based Care:	<p><b>Category A</b> Informal service level</p> <ul style="list-style-type: none"> <li>• Visits to frail</li> <li>• Meals on pool</li> <li>• Referrals to category B and C service centres or other resources</li> <li>• Education and training to family care givers and members</li> <li>• Laundry services</li> <li>• Transport</li> <li>• Home cleaning services</li> <li>• Bathing, dressing and grooming</li> <li>• Companionship/ socialisation</li> </ul> <p><b>Category B</b>(Intermediate service level)</p> <ul style="list-style-type: none"> <li>• All of the above services ( category A services)</li> <li>• Day care</li> <li>• Social work services</li> <li>• Health monitoring</li> <li>• Meals on wheels</li> <li>• Referral to level C services</li> <li>• Exercises</li> <li>• Cooking</li> <li>• Cleaning</li> <li>• Social and mental stimulation-communication</li> <li>• Advice and training of informal care givers</li> <li>• Accompany member to clinic, pension pay point if required</li> <li>• Vital science monitoring</li> <li>• Risk management/ Prevention of ....and illness</li> <li>• Interaction with family and friends</li> <li>• Recruit volunteers</li> </ul> <p><b><u>Administrative tasks</u></b></p> <ul style="list-style-type: none"> <li>• Written and oral reports to nursing supervision</li> </ul>

		<ul style="list-style-type: none"> <li>• Report incidents i.e. abuse</li> <li>• Referrals to professionals</li> </ul> <p><b>Category C Comprehensive Care</b></p> <ul style="list-style-type: none"> <li>• Continuation of care provisions under A and B</li> <li>• Deployment of formal care givers to provide full range of home based care</li> <li>• Nursing professionals to manage and supervise the formal caregivers, ratio 1 nursing professional: 10 caregivers</li> <li>• Formal caregiver is trained and registered on the caregivers register.</li> <li>• Basic care giving equipment consist of             <ul style="list-style-type: none"> <li>▪ Uniform</li> <li>▪ Cleaning material</li> <li>▪ First aid kit</li> </ul> </li> <li>• Prescribed care giving tasks             <ul style="list-style-type: none"> <li>▪ Maintain acceptable level of hygiene</li> <li>▪ Bathing, washing, dressing, feeding, grooming</li> <li>▪ Laundry</li> </ul> </li> </ul>
<p>Support to care givers</p>	<p>Enabled and motivated care givers</p>	<ul style="list-style-type: none"> <li>• Programmes to train, develop and support care givers</li> <li>• Respite care programmes</li> <li>• Information and referral systems to care givers</li> <li>• Training programmes in the correct use of assistive devices</li> <li>• Directory/ data bank of lending depots</li> </ul>

**MINIMUM NORMS AND STANDARDS FOR COMMUNITY BASED CARE AND  
SUPPORT SERVICES TO OLDER PERSONS**

<b>FUNCTIONAL AREA</b>	<b>OUTCOME</b>	<b>STANDARD</b>
6. <b>DELIVERY OF SERVICES</b>  Physical environment determined by the category of services delivered.	y) Building and facilities are accessible to older persons in the community	<b>Basic Services</b>  <b>Informal/temporary accommodation ( Rural)</b> <ul style="list-style-type: none"><li>▪ Informal kitchen( which could be a Lapa)</li><li>▪ Kitchen must have water supply</li></ul>

	<p>Building facilities and services are accessible to older persons in the community</p>	<ul style="list-style-type: none"> <li>▪ There should be a meeting place community hall</li> <li>▪ Facility to wash hands</li> <li>▪ At least one toilet for every 25 members, separate for every gender.</li> </ul> <p><b>Basic Services (Formal)</b></p> <ul style="list-style-type: none"> <li>▪ Community Hall – at least 1,5 m<sup>2</sup> per person</li> <li>▪ Office</li> <li>▪ Kitchen with running water.</li> <li>▪ Safe source of electricity</li> <li>▪ Toilet facility 1:25 members of each gender</li> <li>▪ Ramps provided to make the facilities wheelchair and tripod accessible.</li> <li>▪ Hand wash facilities in each toilet block with running water.</li> </ul> <p><b>Intermediate Services</b></p> <ul style="list-style-type: none"> <li>▪ Community Hall – at least 1,5 m<sup>2</sup> per person</li> <li>▪ Office</li> <li>▪ Consulting room facility.</li> <li>▪ Kitchen with running water.</li> <li>▪ Safe source of electricity</li> <li>▪ Toilet facility 1:25 separate for members of each gender</li> <li>▪ Ramps provided to make the facilities wheelchair and tripod accessible.</li> <li>▪ Hand wash facilities in each toilet block with running water.</li> <li>▪ Bathroom facility with a shower with hot and cold water supply.</li> <li>▪ Services are rendered 5 days per week.</li> </ul> <p><b>Tertiary Services</b></p> <ul style="list-style-type: none"> <li>▪ Community Hall – at least 1,5 m<sup>2</sup> per person</li> <li>▪ Office</li> <li>▪ Consulting room facility with a lock up facility for medicines.</li> <li>▪ Kitchen with running water.</li> <li>▪ Cooling room for perishable food products</li> </ul> <ul style="list-style-type: none"> <li>▪ "Cooling room" to be changed to fridge or facility to main perishable food</li> <li>▪ Safe source of electricity</li> <li>▪ Toilet facility 1:25 separate for members of each gender</li> </ul>
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1.1 Statutory requirement	<p>e) The Community based care and support service is registered in terms of the Older Persons Act (Act 13 of 2006)</p> <p>f) Membership policy in accordance with statutory requirements</p>	<ul style="list-style-type: none"> <li>▪ Registration certificate accessible and publicly displayed.</li> <li>▪ Implementation of departmentally approved assessment instrument (B &amp; C categories)</li> <li>▪ Completed standardised background report.</li> <li>▪ Contract between service provider/ organisation and recipient / representative. (B &amp; C categories)</li> <li>▪ Membership policy and code of conduct to be in line with policy, principles and the South African Declaration on the Rights and Responsibilities of Older Persons.</li> <li>▪ Information on the organisation and services rendered provided.</li> <li>▪ Information accessible to all.</li> <li>▪ Membership registers to be available and updated for members and beneficiaries.</li> </ul>
Provision of Community Based Care and Support programmes	<p>a) Economic empowerment programmes</p> <p>b) Recreational opportunities</p> <p>c) Information</p>	<ul style="list-style-type: none"> <li>▪ Income generation activities (All categories)</li> <li>▪ Food gardening (All categories)</li> <li>▪ Arts and craft (All categories) –</li> <li>▪ Poverty relief projects</li> <li>▪ Financial management training to be added</li> <li>▪ Cultural activities</li> <li>▪ Indoor and outdoor games</li> <li>▪ Library services</li> <li>▪ Socialisation-activities (outings, etc)</li> <li>▪ Sports activities (e.g. SANGALA)</li> <li>▪ Awareness campaigns on the rights of older persons, on abuse, Dementia, HIV and AIDS and Health</li> <li>▪ Information on basic services, how and where to access the services</li> </ul>

	<p>d) Education</p> <p>e) Counselling services</p> <p>f) Spiritual, cultural, medical, civic and social services</p> <p>g) Provision of nutritionally balanced meals to needy older persons</p> <p>h) Provision of skills and capacity of older persons to sustain their livelihood change to Capacity building activities</p> <p>i) Provision of professional services, including care and</p>	<ul style="list-style-type: none"> <li>▪ Adult Basic Education Training (ABET)</li> <li>▪ Life skills programmes( e.g bugetting, parenting skills)</li> <li>▪ Counselling on health issues</li>   <li>▪ Bereavement counselling</li> <li>▪ Trauma counselling( e.g abused older person, family crisis)</li> <li>▪ Pre and Post retirement counselling</li>   <li>▪ Religious activities</li> <li>▪ PHC services(e.g immunisation, basic podiatry services, monitoring of Health status,etc)</li> <li>▪ Cultural/traditional activities( e.g indigenous games)</li> <li>▪ Pension pay points/access social grants</li>   <li>▪ Meals on wheels( Provision of meals to older persons in the community on a regular basis)</li> <li>▪ Food on foot(When members from the service centre deliver meals on foot to sick members in the community deliver meals to other member of the who are sick on foot)</li> <li>▪ Provision of a balanced meal to older persons at the Community Based Care and Support Service</li>   <li>▪ Life skills (Link to economic empowerment activities)</li>   <li>▪ Sessional social work services</li> <li>▪ PHC nurse</li> <li>▪ Community Based Rehabilitation workers (CBR workers)- Assistant</li> </ul>
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	<p>rehabilitation to ensure independent living of older person</p> <p>j) Services contained in the indigent policy for vulnerable and qualifying older persons</p> <p>k) Utilisation and management of existing facilities for older persons as multi-purpose community centres</p> <p>l) Integrated community care and development systems for older persons</p> <p>m) Provision of Intergenerational programmes</p>	<p>physiotherapist &amp; Assistant occupational therapist</p> <ul style="list-style-type: none"> <li>▪ support services</li> <li>▪ Programmes to enable and support families and spouses/partners to provide care and support</li> </ul> <p>▪ Awareness on the content of the indigent policy of local government and rebates or rates concession for qualifying older persons( e.g TV license, discounts at supermarket, subsidised transport)</p> <p>▪ Referral system in place to access services contained in the indigent policy</p> <p>▪ Outreach programmes( taking services to the community and making the facility available for the community)</p> <p>▪ Directory of community care and support service</p> <p>▪ Utilisation of skills of older persons in the community projects(e.g skills of retired professionals)</p> <p>▪ Reality orientation programmes change to dementia therapies promote Active Ageing Programme</p> <p>▪ After school classes run by older persons</p> <p>▪ Cultural story telling</p> <p>▪ Operation dignity</p> <p>▪ Cultural games</p> <p>▪ Grand parenting programmes</p> <p>▪ Moral regeneration activities (preservation of values, adopt a school, adopt a granny)</p> <p><b>Basic Services –Primary Support</b></p> <ul style="list-style-type: none"> <li>▪ Provision of nutritional balanced</li> </ul>
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		<p>meal</p> <ul style="list-style-type: none"> <li>▪ Spiritual, cultural, medical, civic and social services</li> <li>▪ Intergenerational programmes</li> <li>▪ Information and educational programmes</li> <li>▪ Economic empowerment (one of the above mentioned services)</li> <li>▪ Home Based care</li> </ul> <p><b>Basic Services</b></p> <p><b>Minimum requirements</b></p> <ul style="list-style-type: none"> <li>▪ Must render two of the primary services of which meals be one of them, will progress to category B functioning three days a week, 18 hours per week</li> </ul> <p><b>Membership</b></p> <ul style="list-style-type: none"> <li>▪ Minimum of 40 older persons</li> </ul> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>▪ 1 coordinator</li> <li>▪ 4 Volunteers for 40 older persons</li> </ul> <p><b>Intermediate Services</b></p> <p><b>Minimum requirements</b></p> <ul style="list-style-type: none"> <li>▪ At least three primary services of which meals be one of them functioning 5 days a week for a minimum of 30 hours per week and will progress to category C when they meet prescribed requirements</li> </ul> <p><b>Membership</b></p> <ul style="list-style-type: none"> <li>▪ Minimum of 75 older persons</li> </ul> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>▪ 1 Coordinator/manager</li> <li>▪ 1 Administration clerk</li> <li>▪ 1 cook</li> <li>▪ 1 driver</li> <li>▪ 5 General workers(gardener, maintenance officer)</li> <li>▪ 1 Social worker/Auxilliary social worker (on sessional basis)</li> <li>▪ 1 PHC nurse( sessional basis)</li> <li>▪ 1 Community Based Rehabilitation workers</li> <li>▪ 1 Dietician( sessional basis)</li> <li>▪ 1Volunteer for 20</li> <li>▪ 1 Caregiver for 20 older persons</li> </ul>
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		<p><b>Tertiary Services</b></p> <p><b>Minimum requirements</b></p> <ul style="list-style-type: none"> <li>▪ Render all six primary services and as many secondary services as possible. They have to provide 3 meals per day if they render respite care services or and Assisted living. They must function five to seven days per week ( 40hrs or 168hrs per week) when rendering of respite care service and or Assisted living</li> </ul> <p><b>Membership</b></p> <ul style="list-style-type: none"> <li>▪ Minimum of 100 members</li> </ul> <p><b>Staff</b></p> <p>The staff compliment will depend on the services rendered, the following is the minimum staff:</p> <ul style="list-style-type: none"> <li>▪ 1 Manager</li> <li>▪ 1 Administration officer</li> <li>▪ Cook</li> <li>▪ PHC nurse</li> <li>▪ 1 social Worker/ Auxilliary Social Worker</li> <li>▪ 2 Community Based Rehabilitation workers</li> <li>▪ General workers</li> <li>▪ 1 Driver</li> <li>▪ 1 Care giver per 20 older persons (if respite care and assited living services are rendered the ratio will be 1:10</li> <li>▪ 1 Volunteers per 20 older persons</li> </ul>
1.10 Capacity building	e) Effective and accessible volunteer programmes	<ul style="list-style-type: none"> <li>▪ Organisation must have <ul style="list-style-type: none"> <li>- A recruitment programme</li> <li>- Selection criteria</li> <li>- Training programme</li> <li>- A job description</li> <li>- Register of volunteers</li> </ul> </li> </ul>
1.11 Community participation	b) An informed and supportive community	<ul style="list-style-type: none"> <li>▪ An outreach programme</li> <li>▪ Information sharing</li> <li>▪ Plan for promotion of community participation</li> <li>▪ Involvement of community in special events, projects etc</li> <li>▪ Measure the response e.g donations, visits, volunteers</li> </ul>

1.12 Health and social welfare services	c) Optimal healthy ageing and self-actualisation through the provisioning of affordable accessible and appropriate health and social welfare services	<ul style="list-style-type: none"> <li>▪ Accessible primary health care services</li> <li>▪ Accessible and affordable curative care, i.e hospitals and day hospitals</li> <li>▪ Accessible social welfare services</li> <li>▪ Accessibility of multi-purpose services</li> <li>▪ Accessible psycho-geriatric services</li> </ul>
1.13 Transport	d) Facilitate the development Of an affordable, appropriate and safe transport system to Promote the accessibility of Services and the optimal Independent functioning of Older persons	<ul style="list-style-type: none"> <li>▪ Concessions to promote the accessibility of public transport</li> <li>▪ Older person-friendly and safe transport system/programmes</li> <li>▪ Transport available to access services</li> </ul>
1.14 Provisioning of assistive devices	e) Lending depots	<ul style="list-style-type: none"> <li>▪ Accessibility of lending depots</li> <li>▪ Assistive devices are available</li> <li>▪ Assistive devices are properly maintained</li> <li>▪ Training programmes in the correct use of assistive devices</li> <li>▪ Directory / data bank of lending depots</li> </ul>
1.15 Social and economic independence	f) Optimal independent functioning and self fulfilment / actualisation	<ul style="list-style-type: none"> <li>▪ Programmes to promote preparation and provisioning for old age</li> <li>▪ Poverty relief programmes to promote the financial sustainability of families</li> <li>▪ Programmes for the development of life skills</li> <li>▪ Enrichment programmes to acquire and transfer skills and culture</li> <li>▪ Programmes to utilise older persons' skills and expertise</li> <li>▪ Programmes for life-long training and education</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Programmes to promote optimal self-actualisation</li> </ul>
1.16 Volunteerism	<p>g) Active corps of volunteers</p> <p>h) active corps of older volunteers</p>	<ul style="list-style-type: none"> <li>▪ Establish and maintain a volunteer programme</li> <li>▪ Register for volunteers</li> <li>▪ Volunteer policy</li>   <li>▪ Establish and maintain a senior volunteer programme</li> </ul>
1.17 Provision of food	<p>i) Hygienic food preparation and serving facilities</p> <p>j) Nutritious food</p>	<ul style="list-style-type: none"> <li>▪ Suitable premises and facilities for the preparation and storage of foodstuffs</li> <li>▪ Sufficient and appropriate crockery and cutlery</li> <li>▪ Eating facilities to be clean and odourless</li> <li>▪ Separate hand washing and ablution facilities for staff</li> <li>▪ Adequate functional storage of raw and prepared foods</li> <li>▪ Separate facilities for the storage of cleaning materials and refuse</li>   <li>▪ Nutritious meals according to the service being provided with residential facilities providing 3 meals per day, and additional fluids at least 3 times per day</li> <li>▪ A pre-planned cycle of varied and balanced meals</li> <li>▪ Special diets in accordance with the medical needs of residents</li> <li>▪ Accommodation of cultural and religious preferences where feasible</li> <li>▪ Access to available food parcels</li> </ul>
<b>7. MANAGEMENT SERVICES</b>		
2.1 Management committee	a) Effective management committee	<ul style="list-style-type: none"> <li>▪ Elected and appointed members according to the constitution of</li> </ul>

		<p>the organisation</p> <ul style="list-style-type: none"> <li>▪ Regular meetings</li> <li>▪ Proper agendas and minutes</li> <li>▪ Regular reports to stakeholders</li> <li>▪ Receipts of regular progress reports on operational management service delivery</li> </ul>
	b) Members of the management committee are well equipped for their tasks	<ul style="list-style-type: none"> <li>▪ Training programme</li> <li>▪ Job description for management committee</li> </ul>
2.2 Statutory requirements	<p>c) Protection and promotion of the rights of older persons as the recipients of service</p> <p>d) Adherence to statutory requirements</p>	<ul style="list-style-type: none"> <li>▪ Approval by the Management Committee of a code of conduct and the adherence to and public display of the code of conduct</li> <li>▪ All applicable Acts and regulations available and updated (B &amp; C)</li> <li>▪ Working knowledge of applicable legislation (management committee and staff) (B &amp; C)</li> <li>▪ Training programme to ensure working knowledge (responsible body is another body/facility/government)</li> <li>▪ Constitution to be approved by relevant authorities and should promote accountability and transparency</li> </ul>
<p>2.3 Functional management</p> <p>2.3.1 Financial management practices applicable to the category of service rendered.</p>	e) Accountability of management	<ul style="list-style-type: none"> <li>▪ Recognised and acceptable financial management practices are adhered to</li> <li>▪ Annual budget is approved in accordance with the organisation's constitution</li> </ul>

	<p>f) Efficient and effective service delivery</p>	<ul style="list-style-type: none"> <li>▪ The budget and monthly financial statements are accessible for</li> <li>▪ Financial statements are submitted at meetings of the Management Committee, at least every 3 months.</li> <li>▪ The office bearer responsible for the financial management is adequately trained and qualified.</li> <li>▪ Financial policy and delegation are determined by the Management Committee.</li> <li>▪ The payment of accounts and receipt of income is done in accordance with financial policy of the organization and in the case of Government funding according to the Treasury Regulations.</li> <li>▪ All external and internal audit reports must be submitted to the Management Committee and must be reflected in the minutes of the Committee meeting.</li> <li>▪ Annual financial reports submitted to the general members meeting.</li>   <li>▪ Operational meetings / communications with staff</li> <li>▪ Operational control of the service</li> <li>▪ Hygiene management of all areas and pest control</li> <li>▪ Accessibility of emergency services</li> <li>▪ Telephone number of emergency services prominently displayed</li> <li>▪ Proof of arrangements with emergency services with regard to management of emergencies</li> <li>▪ Emergency plan approved by relevant authorities</li> <li>▪ Access control</li> <li>▪ Safety officers appointed</li> <li>▪ Evaluation procedures in place</li> <li>▪ Register of abuse to be kept</li> <li>▪ Proof of arrangement with doctors on call, local hospital, ambulance service, contact numbers for support services S.A.P.S and nearest family member</li> </ul>
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2.4 Asset management	g) Effective utilisation and maintenance of assets	<ul style="list-style-type: none"> <li>▪ Maintenance management programme approved by Management</li> <li>▪ Asset Register available</li> <li>▪ Assets where appropriate are comprehensively insured</li> <li>▪ Regular inspections performed and reported at meetings of the Management</li> </ul>
2.5 Human resource management	h) Well trained, motivated and dedicated staff	<ul style="list-style-type: none"> <li>▪ Human resource policy approved by Management Committee to ensure best practices exist</li> <li>▪ Staff recruitment policy approved by Management Committee</li> <li>▪ Relevant Acts must be available and adhered to</li> <li>▪ Signed copies of: <ul style="list-style-type: none"> <li>▪ Job description to be kept in each staff member's file</li> <li>▪ Contract of employment which includes acknowledgement of the rights of older persons and their rights as recipients of service</li> </ul> </li> <li>▪ Personal file of each staff member</li> <li>▪ Staff records e.g. leave / sick leave up to date</li> <li>▪ Training programmes for staff implemented</li> <li>▪ Induction programme in place</li> <li>▪ Evaluation programme in place</li> <li>▪ Grievance procedure available</li> <li>▪ Disciplinary code available</li> </ul>
2.6 Nursing administration	a) Provision of acceptable standards for continuous care	<ul style="list-style-type: none"> <li>▪ Policies and procedures known to and accessible by all members of nursing staff, including indications of quality of care to be maintained</li> </ul>
		<ul style="list-style-type: none"> <li>▪ Staff establishment and organisation</li> <li>▪ Appropriate deployment and utilisation of staff, including adequate supervision from trained professionals</li> <li>▪ Continuous professional development programme</li> </ul>



		<p>supervision and maintenance of registers and documentation in accordance with legislation</p> <ul style="list-style-type: none"> <li>▪ Develop individual care and support programmes for members.</li> </ul>
<p>8. RIGHTS AND RESPONSIBILITIES OF OLDER PERSONS</p>	<p>i) Older persons are treated with dignity and respect</p> <p>j) Older persons are protected against abuse, neglect, ill-treatment and exploitation</p> <p>k) Older persons and /or their family are active participants in the delivery of services</p> <p>l) A caring community</p>	<ul style="list-style-type: none"> <li>▪ Declaration on the rights of older persons signed, explained and displayed</li> <li>▪ Participation in the planning and management of services</li> <li>▪ Programmes to promote and maintain the status of older persons</li> <li>▪ Register on abuse (B &amp; C)</li> <li>▪ Protocol on abuse available (B &amp; C)</li> <li>▪ Protocols for the placement of people in safe environment</li> <li>▪ Training programmes for carers to deal effectively with abuse (B &amp; C)</li> <li>▪ Training programmes for survivors to deal effectively with abuse (survivors empowerment programme) (B &amp; C)</li> <li>▪ Personal safety and security awareness programmes</li> <li>▪ Recipients / family respect the social, cultural and religious beliefs of their fellow recipients of service.</li> <li>▪ Recipients and / or their family remain active and self-reliant as far as possible</li> <li>▪ Recipients / family freely participate in all programmes</li> <li>▪ Recipients/ family do not engage in practices that may endanger and / or disturb the lives, health and well-being of others</li> <li>▪ Active participation in the promotion and maintenance of the rights of older persons</li> <li>▪ Promotion of awareness in</li> </ul>

		<p>national and provincial programmes of interest to older persons</p> <ul style="list-style-type: none"><li>▪ All programmes are older person sensitive and specific</li></ul>
9. DATA INFORMATION SYSTEM	d) Reliable and valid data	<ul style="list-style-type: none"><li>▪ Directory of services</li><li>▪ Directories of services &amp; service providers</li></ul>

**NOTICE 1329 OF 2007****DEPARTMENT OF SOCIAL DEVELOPMENT****PUBLICATION FOR COMMENT: DRAFT REGULATIONS UNDER THE  
OLDER PERSONS ACT, 2006 RELATING TO CHAPTER 4 OF THE ACT**

The Minister of Social Development intends to make regulations in terms of section 34 of the Older Persons Act, 2006 (Act No. 13 of 2006).

Interested parties are invited to submit comments on the proposed draft regulations to the Director-General: Social Development, Private Bag X901, Pretoria, 0001, fax number (012) 3127547 or e-mail: [Isabellas@socdev.gov.za](mailto:Isabellas@socdev.gov.za) (for attention: Ms Isabella Sekawana), within 30 days of the date of publication of this notice.

Copies of the draft regulations can be obtained from the Government Printer Pretoria, from Ms Isabella Sekawana Department of Social Development, 7<sup>th</sup> Floor, HSRC Building, 134 Pretorius Street, Pretoria, Tel: (012) 312-7352 or from the various provincial departments of Social Development. The draft regulations are also available on the Department of Social Development's website: [www.dsd.gov.za](http://www.dsd.gov.za).

**OLDER PERSONS ACT, 2006****REGULATIONS IN TERMS OF THE OLDER PERSONS ACT 13 of 2006****REGULATIONS RELATING TO CHAPTER 4 OF THE ACT**

The Minister of Social Development intends, in terms of section 34 of the Act, to make the regulations in the Schedule hereto relating to Chapter 4 of the Act.

**SCHEDULE****DEFINITIONS**

1. In these Regulations, any word or expression to which a meaning has been assigned in the Act shall have the meaning so assigned and unless the context otherwise indicates—

“**applicant**” means a person who is applying to provide a service referred to in section 1 of the Act;

“**asset**” means any immovable or movable property owned by the service provider bought with Government funds;

“**financial year**” means the period between the 1<sup>st</sup> of April to the 31<sup>st</sup> March every year;

“**form**” means a form prescribed in the Regulations;

“**person**” includes an organisation;

“**service provider**” means a person who is providing services referred to in section 1 of the Act;

“**resident**” means an older person residing in a residential facility;

“**the Act**” means the Older Persons Act, 2006 (Act No. 13 of 2006).

**Registration of residential facilities**

2. (1) A person who wishes to operate a residential facility must make an application in a form similar to Form 1 in Annexure A to these regulations to the Minister for the registration of such a facility.

(2) The Minister may -

- (a) after consideration of such application and such other information as he or she may request; and
- (b) if he or she is satisfied that the residential facility is managed and conducted in such a way that-
  - (i) the reception, care and support of older persons may be entrusted to or conferred on the residential facility;
  - (ii) the building complies with national and local authority building regulations whichever is applicable;
  - (iii) the building and the facilities are accessible as per national minimum norms and standards;
  - (iv) has medical care and recreational facilities;
  - (v) services referred to in section 17 of the Act are provided in a safe and secure environment; and
  - (vi) it complies with the minimum national norms and standards for residential facilities determined by the Minister from time to time ,

grant full registration and issue a registration certificate similar to Form 2 in Annexure A.

- (3) The Director General may grant a temporary registration containing the conditions imposed for a period of 12 months if the applicant does not comply with all the conditions for registration referred to in sub-regulation (2) and issue a temporary registration certificate in the form similar to Form 3 of Annexure A.
- (4) Once the applicant has complied with the conditions imposed by the Director General he or she must send a notice to the Minister, stating that the said conditions have been complied with, in the form similar to Form 4 of Annexure A.

### **Service Level Agreements Between The Residents And the Service Provider**

- 3. The service level Agreement entered into between residents and service provider must contain at least the following information:
  - (1) with regard to accommodation:
    - (a) date of occupation;
    - (b) type of accommodation.

(2) Services to be provided including:

- (a) boarding and lodging which includes at least three nutritionally balanced meals per day, taking into account the health status of the resident;
- (b) nursing and (ensuring medical attention);
- (c) bed and bath linen;
- (d) laundry services;
- (e) cleaning services; and
- (f) security services.

(3) Financial provisions relating to-

- (a) payment for services rendered;
- (b) details of residents' assets, liabilities, income and expenditure;
- (c) the amount which may be deducted from the social assistance grant the resident receives, which deduction must not exceed 90 percent of the social assistance grant;
- (d) financial details of the residents and their families (must) be made available to the management board on request.

(4) General:

- (a) procedures during termination of agreement including responsibility of the resident and his or her family;
- (b) rules regulating the running of the residential facility;
- (c) procedure when a resident dies;
- (d) confidentiality;
- (e) cost of damage to assets of the facility by the resident;
- (f) grounds for discharged alternative care;
- (g) probation period of the resident in the facility.

**Minimum norms and standards for admission of persons to residential facilities**

4. (1) An older person who wishes to be admitted to a residential facility must apply in writing to the manager of a residential facility and must provide any report required by the manager.
- (2) The manager of a residential facility or a family member of the resident may assist the applicant to fill in application forms and such forms must be accompanied by the following-
  - (a) the admission policy and house rules of such residential facility;
  - (b) information about the residential facility, levels of services provided and the services rendered by such facility.
  - (c) a copy of the service level agreement
- (3) Any person who admits persons in a residential facility must comply with the minimum norms and standards for admission of persons in residential facilities determined by the Minister from time to time by notice in the Gazette.

#### **Levels of Care And Support Services in Residential Facilities**

5. (1) Any person who provides a service to older persons must comply with the minimum norms and standards referred to in subsection (1).
- (2) Levels of care and support provided will vary according to the needs and means of older persons, be assessed on a regular basis and must comply with the Minimum Norms and Standards contained in Annexure B of these Regulations.
- (3) An older person may choose from the following levels:
  - (a) basic care provides the most basic needs for survival such as primary health care and is provided to ensure that older persons are cared for;
  - (b) intermediate care in addition with the qualities referred to in (a) has additional services that are ancillary to health care such as podiatry, occupational therapy, physiotherapy and excursions, that require additional resources; and
  - (c) tertiary services are in addition to (a) and (b) more advanced and luxurious and are equivalent to those services provided in retirement and private homes and for which the beneficiaries are able to pay.
- (4) Any person who provides a service to older persons must comply with the minimum norms and standards referred to in subsection (1).

**Minimum Service standards with which such residential facilities are to comply**

6. The (service provider must comply with the minimum service standards determined by the Minister by notice in the Gazette from time to time in accordance with these regulations.

**The Books, Accounts And Registers and the manner of keeping and dealing with books of account**

7. (1) The service provider must ensure that proper books are kept and records in which a true and satisfactory account of all financial transactions of the residential facility are recorded.
- (2) Annual financial statements required shall be extracted, prepared and certified by the (external) auditor appointed by the service provider.
- (3) All moneys received must be deposited to the credit of the residential facility in its banking account and all disbursements must be by cheque signed by the persons appointed by the service provider or any other method approved by the signatories.
- (4) Daily records of all moneys received against the necessary vouchers, and all amounts paid out, must be properly accounted for.
- (5) All records referred to in sub-regulation (4), together with the necessary vouchers, must within (4) 6 months of the of the end of the organizations financial year, be submitted by the manager for auditing, to an independent auditing firm appointed for this purpose by the service provider.
- (6) The service provider must, in respect of each financial year, cause to be drawn up annual financial statements which must be in conformity with generally accepted accounting principles reflecting a fair and true picture of the financial affairs of the residential facility and of its business as at the end of the financial year concerned and of the results of its operations for the financial year.
- (7) The auditor appointed in terms of sub regulation (5) must address his or her report to the service provider in accordance with generally accepted auditing standards.

**Returns and reports to be furnished in connection with residential facilities**

9. In addition to any returns or information that the Minister may require from time to time, every (service provider) manager of a residential facility must, within six months after the closing of a financial year, submit to the Minister a copy of audited financial statement of income and expenditure relating to that financial year.

**Records to be kept by any person who cares for or accommodates any older or frail person in any place other than a residential facility**



10. A person who cares for or accommodates an older or frail person must keep a comprehensive record of each older or frail person, which must contain the following information-
  - (a) the names and identity number of the older, frail or disabled older persons in that place;
  - (b) the residential address and contact numbers of the person before being accommodated;
  - (c) medical condition of the older or frail person;
  - (d) particulars of next of kin; and
  - (e) particulars of treatment of such older or frail person.

## RESIDENTS' COMMITTEE

### The Composition of A Residents' Committee

11. (1) A Residents' Committee consisting of a minimum of 5 members and a maximum of 12 members, must be established in every Residential facility.
- (2) The Residents Committee referred to in subsection 1-
  - (a) must consist of not less than two members representing the residents of the residential facility elected by the majority of the residents;
  - (b) must consist of not less than two members representing the staff elected by residents; and
  - (c) may consist of at least one person representing the local community nominated by the community where the residential facility is situated and appointed by the service provider.
  - (d) the manager of the residential facility is an automatic ex officio member of the residents' committee
- (3) The composition of members must ensure that the membership as a whole –
  - (a) is broadly representative of the residents of the facility;
  - (b) has thorough knowledge and understanding of the facility;
  - (c) has commitment and interest to the issues and well being of older persons; and
  - (d) is representative, on grounds such as, race, gender and disability.
- (4) The manager of a residential facility must within 60 days after registration of the facility, make an announcement over the local radio in the languages mostly used in that area and in a newspaper circulating and mostly read in the area where a residential facility is situated or any other means of communication invite members of the community to nominate persons to serve on the residents committee.
- (5) The manager must consider those nominations referred to in (1)(d) and appoint suitable community members to the residents committee.

**Term of office and vacation of office of Members of Residents' Committee**

12. (1) A member of the residents committee, except the manager, holds office for a period specified in the letter of appointment but not exceeding three years and may be reappointed upon expiry of that term of office but such member may not hold the same office for more than two consecutive terms.
- (2) If a member dies or vacates office, the residents committee, as the case may be, may appoint suitable persons referred to in section 2(2) of the Act as member and that person serves for the remaining portion of the predecessor's term of office.
- (3) Members of the residents committee, representing the local community, only receive reimbursement for travel and subsistence expenditure on pre-approved official business for the residential facility, as the case may be.
- (4) No member of the residents committee may use any of the assets, resources or staff of the residential facility for personal purposes.
- (5) Before a member is appointed to the residents committee, he or she must in writing indicate whether he or she has, directly or indirectly, any financial or other interest in the relevant residential facility.
- (6) A person is disqualified from being a member of a residents committee if he or she is –
- (a) not a South African citizen;
  - (b) declared insolvent;
  - (c) convicted of an offence and sentenced to imprisonment without the option of a fine;
  - (d) convicted of any offence of which dishonesty or violence is an element; or
  - (e) a relative of a member of the staff of the residential facility or a relative of the service provider.

**Grounds for Removal from office of members of residents' committee**

13. (1) The residents' committee may at any time, by resolution, remove a member of the residents committee –
- (a) if the member has repeatedly failed to perform his or her functions efficiently;
  - (b) for misconduct;

- (c) if he or she is of unsound mind;
  - (d) if he or she becomes insolvent; or
  - (e) if he or she is convicted of an offence which involves dishonesty.
- (2) A member of the residents committee vacates office when -
- (a) he or she resigns by notice in writing to the residents' committee ;
  - (b) he or she is discharged in terms of sub regulation (1); or
  - (c) he or she is absent from three consecutive meetings of the residents committee without the chairperson's permission, unless the residents committee has condoned the absence on good reasons advanced by the member.

#### **Meetings of residents committee**

14. (1) The first meeting of the residents committee is held at the residential facility within 60 days of the establishment of the residential facility, at which meeting a chairperson and vice chairperson must be appointed by all the members present and thereafter meetings will be held quarterly at the residential facility and at such times as the residents' committee determines.
- (2) The chairperson may at any time call a special meeting of the residents committee or on a request by at least 3 members of the committee.
- (3) All members must be notified in writing of every meeting of the residents committee.
- (4) A quorum is formed by 50% plus one, of the members at any meeting of the residents committee.
- (5) Subject to sub regulation (4), a decision of the majority of the members present at a meeting of the residents committee constitutes a decision of the residents committee and, in the event of an equality of votes in any matter, the person chairing the relevant meeting has a casting vote in addition to a deliberative vote.
- (6) No decision taken by the residents committee or an act performed under its authority, is invalid merely by reason of -
- (a) a vacancy on the residents committee; or

- (b) the fact that any person not entitled to do so, sat as a member of the residents committee at the time that decision was taken.
- (7) If the chairperson and vice chairperson are for any reason unable to act, the members of the residents committee must designate any other member to act as a chairperson.

**Minutes of residents committee's meetings**

- (1) A residents committee must keep minutes of its meetings and circulate copies of the minutes to its members and the service provider.
- (2) The minutes, when signed at the next meeting by the person who chairs that meeting, are, in the absence of proof of error therein, regarded as a true and correct record of the proceedings and are *prima facie* evidence of those proceedings before a court of law, any tribunal or a commission of enquiry.

**Penalties**

- 14. Any person who contravenes or fails to comply with these Regulations is guilty of an offence and liable on conviction to a fine or to imprisonment not exceeding one year or to both such fine and such imprisonment.

**Short title and commencement**

- 15. These Regulations are called the Older Persons Regulations, 2007 and will come into operation on the date of publication.

**ANNEXURE A**  
**FORM 1**  
**APPLICATION FOR REGISTRATION**  
**OF RESIDENTIAL FACILITY**  
**[Section 18(2) and Regulation 2(1)]**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

**(where applicant is an organisation)**

A. \_\_\_\_\_ *(full name of organisation)*  
 herein represented by \_\_\_\_\_ *(full names and surname),*  
 In his or her capacity as \_\_\_\_\_ duly authorised in  
 terms of resolution no \_\_\_\_\_ dated \_\_\_\_\_ *(attach a certified copy of the*  
*resolution)*

OR

**(where the applicant is an individual)**

B. \_\_\_\_\_ *(full name if individual applicant)*  
 makes an application for registration of residential facility terms of section 18(1) of the Older Persons  
 Act, 2006 (Act No. 13 of 2006)

**SECTION A** *(Details of Organisation and Residential facility)*

Name of Organisation:	
Company Registration No:	
Date of Registration:	
NPO No:	
Name of residential facility:	
Previous Registration no. of residential facility:	<i>(only if applicable)</i>
Capacity of residential facility	
Date of establishment	
Number of residents of facility	

No of staff of facility: <i>(Attach list)</i>			
Physical address of facility:			
Postal address of facility:			
Telephone No		Fax	
Email address of facility			

**SECTION B***(Details of individual applicant)*

Name and Surname			
Preferred Name			
ID No		Date of birth	
Age		Nationality	Sex

Physical address			
Postal address			
E-mail address:			
Telephone No		Fax	Cell

**EDUCATION** *(Attach copies of relevant certificates)*

School, College or University	Standard / Qualifications	Date

**Other training** *(Attach copies of relevant certificates)*

Course / Qualification	Institution	Date

CONVICTIONS FOR CRIMINAL OFFENCES	Y	N	Details	

**SECTION C**

*(Declaration and attachments)*

**Declaration**

I declare that the above information is true and correct. I understand that any misrepresentation or omission of pertinent information may be considered as sufficient grounds for withdrawal of registration.

\_\_\_\_\_  
**Signature of applicant**                      **Place**                      **Date**

Full Name: \_\_\_\_\_  
 Capacity: \_\_\_\_\_

**Copies submitted:**

- ID (individual applicants only)
- Certificate of qualifications (individual applicants only)
- List of older persons under my/our care
- Certificate of Health inspector
- Copy of building plans (where facility is new and not previously registered)
- Report from the Department of Social Development
- Report from the Department of Health
- Report from the Department of Local Government
- House rules
- Business plans detailing mix of sub economic and economic determination of subsidy
- Other *(please specify)* \_\_\_\_\_

**SECTION D**

*(For office use)*

Application Number	Registration details			Signature
	Full registration	Y	N	_____ <b>MINISTER</b> <b>DATE: .....</b>
	Or			
	Temporary registration	Y	N	

**Registration Certificate No.** \_\_\_\_\_



**FORM 2**  
**REGISTRATION CERTIFICATE**  
**OF RESIDENTIAL FACILITY**  
**[Section 18(3)(a) and Regulation 2(2)]**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

Registration Certificate No. \_\_\_\_\_

Issued to *(name of residential facility)* \_\_\_\_\_  
\_\_\_\_\_

It is hereby certified that the abovementioned residential facility for older persons situated at *(physical address)* \_\_\_\_\_  
\_\_\_\_\_

has been registered in terms of section 18 of the Older Persons Act, 2006 (Act No. 13 of 2006).

This certificate is valid with effect from \_\_\_\_\_ *(dd/mm/yyyy)*.

*NB. This certificate is in terms of section 18(7) of the Older Persons Act, 2006 not transferable.*

(OFFICIAL E STAMP)

\_\_\_\_\_  
**MINISTER**  
**DATE: .....**

**FORM 3**  
**TEMPORARY REGISTRATION CERTIFICATE**  
**OF RESIDENTIAL FACILITY**  
**[Section 18(3)(b) and Regulation 2(3)]**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

Registration Certificate No. \_\_\_\_\_

Issued to *(name of residential facility)* \_\_\_\_\_  
\_\_\_\_\_

It is hereby certified that the abovementioned residential facility for older persons situated at *(physical address)* \_\_\_\_\_  
\_\_\_\_\_

has been registered in terms of section 18 of the Older Persons Act, 2006 (Act No. 13 of 2006),  
subject to the following conditions:

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This certificate is valid for a period of \_\_\_\_\_ with effect from \_\_\_\_\_  
*(dd/mm/yyyy)* to \_\_\_\_\_ *(dd/mm/yyyy)*.

*NB. This certificate is in terms of section 18(7) of the Older Persons Act, 2006 not transferable.*

\_\_\_\_\_  
**DIRECTOR GENERAL**  
**DATE: .....**

(OFFICIAL E STAMP)

**FORM 4**  
**NOTICE OF COMPLIANCE WITH CONDITIONS**  
**(SPECIFIED IN THE TEMPORARY REGISTRATION CERTIFICATE)**  
**[Section 18(3)(b) and Regulation 2(4)]**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

The Director General  
 Department of Social Development

Take notice that I/We,

\_\_\_\_\_ (*name of organisation or full name of the applicant*), with:

Company or NPO registration number \_\_\_\_\_ (*in respect of organisation*) OR  
 identity number \_\_\_\_\_ (*in respect of individual applicant*) have complied  
 with all the conditions specified the Temporary Registration Certificate No. \_\_\_\_\_ for registration  
 of residential facility. The said conditions were as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Therefore, you are kindly requested to reconsider my application in terms of section 18(3)(b) of the Act.

The details of the residential facility are as follows:

Name of residential facility: \_\_\_\_\_

Physical address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ (B) Fax No. \_\_\_\_\_

Cell No. \_\_\_\_\_ (*applicant*) E-mail address \_\_\_\_\_

Attached is a list of older persons admitted to the abovementioned residential facility.

\_\_\_\_\_

**APPLICANT'S SIGNATURE**

**Full Name:** \_\_\_\_\_

**Capacity:** \_\_\_\_\_

**Date:** \_\_\_\_\_



	<p>ff) Nurses rest room and toilets</p> <p>gg) Examination Room / Treatment room facility</p> <p>hh) Passages / Staircases / Ramps / Steps</p> <p>ii) Bathrooms and Toilet facilities</p>	<p>communication</p> <ul style="list-style-type: none"> <li>▪ Wash hand basin with regulating taps</li> <li>▪ Lock-up facility for all medication and scheduled drugs.</li> <li>▪ Lockers for all nursing staff.</li> <li>▪ Wash hand basin for the prevention of cross infection.</li> </ul> <p>Screened-off cubicles for privacy.</p> <p>Well-ventilated, heated area.</p> <p>Non-slip and non-shining flooring.</p> <p>Painted in light coloured, washable paint.</p> <p>Storage facility for various stock items.</p> <p>Wash hand basin with controlled taps where applicable.</p> <p>Equipped for the management of general and emergency situations medical situations.</p> <p>Outside passages covered for protection against elements</p> <p>Corridors a least 1,8m wide and provided with hand railing along the length of at least one wall.</p> <p>All corridors, staircases, flight of steps and ramps must have a non-slip floor surface and adequately lit and fitted with effective handrails.</p> <p>All steps must not be higher than 130mm or narrower than 355mm.</p> <p>Bathroom facilities must be provided in the ratio of one [1] bath or shower to at least every eight [8] residents.</p> <p>bathroom facilities for residents in the case of open plan facilities designed to be used for more than one person.</p> <p>Constant supply of hot and cold water to all baths and showers.</p> <p>Bath positioned in such a way that</p>
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	<p>Wash hand basins</p> <p>toilets</p> <p>jj) Sluice Rooms</p>	<p>residents have adequate access and effective handgrips.</p> <p>emergency bells or a communication systems to be in place.</p> <p>At least one [1] wash hand basin with constant hot and cold water supply must be provided in each bathroom complex.</p> <p>Walls and ceiling of the bathroom complex must be painted with light coloured durable, washable paint.</p> <p>Floors must be covered with a non-slip surface.</p> <p>Wash hand basin and a towel rail adjacent to the washbasin must be provided in every room or ward - rims of the basin must be 830mm above floor level. Constant supply of hot and cold water must be supplied to all washbasins.</p> <p>One [1] toilet for at least every eight [8] residents of every sex. Of the toilets at least one for every 24 residents must have: A floor area of not less than 2,9m<sup>2</sup> A minimum width of 1,6m A door with a width not less than 800mm Space between door and toilet Height of the toilet pans may not be less than 460mm and more than 480mm from the floor.</p> <p>Effective support rails must be provided in the toilets</p> <p>A urinal must be provided in the toilet complex where a facility is developed to be used by more than one male resident.</p> <p>A sluice room must have a minimum floor area of 7,5m<sup>2</sup> and a minimum width of 2,5m. Must be well ventilated. Be equipped with impervious shelves Be provided with a constant supply of hot</p>
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	<p>kk) Toilet facilities for visitors</p> <p>ll) Kitchen</p> <p>Service Kitchen</p>	<p>and cold water. Be equipped with a combination slop hopper sink with a wash facility for bedpans / urinals Be equipped with an impervious receptacle of adequate capacity with a close-fitting lid for soiled dressings. Sluice rooms must be reasonably accessible from bedrooms and frail care rooms.</p> <p>Separate toilet facilities for male and female visitors.</p> <p>Wash hand basin supplied with constant hot and cold water.</p> <p>Kitchen must have a minimum floor area of 16m<sup>2</sup> for at least 32 residents. The floor area must be calculated at 0,5m<sup>2</sup> per resident . Washing-up area separate from the food preparation area. Wash hand basin for staff hand washing. Adequate and constant hot and cold water supply to all basins. Impervious, easy to clean work surfaces in all areas. A safe source of power for cooking purposes. A suitable means for the effective Extraction of heat fumes and gases. Smooth and even wall surfaces. A facility to maintain perishable foods At a temperature below 10°C. Sufficient suitable storage space for Crockery, cutlery and kitchen utensils.</p> <p>The frail care must be provided with a service kitchen for the preparation of beverages and the heating up of food only.</p> <p>Must be equipped with a basin for the wash-up of cutlery and crockery.</p> <p>Must be equipped with a separate wash hand basin for staff to prevent cross infection.</p>
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	<p>mm) Laundry and Ironing area</p> <p>nn) Dining Room</p> <p>oo) Recreation Area / Lounges / Sun Porches</p> <p>pp) Storage facilities</p>	<p>Must be provided with constant hot and cold water supply.</p> <p>Well-ventilated laundry area.</p> <p>Adequately sized according to number of residents.</p> <p>Adequately equipped for washing, drying and ironing.</p> <p>Adequate arrangements for the separate receiving and disinfection / washing of soiled and infected linen and clothing.</p> <p>Separate storage area for the clean linen. Shelving must be of an impervious material.</p> <p>Walls and ceiling must be painted with durable, washable and light-coloured paint.</p> <p>If an outside contractor is used for laundry purposes it must be done in an approved laundry.</p> <p>A dining area with a minimum floor area of 1,5m<sup>2</sup> per resident with adequate passages and aisles in the dining area. Approved, suitable and safe artificial heating system in the dining areas. Non-slip floors.</p> <p>Floor area of not less than 1,5m<sup>2</sup> per resident.</p> <p>This area must be designed and situated in such a way that it can also be used for occupational therapy</p> <p>Adequate (separate) storage facilities for linen, furniture, suitcases, household cleaning agents, tools, medicines, and corrosive and other harmful substances. (In terms of relevant legislation) Must have a suitable, furnished administrative office on the premises.</p>
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	<p>qq) Administrative office</p> <p>rr) Proper and adequate ventilation / heating / cooling / lighting</p> <p>ss) Secure and safe environment</p> <p>tt) Therapeutic environment</p>	<ul style="list-style-type: none"> <li>▪ Cross ventilation</li> <li>▪ Lighting, not glazing</li> <li>▪ Safe heating and cooling system in the frail care, rooms, wards and the dining areas.</li> <li>▪ Absence of offensive odours, through the effective management of physical environment, soiled linen, bedding and personal effects.</li>   <li>▪ Security in accordance with local conditions</li> <li>▪ Windows must be adequately protected or guarded to ensure the safety of residents.</li> <li>▪ Emergency exits and routes practical and clearly identified and visible at night.</li> <li>▪ Controlled access to facility</li> <li>▪ Support railings both sides of corridors</li> <li>▪ Non-slip and non-shining flooring surfaces. All carpets, mats and other loose coverings must be suitably and safely secured to the floors.</li> <li>▪ Security of personal effects of staff and residents</li> <li>▪ Security and control over medication</li> <li>▪ Existence of emergency and disaster plan</li> <li>▪ Fire-fighting equipment in accordance with Occupation, Health and Safety Act 85, of 1993 – Fire protection certificate issued by Fire Dept</li> <li>▪ Appropriate 24-hour communication system (internal and external)</li>   <li>▪ Programmes for prevention of injuries and infections [Service Delivery]</li> <li>▪ Access to an area to undertake private discussions and interviews.</li>   <li>▪ A bed with mattress, chair and private and safe and lockable cupboard for each resident</li> <li>▪ Care equipment, e g crutches, wheel chairs, bedpans etc.</li> </ul>
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	uu) Functional and sufficient furniture and equipment	<ul style="list-style-type: none"> <li>▪ Catering equipment available</li> <li>▪ Laundry equipment available</li> <li>▪ Maintenance equipment</li> <li>▪ Adequate clean Bed Linen Blankets Pillows and towelling, per bed.</li> <li>▪ Furniture and equipment for staff requirements Change room facility with lockers</li> <li>▪ Staff Rest room</li> </ul>
<b>FUNCTIONAL AREA</b>	<b>NORM</b>	<b>STANDARD</b>
	vv) Physical layout of grounds and buildings promotes mobility, social interaction and areas of service delivery	<ul style="list-style-type: none"> <li>▪ Appropriate medical emergency equipment</li> <li>▪ Office facilities</li> </ul> <p><b>Surrounding should be suitable from a health point of view</b>  Avoid low-lying cold areas.  Avoid presence of factory / train Smoke.</p> <p><b>Slope of terrain:</b>  The terrain should be as level as possible.  Sloping grounds</p> <ul style="list-style-type: none"> <li>▪ Sanitation</li> <li>▪ Clean drinkable water</li> <li>▪ Cooking and catering facilities</li> <li>▪ Laundry facilities /washing facilities</li> <li>▪ Nursing facilities</li> <li>▪ Recreational facilities / areas</li> <li>▪ Fencing</li> <li>▪ Areas for care of persons with mental incapacity where necessary</li> </ul> <p>Secure environment appropriate for the needs of the individual, particularly those with mental incapacity.</p> <ul style="list-style-type: none"> <li>▪ Store facilities</li> <li>▪ Grounds are wheelchair / tri-pod accessible</li> <li>▪ Supply of electricity o alternate power source</li> <li>▪ Designated smoking area</li> </ul>
10.1 Legal Status for service delivery	g) Service providers are registered	<ul style="list-style-type: none"> <li>▪ Registration certificate of residential facility and service providers to be publicly displayed</li> </ul>

	<p>h) Admission policy in accordance with statutory requirements</p>	<ul style="list-style-type: none"> <li>▪ Implementation of departmentally approved assessment instrument DQ 98</li> <li>▪ Completed standardised background report from Social Worker when necessary</li> <li>▪ Contract between organisation / recipient / representative [Service Level Agreement]</li> <li>▪ Admission policy and code of conduct to be in line with policy, [SA Policy for Older Persons] principles and the South African Declaration on the Rights and Responsibilities of Older Persons</li> <li>▪ Information on the organisation and services rendered provided</li> <li>▪ Information accessible to all</li> </ul>
<p>10.2 Capacity building</p>	<p>k) Support for caregivers, including family</p> <p>l) Effective and accessible volunteer programmes</p> <p>m) An informed and supportive community</p>	<ul style="list-style-type: none"> <li>• An outreach programme</li> <li>• Information sharing</li> <li>• Special events, projects etc</li> <li>• Measure the response e.g donations, visits, volunteers</li> </ul>
<p><b>FUNCTIONAL AREA</b></p>	<p><b>NORM</b></p>	<p><b>STANDARD</b></p>
<p>1.3 Residential care</p>	<p>c) Comfortable clean, healthy, and satisfied residents</p> <p>d) Optimal mobility</p>	<ul style="list-style-type: none"> <li>• Individualised care management plan</li> <li>• Adherence to approved health, nursing and pharmaceutical administration acts, policies and procedures</li> <li>• Nutrition and hydration according to dietary requirement</li> <li>• Socialisation through social and functional activities</li> <li>• Residents are out of bed where</li> </ul>

	of residents during active hours	possible <ul style="list-style-type: none"> <li>Residents are appropriately dressed, presentable and clean</li> </ul>
	<p>d) Provisioning in the basic nutritional needs to promote healthy ageing</p> <p>e) Facilitate the provisioning of affordable, safe and accessible accommodation, housing &amp; assisted living</p> <p>f) Older Persons maintain their independence through the provisioning of :  Day care services  Home care services  Short term residential placement and care services  Emergency Care Services</p>	<ul style="list-style-type: none"> <li>Retard the onset of frailty and illness through providing in the basic nutritional needs.</li> <li>Prevention of malnutrition through information regarding balanced diets and needs</li> <li>Provisioning of daily nutritional needs through food security programmes</li> <li>Drinking water available</li> <li>Programmes to promote optimal independent living</li> <li>Affordable accommodation by means of rates' concessions</li> <li>Housing that is ageing and culture sensitive</li> <li>Strategy on welfare housing that will secure and increase housing stock of older persons</li> <li>Accessibility of community care and support services</li> <li>Programmes to enable and support families and spouses/partners to provide care and support</li> <li>Directory of community care and support service</li> <li>Home care services to address the needs of older persons living at home</li> <li>The availability of (subsidized) beds and services to address the needs of persons requiring short term residential placement and care</li> <li>Health and social monitoring system to Promote efficient family care giving</li> <li>Register of accredited carers per community</li> <li>Contract between service providers and carers</li> <li>Social relief</li> </ul>

1.5 Health and social welfare services	d) Optimal healthy ageing and self-actualisation through the provisioning of affordable accessible and appropriate health and social welfare services	<ul style="list-style-type: none"> <li>• Accessible primary health care services</li> <li>• Accessible and affordable curative care, i.e. hospitals and day hospitals</li> <li>• Accessible social welfare services</li> <li>• Accessibility of multi-purpose services</li> <li>• Accessible psycho-geriatric services</li> </ul>
2.6 Transport (home-based care ?)	c) Facilitate the development of an affordable, appropriate and safe transport system to Promote the accessibility of services and the optimal Independent functioning of Older persons	<ul style="list-style-type: none"> <li>• Concessions to promote the accessibility of public transport</li> <li>• Older person-friendly and safe transport system/programmes</li> <li>• Transport available to access services</li> </ul>
2.7 Support to carers	b) Enabled and motivated carers	<ul style="list-style-type: none"> <li>• Programmes to train, develop and support carers</li> <li>• Respite care programmes</li> <li>• Information and referral systems to support cares</li> <li>• Accessibility of health and social welfare services for cares</li> </ul>
2.8 Provisioning of assistive devices	a) Lending depots	<ul style="list-style-type: none"> <li>• Accessibility of lending depots</li> <li>• Assistive devices are available</li> <li>• Assistive devices are properly maintained</li> <li>• Training programmes in the correct use of assistive devices</li> <li>• Directory / data bank of lending depots</li> </ul>

2.9 Social and economic independence	<p>n) Optimal independent functioning and self fulfilment / actualisation</p> <p>o) Economically active older persons</p> <p>p) Socialisation</p> <p>d) Healthy and active ageing</p>	<ul style="list-style-type: none"> <li>• Programmes to promote preparation and provisioning for old age</li> <li>• Poverty relief programmes to promote the financial sustainability of families</li> <li>• Programmes for the development of life skills</li> <li>• Enrichment programmes to acquire and transfer skills and culture</li> <li>• Programmes to utilise older persons' skills and expertise</li> <li>• Programmes for life-long training and education</li> <li>• Programmes to promote optimal self-actualisation</li> </ul> <ul style="list-style-type: none"> <li>• Job-creation programmes to supplement old age grants</li> <li>• Community-based directories of job creation programmes</li> <li>• Strategy to eliminate compulsory retirement age</li> <li>• Programmes to promote continuous learning and development</li> <li>• Skills transfer programmes</li> <li>• Reality orientation programmes</li> </ul> <p>Promotion of independent living by means of active ageing, healthy ageing and self-actualisation</p> <ul style="list-style-type: none"> <li>• Promotion of participation of older persons in sport, recreation, leisure and arts and cultural activities</li> <li>• Life skills development</li> </ul> <p>Health promotion</p>
1.11 Volunteerism	<p>q) Active corps of volunteers</p> <p>r) Active corps of older volunteers</p>	<ul style="list-style-type: none"> <li>• Establish and maintain a volunteer programme</li> <li>• Register for volunteers</li> <li>• Training programme for volunteers to have a working knowledge of relevant legislation and policy</li> </ul> <ul style="list-style-type: none"> <li>• Establish and maintain a senior volunteer programme</li> </ul>
1.12 Provision of food	s) Hygienic food preparation and serving facilities	<ul style="list-style-type: none"> <li>• Suitable premises and facilities for the preparation and storage of foodstuffs</li> <li>• Sufficient and appropriate crockery</li> </ul>

	t) Nutritious food	<ul style="list-style-type: none"> <li>and cutlery</li> <li>• Eating facilities to be clean and free of offensive smells</li> <li>• Separate hand wash basin / bowl for staff</li> <li>• Adequate functional storage of raw and prepared foods</li> <li>• Separate facilities for the storage of cleaning materials and refuse</li> <li>• Providing 3 nutritional meals per day, and an additional 1.5 lt fluids during the day, and including at least 1 snack in the evening for special diets eg. Diabetics</li> <li>• A pre-planned cycle of varied and balanced meals</li> <li>• Special diets in accordance with the medical needs of residents</li> <li>• Accommodation of cultural and religious preferences where feasible</li> </ul>
2 MANAGEMENT SERVICES 2.1 Residents committee	<p>a) Effective residents committee</p> <p>b) Members of the residential committee are well equipped for their tasks</p>	<ul style="list-style-type: none"> <li>• Elected and appointed members according to the regulations of the older persons act, sect 20 (1)]</li> <li>• Regular monthly [sect 23{1}] meetings proper agendas and minutes</li> <li>• Regular reports to [the residents] stakeholders</li> <li>• Receipts of regular progress reports on operational management service delivery</li> <li>• Training programme</li> <li>• Clear functions in line with the Older Persons Act 13, 2006 [sect 20 {3}] for residents committee members</li> </ul>
2.2 Statutory requirements	c) Protection and promotion of the rights of older persons as the recipients of	<ul style="list-style-type: none"> <li>▪ Abuse Register</li> <li>Complaints register</li> <li>Restraining Register</li> <li>Conviction Person register</li> <li>Medication Registers</li> </ul>



	<p>service</p> <p>d) Adherence to statutory requirements</p>	<p>Code of Conduct of Caregivers All Professionals should be Registered with their applicable Registration body</p> <ul style="list-style-type: none"> <li>• All applicable Acts and regulations available and updated</li> <li>• Knowledge of applicable legislation (residential committee and staff)</li> <li>• Training programme to ensure working knowledge</li> <li>• Constitution [In line with Constitution of SA and all other relevant Acts] to be approved by relevant authorities and should promote accountability and transparency</li> </ul>
<p>2.3 Functional management</p> <p>2.3.1 Financial management</p>	<p>e) Accountability of management</p>	<ul style="list-style-type: none"> <li>• Meet requirements as stipulated in the Regulations for the Older Persons act</li> <li>• Recognised and acceptable financial management practices are adhered to</li> <li>• Annual budget is approved in accordance with the organisation's constitution</li> <li>• The budget and monthly financial statements are accessible for Developmental Quality Assurance audits and investigations</li> <li>• Financial statements are submitted at meetings of the service provider/board, at least every two months</li> <li>• The official responsible for the financial management is adequately trained and qualified</li> <li>• Financial policy and delegation are approved by the service provider</li> <li>• The payment of accounts and receipt of income is done in accordance with financial policy</li> <li>• All external and internal audit reports must be submitted to the service provider and must be reflected in the minutes of the board meeting</li> <li>• Monthly minuted Operational meetings / communications with staff</li> <li>•</li> </ul>

2.3.2 Asset management	f) Effective utilisation and maintenance of assets	<ul style="list-style-type: none"> <li>• Adhere to prescriptions to assets management in the Older Persons Act</li> <li>• Preventative maintenance programme approved by service provider</li> <li>• Updated Asset Register available</li> <li>• Asset register to differentiate between government assets and assets acquired through other means</li> <li>• Assets are comprehensively insured</li> <li>• Regular inspections performed and reported at meetings of the service provider <ul style="list-style-type: none"> <li>• Evaluation procedures in place</li> </ul> </li> </ul>
2.4 Human resource management	g) Well trained, skilled motivated and dedicated staff	<ul style="list-style-type: none"> <li>• Human resource policy approved by service provider to ensure best practices exist</li> <li>• Staff recruitment policy approved by service provider</li> <li>• Relevant Acts and Regulations, Policies and Procedures must be available and adhered to</li> <li>• Signed copies of: <ul style="list-style-type: none"> <li>- Job description to be kept in each staff member's file</li> <li>- Contract of employment which includes acknowledgement of the rights of older persons and their rights as recipients of service</li> </ul> </li> <li>• Personal file of each staff member</li> <li>• Staff records e.g. leave / sick leave, family responsibility leave up to date</li> <li>• Training programmes for staff implemented</li> <li>• Induction programme in place</li> <li>• Evaluation programme in place</li> <li>• Grievance procedure available</li> <li>• Disciplinary code available</li> </ul>
2.8 Nursing administration	a) Provision of acceptable standards for continuous care	<ul style="list-style-type: none"> <li>• Act, Policies and procedures known to and accessible by all members of nursing staff, including indications of quality of care to be maintained</li> </ul>
		<ul style="list-style-type: none"> <li>• Appropriate deployment and utilisation of staff, including adequate supervision from trained professionals</li> <li>• Continuous professional development programme supervision and maintenance of registers and</li> </ul>

<p>3. RIGHTS AND RESPONSIBILITIES OF OLDER PERSONS</p>	<p>a) Older persons are treated with dignity and respect</p> <p>b) Protection against abuse, neglect, ill-treatment and exploitation</p> <p>c) Older persons and /or their family are active participants in the delivery of services</p> <p>d) A caring community</p>	<p>documentation in accordance with legislation</p> <ul style="list-style-type: none"> <li>• Declaration on the rights of older persons signed, explained and displayed</li> <li>• Participation in the planning and management of services</li> <li>• Programmes to promote and maintain the status of older persons</li> <li>• Register on abuse</li> <li>• <b>A national toll free help line 0800 60 10 11</b></li> <li>• Establishment of protocols on abuse</li> <li>• Protocols for the placement of people in safe environment</li> <li>• Training programmes for carers to deal effectively with abuse</li> <li>• Training programmes for survivors to deal effectively with abuse (survivors empowerment programme)</li> <li>• Community "Care Ring" or visiting programme</li> <li>• Personal safety and security awareness programmes</li> <li>• Places of safety / halfway houses</li> <li>• Recipients / family adhere to the spirit and letter of the admission contract</li> <li>• Recipients / family respect the social, cultural and religious beliefs of their fellow recipients of service / residents</li> <li>• Recipients and / or their family remain active and self-reliant as far as possible</li> <li>• Recipients / family freely participate in all programmes</li> <li>• Recipients/ family do not engage in practices that may endanger and / or disturb the lives, health and well-being of others</li> <li>• Active participation in the promotion and maintenance of the rights of older persons</li> <li>• Promotion of awareness in national and provincial programmes of interest to older persons</li> <li>• All programmes are older person</li> </ul>
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		sensitive and specific
4. DATA INFORMATION SYSTEM	<p>a) Reliable and valid data</p> <p>b) Informed public</p>	<ul style="list-style-type: none"> <li>• Directory of services</li> <li>• Directory of service providers</li> <li>• Situation analysis</li> <li>• Demographic profiles</li> <li>• Reliable baseline information</li>   <li>• Directories of services &amp; service providers</li> </ul>
5. INDIVIDUALISED CARE PLAN FOR HOME AND RESIDENTIAL CARE	<p>a) Individualised care plan for each older person for whom direct care is provided</p> <p>b) Active Aging in Residential Facility</p>	<ul style="list-style-type: none"> <li>• A personal record of each older person</li> <li>• A record of the name and details of the immediate family or responsible person to be consulted in cases of emergency or health care decision making</li> <li>• An assessment document completed within 48 hours of admission to the service, to be reviewed monthly or more frequently, if indicated.</li> <li>• A care plan to be updated in conjunction with the assessment document</li> <li>• Relevant records and documentation in accordance with legislative requirement.</li> <li>•</li> <li>▪ Reality Orientation Programmes Regular opportunities for socialisation through social and functional activities</li> <li>▪ Regular programmes appropriate for the needs and limitations for the persons being cared for</li> <li>• All persons to be out of bed at least twice per day and appropriately dressed for part of each day</li> <li>• Participation in organised activities, including but not limited to reading, radio and TV, religious and cultural activities.</li> <li>• Programmes to promote active and meaningful participation with family and community life and peer group</li> </ul>

	c) Provision of specific care	<p>activities</p> <ul style="list-style-type: none"> <li>• Personal Hygiene needs</li> <li>• Nutritional and fluid requirements and assistance</li> <li>• Mobility and Transfers</li> <li>• Night time special requirements</li> <li>• Bathing</li> <li>• Toilet needs</li> <li>• Medication management, administration and regular review</li> <li>• Prevention of pressure sores, including mobilisation, turning, pressure care</li> <li>• Access to immunisation according to recommended guidelines</li> </ul> <ul style="list-style-type: none"> <li>• Available basic care plan for each client/resident including information relating to: <ul style="list-style-type: none"> <li>- Personal hygiene needs</li> <li>- Nutritional and fluid requirements and assistance</li> <li>- Mobility and transfers</li> <li>- Night time special requirements</li> <li>- Bathing</li> <li>- Toilet needs</li> <li>- Medication management, administration and regular review</li> <li>- Prevention of pressure sores, including mobilisation, turning, pressure care</li> <li>- Access to immunisations according to recommended guidelines</li> </ul> </li> </ul>
		<ul style="list-style-type: none"> <li>• Available plans and information relating to: <ul style="list-style-type: none"> <li>- Chronic disease management</li> <li>- Incontinence management, including appropriate aids and appliances, including commodes, incontinence pads and catheters</li> <li>- Wound care management</li> <li>- Attention to sensory defects e.g. vision, hearing speech</li> <li>- Palliative care, recognising</li> </ul> </li> </ul>

<p>Provision of Specific Care</p>	<p>c) Access to supplementary health care</p> <p>A] 24 Hour Care Services to frail older persons and persons who need</p> <p>B] Care and Supervision services to older persons suffering from dementia and related diseases</p> <p>d) Rehabilitation and Habilitation Services</p> <p>e) Public Education on issues of ageing, including dementia</p> <p>f) Have a program for Counselling services to residents and family members who need these services</p> <p>g) Implementation and monitoring of outreach programmes</p> <p>h) Provision of beds for the temporary accommodation of older persons at risk</p>	<p>the need for respect of the choices and dignity of the terminally ill person</p> <ul style="list-style-type: none"> <li>• Access to additional services where appropriate and available</li> <li>▪ Basic care</li> <li>▪ Intake and output</li> <li>▪ Orientation programme</li> <li>▪ Separate facility (room)</li> <li>▪ Supervision continuous and observation</li> <li>▪ Conducive friendly environment</li> <li>▪ Safe environment</li> <li>▪ Free movement within specific secured area</li> <li>▪ Specific medication monitoring</li> <li>▪ Adjusted recreation activities eg. Colouring books</li> <li>▪ Provision of assistive devices</li> <li>▪ Physiotherapy and occupational services when applicable</li> <li>▪ Educating staff</li> <li>▪ Educating communities and relatives</li> <li>▪ When applicable</li> <li>▪ At least one outreach programme</li> </ul> <p>Meet the requirements for registration as a service for community based services according to the Act.</p> <ul style="list-style-type: none"> <li>▪ Subsidizes beds for older persons at risk</li> <li>• As for permanent residents</li> </ul>
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Health and Safety	i) Respite Care services	Regular programmes appropriate for the needs and limitations for the persons being cared for.
	j) Sport and recreational activities..	All persons to be out of bed and appropriately dressed for part of each day  Participation in organised activities, including but not limited to reading, radio and TV, religious and cultural activities.
	k) Cleaning Services	<ul style="list-style-type: none"> <li>• Programme for normal and deep cleaning to be in place</li> </ul>
	l) Infection Control	Adhere to applicable regulations, Policies and Procedures regarding Infection Control.
	m) Medical Waste management Waste Management	<p>According to local government regulations</p> <ul style="list-style-type: none"> <li>• Operational control of the service</li> <li>• Hygiene management of all areas And pest control</li> <li>• Accessibility of emergency services Telephone number of emergency services prominently displayed</li> <li>• Proof of arrangements with emergency services with regard to management of emergencies</li> <li>• Emergency plan approved by relevant authorities</li> <li>• Access control</li> <li>• Safety officers appointed</li> <li>• Evaluation procedures for OH&amp;S in place</li> <li>• Proof of arrangement with doctors on call, local hospital, ambulance service, contact numbers for support services S.A.P.S and nearest family member</li> </ul>

		<ul style="list-style-type: none"><li>• Fire fighting equipment available, optimally placed and annually inspected and reported on.</li><li>• Staff trained in the effective use of the fire fighting equipment OH&amp;S</li></ul>
--	--	--



**NOTICE 1330 OF 2007****DEPARTMENT OF SOCIAL DEVELOPMENT****PUBLICATION FOR COMMENT: DRAFT REGULATIONS UNDER THE  
OLDER PERSONS ACT, 2006 RELATING TO CHAPTER 5 OF THE ACT**

The Minister of Social Development intends to make regulations in terms of section 34 of the Older Persons Act, 2006 (Act No. 13 of 2006).

Interested parties are invited to submit comments on the proposed draft regulations to the Director-General: Social Development, Private Bag X901, Pretoria, 0001, fax number (012) 3127547 or e-mail: [Isabellas@socdev.gov.za](mailto:Isabellas@socdev.gov.za) (for attention: Ms Isabella Sekawana), within 30 days of the date of publication of this notice.

Copies of the draft regulations can be obtained from the Government Printer Pretoria, from Ms Isabella Sekawana Department of Social Development, 7<sup>th</sup> Floor, HSRC Building, 134 Pretorius Street, Pretoria, Tel: (012) 312-7352 or from the various provincial departments of Social Development. The draft regulations are also available on the Department of Social Development's website: [www.dsd.gov.za](http://www.dsd.gov.za).

**OLDER PERSONS ACT, 2006****REGULATIONS IN TERMS OF THE OLDER PERSONS ACT 13 OF 2006****REGULATIONS RELATING TO CHAPTER 5 OF THE ACT**

The Minister of Social Development intends, in terms of section 34 of the Act, to make the regulations in the Schedule hereto relating to Chapter 5 of the Act.

**SCHEDULE****DEFINITIONS**

1. In these Regulations, any word or expression to which a meaning has been assigned in the Act shall have the meaning so assigned and unless the context otherwise indicates—

“**form**” means a form prescribed in the Regulations;

“**service provider**” means a person who is providing services as defined in the Act

“**resident**” means an older person residing in a residential facility;

“**restraint**” means use of physical force or medication to impede the movement of the body or limbs of a person ;

“**the Act**” means the Older Persons Act, 2006 (Act No. 13 of 2006).

**Measures to prevent and combat abuse of older persons**

2. (1) Every service provider and operator of a residential facility must take measures to prevent abuse of older persons, including:
- (a) Displaying of the code of conduct of staff
  - (b) Displaying of the contact details of the department that includes telephone numbers and toll free number and service provider help lines
  - (c) Promote cooperation with service providers and stakeholders such as SAPS, hospitals, clinics, local government, courts, faith based organisations, traditional leaders and others.
  - (d) Displaying the charter on the rights older persons in areas that older persons frequently visit.
  - (e) implementing the National Elder Abuse Protocols contained in ANNEXURE B
  - (f) displaying of the registration certificate issued by the department.
- (2) Every service provider and operator of a residential facility must provide education and training to their staff members on:
- (a) older persons and their human rights; and
  - (b) elder abuse as defined in section 30(2) of the Act including awareness and prevention.

- (3) Every service provider and operator of a residential facility may provide;
- (a) education, awareness and training to older persons, their family members and communities on:
    - (i) services to assist older persons to prevent and combat elder abuse;
    - (ii) services including support available to abused older persons;
  - (b) The services referred to in (i) and (ii) above may include, but not be limited to, toll free help lines, counselling and safe beds
- (4) The Department of Social Development at national and provincial level must conduct education and training on the management of elder abuse to social workers, SAPS officials and the relevant department of justice officials regarding the implementation and use of sections 26,27,28 and 29 of the Act.
- (5) Any complaints from staff, residents or their representatives must be reported to the operator and must be recorded in a Complaints Register and dealt with immediately and the Residents Committee must be informed of all complaints and the outcome thereof at each committee meeting.
- (6) Where grievances, complaints and abuse are discussed during a management meeting, the discussion and outcome of the investigation must be noted in the official minutes, which shall be treated as confidential.
- (7) The Department of Social Development must take the necessary steps in order to bring section 30(4) to the attention of the relevant officials, such as SAPS, magistrates and prosecutors.
- (8)(a) Any person who suspects that an older person has been abused, suffers from an abuse-related injury or in need of care must immediately notify the Director-General or a police official of his or her suspicion in person, telephonically or in writing and such official must complete Form 1 of ANNEXURE A
- (b) Any social worker as defined in section 1 of the act or members of the South African Police Services to whom such a report referred to in (a) above is made, shall ensure that the Form 1 is submitted to the Director-General within 48 hours.
- (c) The Director-General shall ensure that the investigation referred to in Section 26(4)(a) of the Act is completed within 48 hours and a written report with necessary recommendations on steps to be considered is submitted.

### **Restraint provisions**

3. (1) no person shall in any manner restrain or administer drugs to a older person in order to restrain the older person, unless it is required to treat a medical condition or to ensure the safety of the older person or other residents or staff members.
- (2) A older person may only be restrained with the consent of a registered medical health practitioner

- (3) The service provider must keep a register in Form 2 To these regulations in which full details of the restraining of any older person must immediately be recorded
- (4) The register referred to in sub regulation (3) must be submitted to the management meetings of the service provider and the meetings of the residents committee
- (5) When a older person is restrained, the manager must within 24 hours or as soon as possible inform the relatives of that older person.

### **Complaints from older persons**

4. (1) Any complaints from staff, older persons or their representatives, must be reported to the service provider or operator of a residential facility and must be recorded in a Complaints Register, similar to that contained in Forms 3 and 3A dealt with by the service provider or operator of a residential facility, within seven (7) days.
- (2) The residents committee must be informed of all complaints and the outcome thereof at each of their committee meetings.

### **Incidents Register**

5. (1) The service provider or operator of a residential facility must record and keep a register of all incidents, in the manner set out in Form 4 involving an older person that occurs whilst the older person is receiving a service or where the older person is a resident of a residential facility.
- (2) The residents' committee must be informed of all complaints incidences and the outcome thereof, at each of their committee meetings.
- (3) In those circumstances where in the view of the residents committee, the complaint or incident amounts to elder abuse the residents committee must act in terms of section 20(3)(e) of the Act.
- (4) The service provider and the operator of the residential facility, with the consent of the older person must inform the older persons family members or next of kin of any complaints or incidents and the outcome thereof.

### **Measures to promote the rights of residents in residential facilities**

6. (1) Every service provider and operator of a residential facility must take measures to prevent abuse of older persons, including
  - (a) Display registration certificate;
  - (b) Older Abuse Protocol to be made available;
  - (c) Display contact details of the department of social development;
  - (d) Displaying of the charter on the rights of older persons; and
  - (e) Establishment of residents committee.
- (2) All operators of residential facilities must demonstrate that measures are taken within residential facilities, to:
  - (a) promote awareness and educational programmes in the residential facility and services that will facilitate understanding of ageing issues and create awareness that ageing is a natural process;
  - (b) protect older persons from any form of abuse including neglect ill-treatment and financial exploitation;

- (c) promote the participation of older persons in the planning and management of the residential facility services as far as possible; and
- (d) This is dealt with in the complaints and incidents register

(3) Residents must be encouraged to report any violation of their rights to the Residents Committee or operator of the residential facility.

### **Measures to promote the rights of older persons that are not in residential facilities**

7. (1) Every service provider must take measures to prevent abuse of older persons, including:

- (a) Display registration certificate in the case of a service center elder Abuse Protocol to be made available at strategic areas such as police stations, hospitals, clinics, pay points, tribal authorities.
- (c) Display contact details of department of Social Development and help lines in public areas frequented by older persons and community members e.g. clinics, libraries, schools, day hospitals, banks, post office, pay points.
- (d) Display a Charter on the Rights of older persons in public areas frequented by older persons.

(2) No person may in any manner prevent an older person from exercising any of the rights in terms of section 7 of the Act.

(3) It is the responsibility of service providers, organs of state to ensure that older persons are aware of their rights and that their rights are not unfairly infringed.

(4) Educate structures e.g. pension committees, churches and faith based organizations that are involved with older persons.

### **Keeping of register persons convicted of abuse of older persons**

8. (1) The register referred to in this regulation must be contained in a form similar to Form 5 Contained in the Annexure A to these regulations.

(2) For the purpose of sub regulation (1), the residents committee or any other person must in writing, inform the Minister of any conviction resulting from the abuse of an older person.

(3) The Minister may, subject to the conditions he or she determines generally or in a particular case, approve that the register may be examined or inspected for official and bona fide research purposes such as the following:

- (a) collecting of information on the occurrence, distribution and prevalence of cases of abuse;
- (b) collecting of information on cases of abuse and various interventions made in such cases; and
- (c) collecting of information for employment and registration purposes.

(4) The Minister may, subject to the conditions he or she determines generally or in a particular case, disclose information contained in the register to a person with the sole purpose of serving the interest, safety and welfare of older persons.

(5) No person will be liable in respect of any information provided for entry in the register and given in good faith according to these regulations.

#### **Penalties**

9. Any person who contravenes or fails to comply with these Regulations is guilty of an offence and liable on conviction to a fine or to imprisonment not exceeding one year or to both such fine and such imprisonment.

#### **Short title and commencement**

10. These Regulations are called the Older Persons Regulations, 2007 and will come into operation on the date of publication.

**ANNEXURE A**

**FORM 1**

**ELDER ABUSE: REPORT**

[Section 27 (1) and regulation 2 (8)]

**DEPARTMENT OF SOCIAL DEVELOPMENT  
OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

Organisation/ individual making the Report:

\_\_\_\_\_

Date report received: \_\_\_\_\_

Date/ period of alleged abuse: \_\_\_\_\_

\_\_\_\_\_

**PROFILE OF ALLEGED ABUSED PERSON**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Gender:** Male  Female  **Race:** White  Black  Coloured  Indian

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Usual health care provider (e.g. GP, clinic, hospital etc.)

\_\_\_\_\_

\_\_\_\_\_

Other organizations/individuals involved in their care:

\_\_\_\_\_

\_\_\_\_\_

Health Status (mark with a X all that apply):

Mental Health Problem  Physical Difficulty  Healthy

If alleged perpetrator is a carer, please mark caring status:

Family caregiver  Paid caregiver  Volunteer  Other (Specify)

Other: \_\_\_\_\_

Category (ies) of Abuse alleged to have taken place (mark with a X all that apply):

Physical  Sexual  Emotional or Psychological  Neglect  Financial

Violation of Human Rights  Systematic Abuse  Medication

Setting where the abuse took place: \_\_\_\_\_

Give details of the circumstances by which the abuse came to light, how the person described it and how the report was triggered:

\_\_\_\_\_  
 \_\_\_\_\_

Any other relevant information: \_\_\_\_\_

Key issues of Risk Assessment: \_\_\_\_\_

Recommendation: (mark with a X)

Emergency Action  Non-emergency Action  No Action

Reason for Recommendation: \_\_\_\_\_

\_\_\_\_\_

Full Name of person receiving report:

\_\_\_\_\_ Signature: \_\_\_\_\_

Full name of person making report (if available)

\_\_\_\_\_ Signature: \_\_\_\_\_

Organization/ Department:

Relationship to Abused Person:

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**FORM 2**

**RESTRAINING OF RESIDENTS**  
[Regulation (3)]  
**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

Record Number ..... Date .....

1. Name of resident .....

2. Reasons for the restraining of the resident .....  
.....

3. The method of restraining used .....  
.....

4. Duration of the restraining .....

5. Restraining applied by .....

6. Restraining authorized by .....

7. Previous restraining incidents:

Reason (s) for restraining .....

Date (s) of restraining .....

Record number .....

8. Family/representative notified: Yes  No

if not, why not? .....  
.....

9. Minted by Management Committee on:

.....

10. Action taken by Management Committee:

.....

Signature of Manager

.....

Date:

**FORM 3**

**COMPLAINTS REGISTER**

[Regulation 4 (1)]

**DEPARTMENT OF SOCIAL DEVELOPMENT  
OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

Date:.....

Name of complainant / anonymous:

.....

Nature of complaint:

.....

Person against whom complaint made:.....

Investigators name:.....

Outcome.....

.....

Feedback to complainant.....

.....

Steps taken:.....

.....

Date matter finalized:.....

**FORM 3A**  
**COMPLAINT**  
**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

NB. All complaints and incidents must be treated as confidential.

I \_\_\_\_\_ (*full name of complainant*)

Herein represented by ( when applicable) \_\_\_\_\_ (*full names and surname*),

In his or her capacity as \_\_\_\_\_ [Manager of Residential Facility, Social Worker, Relative, Attorney, Residents Committee member or Representative etc.] duly authorised. (Chapter 4, Section 16a, Chapter 5, Section 25)

Lodge a complaint against the Organization / Individual

**SECTION A** (*Details of Organisation and Community Based Care and Support Services*)

Name of Organisation / Facility		
Physical address of facility:		
Postal address of facility:		
Telephone No		
Email address of facility		
Fax No of facility		
Name of individual / staff member complaint is about		
Date of Incident		
Time of Incident		
Place of incident		
<b>Names of witnesses (if any)</b>	<b>Contact detail of witnesses</b>	





**FORM 4**  
**COMPLAINT / INCIDENT REGISTER**  
**OF ABUSE OF OLDER PERSONS**

[Regulation 5(1)]  
**DEPARTMENT OF SOCIAL DEVELOPMENT**  
 OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)

<b>Date of incident</b>	<b>Time of incident</b>	<b>Name of Older Person</b>	<b>Name and contact details of complainant</b>	<b>Incident reported</b>	<b>Date &amp; Time reported</b>	<b>To whom reported</b>	<b>Brief description of incident</b>	<b>Steps taken</b>	<b>Investigation outcomes</b>

**FORM 5**  
**REGISTER OF PERSONS CONVICTED**  
**OF ABUSE OF OLDER PERSONS**

[Section 31 (1) and regulation 8 (1)]  
**DEPARTMENT OF SOCIAL DEVELOPMENT**  
 OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)

<b>Case no.</b>	<b>Name of convicted person</b>	<b>Identity number</b>	<b>Offence</b>	<b>Penalty</b>	<b>Area where offence was committed</b>	<b>Year</b>

**ANNEXURE B****The National Elder Abuse Protocol**

<b>Contents</b>	<b>Page</b>
Acknowledgements	137
Purpose	138
Principles	138
Duty of Care	138
Implementing the Protocol	139
Definitions	140
Classification of Abuse according to Type of Abuse and Indicators thereof	141
Risk Factors of Abuse	144
Disclosure of Abuse	144
Identification of Abuse	145
Assessment	145
Case Management of Abuse	146
Reporting / Case Management Process (Flow Chart)	149
Guideline for Management of Suspected Elder Abuse (Flow Chart)	150
Options for Intervention	151
Legal Interventions	153
Community Resources	155
Appendices	156

## **Acknowledgements**

This protocol is based on:

- The National Elder Abuse Strategy of the Department of Health;
- The report and recommendations of the Ministerial Committee of Enquiry on the abuse of Older Persons;
- Elder abuse protocols from Australia, England, New Zealand and Canada;
- The efforts and work of a Steering Committee in Kwa Zulu Natal under the Chairperson, Ms Sibongile Dube.

The KZN Protocol was adjusted to be in line with the Older Person's Act N0 13 of 2006.



## 1. PURPOSE

This Protocol is designed as a guide to assist state departments, local authorities and non-governmental organisations and others who care, who comes into contact with older people. The Protocol caters for both older persons living in residential facilities and independently in the community. This Protocol should be used as a living document alongside the Aged Persons Act of No 13 of 2006. In this document the term Act is frequently used

## 2. PRINCIPLES

- ✧ Older persons have a right to live safely and without fear of abuse, violence or exploitation.
- ✧ The abuse of older persons is an unacceptable infringement of human rights which should be prevented or terminated.
- ✧ Until shown otherwise, older persons are assumed to be competent to make informed choices and decisions about their own lives.
- ✧ Older persons who disclose abuse need to be taken seriously.
- ✧ Both the victim and the abuser have a right to fair and equitable treatment.
- ✧ Elder Abuse is everyone's shame.
- ✧ Preventing elder abuse is everyone's responsibility.

## 3. DUTY OF CARE AND PROTECTION

Older persons may have increased vulnerability to abuse because of their age, state of health, social circumstances or other factors (such as crime and violence).

Older Persons are protected under the Older Person's Act no 13 of 2006. The objects of the Act under Article 2 *inter alia* to:

- a) Maintain and promote the status, well-being, safety and security of older persons; and
- b) Maintain and protect the rights of older persons.

Service providers have a legal duty of care, as stipulated in the Older Persons Act, to take reasonable steps to ensure the safety and well-being of any older person who may ordinarily be a victim of abuse.

Elder Abuse is a crime, and if committed, should be reported. Everyone, both in residential facilities and in the community, has a responsibility to report it and take the necessary steps to protect and assist the victim. It is an offence to conceal the crime of abuse.

#### 4. IMPLEMENTING THE PROTOCOL

This Protocol requires commitment from:

- ✧ State Departments - *inter alia* Health, Social Development, Welfare, Local Authorities, Justice, Police (SAPS), Education, Housing, Sport and Recreation, Home Affairs.
- ✧ Non- governmental organisations specialising in the field of older persons in order for implementation to be effective.
- ✧ Members of the public.
- ✧ Persons in professional capacity, i.e. doctors, nurses, lawyers, etc.

For the Protocol to be effective it is necessary that:

- ✧ All service providers fully understand the Older Persons Act and the Regulations.
- ✧ Organisational and departmental policies and procedures be reviewed to ensure that they clearly identify their role in relation to elder abuse and neglect.
- ✧ Inter-sectoral agreements be made operational and to specify each stake holder's role, boundaries and expectations in relation to elder abuse and neglect.
- ✧ All staff, including volunteers, to be trained to ensure the understanding of and effectiveness in dealing with victims of abuse and neglect.
- ✧ Uniform data be collected to identify individual cases of alleged abuse.
- ✧ Debriefing programmes be developed to give all persons dealing with older persons the opportunity to discuss elder abuse issues they encounter in relation to specific cases and situations.
- ✧ Organisations develop their own procedures to safeguard the rights and personal safety of staff and volunteers.

## 5. DEFINITIONS

This Protocol uses the terms "older person" and "elder" interchangeably. No specific age limit has been applied as this could exclude adults who experience chronic disease, physical or psychological disability, or premature ageing. Elder abuse is defined; as are elder protection and also different forms of abuse.

**Elder Protection** refers to planned interventions, including offers of services and counselling, to ensure older persons are protected from harm from another person or persons.

**Elder Abuse** refers to a single or repeated act, or lack of appropriate action, which causes harm or distress to an older person, *occurring within any relationship where there is an expectation of trust*. Harm includes physical, psychological, financial and material abuse, and sexual abuse, as well as neglect, violation of rights and systemic abuse. In terms of Article 30 (2 + 3) of the Older Persons Act 13 of 200, abuse means:

2. *Any conduct or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress or is likely to cause harm or distress to and older person constitutes abuse of an older person.*
3. *For the purposes of subsection (2), 'abuse' includes physical, sexual, psychological and economic abuse and –*
  - (a) *'physical abuse' means any act of threat of physical violence towards an older person;*
  - (b) *'sexual abuse' means any conduct that violates the sexual integrity of an older person;*
  - (c) *'psychological abuse' means any pattern of degrading or humiliating conduct towards an older person, including-*
    - (i) *repeated insults, ridicule or name calling;*
    - (ii) *repeated threats to cause emotional pain; and*
    - (iii) *repeated invasion of and older person's privacy, liberty, integrity of security;*
  - (d) *'economic abuse' means-*
    - (i) *the deprivation of economic and financial resources to which an older persons is entitled under any law;*
    - (ii) *the unreasonable deprivation of economic and financial resources which the older persons requires out of necessity; or*
    - (iii) *the disposal of household effects or other property that belongs to the older person without the older person's consent.*

**Elder self-neglect** occurs when an older person experiences harmful physical, psychological, material and/or social effects as a result of failing to provide him/herself with the basic necessities for physical and/or mental well-being. As self-neglect is self-inflicted, it is a different kind of problem from elder abuse and neglect and is therefore not dealt with in detail in this protocol. It is however referred to because it is important to recognise that self-neglect does occur. In some situations it will be necessary to assess whether a situation is one of neglect by others or self-neglect, or a combination.

The problem of self-neglect highlights a very important ethical issue. The right of the older person to self-determination must be respected. While elder self-neglect may cause considerable anxiety among neighbours and others, it is important to remember that unless the older person is causing a danger to others he/she has every right to choose how he/she lives.

## 6. CLASSIFICATION OF ABUSE according to TYPE OF ABUSE and INDICATORS

The following need to be understood:

- ✧ Many indicators exist that suggest that an older person *may* be at risk of abuse or neglect.
- ✧ In some instances it will be clear that abuse or neglect is present, but in other situations one or more indicators may be present, suggesting a medical condition or some other factor.
- ✧ Experience suggests, however, that the existence of more than one of these factors places an older person at risk of elder abuse or neglect.
- ✧ Elder Abuse tends to escalate in frequency and severity over time.

### ABUSE INDICATORS

#### 6.1 Physical Abuse Indicators

*Physical Abuse* is the infliction of physical pain or injury or physical coercion. Examples include hitting, shoving, pushing, burning, and physical and chemical restraint.

*Abrasions	*Grip marks	*Welts
*Direct beatings	*Punctures	*Cuts/lacerations
*Paralysis	*Bruises	*Malnutrition
*Attempted murder	*Hypothermia	*Wounds
*Dislocations	*Sprains	*Dehydration
*Pressure areas	*Burns/scalding	*Over-
*Bedsores	*Internal injuries	sedation/polypharm
*Fractures	*Swelling	acy
*Poisoning	*Choke marks	*Death
*Bleeding	*Inexplicable falls	

#### 6.2 Medication Abuse Indicators

*Medication Abuse* is the misuse of an older person's medication and prescriptions, including withholding medication, or over-medicating.

- \*Over-sedation
- \*Increased anxiety
- \*Reduced mental or physical activity
- \*Depression
- \*Reduced or absent therapeutic response

#### 6.3 Psychological Abuse Indicators

*Psychological Abuse* refers to the infliction of mental anguish, including actions that lead to fear of violence, isolation or deprivation, feelings of shame, indignity or powerlessness. Examples include treating the older person as a child, humiliation, emotional blackmail, blaming,

swearing, intimidation, name calling, teasing and taunting, enforced isolation from friends, relatives, carers or others, and stigmatisation e.g. being accused of witchcraft.

- |                                      |   |
|--------------------------------------|---|
| *Ambivalence                         | *Restlessness                             |
| *Sudden mood or behaviour change     | *Social isolation                         |
| *Resignation                         | *Suicide                                  |
| *Fear/anxiety and agitation/cowering | *Insomnia                                 |
| *Shame                               | *Helplessness and clinging                |
| *Marked passivity or anger           | *Incoherence and implausible explanations |
| *Depression                          | *Denial                                   |
| *Intimidation                        | *Obsequiousness                           |
| *Confusion                           |   |

### 6.3 Financial Abuse Indicators

*Financial Abuse* refers to the illegal or improper use of an older person's property or finances. Examples include misappropriation of money, valuables or property, forced changes to a will or other legal documents, and denial of right of access to, or control over, personal finances.

- \*Intimidation of an older persons to provide money or goods to another person
- \*Failure to pay rent or other bills on behalf of the older person
- \*Lack of money for necessities
- \*Depletion of savings
- \*Disappearance of possessions (eg.art, jewellery)
- \*Management of a seemingly competent older person's finances by another person
- \*Signatures on documents/cheques not resembling the older person's signature

### 6.4 Sexual Assault and Abuse Indicators

*Sexual assault and abuse* includes exploitative behaviour, ranging from rape to indecent assault and sexual harassment.

- \*Bruising or bleeding in the genital area
- \*The contraction of a sexually transmittable disease
- \*Pain or itching in the genital area
- \*Difficulty sitting or walking
- \*Recoiling from being touched
- \*Fear of bathing or toileting

### 6.5 Neglect Indicators

*Neglect* refers to any active or passive behaviour that results in the older person's basic needs for food, shelter and safety not being met.

- ◇ *Active Neglect* (commission) is a carer's deliberate refusal or failure to fulfill an older person's physical or psychological needs by withholding available resources.

- ◇ *Passive Neglect* (omission) is a carer's unintentional refusal or failure to fulfill an older person's physical or psychological needs. This can result from a carer's lack of awareness or ignorance about available resources or lack of experience/ability/skills.

- \*Malnourishment or dehydration
- \*Hypothermia
- \*Weight loss with no apparent medical cause
- \*Pallor, sunken eyes and cheeks
- \*Injuries that have not been properly cared for
- \*Poor personal hygiene
- \*Dressings not changed
- \*Dehydration
- \*Bedding unchanged
- \*Clothing in poor repair, or inappropriate for the weather
- \*Lack of safety precautions around the home, or appropriate supervision
- \*Absence of appropriate dentures, glasses or hearing aids when these are needed
- \*Abandoned or left unattended for long periods
- \*Medicines not purchased or administered
- \*No social, cultural, intellectual or physical stimulation
- \*Refusal to permit other people to provide appropriate care
- \*Unnecessary or prolonged restraint

#### 6.6 Violation of Human Rights Indicators

*Violation of Human Rights* is when an older person's fundamental human right are denied, when they are unable to exercise the following:

- \*a right to life
- \*a right to vote
- \*a right to be treated with respect, dignity and courtesy
- \*a right to have access to appropriate medical care including the right to sight
- \*a right to have access to live in a clean, safe living environment
- \*a right to complain, seek redress or grievances
- \*a right to decision making
- \*freedom from verbal abuse
- \*freedom from forced labour
- \*freedom from sexual abuse
- \*freedom of assembly
- \*freedom of speech
- \*freedom of movement (without restraint)
- \*deny access to information or withholding of information.
- \*Denial of privacy
- \*Restriction on visitors
- \*Mail censorship
- \*Withholding of information

#### 6.7 Systemic Abuse Indicators

*Systemic Abuse* refers to any policies, laws or practices that are harmful to the well-being of an older person.

- \*Denial of medical attention
- \*Compulsory retirement age
- \*Denial of access to medical aid/insurance
- \*Unilateral cancellation of social security
- \*Inhumane treatment of older persons by service providers in the private and public sector
- \*Ageist attitudes
- \*Denial of access to the indigent policy
- \*Restrictions on the issuing of identity documents

Self neglect is excluded from this definition, as are crimes by unknown assailants which would require a different type of response beyond the intention of this Protocol.

## 7. RISK FACTORS OF ABUSE

The following factors, either singly or in combination, may increase the likelihood of abuse:

Carer abuse (by the older person)

- Carer stress
- Care giving inexperience/lack of knowledge and skills
- Dependency and the loss of physical and mental capacities
- Emotional/psychological health problems of the older person and/or carer
- Family conflict(s)
- History of abuse in the family/cycle of inter-generational violence
- Isolation
- Substance abuse by the senior and/or carer
- Poverty/unemployment/financial difficulties
- Lack of basic facilities/amenities e.g. water, sanitation, electricity
- Overcrowding
- Professionals are often either unaware of the problem of elder abuse, lack knowledge about elder abuse, have not detected it, or do not know where to turn if they suspect it.
- Incontr??? and care demands

## 8. DISCLOSURE AND NOTIFICATION OF ABUSE

Abuse may be disclosed by a concerned member of the public, a relative, a neighbour, a professional person or any other person who has reason to believe that the well-being of an older person is threatened or being compromised. It is in terms of Sections 25 and 26 compulsory to report the alleged abuse. All cases of abuse must be reported to the Director General.

When abuse is disclosed by any person, the report must be treated seriously and dealt with in a sensitive manner. Such disclosure may be a cry for help from a carer who can no longer cope. Government, NGO and CBO managers, and practitioners should make every effort to support the carer and offer all services necessary to reduce the likelihood of abuse re-occurring. In the case of an abuser who wants to stop the abuse the practitioner should work with the abuser to gain recognition and ownership of behaviours that are abusive, and to contract for the immediate cessation of the abuse. Some abusers may require specialised counselling, therapeutic intervention, and separation from the older person or punitive action to stop the abuse.

The Act requires that, once the alleged incident of abuse is reported, the social worker must investigate with urgency the matter and report. The Act prescribes under Section 25 (4) different action that a social worker can take to protect the victims

Where the abuse may constitute criminal behaviour, referral should be made to the Justice Department or the Police for legal action.

The Older Persons Act must not be construed as limiting amend?? replacing or otherwise altering any provisions of the Domestic Violence Act (No 116 of 1998). Both acts must be used interchangeably.

## **9. KEY STEPS IN THE IDENTIFICATION OF ABUSE, REPORTING OF ABUSE, ASSESSMENT AND MANAGEMENT OF ABUSE AND STRATEGIES FOR INTERVENTION:**

### **9.1 IDENTIFICATION OF ABUSE**

*Identification* refers to the process whereby a member of the public, professional or a lay person, in his/her official capacity or otherwise recognises an act of neglect, exploitation, ill treatment or abuse or has good reason to suspect that it is occurring or has occurred.

#### **a) Who should do it?**

- Professionals including medical practitioners, nurses, social workers, lawyers and police officers.
- The staff of all organisations involved with the care of or provision of services to older persons should be able to recognise suspected cases of abuse of older persons and refer them to the appropriate resources for assessment and/or services.
- Any person who has an interest in the well-being of an older person.

#### **b) What should be done?**

- Identify reasonable grounds for belief that abuse is occurring.
- Establish the wishes of the older person
- Assess or refer the older person, and/or carer, to appropriate resources or professional groups for further assessment, including for example the collection of forensic evidence or the assessment of the mental competency of the older person
- Multi-disciplinary interventions may be indicated i.e. medical, psychiatric, police, or legal reports.
- Sections 25 and 26 of the Act spells out that a possible case of abuse must be reported without delay and that the social worker investigate the matter and submit a report.

### **9.2 ASSESSMENT**

#### **a) Who should do it?**

- Emergency Services : Police, Hospital Casualty Departments, Ambulance Services



- Community Health Services : primary health care clinics (including mobile clinics), psychiatric clinics, hospitals' out patients departments
- Other State Departments : Welfare, Health, Justice, Police (SAPS), Human Rights Commission
- Non-governmental Organisations : civil society organisations rendering welfare services, including old age homes

b) What should be done?

- Determine the type, extent, frequency and history of abuse
- Determine the needs, wishes and capacities of the older person and carer(s)
- Determine the risk factors of abuse (see page 9)
- Recommend appropriate interventions to the victim and abuser
- The report on an alleged case of abuse is to be submitted to the Director General of the Department.

### 9.3 CASE MANAGEMENT OF ABUSE

a) Introduction

When there are concerns about elder abuse, the response must follow a pattern understood and agreed by all organisations/departments concerned. Individual organisations/departments will need to develop procedures that suit their particular requirements, but, to ensure the comprehensive response that is required, they must contain the same principles and priorities, and follow a similar format to the following :

The process for case management includes

- Alerting & Reporting
- Screening/Assessment
- Investigating(strategy/plan of action)
- Monitoring and Reviewing

Section 25 (4) and (5) of the Act prescribes the different actions that can be taken by a social worker.

- (4) *If the report is substantiated by the investigation, the Director General or the social worker concerned may take any one or more of the following actions, namely to-*
- (a) *facilitate the removal of the older person concerned to a hospital, in case of injury, or to a shelter;*
  - (b) *make a report to a police official requesting the latter to act in terms of section 27;*
  - (c) *take such other steps as may be prescribed to ensure adequate provision for the basic needs and protection of the older person concerned; or*
  - (d) *if the older person concerned is the victim of an offence or crime, assist the older person to see a police official in order to lay a complaint.*

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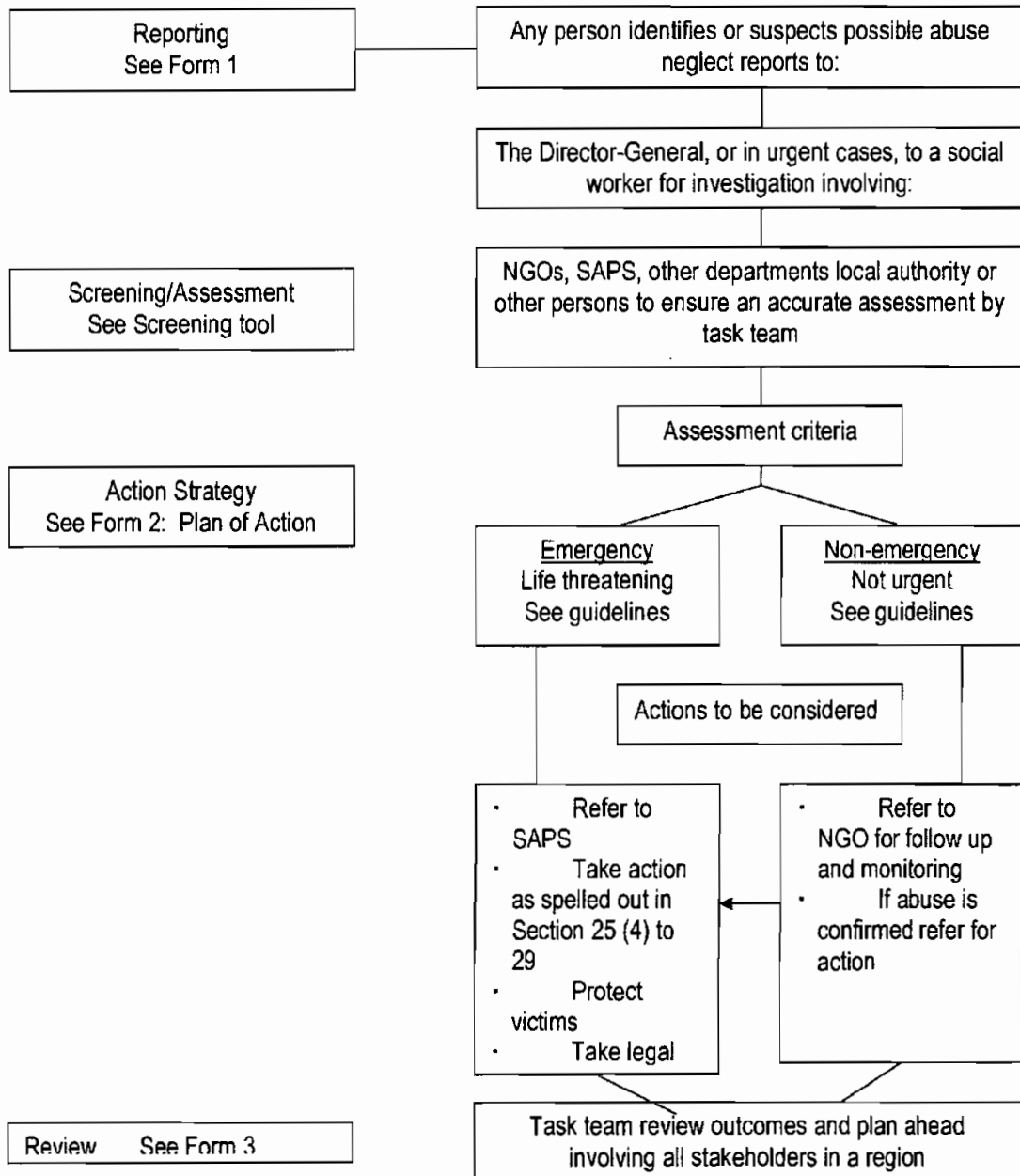
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  - (d) *if the older person concerned is the victim of an offence or crime, assist the older person to see a police official in order to lay a complaint.*

- (5) An older person who s in need of care and protection is one who-
- (a) has his or her income, assets or old age grant taken against his or her wishes or who suffers any other economic abuse;
  - (b) has been removed from his or her property against his or her wishes or who has been unlawfully evicted from any property occupied by him or her;
  - (c) has been neglected or abandoned without any visible means of support;
  - (d) lives or works on the streets or begs for a living;
  - (e) abuses or is addicted to a substance and without any support or treatment for such substance abuse or condition;
  - (f) lives in circumstances likely to cause or to be conducive to seduction, abduction or sexual exploitation;
  - (g) lives in or is exposed to circumstances which may harm that older person physically or mentally; or
  - (h) is in a state of physical, mental or social neglect.

**FLOW CHART ON THE REPORTING AND MANAGEMENT OF CASES OF ABUSE**



## 10. GUIDELINE FOR THE MANAGEMENT OF SUSPECTED ELDER ABUSE

*NOTE: To be used flexibly as determined by the circumstances of the case*

### 10.1 IDENTIFICATION OF SUSPECTED ABUSE, NEGLECT OR EXPLOITATION OF AN OLDER PERSON

#### a) Assessment

- Take a history from the suspected victim of abuse / consult with supervisor or other colleagues
- Assess the older person's physical status and mental competence
- Document the allegations and evidence of abuse
- Interview the suspected victim and abuser separately, if possible, to
  - assess whether the older person is at immediate risk
  - assess whether urgent action is required
  - consider the need for separation of the victim from the abuser
- Liaise with family members and service providers to confirm the details of abuse
- Identify a key organisation for intervention

#### b) Service Providers

##### Emergency:

Police  
Ambulance  
Hospital Casualty Department  
Psychiatric Intervention  
Crisis Care  
Designated Place of Safety

##### Non-Emergency:

Police  
General Practitioner, Social Worker  
(either State or Private Sector), Nurse,  
Medical Doctor  
Legal Aid  
Respite Care  
Advocacy  
Community Support Services  
Power of Attorney/Curator ship

#### c) Service Options

Victim is **capable** of making a decision

Victim is incapable of making a decision

Victim is *unwilling* to accept intervention

- \*Offer continued support and the provision of assistance.
- \*Advise that legal intervention may be necessary where a criminal offence has been committed, or the victim's life is in danger.
- \*Arrange follow-up assistance and monitoring of the situation

Victim is *willing* to accept intervention

- \*Establish the needs of the victim
- \*Provide information about abuse, and arrange counselling where appropriate
- \*Arrange appropriate community support, counselling, legal intervention and advocacy

- \*Offer continued support and the provision of assistance
- \*Arrange monitoring and follow-up of the situation
- \*Assist with the following as needed:
  - Police intervention in cases where a crime has been committed

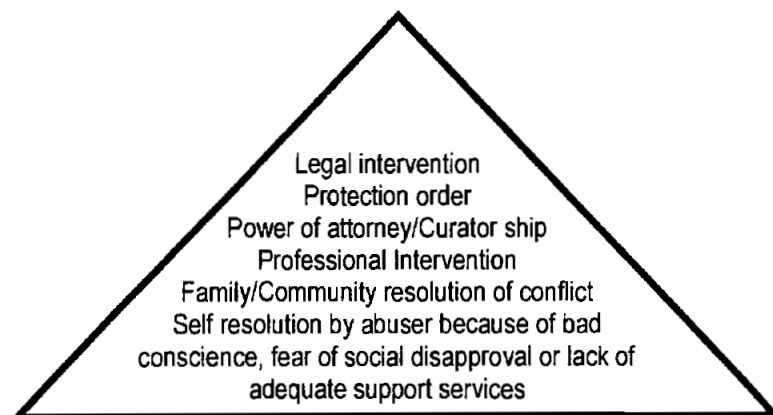
where possible. If this is declined, document, and following consultation, withdraw as appropriate.

services  
 \*Assist with completion of Power of attorney if appropriate  
 \*Encourage activities and contact outside of the home situation  
 \*Assess the need for, and acceptance of, respite care - in the home, day care centre, or institution  
 \*Explore the older person's desire or need for separation from the abuser  
 \*Work with abuser or refer the older person to an appropriate organisation

-Possible curator ship  
 -Arrange for reception order for certification if appropriate  
 -Comprehensive assessments by psychiatric services for intervention.

## 11. OPTIONS FOR INTERVENTION

The least obtrusive interventions for older persons should be used wherever possible. This is well illustrated by an intervention pyramid which suggests that the interventions higher up the pyramid (the more restrictive alternatives) should be used with caution.



There are a range of interventions available. In cases of severe physical abuse, the abused person and the abuser may need to be separated.

### 11.1 Who should do it?

- Whoever the task team refers the case to i.e. either an NGO or a social worker from the department

#### 11.2 What should be done?

- Provide residential, health, welfare or community care services and counselling inclusive of follow up, to address the causes of abuse.

#### 11.3 Crisis Care

This might involve admission to an acute hospital bed, or perhaps urgent respite care in an old age home or a designated place of safety, depending on the needs of the older person.

#### 11.4 The full range of community services such as home nursing, housekeeping help, continence advice, community services, meals on wheels, assistance with shopping and transport, day care, service centres, support groups, can be used to alleviate situations where abuse is occurring.

Case management is often required due to the complexity of the situation and the likelihood that multiple services will be involved. The designated key practitioners would be professional i.e. a social worker or nurse, who will be responsible for the coordination of services provided to the older person.

#### 11.5 Provision of Respite Care

This may be in-home respite or residential care. This is particularly helpful when carer stress is a problem or where there has been a situation of neglect. If the abused person is quite dependent, then often respite care is the only alternative.

#### 11.6 Counselling

This may involve individual counseling or family therapy. The aim is to help abused people cope with their situation, and assist them to find a way to be safe from their abusers. Group therapy may be utilised in such situations as carer support groups. In cases where domestic violence is the main cause of abuse, a referral may need to be made to the appropriate services for victims of domestic violence. Counseling of a violent abuser should not be attempted unless he or she has agreed to cease the violence and the possibility of legal intervention has been investigated. Counselors should have appropriate expertise.

#### 11.7 Treatment of the Abuser

It is important to acknowledge the needs of the abuser. Psychological counselling which allows them to talk openly about their behaviour is often beneficial. In cases where abuser psychopathology is a major causative factor, treatment may be necessary to address psychiatric illness, behaviour problems, alcohol or other drug dependency problems.

In terms of the Act an abuser can be brought before a magistrate who may find him or her guilty of elder abuse. See sections 27, 28, 29 and 30 of the Act for the different options to deal with the abuser. The court may make different orders, i.e. restricting access to a victim, or hold her/him financially responsible for his or hers maintenance. If found guilty of elder abuse, his or her name will be entered into the register for perpetrators. Perpetrators will not be allowed to be employed by any service where older persons are involved.

### 11.8 Alternative Accommodation

This may be necessary on a permanent basis. Realistically, this usually means residential accommodation for the abused person. However, in some situations where carer abuse has occurred, it could be the abuser who requires alternative accommodation.

## 12. LEGAL INTERVENTIONS

Legal intervention is hopefully a last resort, but may be the first line of intervention where criminal charges need to be laid in cases of financial abuse or severe physical or sexual abuse (particularly where there is a history of domestic violence). Older persons who are competent to make their own decisions can, with support if necessary, access mainstream legal services, for instance to evict an unwelcome person from their home. Magistrates or Police may need to be involved if a Protection Order/Restraining Order is sought.

Reference needs to be made to:

- ✧ *The Constitution of South Africa* (Act No.108 of 1996). Section 12 of the Constitution of South Africa states that all persons have the right to freedom and security of person.
- ✧ *The Domestic Violence Act* (Act No. 116 of 1998). This makes provision for a judge or magistrate to grant a protection order preventing assaults or threats against an applicant. An offender who contravenes such an order may be arrested. This Act is thus a basis for removing perpetrators rather than victims. The definition of a domestic relationship has been broadened to include a wide range of domestic relationships, i.e. Family members and people sharing the same residence. Therefore the Act allows for older persons to obtain protection orders against children or family members who abuse them.

An application may be brought on behalf of the complainant by any person, including a counsellor, health service provider, member of the South African Police Service, social worker or any other person who has interest in the well-being of the complainant. The application must be brought with the written consent of the complainant, except in cases where the complainant is a minor, mentally retarded, unconscious, or a person whom the court is satisfied is unable to provide consent.

- ✧ *The Aged Persons Act* (Act No.13 of 2006), and the regulations thereto. Chapter Five of the Act provides the scope for legal process in the handling of alleged cases of abuse. Of particular importance is the following:

- Reporting and implementing cases of abuse: Sections 25 and 25.



- Options available for urgent intervention: Section 25 (4).
- How to deal with an alleged offender: Sections 28 – 31.
- The assessment criteria to determine if an alleged abuser is to be found guilty must be understood. Section 30 (1) (2) (3) and (4) reads:
  30. (1) Any person who abuses an older person is guilty of an offence.
  - (2) Any conduct or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress or is likely to cause harm or distress to an older person constitutes abuse of an older person.
  - (3) For the purpose of subsection (2), 'abuse' includes physical, sexual, psychological and economic abuse and-
    - (a) 'physical abuse' means any act or threat of physical violence towards an older person;
    - (b) 'sexual abuse' means any conduct that violates the sexual integrity of an older person;
    - (c) 'psychological abuse' means any pattern of degrading or humiliating conduct towards an older person, including-
      - (i) repeated insults, ridicule or name calling;
      - (ii) repeated threats to cause emotional pain; and
      - (iii) repeated invasion of an older person's privacy, liberty, integrity or security;
    - (d) 'economic abuse' means-
      - (i) the deprivation of economic and financial resources to which an older person is entitled to under any law;
      - (ii) the unreasonable deprivation of economic and financial resources which the older person requires out of necessity; or
      - (iii) the disposal of household effects or other property that belongs to the older person without the older person's consent.
  - (4) If a court, after having convicted a person of any crime of offence, finds that the convicted person has abused an older person in the commission of such crime or offence, such finding must be regarded as an aggravating circumstance for sentencing purposes.

**Other Legal remedies** that might be sought include:

1. Criminal Law

- The State defines what actions constitute a crime and the State will prosecute a person who performs those actions the State has defined as being criminal.
- Go to the nearest police station to lay a charge.
- The police will then investigate the allegations and refer the matter to a prosecutor.
- Examples include common assault, assault with intent to do grievous bodily harm, rape, fraud, theft, and *crimen injuria* (impairing a person's dignity).

2. Civil Law

- This governs the relations between individuals. In terms of civil law one can obtain an interdict, restraining order or protection order which could attempt to stop the abusive

behaviour. Divorce falls under civil law; also claims for damages such as hospital costs and damage to property, and defamation.

If a person cannot afford legal representation in a civil matter, they can approach one of the following agencies:

- i. Legal Aid Board
- ii. Black Sash Advice Office
- iii. Legal Resource Centre
- iv. Faculties of Law at universities may have Legal clinics where advice can be sought.
- v. Lawyers for Human Rights

### 3. Referrals to Statutory Bodies

- i. Commission on Gender Equality
- ii. S A Human Rights Commission
- iii. Public Protector (if the alleged abuser works for the State)
- iv. Independent Complaints Directorate (if the alleged abuser is a member of the SA Police Service)

It is important that the major factors contributing to abuse are identified in each situation, so that interventions can be designed accordingly. This assists the practitioner to choose the most appropriate and effective interventions.

## 13. COMMUNITY RESOURCES

In South Africa, no *one* organisation has sole responsibility for dealing with elder abuse. There are a number of State Departments and community service organisations to whom older persons and members of the community can turn for help or confidential advice.

The following may be useful as first point of contact for further investigation.

A detailed list of resources available in specific areas would need to be drawn up, with contact names, telephone numbers and addresses. These should include:

- HEAL (Halt Elder Abuse Line) TOLL FREE NUMBER 0800003081
- Department of Social Development
- Department of Health
- Department of Justice
- SAPS (South African Police Services)
- Local Hospital - some already have established crisis centres to deal with women and child abuse
- Primary Health Care Clinics
- Private Welfare Organisations

## APPENDIX 1

## FORM 1

## ELDER ABUSE : REPORT

Organisation/ individual making the Report:  
\_\_\_\_\_Date report received:  
\_\_\_\_\_Date / period of alleged abuse:  
\_\_\_\_\_

## PROFILE OF ALLEGED ABUSED PERSON

Name: \_\_\_\_\_ Date of birth:  
\_\_\_\_\_Gender: Male  Female  Race: White  Black  Coloured  Indian Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Usual health care provider (eg.GP,clinic, hospital  
etc) \_\_\_\_\_  
\_\_\_\_\_Other organisations/individuals involved in their care:  
\_\_\_\_\_

Health Status (mark with a X all that apply):

Mental Health Problem  Physical Difficulty  Healty

If alleged perpetrator is a carer, please mark caring status:

Family care giver  Paid care giver  Volunteer  Other (Specify)

Other:

Category(ies) of Abuse alleged to have taken place (mark with a X all that apply):

Physical  Sexual  Emotional or Psychological  Neglect  Financial   
Violation of Human Rights  Systematic Abuse  Medication

ELDER ABUSE FORM 1: REPORT CONTINUED

Setting where alleged abuse took place:

Give details of the circumstances by which the abuse came to light, how the person described it and how the report was triggered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other relevant information:

Key issues of Risk Assessment \_\_\_\_\_

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Recommendation: (mark with a X)

Emergency Action  Non-emergency Action  No Action

Reason for Recommendation

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---

Full Name of person receiving report:  
available):

Full name of person making report (if

---

---

---

---

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Organisation / Department:

Relationship to Abused Person:

---

---

Date: \_\_\_\_\_

Date: \_\_\_\_\_

---

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**APPENDIX 2**

**FORM 2**

**ELDER ABUSE: PLAN OF ACTION**

Date of Task Team Meeting:

\_\_\_\_\_

Type of Action (Mark with a X):    Emergency Action     Non-emergency Action

Has the person alleged to have been abused been spoken to?    Yes     No

Please state all organisations / departments involved in the task team meeting / consultation :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state Plan of Action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name of Relevant Social Worker:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Organisation/Department: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

***If further action is required***

Social Worker handling case to proceed with investigation

***If no further action is required,***

a copy of this form to be returned to the relevant Regional Welfare office (see Appendix 5 for

addresses), in an envelope marked CONFIDENTIAL

APPENDIX 3

FORM 3

ELDER ABUSE: TASK TEAM REVIEW

Date of Review Meeting:

\_\_\_\_\_

Who was involved in the Review Meeting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Progress on activities detailed in Plan of Action

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of next Task Team Review Meeting :

\_\_\_\_\_

In appropriate client notes, social worker to write that a review meeting was held and any outcome (i.e. Date of next review or case closed)

***If case is closed, reason for closure must be indicated.***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## APPENDIX 4

## FORM 4

## GUIDELINE FOR SCREENING / ASSESSMENT OF RISK:

## HIGH RISK SCREENING TOOL

(RISK INDICATORS TO BE COMPLETED TO BEST OF SCREENER'S KNOWLEDGE)

## PART 1

Alleged Abused Person's Name:

\_\_\_\_\_

Screener (Social Worker/Nursing Sister) :

\_\_\_\_\_

Organisation/Departmental Service point:

\_\_\_\_\_

Living arrangements:    Alone     Spouse     Son     Daughter 

Other (specify):

\_\_\_\_\_

PART 2 ALLEGED VICTIM'S RISK INDICATORS	HIGH	MEDIUM	LOW
Mental Status	Confused	some memory loss and/or orientation variable	no memory loss and fully oriented
Mental Health	history of mental illness	evidence of fear, anger, withdrawal, depression	minimal/no emotional disability
Physical Health Status	dependent on others	some assistance required for activities of daily living	independent
Acute    Chronic			
Drug/alcohol abuse	active abuse	episodic abuse	no abuse
Isolation	isolated from others	limited network	existence of formal and informal network
Financial Resources	dependent on others for funds	some financial dependency	Independent curator
	finances managed by others	some assistance in place for financial management.	
History of abuse/neglect/exploitation	known history present report	previous report	no history

PART 3 Caregiver's name:		Relationship:	
CAREGIVER RISK INDICATORS		HIGH	MEDIUM
Mental Status	confused	some memory loss and/or orientation variable	no memory loss/ fully oriented
Mental Health	history of mental illness	evidence of fear, anger, withdrawal, depression	minimal/ no emotional disability
Drug/Alcohol abuse	active abuse	episodic abuse	no abuse
Isolation	isolated from others	limited network	existence of formal and informal network
Financial Resources	dependent on elderly person	some dependency on elderly person	independent
Stress	caregiver is overwhelmed by stress (emotional, social, economic, physical)	caregiver overwhelmed at times	care giving not found to be stressful
Physical Health Status		unable to provide care giving	able to provide care giving
Acute	Chronic	needs some assistance for activities of daily living	

PART 4 SIGNIFICANT OTHER: (Can be child, spouse, companion, friend, doctor etc)				
Name:		Relationship:		Telephone:
SIGNIFICANT OTHER RISK INDICATORS		HIGH	MEDIUM	LOW
Mental Status	confused	some memory loss and /or orientation variable	no memory loss/ fully oriented	
Mental Health	history of mental illness	evidence of fear, anger, withdrawal, depression	minimal/no emotional disability	
Drug/Alcohol Abuse	active abuse	episodic abuse	no abuse	
Isolation	isolated from others	limited network	existence of formal an informal network	
Financial Resources	dependent on elderly person	some dependency on elderly person	independent	
Physical Health		dependent	some dependency	no dependency
Acute	Chronic			

## CODE 1:

Abused person is in a life threatening abusive situation. Intervention will be required immediately. Protective measures must be initiated by social worker e.g. Warrant of removal, hospitalisation of victim, emergency placement in safe house etc.

## CODE 2:

Abused person is not in life threatening situation or in immediate danger but the danger and risk is real and is foreseeable in the near future. Intervention will be required to stabilize the situation OR Older person is at potential risk for abuse, neglect or exploitation, and intervention will be required.

CODE 1 = LIFE THREATENING

CODE 2 = NOT LIFE THREATENING

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