

South Africa

ILC South Africa

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South Africa has a multi-ethnic population, comprising 80 per cent black Africans, 9 per cent persons of mixed ancestry (coloureds), 9 per cent whites and 2 per cent Indians/Asians. A legacy of apartheid has been wide differences in the socio-economic conditions of people of different ethnic groups. Historically, whites were more advantaged than persons of other ethnic backgrounds – and, broadly, continue to be better off. However, a growing affluent “black” middle class, with greater affordability levels and new lifestyle preferences, is narrowing gaps. Any consideration of housing for older people in the country must therefore take into account the varying socio-economic means and preferred living arrangements of the different ethnic groups.

The majority of South Africa’s older population of approximately 4 million remains poor, and is reliant on the social old age pension for income and on public facilities for health care. In general, older blacks prefer to co-reside with family, if available – and they share their pension income with the household. Older whites, only a small number of whom receive a social pension, prefer to live independently, if functionally and financially able to do so. In urban areas, communal living arrangements are fairly common among older blacks and older coloureds if they lack family and other housing options. Residential, or assisted living care facilities are commonly accessed by persons of all ethnic groups, depending on functional need or social indigence.

Types of housing and their suitability

Types of general housing occupied by older people vary from brick houses (self-standing, or in the case of whites, in particular, cluster housing in retirement villages), to apartments (ground-floor, or in multi-storey complexes), to informal structures (constructed of materials such as tin and wood – as in urban shack settlements), to mud and reed huts in rural areas. The majority owns their house, although in many cases it may be no more than a shack in an informal settlement.

The suitability of the types of housing for older residents is largely determined by the physical structure of the dwelling, as well as other environmental and social conditions. White couples who lived many years in a conventional brick house may find a need as they grow older to move to a smaller, more manageable and more secure dwelling. With exceptions, dwellings in South Africa are not routinely modified to suit residents’ changing functional needs; no such home adaptation programmes exist. With a high level of crime, security is a major concern, or should be, for independent living older persons. While those who can afford to do so (e.g. whites) may source in private services as needed – to enable them to age in place, this arrangement is becoming problematic – for affordability and security reasons alike, and no public domiciliary care services are provided as such.

The country lacks a well-developed transportation system, which may be a further constraint to ageing in place.

Residents of informal shelters, or shack dwellers experience considerable hardship: not only in terms of lacking adequate shelter from the elements (heat, cold, rain and flooding), but also being at high risk of fires and criminal activity, and experiencing home maintenance problems. These dwellings often lack basic services such as electricity, piped water and sanitation. Local governments find it increasingly difficult to keep up with the demand for basic service provision, before considering housing provision. The geographical and social environment in the settlements is harsh. Distances are vast and often residents must rely on costly taxis for transport. Dwellings are typically overcrowded, and social disorganisation – especially drug and alcohol abuse, and high levels of unemployment – is a way of life in many households. Some older persons in these areas may opt to relocate to an assisted living facility, but typically fret about leaving grandchildren behind in a disorganised household.

Types of specialist housing for older people are described below.

Policy on housing and the provision of specialist housing

South Africa has no specific policy on housing for older persons. The only provision made in other policy is for residential care in homes for the aged subsidised by the government and operated by NGOs. Admission criteria to these facilities require an applicant to be a social pension beneficiary (thus, poor) and in need of 24-hour nursing care (based on the outcome of a standardised assessment). Policy states that no more than 2 per cent of the older population may be accommodated in these state subsidised facilities. Legislation is available to ensure that standards of care in institutional facilities are met (but the facilities are often unmonitored and unregulated) and to protect the interests of residents of retirement villages (where residents are typically required to purchase their unit).

Although the country has no housing policy as such, policy of the Ministry of Social Development is that older individuals must remain living with family, thus age in place, for as long as possible – and that family has a primary responsibility to care for and shelter elderly relatives.

The government finds the demand for social housing by applicants of all adult ages overwhelming. Largely, it claims to lack the resources, and often lacks the savvy, to expand housing stock. Social houses (which include council flats) are owned or rented, and occupants must pay for basic services and rent if applicable. Often, they fail to do so – and local governments must contend with massive arrears.

A responsibility of the national Department of Housing (the nomenclature was recently changed to Human Settlements) through its provincial departments, the actual provision of housing is often devolved to local governments. Waiting lists are interminably long and only a small portion of the demand for social housing is ever met. It is common for applicants to have their name on a housing list for more than 20 years – and to die before they are allocated a house. Older applicants may not be allocated a house when their name comes up; it will most likely be given to a homeless family with young children. All applicants are meanwhile likely to reside in a zinc and wood shelter they themselves built in the backyard of a township house and to pay rental to the owner or person renting the

house. All cities are faced with a rapid influx of rural migrants who swell informal settlements – where they simply build a shack and “squat,” even if basic services are lacking. Older migrants typically follow and join children in a settlement, but often find living conditions untenable and then seek independent (senior) housing, of which there is seldom provision.

In general, white older persons prefer to live independently – either solitarily, or as a couple. In several cases, if they have the means, they may live in a retirement village. Numerous older white women with a low income live in rundown, one-roomed flats in city centres. While older blacks and coloureds prefer to live in a multi-generational family household, demographic change is impacting this traditional arrangement and their continuing to do so may no longer be a viable option. Several may seek a communal, or assisted living housing opportunity. Traditionally, older Indians have resided in the oldest son’s home, typically a house (or a flat), but with increased affluence, some couples are living independently, or in “for-profit” or “not-for-profit” retirement villages targeted at Indian people.

Innovative housing models

Housing models for older people in South Africa, “innovative” or not – albeit accessed differentially by persons of different socio-economic means and ethnicity, include the following:

Retirement villages have proliferated in all cities and around towns countrywide. Privately developed and managed, older residents are mostly required to purchase a unit – often on a life-rights basis, but sometimes by sectional title. (In a small number of cases, a unit may be rented.) A range of assistive services is typically offered (some at additional cost). Villages are required by law to have a plan in place for frail care when residents need it: either in a fully managed frail care wing in the village, or at a facility nearby. Retirement villages have historically been populated by whites, but this pattern is changing slowly.

Residential care facilities, or old age homes exist mainly in cities and towns, and only a few are situated in rural areas. Individuals typically relocate to such a facility when they need care but possibly also shelter. The facilities may be privately run, or operated by an NGO – in the latter case, typically with government subsidies for eligible residents. Privately run homes will admit residents of all functional levels, the only criterion being ability to pay. Several have dedicated wings for residents with dementia. State subsidised homes are reserved for social pensioners in need of frail care, and in a small number of cases, socially indigent individuals. A large portion of a resident’s social grant income is forfeited to the home to pay for his/her upkeep.

Assisted living or communal living complexes are proliferating. The facilities are typically developed and managed by an NGO, often faith based, which acquires a number of houses in “an ordinary neighbourhood.” Each house is occupied by six to nine older persons, who are screened for social compatibility, and sometimes has a resident house mother. The houses and residents’ well-being are overseen by the parent organisation. Residents access the organisation’s senior centre at a central venue if they wish, to enjoy opportunities for socialising and counselling, and in several cases, health care monitoring.

Residents of a communal house pool their pension income and share housekeeping chores.

Abbeyfield homes (based on the international concept) exist in several provinces: a total of 20 homes at present. The homes are typically occupied by people from the neighbourhood in which the homes are located, who are single, and lack sufficient means and housing options to live independently. Mobility and relatively good health are criteria for admission. However, the total number of residents of these homes in relation to the demand for sheltered housing is very small.

In sum: Specialist housing for older persons in South Africa is fairly limited to retirement villages and assisted living complexes, apart from residential care facilities for persons in need of nursing care. General purpose housing, be it comfortable in a conventional sense, or distinctly wanting structurally in poorer residential areas or informal settlements, is the most common type of housing for the majority of older people. Apart from the development of specialist housing for “for-profit” purposes, and various models developed by well-resourced NGOs, as well as conversion of apartheid-era “old age homes” (the majority of which were reserved for white residents) into contemporary, racially integrated residential care facilities, primarily for “frail care,” no other purpose-built housing is being conceptualised or planned at this time.

It is fair to comment that the government remains challenged by an enormous backlog in meeting the demand for social housing in general, enduring poverty, rapid urbanisation and population growth being among drivers of the demand, and does not view the provision of dedicated (and costly) senior housing as a priority at this stage. Nonetheless, it should remain incumbent on the government to give attention to a housing policy for this population, in order that a housing strategy and innovative housing models may evolve from that.