

**THE FACTORS THAT INFLUENCE SOCIAL WORKERS IN ESTABLISHING
COMMUNITY-BASED CARE AND SUPPORT SERVICES FOR OLDER PERSONS**

by

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DECLARATION

I declare that **THE FACTORS THAT INFLUENCE SOCIAL WORKERS IN ESTABLISHING COMMUNITY BASED CARE AND SUPPORT SERVICES FOR OLDER PERSONS** is my own work and that all sources that I have used to quote have been indicated and acknowledged by means of complete reference.

Signature:

Date: 13/07/2015

(G. Mtiya-Thimla)

DEDICATION

I dedicate this study to my late father Archibold Silimela Mtiya, to my two brothers that also passed away, Mongezi and Andile Mtiya, to my late maternal grandparents Ida Nothemba and Doli Sodumo and to my paternal grandparents Nomtobi and Mtshweleni Mtiya. I know that you highly valued education, I love you all and miss you dearly.

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ABSTRACT

In South Africa prior to 1994, community-based care and support services were established for whites only. The majority of older African (black) persons received informal support from their adult children and relatives. This has waned over the years due to the social and economic changes that have put into doubt the continued viability of such support. The Older Persons Act of 2006 requires social workers to establish community-based care and support services for older persons. Hence, the study was conducted to understand the factors that influence social workers in establishing CBCSS for older persons in Bloemfontein in the Free State Province.

A qualitative research method was undertaken to accomplish the goal of the study. Purposive and snowball sampling techniques were used to identify suitable participants. Face-to-face semi-structured interviews were conducted with fifteen social workers who provide services to older persons. The data was analysed through Tesch's (cited by Creswell, 2009:186) eight steps of qualitative analysis and data verification was conducted following Guba's (Kreftling, 1991) model. The major finding is that there is a need for social workers to specialise in older persons programmes (gerontology). For the programmes to be a success, it is recommended that the Department of Social Development (DSD) strive to retain social workers who are knowledgeable and experienced in older persons programmes.

Key concepts: Community-based, care, older persons, social workers, support, service

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ACRONYMS

| | |
|------------------------------|---|
| CBCSS | Community Based Care and Support Services |
| CBO | Community Based Organisation |
| DoE | Department of Education |
| DH | Department of Health |
| DPSA | Department of Public Service Administration |
| DSD | Department of Social Development |
| EAP | Employee and Wellness Programme |
| EXCO | Executive Management Committee Organisation |
| FBO | Faith Based Organisation |
| HOD | Head of the Department |
| ICESCR | International Covenant on Economic Social and Cultural Rights |
| ISDM | Integrated Service Delivery Model |
| NGO | Non-Profit Organisation |
| NPA | National Prosecuting Authority |
| OECD | Organisations for Economic Cooperation and Development |
| OSD | Occupational Specific Dispensation |
| SA | South Africa |
| SACR | Department of Sport Arts Culture and Recreation |
| SAOPF | South African Older Persons Forum |
| SAP for older persons | South African Policy for older persons |
| SA Plan | South African Plan of Action |
| SAPS | South African Police Services |
| UN Declaration | United Nations Declaration Plan |
| UNISA | University of South Africa |

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CHAPTER ONE

INTRODUCTION AND GENERAL ORIENTATION TO THE STUDY

In this chapter, the general introduction and problem formulation as well as the motivation to the study are presented.

1.1 General introduction, problem formulation and motivation of the study

Community-based care and support services (CBCSS) for older persons are not new in South Africa (SA). The first CBCSS was established in the late 1960s, and thereafter more CBCSS mushroomed all over the country as a result of the subsidy system (Lombard & Kruger, 2009:128). In the United States unlike in SA the development of CBCSS began in the 1970s and expanded in the 1980s (Chen & Berkowitz, 2012:1). The purpose was to offer older persons support that allowed them to age in their own communities. In SA, CBCSS in the 1960s were offering well-balanced meals and social interaction for the so-called white older persons (Lombard & Kruger, 2009:128; South African Policy for Older Person's 2004:26-27). During the apartheid era, the African (black) older persons were excluded until SA received its democracy in 1994.

The majority of African older persons received informal support from their families; that is, their older children and relatives. Older persons provided care to their children and grandchildren with the hope that, in turn, they would provide care to them in their old age. It was assumed by the previous government that the extended family appropriately provided for older persons (Department of Social Development, 2006:1; South African Policy Older Persons, 2004:26).

In Nigeria, like in South Africa, the care of older persons also rested within the extended family system, as they were cared for by their children, son's wife and by their younger siblings (Asiyanbola, 2007:146). The social obligations of older persons were multi-dimensional, as they encompassed religion, education, politics, recreation and entertainment, as well as economic and prophetic issues (Asiyanbola, 2007:146). This has waned over the years as social and economic changes have put into doubt the continued viability of traditional arrangements for older persons (Department of Social Development, 2006:1; Asiyanbola, 2007:146).

Furthermore, older persons are at great risk of being subjected to criminal activities. Attacks on older persons are motivated by, amongst others, their being viewed as "soft targets" by those who abuse drugs, hold distorted cultural beliefs and hatred (South African Older

Persons Forum News, January, 2010:6). Violence against older African women is worsened by accusations of witchcraft, especially in the Limpopo and North-West Provinces. Increased cases of murder of older African women and other atrocities in SA were reported by the print media from 2009 to 2011 (Media News, 2009-2011).

To reflect on the extent of vulnerability of older persons in SA, the following cases made headlines in 2010 and the perpetrators were found guilty (South African Older Persons Forum News, January, 2010:6):

- 2010/01/13 – an 81-year old woman was stabbed 50 times and her throat slit allegedly by her neighbour who accused her of witchcraft in KwaKwiliza near Matubatuba, KwaZulu-Natal
- 2010/01/05 – a caregiver from a residential care facility in Port Shepstone, KwaZulu-Natal was apprehended and convicted after allegedly assaulting an older person with a broomstick
- 2010/01/01 – an 83-year old man was shot and killed in Hartzenburgfontein, south of Johannesburg.

Several other recent incidents of atrocities against older persons made headlines in most provinces as reported in various newspapers. These included the following incidents:

- On 20 August 2012, a 64-year old woman was stabbed a number of times by the attacker who wanted to rape her next to the road in Mahasana Village near Willowvale in the Eastern Cape (*Daily Dispatch*, 2012:1).
- On 11 January 2013, a couple both aged 79, were found dead and their bodies were placed in a deepfreeze in their house in Belfast, Mpumalanga (*The New Age*, 2013:1).
- On 15 January 2013, a couple both aged 75 years, were found dead in their tuck shop on a farm. The body of the woman was found in a freezer and the husband's body was on the floor with his feet tied and his head covered with a material sack in Parys in the Free State Province (*The New Age*, 2013:1).
- On 31 January 2013, two men appeared in the Bloemfontein magistrate's court on murder charges relating to the killing of a 75-year old man during a house robbery (*The New Age*, 2013:11).

Apart from being murdered, older persons are victims of sexual violence. For instance, on 29 January 2013, a 37-year old suspect was arrested for attempting to rape a 67-year old woman in Zamdela, Sasolburg, Free State (*The New Age*, 2013:11). Most often, older persons are

abused by their own children, relatives or their neighbours who have been released from prison, and who abused alcohol and drugs. This has been observed through cases reported by community members to the social workers.

It is said that older persons are unwilling to report the abuse or violence at the police station against the perpetrators who are known to them for fear of reprisal. This has been confirmed by different professionals such as the lawyers from the National Prosecuting Authority (NPA), the South African Police Service (SAPS), social workers, professional nurses and human rights organisations during a workshop held by the DSD in Bloemfontein on 13 June 2013. The theme for the workshop was “Strengthening older persons’ abuse protocol”.

Older persons also suffer financial and emotional abuse from their caregivers or people whom they respect and trust. As such, many older persons live in extreme poverty. This problem has been observed through cases reported by concerned community members to the social workers employed by DSD in Bloemfontein. These are some of the real-life experiences of older persons in SA that have contributed to the researcher’s interest in this study.

The other factor that affects the establishment of CBCSS for older persons in Bloemfontein is that after 1994 some older persons migrated from Lesotho to SA as they were attracted by democracy and its benefits such as social grant, reconstruction and development projects and CBCSS (Raphela, 2013:13). The migration led to informal settlements such as the one called J.B. Mafora. In 2013, there were 2 717 older persons aged 65+ from Lesotho (Statistics SA, 2013:7). As social beings, older persons have a fundamental need to and therefore, the migrants needed to be integrated into CBCSS which allowed them an opportunity to interact with others (Golden, Conroy, Bruce, Denihan, Green, Kirby & Lawlor, 2009:694).

There are also older persons who originate from the Eastern Cape Province who have worked in Bloemfontein for a long time and decided to settle there after retirement, thus increasing the number of older persons in the city. This means that more social workers are needed for the establishment of CBCSS for these older persons as well. Most of these Xhosa older persons have settled in an area called Batho location. The population of older persons in Bloemfontein is presently equal to 15 0756 (Statistics SA, 2011). Thirty four social workers were trained to provide services to amongst others older persons in Bloemfontein. These social workers are not specialising as they are expected to provide services to children, the youth, adults and families and are thus unable to cope with the demand of older persons’ programmes.

CBCSS are meant to ensure that older persons receive full support from their families and communities, and do not lose their support networks. In times of vulnerability, these support networks consist of families, friends, neighbours, health and social care professionals (Drennan et al., 2008:235). The support network interventions are sustainable when they are inter-collaborated (Cheadle, Egger, LoGerto, Schwartz & Harris, 2009:67). Social workers should lead the process and all government departments, non-profit organisations (NPOs), and community-based organisations (CBO's) should join hands to offer the required services to older persons.

Joseph and Phillips (1999:153) describe families as the primary caregivers, stating that there is strong evidence that the family in China will continue to be seen as the main source of economic and social support for older persons, as the Long Term Care and Retirement Policy emphasise that families understand their roles and responsibilities in spite of sporadic recent official statements to the contrary. Strydom (2008:110) also alludes to this by stating that the most important resource available for meeting the needs of older persons is their families who also need support.

The Older Persons Act No. 13 of 2006 replaced the Aged Persons Act No. 81 of 1967 that was outdated because it emphasised institutionalisation for certain debilitated older persons. The third objective of the Older Persons Act No. 13 of 2006 emphasise a shift from institutional care to CBCSS in order to ensure that an older person remains in his or her home within the community for as long as possible. This is in concert with other countries such as Australia, China and European countries as they have moved from institutionalisation to CBCSS (Miller, 2005:2; Golden et al., 2009:694-695).

The Older Persons Act No. 13 of 2006 is rights-based, as it emphasises specific rights for older persons as declared by the United Nations Declaration (UN) Resolution No 46/1991 and the Constitution of the Republic of South Africa Act No. 108 (1996:7). These rights are as follows: participation, dignity, independence, self-fulfilment and care. An older person receiving CBCSS has, in addition to his/her rights, the following rights (Older Persons Act No. 13 of 2006:12):

- To pursue opportunities for the full development of his or her potential
- To benefit from family and community care
- Protection in accordance with society's cultural values.

Chapter three of Older Persons Act No. 13 of 2006 focuses on CBCSS as well as a basket of other services that can be provided. Such services include: provision of meals (meals on wheels or on foot), income-generating projects (communal gardens, knitting, after-care service for children), active ageing (sports and recreation), provision of information (formal and informal), counselling (professional, spiritual and lay), and care and rehabilitation to promote self-sufficiency and self-reliance.

According to Rowan, Faul, Birkenmaier and Damron-Rodriguez (2011:191), CBCSS are complex and fragmented small pieces of different activities that need to be provided to older persons daily by social workers, depending on their specific circumstances.

In general, SA social workers, particularly those in the rural areas, are reported to be concentrating on statutory work more than any other duties and thus find it difficult to establish CBCSS for older persons (Schenck, 2003:9). Furthermore, time and other resources such as cars also contribute negatively to this effect. As a result, only a few clients can access social workers because of travel and other expenses (Schenck, 2003:9). Social workers in Bloemfontein are prone to burnout, as they are overworked and do not have the necessary basic working tools such as cars, papers, pens, fax machines and the telephone lines can only be used to call landlines.

These conditions are devastating, as social workers sometimes feel degraded, particularly when it comes to office accommodation and toilet facilities (Schenck, 2009:14). Resources such as fax machines, telephones and computers are commonly lacking and this makes these professionals feel forgotten by government (Schenck, 2009:16). All these factors that are stated here make it difficult for social workers to work productively and with passion. These are some of the factors that influence social workers in establishing CBCSS for older persons.

There is a need to deliver on the policy commitment in order to fulfil the government's developmental welfare perspective. The government imagines a population of active and productive older persons living within the community (Strydom, 2008:104). Older persons want to remain in their own homes or the homes of family members for as long as possible (Damron-Rodriguez, Harada & Mcguire, 2001:45). The establishment of CBCSS for older persons will provide access to basic services such as physical and emotional care, well-balanced food, recreation, protection, safety and security. Social Work has an important contribution to make in the delivery of services to older persons in partnership with families, communities and other stakeholders in a coordinated and inter-collaborated manner (Williams & Gilbert, 2012:45).

The Older Persons Act No. 13 of 2006 concerns a statutory service like the Children's Act No. 38 of 2005, and therefore, the responsibility for its implementation lies with social workers. Social workers are well-positioned to collaborate with older persons to create and advocate for friendly older persons' programmes, and to provide culturally competent services to them.

Even though social workers have a leading role in implementing the Older Persons Act No. 13 of 2006, the provision of older persons' services requires inter-collaboration of departments, the private sector and civil partners in providing such services (Strydom, 2008:107; Older Persons Act No. 13 of 2006). The present structure of health and social care services has separate lines of funding with different accountabilities and variable models of inter-professional and inter-agencies which may present an obstacle to achieving seamless care of older persons (Robison & Drinkwater, 2000:163). The South African Plan of Action (2004:11-37) tabulates clearly the roles and responsibilities of each department as well as NPO's, business people, financial services providers, along with CBO's.

The researcher has observed that social workers experience challenges in the establishment of CBCSS for older persons, as there is a lack of inter-collaboration and coordination of older persons' services amongst the government departments, such that services to older persons are duplicated by different departments such as health, agriculture, the premier's office and the municipality.

South Africa has adopted an integration model for older persons into society. This model requires a vibrant partnership between government, the private sector and civil society, including non-governmental and CBO's, families and the community as a whole (Lombard & Kruger, 2009:121). However, this process is politicised and hampered by politicians who hijack it during campaigns when they want to win favours in the elections. For instance, the distribution of blankets or food parcels, identity documents, furniture and houses only become prominent during election periods to the exclusion of the leading implementers (social workers).

One of the challenges for social workers is to ensure that all frail older persons who live alone are provided required services such as care and support. Furthermore, social work services are required to advocate, empower and enable older persons to live independently with dignity (Older Persons Act No. 13 of 2006:10). Therefore, it is imperative that social workers take the lead in these processes for verification and validation purposes.

Historically, working with older persons' demands special knowledge of CBCSS. Social workers as experts are characterised by respect and dignity, a combination well-suited for establishing CBCSS (Rowan et al., 2011:190). Strydom (2008:109) confirms the above statement by declaring that SA's growing population of older persons has the right to dignity, a sense of belonging and self-worth just as every other citizen is entitled to enjoy. Any such service must be provided in an environment that prevents the exploitation of older persons, and affords them respect and dignity (Madrid Plan 2002; South African Plan of Action, 2004; Older Persons Act No. 13 of 2006:12). Social workers are needed to identify gaps and work to create new community care resources to fill the gaps (Rowan et al., 2011:192), which explains the motivation for this study.

Research studies have been conducted in SA on CBCSS (Strydom, 2008; Dhurup & Surujlal, 2009; Lombard & Kruger, 2009) but there is a dearth of research on the factors that influence social workers in the establishment of CBCSS for older persons. This study, therefore, aims to explore these factors as experienced by the social workers in Bloemfontein in the Free State Province.

In the United Kingdom, Robison and Drinkwater (2000:163) recommended that a future model suggesting that CBCSS teams had to consist of primary, secondary and community care. According to Nolin, Wilburn, Wilburn and Weaver (2000:223), when assessing the needs of the older persons within a community, an understanding of the use of both informal and formal sources of care is needed. Internationally many jurisdictions have attempted to facilitate CBCSS by establishing a single entry point system with case management provided for continuing care in the community and for admission to long-term care institutions (Johri, Beland & Bergman, 2003:223).

The Older Persons Act (No. 13 of 2006:8) explains that care should be implemented in an integrated, coordinated and uniform manner. Furthermore, the Older Persons Act No. 13 of 2006 recognises the competing social and economic needs that exist, and for that reason, the Act suggests that the organs of the state must take reasonable measures to the maximum extent of their available resources to achieve the realisation of its objectives. The researcher, therefore, wanted to establish the factors that influence social workers in establishing CBCSS for older persons.

1.2 Problem statement

A problem statement is an area of conflict, concern or controversy (that is, a gap between what is wanted and what is observed) and it gives us an idea what the researcher intends studying (Porte, 2010:12). The problem statement of this research was expressed as follows: CBCSS are meant to ensure that older persons receive full support from their families and communities, and thus do not lose their support networks.

New values and norms redefining the way family members relate to one another have emerged. Older persons are left isolated and made to appear as a burden with little protection against abuse, neglect and abandonment (Strydom, 2008:105; Asiyanbola, 2007:146). The Older Persons Act No. 13 of 2006 recognises and acknowledges older persons' wisdom and, therefore, emphasises a shift from institutionalisation to CBCSS for older persons for as long as possible. This shift requires different government departments to provide support services that enable older persons to live longer in their communities. Social workers have an imperative role to provide and enhance a full continuum of the services and to identify gaps (Rowan & et al, 2011:192). The identification of gaps should inform the establishment of new community care resources by social workers to close the existing gaps.

The human mind is always occupied with a question of how to improve the human environment (Wood & Kerr, 2010:1). This study, therefore, has sought to explore the field that the researcher felt has been less studied, which is the factors that influence social workers in establishing CBCSS, as they are better skilled professionals with special knowledge of community services characterised by respect and dignity (Rowan et al., 2011:190).

1.3 Motivation for the study

The researcher is employed by the DSD as a provincial coordinator for an older persons programme in Bloemfontein, Free State Province. During the past five years, the researcher has observed that ninety five percent of older persons live alone in townships and villages with minimal support, if any, from their adult children and relatives (Statistics SA, 2013). Families and friends are no longer playing a role in determining the status and support of older persons, especially within the context of the extended family.

The life circumstances of the older persons are diverse, depending on the community in which they live and their (the older person's) approach to life (Dhurup & Surujlal, 2009:18). Families are no longer fulfilling the economic, cultural and social functions that they have performed before colonisation and industrialisation (Lombard & Kruger, 2009:124). For

instance, the central role of older persons as socialisation agents has decreased due to, amongst other factors, the emphasis on smaller family units, migration to urban areas, working wives, HIV/AIDS, international emigration, poverty and new life styles (Department of Social Development, 2006:1; Asiyanbola, 2007:146).

The researcher has observed that, in SA, modernisation of the communities has contributed negatively to older persons, as they have lost political and social power. Ageing is becoming less important in determining access to and control of traditional and political resources, older persons are continuously losing their status and authority (Darkwa & Mazibuko, 2002:107-123). They are left with little protection against abuse, neglect and abandonment (Strydom, 2008:105; Asiyanbola, 2007:146). Hence, many older persons in South Africa are faced with the prospect of increased isolation and loneliness (Dhurup & Surujlal, 2009:16). The social and economic trends affect the profile of older persons and the services they require, namely CBCSS. The researcher views isolation of older persons as the cause of vulnerability and exposure to criminal activities and other social ills that affect their lives adversely.

Furthermore, during the past ten years the South African government developed three processes to run concurrently with the purpose to shape quality developmental social services in the country. These processes are the Integrated Service Delivery Model (2005) (ISDM), generic norms and standards (2006) and Quality Assurance Framework (2009). The ISDM presents a comprehensive, integrated service delivery system for social services. Generic norms and standards identify and guide the delivery of value through all activities, and provide a basis for efficiency and effectiveness in social service delivery.

A quality assurance framework is required to ensure respect for human rights, promote social justice, redress and create opportunities for the development of social service practitioners and to ensure effectiveness and efficient service delivery of social welfare services. Social workers are expected to use these processes inter-changeably, as they are the guiding tools for provision of developmental services. However, the researcher has observed that there is a lack of the implementation of the three processes as far as the establishment of CBCSS for older persons is concerned.

From the researcher's experience, these presenting challenges are a continuous occurrence and therefore, challenge one to look deeper into the factors that influence social workers in establishing CBCSS for older persons in Bloemfontein. The dearth of research in this area also served as a motivation for this research study.

1.4 Research question

Yegidis, Weinbach and Myers (2012:69) describe a qualitative research question as a “navigational tool that not only helps guide the researcher through the research process but also encourages the exploration into unexpected directions the research may take”. Jansen (cited by Maree, 2007:1) describes a research question as what the researcher wants to know. In this research study, the question was: *What are the factors that influence social workers in the establishment of CBCSS for older persons?*

1.5 Goal and objectives

The terms “goal”, “purpose” and “aim” are often used interchangeably (Fouché & De Vos, 2005:104). A goal is defined as the purpose toward the research study. In research, this refers to what the researcher wants to achieve through the research process (Hennink, Hutter & Bailey, 2011:34). The goal for the proposed study was as follows: *To develop an in-depth understanding of the factors that influence social workers in the establishment of CBCSS for older persons in Bloemfontein.*

De Vos (2005:104) states that objectives are steps that are realistically taken at grassroots level within a certain time frame in order to attain the dream or the future desired outcomes. In order to assist the process of realising the aforementioned goal, the following objectives were formulated.

- To obtain a sample of social workers who are responsible for the establishment of CBCSS for older persons in Bloemfontein
- To conduct semi-structured interviews to explore factors that influence social workers in establishing CBCSS for older persons
- To transcribe, sift, sort and analyse the data according to the eight steps of qualitative data analysis proposed by Tesch (cited by Creswell, 2003:172)
- To subsequently describe the factors that influence social workers in establishing CBCSS for older persons
- To undertake a literature control to verify data
- To draw conclusions and make recommendations to social workers and the Department of Social Development on the factors that influences social workers in establishing CBCSS for older persons.

1.6 Research methodology

Under this subheading, the intended research approach and designs followed in the research endeavour are presented. Methodology is a specific philosophical and ethical approach to develop knowledge, a theory of how the research would proceed, given the nature of the issues it seeks to address (Nicholls, 2009:587).

1.6.1 Qualitative research approach

The characteristics of qualitative research are as follows:

- Qualitative research is concerned with developing explanations of social phenomena; that is, to understand the world and why things are the way they are (Joubish, Khurram, Ahmed, Fatima & Haider, 2011:2082).
- Cases for study (people, organisation, and communities) are selected because they are “information rich” and illuminative (Patton, 2002:40).
- Qualitative research is concerned with collecting in-depth information asking questions such as “Why do you say that?” (Joubish et al., 2011:2082).
- Qualitative research is emergent rather than tightly prefigured. Several aspects emerge during a qualitative study (Creswell, 2003:179).
- Qualitative research is fundamentally interpretive. This means that the researcher makes an interpretation of the data (Creswell, 2003:179).
- The qualitative researcher adopts and uses one or more strategies of inquiry as a guide for the procedures in the qualitative study (Creswell, 2003:179).

The qualitative research was deemed suitable for this study, as it enabled the researcher to understand the factors that influenced social workers in establishing CBCSS for older persons.

1.6.2 Research design

Maree (2008:70) states that a research design is a plan or strategy which moves from the underlying philosophical assumptions to specify the selection of participants and data gathering techniques to be used and the data analysis to be done. In this research study, the researcher used an explorative, descriptive and contextual design.

An explorative research design: An exploratory research is undertaken when little is known about the area of study. Often it preludes to a more detailed study but it is also an important

form of research in its own right (Alston & Bowles, 2009:34). In using the design, the researcher yielded new insights and provided an in-depth understanding of the perspectives and experiences of the research participants (Hennik, 2011:10; Babbie, 2010:93).

The researcher began the study without much insight into the factors that influenced social workers in establishing CBCSS for older persons and therefore, the explorative research design was appropriate for this undertaking.

Descriptive research design aims to find out in greater detail than exploratory research, what of the social phenomena (Alston & Bowles, 2009:33). The accumulation of findings derived from exploratory research made it possible to design that allowed the researcher to gather descriptive knowledge about the factors that influenced social workers in establishing CBCSS for older persons (Burns & Grove, 2005:44).

Contextual research emphasises the truism that knowledge of human experiences and perceptions best emerges when researchers understand the full context of natural settings (Monette, Sullivan & De Jong, 2011:225). Contextual research adds to our existing body of knowledge and understanding as it is based on secondary sources (Maree, 2007:71). The use of the contextual design made it possible for the researcher to identify and understand how the context of the participants' lives shaped their experiences, perceptions and behaviour (Hennik, 2011:9).

Bloemfontein is the capital city of the Free State (FS) Province in SA. It is popularly known as "the city of roses", owing to the abundance of roses. The city is home to 369 568 residents, while the Mangaung local municipality has a population of 645 455 (Statistics SA, 2011).

1.6.3 Population, sampling and sampling techniques

A population refers to a pool of people in whom the researcher is interested to draw a sample (Mack, Woodsong, Macqueen, Guest & Namey, 2005:118).

Due to time and financial constraints, the whole population could not be involved in the study; hence, a sample was drawn. Sampling is about choosing who or what we wish to study in order to answer the research question (Alston & Bowles, 2009:80). In view of this, the qualitative researchers choose participants purposively through the use of purposive sampling. Purposive sampling offers the researcher the latitude to select the sample that has specific characteristics (Strydom, 2011:232). Hence, the researcher employed purposive sampling to select the participants who met the following criteria of inclusion:

- Social workers employed by the DSD in Bloemfontein in the Free State Province.
- Social workers who are responsible for the establishment of CBCSS for older persons.
- Social workers trained in the implementation of Older Persons Act No. 13 of 2006.
- Social workers who were willing to participate in the research study.

Qualitative research is concerned with meaning and not generalised hypothesis statements as in quantitative research (Mason, 2010). As such, in this research study, the researcher used the saturation concept as the guiding principle for sample size, as it could not be determined from the onset.

1.6.4 Method of data collection

Under this sub-heading the following will be discussed: sampling, preparation for data collection, method of data collection, role of the researcher and pilot testing.

Sampling: This is a process of selecting participants to voluntarily participate in a research study, as they are considered as experienced and knowledgeable in the research problem (Oppong, 2013:203). The researcher, as the provincial coordinator for the older persons' programmes, knew the district coordinator at Motheo. She then requested her to identify prospective participants in her office, as she knew them better than the researcher. When the researcher received the names from the district coordinator she then made an appointment with the district manager.

The researcher introduced herself to the district manager and sensitised the manager that the permission has been granted by the HOD to use social workers for the research study (see Addendum B). She further explained that the participants would not be disturbed in their work, as the researcher would conduct the interviews after hours. A verbal agreement was reached between the researcher and the district manager. A copy of the permission granted by the HOD was left with the district manager.

The researcher made a telephonic appointment with the prospective participants and requested to meet them in their offices at 16:00 so that she could introduce herself to them as a group. At the meeting, the researcher brought the consent forms and explained the content to the prospective participants. Each of them was given a copy to sign when she or he had decided to voluntarily participate. They were further requested to return it to the researcher, should they decide to participate in the study. The meeting lasted for thirty minutes.

As the researcher is positioned in the provincial office, she knew her prospective participants in the provincial office. She went to their offices and requested them to voluntarily participate in her research study. She left the consent forms with them so that they could read and understand their rights. The researcher requested them to respond telephonically or by email, should they decide to participate.

Preparation for data collection: The researcher started the process of data collection by making telephonic and physical contact with the prospective participants who were employed as social workers by DSD.

The purpose of making contact with them was to request the prospective participants to take part in the study. Furthermore, the criteria for inclusion were explained, and it was pointed out to them that their participation in the study was voluntary and that they had a right to decline to participate in the study. They were assured that their reluctance to take part in the study would not affect their position in the department in any way. Before the semi-structured interviews were conducted, the participants were requested to sign the consent form. A follow-up appointment was made for the semi-structured interviews to be conducted in English at their offices in the district and provincial offices at a time most convenient to them.

Method of data collection: For the purpose of collecting the data on the research topic the researcher used the semi-structured interview. A semi-structured interview is an in-depth interview that is less structured, which allows the participant to respond in his/her own words (Nicholls, 2009:640). This method gives the researcher and the participants the opportunity to be flexible. During the interviews open-ended questions were used to establish perceptions, experiences, challenges and needs in establishing CBCSS for older persons. The researcher requested permission from the participants to transcribe and record the semi-structured interviews as she was listening, and the permission was granted (Fox, 2009:5). The questions were asked in English. The interviews were conducted in their (social workers) offices. The questions employed in the study are presented in chapter three.

Role of the researcher: According to Denzin and Lincoln (2003:3), the role of the researcher in qualitative research is considered an instrument of data collection. A good researcher asks probing questions, then listens and asks more probing questions to find more answers to the same questions. The researcher is more interested in the participant's point of view.

In this research study, the following interviewing techniques were employed: listening, probing, encouraging and empathy (Seidman, 2006:10).

Pilot testing: A pilot testing is a small version experiment of a larger study that is conducted to prepare for the study (Stachowiak, 2008:1). In this study, a pilot test was conducted with three participants with the purpose of refining the interview guide and improving interviewing techniques (Hunt, Chan & Anita, 2011:196).

1.6.5 Method of data analysis

According to Maree (2008:99-100), qualitative data analysis tends to be an ongoing and iterative process, implying that data collection, processing analysis and reporting are intertwined and not merely a number of successive steps. In this study, data analysis was used to bring an understanding of perceptions, experiences, challenges and needs of social workers in establishing CBCSS for older persons. The independent coder was used to analyse the data independently from the researcher. Following this process, the researcher and the supervisor accepted the themes and sub-themes that emerged from the process of data analysis. The Tesch's eight steps (cited by Creswell, 2009:186) which were followed in the analysis of data are presented in Chapter Three.

1.6.6 Method of data verification

To verify data in qualitative research the researcher takes the responsibility of demonstrating that the research has been conducted in a trustworthy and rigorous manner, while the readers attempt to interpret the report to ascertain whether or not they are persuaded that the researcher has indeed demonstrated rigour (Porter, 2007:81). To demonstrate trustworthiness of the research findings in this research, the researcher used Guba's model (in Krefting, 1991:214-222). This model addresses four components of trustworthiness that are relevant to qualitative research, namely truth value (credibility), applicability (transferability), consistency (dependability) and neutrality (confirmability) (Thomas & Magivyl, 2011:152).

Truth value

In addressing the truth value or credibility of the research findings the researcher presented a true picture of the phenomenon of the factors that influence social workers in establishing CBCSS for older persons (Shenton, 2004:63). The findings of the researcher discuss negative and discrepant information that contradicts the general perspectives, as real life is composed of different perspectives that are often contradictory (Creswell, 2009:192). When the researcher finalised her report she returned to the research participants to ensure that the interpretation of the research findings represented their experiences accurately (Thomas & Magivyl, 2011:153). The researcher's vast experience as a provincial coordinator for the older

persons programme in Bloemfontein, Free State Province since 2008 contributed to her reporting the exact findings of the study.

Applicability

In meeting the requirements of transferability in this research the findings are substantiated with supporting examples, introduced as a literature review and verified by means of literature control (Ryan-Nichols & Will, 2009:77). A dense description of biographic and geographic boundaries such as age, gender, work positions, areas of services and population of the study are presented in Chapter Four.

Consistency

Consistency in qualitative research means accounting to all changing conditions of the research study and its design to get a better understanding of the context (Brown, 2005:31). Each process depends on the other for consistency. In order to address the dependability issue in this research the researcher reported the process within the study in detail so as to enable other researchers to repeat the process (Shenton, 2004:71). The researcher described the motivation of the study, sampling methods, data collection methods, data analysis, research findings and literature control. Furthermore, to enable other researchers to repeat the process and reach the same conclusions, the researcher has described the research question, aim, objectives, population, sampling method, data presentation, data verification and ethical considerations.

Neutrality

To remain neutral in this research study the researcher engaged with the participants and the social phenomena to ensure that the research findings were the result of the experiences and ideas of the participants (Ryan-Nichols & Will, 2009:77). In order to gain more information from the participants the researcher used semi-structured in-depth interviews, and combined them with interviewing skills such as building rapport, active listening, completeness, clarifications and motivational probing. The researcher adopted a self-critical attitude throughout the research process.

1.7 Ethical considerations

According to Drew (2007:56), ethics are the cornerstone for conducting effective and meaningful research. As such, the ethical behaviour of researchers is scrutinised unprecedentedly. In this research study, the researcher considered ethics as an important

aspect by informing the participants about their rights, as they were social workers. The researcher understood that unethical practice would negatively influence attitudes about the research (Klenke, 2008:10). The following ethics were considered as a guide of conduct towards protecting the sensibilities and rights of the participants:

Informed consent

Informed consent is defined by Berg (2009:87), as the knowing consent of individuals to participate voluntarily, free from fraud, deceit, duress or similar unfair inducement or manipulation. It concerns telling individuals or legal representatives about all aspects of the research which could reasonably influence their decision to participate (Monette et al., 2011:54) such as the advantages, disadvantages and dangers to which participants may be exposed, as well as the credibility of the research. In this research study, participants signed the consent forms (Addendum D) as proof of their voluntary participation.

No harm to participants

The researcher understood that she had responsibilities to her research participants, but also to her colleagues and the people she will present the findings to (Patton, 2002:5). The researcher started by considering the interview setting and the kind of questions to be asked, that is why the research questions were piloted.

Right to privacy and confidentiality

The ethical principles of right to privacy and confidentiality exist to safeguard research participants from harm that can come when their identities are associated with data collected (Yegidis & Weinbach, 2002:40). The collected information was used for this research study only. Furthermore, the researcher is a registered social worker and is bound to confidentiality by a code of ethics, as stipulated by the South African Council for Social Service Professions (SACSSP) (Babbie, 2004:63-72; Van Zyl-Edeling & Pretorius, 2005:107-113). In this research study, the participants' identities were hidden by use of letters of the alphabet so that even the researcher found it difficult to link the data with the respective participants. The researcher removed elements such as office numbers or locations that could indicate the participants' identities.

Management of information

Linked to anonymity and confidentiality is management of information. According to Flick (2011:220), to minimise the risk of access to data by unauthorised persons the researcher

needed to lock research records or used password protection for data stored electronically. In this research study, when managing the information the researcher followed Berg's (2009:90) suggestions as follows:

- The participants were given an opportunity to point out the information they wished to remain private.
- The data such as tapes and notes were kept under lock and key to avoid access by any unauthorised person.
- The researcher created alphabet letters for participants to hide their names. The names of the participants were not disclosed to the supervisor, typists or the independent coder.
- After the data analysis had been carried out, the researcher kept all records (tapes and notes) away under lock and key.

1.8 Clarification of key concepts

The researcher considered it befitting to define some key concepts that were central in this research study.

Social worker: In South Africa, a social worker means a person registered as a social worker under section 17 of the Social Professions Act No. 110 of 1978 in the employ or service of the government or a registered welfare organisation. The profession of social work is an odd mixture of many things. It is usually practiced by government civil servants in Western countries (Europe and North America), while many NGOs have social workers on their staff (Bartle, 2007:1).

According to the International Federation of Social Workers (2013:1), social work promotes social change, problem solving in human relationships, and the empowerment and liberation of people to enhance wellbeing. Social workers intervene at a point where people interact with their environment. In this context, a social worker refers to a professional who provides services to older persons and is responsible for the establishment of CBCSS for older persons, and who is employed by the Department of Social Development.

Older person: In South Africa, this means a person who is sixty (60) years of age or older (Older Persons Act No. 13 of 2006). In other countries like Europe, America and Austria the term can mean a person from fifty-five (55) years of age and older. According to Kirst-Ashman (2010:5), older persons form a diverse population, presenting a wide range of practice needs and social issues. In most developed countries an older person means a person

who is sixty-five (65) years of age but the UN confirms that an acceptable age for older persons is sixty plus (60+) years (United Nations Declaration No 42/91).

Community-based care and support services: The researcher adopted the term as provided below. According to the South African Policy for Older Persons (2004:27) CBCSS means development, care and support services that are provided within a community, aimed at promoting and maintaining the independent functioning of older persons in that community. The term also includes home-based care for frail older persons within the community (South African Policy for Older Persons, 2004:27).

Support services: Support services refer to the social and psychological programmes aimed at developing the person by promoting his/her social functioning and mental health (Correctional Service Amendment Act No. 25 of 2008). Canavan (2004:17) describes support services as an inclusion process of an individual as a central player. Support services imply supporting, reinforcing and strengthening the ability of a family to meet the responsibilities of their respective statuses (Kirst-Ashman, 2010:244). In this context, support services refer to professional services provided by social workers to older persons.

1.9 An outline of the research report

The outline of the research report is as follows:

Chapter One: Introduction and general orientation of the study

This chapter introduces the research study and the processes that were followed to reach the research goal.

Chapter Two: Theoretical perspectives on aging and community-based care

In this chapter, theoretical perspectives of aging, CBCSS, its nature and the process of establishing it were defined and described followed by the challenges of social workers in establishing CBCSS for older persons.

Chapter Three: A description of the qualitative research process and its application

This chapter presents the research design, the research approach and the research method.

Chapter Four: Data presentation and interpretation

In this chapter, the research findings are presented. The researcher started by providing demographic data of the participants in order to orientate the reader to the study. Furthermore,

an overview of the themes with related sub-themes and categories which emerged during the data analysis process are also presented and substantiated with the relevant literature.

Chapter Five: Summaries, conclusion and recommendations

This chapter provides recommendations to future research studies, policies, social work practices, education and to the Department of Social Development where the research was undertaken.

1.10 Conclusion

The chapter presented a general introduction and a problem formulation as well as the motivation for the study, the research question, the goal and objectives, the research approach and design, ethical considerations, a clarification of key concepts and an outline of the research report.

The following chapter describes theoretical perspectives in aging and community-based care.

CHAPTER TWO

THEORETICAL PERSPECTIVES ON AGING AND COMMUNITY-BASED CARE

2.1 Introduction

The previous chapter orientated the reader to the study by providing the general introduction, the problem statement, the motivation of the study followed by the research methodology, ethical considerations and the definition of concepts used in the study. In understanding the phenomenon of aging and social work interventions in establishing CBCSS for older persons, the researcher theorised her data. Theorising is a natural process that goes beyond the “what” of the data collected with the purpose of explaining the “why” and “how” of biological, social and psychological processes (Bengston, Gans, Putney & Silverstein, 2009:8).

Social workers are specialists and champions in social work policies and programmes (Rowan et.al, 2011:192). Hence this chapter is based on the literature study of theoretical perspectives of aging and CBCSS for older persons.

2.2 Theoretical perspectives in aging

Hutchison and Charleswork (2011:7) defined theory in social work as a logical, interrelated set of concepts and propositions organised into a deductive system which explains relationships among aspects of the world. The researcher opted for a sociological description of theoretical perspectives, as they were relevant in this investigation. These perspectives are incorporated in Chapter Four in the literature review.

Richeson and Shelton (2006) describe theoretical perspectives as more general and broader, as they emphasise views. In social work there are several theoretical perspectives that are useful in changing situations of older persons and environments such as the systems, conflict, rational, choice, social constructionist, psychodynamic, developmental, social behavioural and humanistic (Shelton, 2006).

According to Crossman (2011), a theoretical perspective is a point of view within a discipline which may include a basic assumption that draws attention to aspects of a phenomenon. According to Crosnoe and Elder (2002:1), Mooney, Knox and Schacht (2007:1) as well as Anderson and Taylor (2009:1), sociologists divide theoretical perspectives into three categories, namely functionalism, symbolic interactionism and conflict.

2.2.1 Functionalism perspective

According to the functionalism perspective, a society is a system of interconnected parts that work together in harmony to maintain a state of balance and social equilibrium for the whole (Mooney, Knox & Schacht, 2007:1). Spencer, Durkheim, Parson and Merton are known in sociology for their views on functionalism. Functionalists interpret each part of society in terms of how it contributes to the stability of the whole of society (Anderson & Taylor, 2009:1). This perspective focuses on the operation of social systems, change and the social consequences they produce. Three social theories within the functionalism perspective were developed, namely the disengagement theory, the activity theory and the continuity theory.

2.2.1.1 Disengagement theory

This is a process when the older persons naturally withdraw from society and social relations as they are growing old (Iwamasa & Iwaski, 2011:262-263). During this period older persons experience physical and mental decline as they approach death (belief). The withdrawal allows them to cope with social pressure as they receive less reinforcement to conform to social norms. At this stage, older persons replace the lost roles by self-fulfilling activities; hence, the activity theory.

2.2.1.2 Activity theory

This theory shows that older persons continues to be engaged in activities within their communities, such as school governing bodies, health committees, community policing forums and community-based care and support services with the intention to continue living (Wiesel, 2012:146; McCarthy, 2005:17-18).

2.2.1.3 Continuity theory

This is when the older person chooses to maintain consistency in internal and external structures. The older person experiences personal satisfaction and is able to adapt to change over time, and maintains a sense of connectedness, meaning and purpose in life (2005:17).

2.2.2 Symbolic interactionism perspective

This perspective proposes that age is socially constructed and determined by symbols that resemble social interactionism (Hurst, 2003:2). Older persons become physically weak and tired due to the degeneration of body cells and thus unable to do things that they used to do. Chatters and Taylor (2010:389-406) refer to this perspective as “the spiritual dimension”.

They state that religion brings happiness, internal peace, faith, appreciation and altruism, and it builds good behaviour. Hence, many older persons are spiritual and devote their time and energy in church activities. Some theories state that there are no theories associated with this perspective (Abner & Carie, 2006). However, Cronsoe and Edler (2002:1090) associated this perspective with three theories which are the subculture of aging, selective optimisation and gerotranscendence.

2.2.2.1 Subculture of aging theory

In this theory, as older persons disengage from society as described in the disengagement theory, they develop new patterns of interaction with their peers as they share a common background and interests. CBCSS offers them an opportunity to share experiences with peers and allow them space to compare the past with the present. By joining the group they find a strong sense of belonging in their community (Crosnoe & Edler, 2002).

2.2.2.2 Selective optimisation with compensation theory

Freund (2002) describes older persons' successful personal development throughout life and their mastery of the everyday challenges as based on the components of selection, optimisation and compensation. Riediser, Freund and Baltes (2005) confirm that successful aging encompasses selection of functional domains on which to focus one's resources, optimising developmental potential (maximisation of gains) and compensation for losses, thus ensuring the maintenance of functioning and a maximisation of losses. As people age, their energy diminishes and they select (selection) personal goals to get the most (optimisation) for the effort they have made with social life activities, making up for (compensation) the loss of a wider range of goals and activities. Older persons are protective of their children and grandchildren and like to share their experiences with the younger generation. This is in line with the intergenerational programme and one of the objectives of the Older Persons Act No. 13 of 2006 which requires older persons' to share knowledge and skills with the younger generation at the CBCSS centres.

2.2.2.3 Gerotranscendence theory

Jonson and Magnuson (2001:317) describe this theory as an alteration of consciousness in old age. Wadenstein (2007:3) confirms the description of the theory as the experiences of growing old characterised with a positive attitude. This theory is based on ideas and theories of others as well as on empirical studies. Tormstam (2006:1) explains that this theory defines developmental changes that indicate increased life satisfaction (self-fulfilment) as described

by the older person. This means that this theory is different from the disengagement theory, as the older person is not withdrawing from life but shares satisfaction about life experiences in CBCSS.

2.2.3 Conflict perspective

According to Crossman (2009:1), this perspective emphasises the role of coercion and power in producing social order. For this theory, inequality exists because those in control of a disproportionate share of society's resources actively defend their advantages. For example, older persons, youth and middle-aged persons compete for power and scarce resources. Because older persons are disengaging in society to give the younger generation a chance as such they struggle to retain some useful resources, this competition at times results in conflict. Wiesel (2012:146) blames modernisation and urbanisation as the causes for conflict, as families now see older persons as a burden, as they do not have much to offer economically. Fenge (2010:432-433) states that the government and private sector provide paternalistic models of care for older persons. A paternalistic model is an action or attitude of giving older persons what they need but it does not offer them responsibility or freedom of choice (Grill, 30 May 2014; Sandman & Munthe, 2009:7). Fenge (2010:432-433) suggests a postmodern perspective as the best intervention method since it encourages older persons to have a voice in services provided to them. There are three classic theories of aging within the conflict perspective. They are as follows:

2.2.3.1 Modernisation theory

According to Parson (2012) as well as Glabsy (2008), modernisation is the mechanism of inclusion and the upgrading of the welfare status of older persons into societal basic interventions such as a competitive democracy, a market economy, mass consumption and a welfare state (Glabsy, 2008; Parson, 2012). As the societies are becoming modernised, the status of older persons decreases and they are likely to experience exclusion. Furthermore, industrialisation has changed the family values with the nuclear family replacing the extended family. The norms regarding the care of older persons have changed to loneliness and isolation (Crosnoe & Elder, 2002).

2.2.3.2 Age stratification theory

Another theory that falls within the conflict perspective is age stratification which serves as a basis for social control (Irwin, 1999:691-715). For example, older women are not expected to wear miniskirts. Age stratification means that age groups have varying access to social

resources such as political and economic power because most times society discriminates against older persons (Garreston, 2011:1). The norm that the society has developed from cultural-based ideas controls the behaviours and the actions of society.

2.2.3.3 Exchange theory

Adding to the theories of conflict perspectives above discussed is the exchange theory. As aging continues, older persons experience increased dependence. Their frailty forces them to submit to the will of others (Crosnoe & Elder, 2002). Davey and Eggebeen (2014:86-95) confirm that older persons have fewer ways of compelling others; therefore, they submit to them. Burnight and Masoquela (2011:1) add to this point of view by stating that older persons start sharing their resources with their children, grandchildren and other extended family members early on in their lives. When their resources are exhausted, they are less able to exchange gifts and their social circles diminish.

2.3 Community-based care and support services

In 1999, the United Nations internationally proclaimed that with thoughtful planning an ageing society could become a society for all ages. It would embrace multigenerational equity and meaningful involvement of all life stages (Damron-Rodriguez, 2006:1). Hence, SA has adopted an integrated developmental approach for the increasing aging population in line with other countries such as China, Britain and Australia.

Negro-Poblete and Seguin (2012:1) view CBCSS for older persons as the fulfilment of the special needs and requirements that are unique to older persons. These include assisted living, day care, hospice care and homecare. CBCSS for older persons are broadly defined as any aspect of care that takes place outside of a hospital or nursing home (Damron-Rodriguez, Harada & McGuide, 2001:44). CBCSS is the care that the older person can access nearer home. This encourages participation of older persons, responds to the needs of older persons, encourages traditional community life and creates responsibilities. For the purpose of the study CBCSS for older persons mean any type of care that is provided within the community away from institution/residential care or hospitals that promotes and maintains the independent functioning of older persons in a community centre or home.

According to Long, Liu, Black O'Keefe and Molony (2005:20), research studies have showed that CBCSS significantly improve the quality of life of older persons since it promotes active, independent and healthy living. In CBCSS families are the primary caregivers for older

persons because they are the main sources of economic and social support (South African Policy for Older Persons, 2004:22).

According to the South African Policy for Older Persons (2004:27), CBCSS mean development, care and support services provided within a community aimed at promoting and maintaining the independent functioning of older persons in a community. The term includes home-based care for frail older persons within the community.

The researcher has observed that there is a need to fast track the establishment of CBCSS as poverty is increasing in SA. There is a growing number of white South African older persons in the streets due to early retirement, employment equity and transformation goals of Black Economic Empowerment. However, the overwhelming face of poverty among black South African older persons still exists (Lombard & Kruger, 2009:123; Wiesel 2012:145). Social workers should establish CBCSS that benefit older persons within their homes to prevent them from living a life on the streets.

The Older Persons Act No. 13 of 2006 recognises the importance of CBCSS. This explains that services to older persons have been expanded and are now inclusive. Social workers have a responsibility to make them accessible. Strydom (2008:109) confirms the Older Persons Act No. 13 of 2006 as he states that older persons, as recipients of CBCSS, have the right to pursue opportunities for the full development of their potential. They should benefit from family and community care as well as protection in accordance with society's system of central value.

According to Damron-Rodriguez et al. (2001:45), in the United States CBCSS provide a complement to family support, as it provides medical and social support services for older persons. In the United States, CBCSS can be divided into two categories, namely aggregated housing and congregated housing.

Aggregated housing consists of retirement communities, that provide individual apartments, townhouses or duplexes that allow residents to maintain their own households including a kitchen. These aggregated houses range from low-income public units to privately paid units for luxurious accommodation. Recreational facilities and communal halls are shared. Security and safety are the strengths of this option. Transportation and medical arrangements are also provided.

The second category is congregated housing which includes domiciliary care homes, adult foster care homes, shelter housing, and board and care homes. These CBCSS are provided

through public programmes since they are coordinated through the Department of Housing and Development.

In the United States of America, CBCSS are divided into two categories. These are discretionary and non-discretionary services. Discretionary services are services that are used as a matter of an individual's choice. Such services are the following: senior centres, meals on wheels, meals at senior service centres, companion services and personal services. Non-discretionary services are skilled nursing care, physical therapy, occupational therapy, speech therapy, dialysis, tube feeding, oxygen therapy and hospice (Chen & Berkowitz, 2012:3).

In CBCSS older persons have an opportunity to act as caregivers for other older persons caring for orphans to get support and also as caregivers for frail older persons living at home with or without a family member (Shu, Lung & Huang, 2002:262). In Baltimore (USA), many older persons prefer CBCSS, as these are less costly and allow them to stay near their families (Miller, 2005:2).

Lymberly (2005:66) adds that community care reduces the level of dependence on expensive institutional care and is a major benefit for the increasing population of older persons. According to Van Dyk (2002:327), CBCSS is less expensive for the family because problems with transport to hospitals, time and money spent on hospital visits and other costs are reduced. Community care services aim to prevent institutionalisation of older persons and that is the reason for the Australian government to emphasise community options for older persons (Nelms, Johnson, Teshuva, Foreman & Stanley, 2009:507-508).

SA has adopted an integration model for older persons to remain in their community. That requires a vibrant partnership between government, the private sector and civil society, including non-governmental and community-based organisations, families and the community at large (Lombard & Kruger, 2009:121; South African Plan of Action, 2004; Madrid Plan of Action, 2002). Norms and standards for CBCSS for older persons (2010:1-4) have categorised CBCSS into four groups. These are basic primary services, basic formal structures, intermediate services and tertiary services. The physical environment determines the category of service, as described below.

The basic primary service (A): Some of the older persons in townships rented shacks or garages which they utilise as CBCSS. However, the disadvantages of such venues are that there is no running water, the tap is outside the building, no proper kitchen and equipment and a general lack of proper infrastructure such as adequate toilets.

The basic formal primary service (B): This category consists of a community hall at least 1.5 square metres per person or a suitable sheltered meeting place, office or secure place for documents, a kitchen with running water, a safe power/electricity source, toilets for both genders (one for twenty-five older persons, ramps or handrails provided to make the facilities wheelchair and tripod accessible and safe, and hand wash facilities in each toilet block with water.

Intermediate service centre (C): In addition to basic formal primary services, there is a consulting room, hot and cold water supply and bathroom facilities with a shower.

Tertiary services (D): This is a comprehensive service that includes assisted living or respite care. In addition to intermediate services, there is a cooling facility for perishable food products, kitchen utensils, cutlery and crockery and a lock-up cabinet for medicines. This service should be rendered for a minimum period of five days per week.

The statutory requirements, as demanded by the Older Persons Act No. 13 of 2006, need to be considered and in place. These requirements are as follows:

- The CBCSS should be registered in terms of the country's legislation.
- All categories of CBCSS, that is A, B, C and D, should be assessed annually to determine the individual support and care service needs, and to determine any possible risks that need to be managed.
- The membership policy should be in accordance with statutory requirements.

The discussed categories can also reach out to frail older persons, who cannot attend the service centres in the form of home-based care and support services for older persons. In order to encourage older persons to take charge in their CBCSS they should manage them on their own.

The successful implementation of these categories can be summarised as follows:

- The older person is responsible for preparing and providing for independent aging.
- The family, as the primary unit of society, is enabled (trained) and assisted to provide the necessary support and care to older family members.
- Non-family members are also trained and paid by the family. If they are from a registered agency funded by the DSD they should receive the stipend from the agency.
- Community organisations such as FBOs, NGOs and CBOs provide support to families who are taking care of their older family members. They contribute to the provision of

basic services to prevent dependency, reach out to lonely and isolated older persons, and provide spiritual support.

In Bloemfontein, the CBCSS that exist are informal, scattered and not available in every ward. This is contrary to the norms and standards in the regulation of the Older Persons Act No. 13 of 2006 which requires that there should be CBCSS within reach no more than two kilometres apart from one another.

Social workers should conduct continuous community awareness on CBCSS for older persons. To enable social workers to do that, they need to acquire skills in presenting themselves to the community and learn advanced communication skills in convincing the public and private sectors about partnerships. Furthermore, social workers should take advantage of churches, schools, community meetings and public places to advertise services for older persons. They also have to ask for partnerships with relevant stakeholders who would be willing to support them, contribute financially and volunteer their services in establishing CBCSS for older persons. They also need to continuously popularise CBCSS for older persons by using flyers and distributing them in communities to emphasise a shift away from institutionalisation towards CBCSS.

2.4 Nature of community-based care and support services in South Africa

In SA, CBCSS are presented into two broad categories, namely prevention and promotion programmes that are aimed at keeping older persons within the community for as long as possible, and home-based care which aims to take care of older persons in their homes twenty-four hours per day as if they were in a residential care facility (Older Persons Act No. 13 of 2006). These categories aim to establish a supportive environment in which the wellbeing of older persons is catered for at different levels.

In the USA, older persons who participate in CBCSS value interpersonal qualities such as social workers caring about them (Kane & Kane, 2001:114-127). Research revealed that the cost to government for caring for older persons in need in their communities is more cost-effective than residential care, with CBCSS for older persons being only 40-75% of the cost of residential care (Hollander & Shapiro, 2007:34-37). In line with European countries the Older Persons Act No. 13 of 2006 and the South African Policy for Older Persons (2004:27) describe the CBCSS categories as follows:

2.4.1 Prevention and promotional programme

Pierson and Thomas (2010:10) describe this programme as an independent living programme for older persons in the community in which they reside. The objective of the programme as described by the Older Persons Act No. 13 of 2006 is to keep older persons functional and independent, away from loneliness and isolation by assuming a leadership role in their programmes. Scrutton (1999:91) is against the idea of older persons acting as leaders, as he believes that not all older persons want to be led by other older persons. According to him some prefer the inclusion of the younger generation so as to share their common experiences and interests regardless of age.

The researcher views Scrutton's (1999:167) idea as valid since age integration would lead to valuable exchanges of feelings, knowledge, communication skills as well as enhance appreciation of one another. For instance, the researcher is of the opinion that older persons should take responsibility for certain functions like withdrawing money and writing minutes (Freund & Boltes, 2005:17).

In Bloemfontein, CBCSS were previously known as the "luncheon club". When the Older Persons Act No. 13 of 2006 came into effect luncheon clubs were transformed into CBCSS. Harper (1999:267) points out that a luncheon club service is primarily used by older persons who are sufficiently mobile to get out of the house and be involved in social activities. Many older persons attend CBCSS to overcome loneliness and to be with their peers (Freund & Boltes, 2005).

The following activities are performed in CBCSS (Hurst, 2003:2; Chatters & Taylor, 2010:389-406) spiritual motivation, physical exercises, sport, health talks, peer counselling, short and long trips, and crafts such as knitting and crocheting, needlework, arts and crafts, gardening, fundraising and concerts.

Kaplan (1999:168) adds that home talents can be utilised at annual or semi-annual meetings, original productions at the club, as well as stories, articles and poems written by club members who can also be published. Different departments have roles and responsibilities such as DoE provides a programme called Khari Gude to teach older persons to read and write. The South African Police Services (SAPS) assists by providing safety and security lessons to older persons and to encourage them to report abuse cases (SA Plan of Action, 2005:11-13).

Scrutton (1999:94) argues that even though there is an increasing trend towards age segregation that teaches older persons that they are different and separate to other age groups and that they are not valuable to community, older persons are becoming more assertive and they demand their independence due to awareness raised by social workers.

The prevention and promotion programme means enabling older persons to live with dignity and free of abuse in the community while having access to basic services near their homes. Older persons who cannot attend the clubs or centres are visited at home by their peers and if there is a need, they are assisted with house chores. Nutritionally balanced meals are delivered to frail older persons by foot by members of the club who know about them (Wayne & White, (2012:1).

Hum (2009:1) states that meals on wheels originated in Great Britain during the Blitzkrieg in 1947 when many people lost their homes and were unable to prepare their own meals. Other countries like Australia and the United States of America also started delivering meals on wheels. In South Africa, the meals on wheels programme started in East London in 1964 in response to hunger, loneliness and fear that older persons experienced (Anon, 2009:1).

Most of these services are provided in basic services or basic formal structures (CBCSS) in Bloemfontein.

2.4.2 Home-based care

Home-based care is a second category of CBCSS that is meant to ensure that frail older persons who cannot function independently receive adequate care and support in their homes and within the community (Older Persons Act No. 13 of 2006). Uys and Cameroon (2003:22) define “home-based care” as a placement of informal or formal caregivers in the home of an individual to promote, restore and maintain maximum levels of comfort, including care towards dignified death. Lindsay, Hirschfeld, Tlou and Ncube (2003:24) describe home-based care as the care given to individuals in their natural environment by their families and communities to meet their spiritual, material and psychological needs.

In Bloemfontein this kind of care is not yet funded by DSD or DH and as such it does not operate as expected. The researcher did not include this category in the study.

2.5 The establishment of community-based care and support services

The social work profession promotes social change and problem solving in human relationships, and empowers and liberates people to enhance their wellbeing (Cree, 2013:27).

Social workers intervene where people interact with their environments, utilising theories of human behaviour and social systems. Furthermore, social workers play a responsible role in developing communities (Rowan et al., 2011:192; Cree 2013:1). In making communities a better place social workers should be empowered to enhance their services (Cree, 2013:1). In this study the roles and responsibilities of social workers in CBCSS to enhance a full continuum of services for older persons has been presented (Rowan et al., 2011:192).

In CBCSS, social workers have a key responsibility to establish networks and partnerships, to coordinate services and collaborate with other organisations in order to establish a holistic and comprehensive CBCSS for older persons (Lombard & Kruger, 2009:129). According to Herman (2013:1), social networks are platforms that connect people and allow them to engage in similar interests or affiliations and establish contact networks. Networks are groups of people with different backgrounds who can tackle a problem from their different vantage points (Mersham, Rensburg & Skinner, 2002:140).

In developing networks, the social worker starts by identifying influential people in the community so as to enhance community relations. Social workers are often at the hub of these networks since one of their responsibilities is to convey specific messages to influential people in the community (Skinner; Von Essen & Mersham, 2001:10). There is a need to understand that social workers deal with complex cases where medical or psychological interventions are not helping the older persons or where social factors such as poverty, abuse, poor housing or ineffective networks are predominant (Weber, 2012:1).

The social worker is first required to assess support needs of older persons while focusing on the participation of older persons rather than performing a comprehensive care needs assessment (Weigl, 2012:1). Following social work assessment, an individual care plan is developed together with the older persons (clients) and the family members who act as caregivers.

There are at least five primary pathways in which networking may operate, as suggested by Weber (2012:1). These are the following: provision of social support, social influence, social engagement, person to person contact, and access to resources and material goods.

2.5.1 Social support

Social support comprises the idea of networks, supportive behaviours and subjective appraisal of support received (Kirst-Ashman, 2010:244). Social support is the perception and actuality that one is cared for and is assisted by others. The structure of network ties must influence

quality of life through the provision of social support to older persons (Weber, 2012:1). Different writers argue that social support is divided into subtypes that include emotional support, instrumental support, appraisal and information.

2.5.2 Social influence

Social networks also influence social living. Shared norms and behaviour such as substance abuse or adherence to chronic treatment by older persons are powerful sources of social influence with direct consequences for the behaviour of network members (Brossoie, 2014:4). The members of the community-based care and support services for older persons benefit positively from social networks advocated by social workers because they learn from them (Qureshi, 2002:19).

2.5.3 Social engagement

Social engagement is a process that ensures that older persons are at the centre, empowered, have control over their resources and able to make decisions (Porges, 2003:35). Older persons' social engagement is a meaningful participation and sustained involvement in activities focusing on the problem not the person (Nakamura, 2001:1).

The changing trend towards nuclear family set-ups and the vulnerability of older persons are reported to be increasing considerably and as such to deal with them there is a need to establish CBCSS so as to engage the older persons (Allot, 2011:1). Family dynamics, both positive and negative aspects of social relations, are central to the wellbeing and functioning of older persons and require social work intervention. In filling the gap, the social worker builds a rapport with the older persons and their families, and listens to what they say and how their lives could be improved (Berkman, Sekher, Capistrant & Zheng, 2012:1). By establishing CBCSS, the social worker is encouraging older persons to get together with friends, attend social functions, form part of recreational groups and attend church. Different studies conducted suggest that social engagement is important in maintaining cognitive ability and reducing mortality.

2.5.4 Person to person contact

For older persons social relationships provide a basis for intimacy and attachment which is more important than social support. For instance, when relationships are solid at community level older persons feel strong bonds and attachment to places and individuals such as neighbours, peers and children within the area as well as organisations (CBCSS, faith-based

organisations and non-profit organisations). As such, support services and relationships which the older persons have formed as a result of network ties make the older persons feel loved, cared for, protected and safe. Weigl (2012:1) concurs with Weber (2012:1) in this regard. Different activities provided in CBCSS for older persons provide an opportunity to make contact with different people. They include professionals and non-professionals. For instance, intergenerational programmes involve youth and children who are at the heart of older persons. Older persons enjoy transferring their knowledge and skills to the younger generation.

2.5.5 Access to resources and material goods

This is a mechanism, through which social networks might operate. For instance, sharing resources involves personnel, cars, budgets or financial responsibilities when organising events. It also provides administration tools (Anon, 2014). The social worker should oversee that the resources and material goods are used responsibly by managing the processes and procedures that need to be followed for the benefit of the older persons.

2.6 Partnerships

Partnerships are all about developing inclusive, mutually beneficial relationships that improve the quality and experience of care provided to older persons (Anon, 2014). This includes the relationships between frail older persons, their caregivers and service providers such as DSD, DH, NGOs and CBCSS. Harry (2013:1) recognises family and non-family caregivers as partners that should form part of the planning team for integrated and collaborated services for older persons.

Within the Department of Social Development partnerships mean taking a joined-up approach to design and deliver integrated services for the benefit of older persons to improve quality life (SAP for Older Persons 2004; Millennium Developmental Goals, 2000; ISDM, 2005). To strengthen partnerships the social worker should always remember that multi-disciplinary approaches are key elements to successful partnerships and are fundamental to ensuring a streamlined approach for the care of older persons.

Improving partnerships within and among the departments, NPOs, FBOs and business people must identify and remove barriers across all care interfaces, disciplines and fields of specialisation. This involves reviewing and improving systems and processes. These are for example, extending the deployment of multidisciplinary teams; identifying and addressing areas of overlapping and duplication which can impede effective services; and looking at how

communication systems can be sped up and made more effective so that people are seen by the right person in the right place at the right time (Moore, 2007:61). The Department must conduct continuous quality assurance sessions by inviting older persons' forums together with their service providers to give inputs, and to inform and influence the review of the Older Persons Act No. 13 of 2006.

Partnerships that work also mean looking beyond social care towards more collaborative working with other government departments, agencies and services in areas such as the Department of Housing, Land Affairs, and Labour to address the wider determinants that affect older persons' social wellbeing and quality of life, and promoting effective approaches to address these. Partnerships between the Department of Social Development and other departments, NGOs, FBOs and the private sectors are presently central focuses of the current Older Persons Act No. 13 of 2006 in South Africa.

2.7 Coordination

Social work has an important contribution to make in delivering services to older persons in partnership with families, communities and other service providers such as health practitioners, the South African Police Service, the Department of Agriculture and other departments, NGOs and CBCSS in a coordinated and inter-collaborated manner (Williams & Gilbert, 2012:45). The development of high-quality coordinated services across different care settings and sectors requires service providers to work collaboratively with one another. This includes working across organisational boundaries between statutory, voluntary, community and independent sectors such as NPOs. The Department of Social Development, as the administrator and the custodian of the Older Persons Act No. 13 of 2006, is the point of entry and the exit point.

Coordination of CBCSS for older persons and their caregivers (families) is an integral part of social care. It is important to advocate for the rights of older persons so that their voice may be heard (Constitution of South Africa, 1996; UN Declaration, 1992; Older Persons Charter, 2011). Social workers should move to a position where the norm requires acknowledgement of older persons as experts in managing their own programmes, including identifying available resources and setting goals for themselves (Norms and Standards for Developmental Welfare Services, 2009:11). Acknowledgment encourages older persons as beneficiaries of CBCSS and their families to actively participate in all aspects of needs assessments, reviewing business plans, marketing and fundraising, decision-making and evaluating services they have received.

According to Rosenberg, Mabude, Hartwig, Rooholamini, Tetteth and Merson (2005:16), there is a lack of coordination of programmes by the departments and organisations dealing with CBCSS as well as faith-based organisations. Clear tabulation of roles and responsibilities of each department, NPO, FBO and company helps the coordination of services to older persons in aiding communication so that all those involved are aware of their roles and responsibilities, and how they fit into the wider context of service delivery to older persons (South African Plan of Action, 2004). Tabulation of roles and responsibilities assists to ensure that role players (departments, NGOs, FBOs, CBOs and businesses) do not feel “lost in the system” through providing information about who is responsible for what and with whom he/she partners.

2.8 Collaboration

Services to older persons demand a collaborative effort from different departments, the private sector and civil partners (South African Policy for Older Persons, 2004:8; Strydom, 2008:107). The social work training uniquely prepares social workers to provide leadership to collaborative practices, especially when they employ some type of intervention. It is believed that intervention-driven collaboration develops interdependent relationships among people (Anon., 11 January 2014). These relationships are cemented by norms of reciprocity and trust. These are social work principles that enable older persons, families, communities and other stakeholders to organise for collective action in response to wicked problems characterised by uncertainty, novelty and complexity (Social Professions Act No. 102 of 1998).

Collaboration is supported and maintained by shared responsibility of management (executive management committee organisation), shared resources and meetings between the stakeholders (Widmark, Sandahl, Piuva & Bergman, 2011:1568). The Executive Committee consists of the Premier, MECs, Heads of Departments (HOD's), executive managers or Chief Directors from different departments. Collective management responsibility entails leading the internal operations as well as interdepartmental activities. It is a balancing act for collaborating managers to be loyal to both their own departments and the external counterparts (Weber, 2012:1). The Executive Committee should understand different services, such as statutory and non-statutory services, in an integrated way while recognising different roles, strengths and forms of expertise to ensure that care, which meets the needs of older persons, are delivered effectively and that social workers are concentrating more on statutory services.

All of these efforts will support social work endeavours in establishing community-based care and support services as collaboration is stated above. It will go down easily because all partners have a common interest in interacting to achieve the goal. An altruistic approach can be successful if the department could be considered in a wider context; that is, of entity and development. The researcher has observed that trust, shared values and placing less emphasis on prestige are important prerequisites for successful collaborative leadership (Social Professions Act No. 102 of 1998). Collaboration should be seen as a tool for achieving the objectives of the users, not as an end in itself for the professionals (Widmark et al., 2011:1570). The focus should be on the outcomes of the collaboration; not on the way the professionals interact with one another.

Social work services are required to advocate, empower and enable older persons to live independently with dignity in their communities (Social Work Amendment Act No 102 of 1998; Older Persons Act No. 13 of 2006:10). The researcher has observed that the establishment of community-based care and support services for older persons are presently the responsibility of older persons with little support from social workers. Social workers must mentor and coach the organisations throughout to ensure that the members of the programmes are older persons and that it is in the interest of the community and not the individual.

Furthermore, CBCSS in organisations must be encouraged to raise funds and find funding from companies in order to operate in a formal and professional manner for better service delivery.

2.9 Challenges in establishing CBCSS

To this end, services for older persons in Bloemfontein are still fragmented. Departments are providing services to older persons that they deem fit or when the budget allows them to provide a service. The present structure of funding for social care services has separate lines of funding with different accountabilities and variable models of inter-professional and inter-agencies; therefore, it presents an obstacle to achieving seamless care of older persons (Robison & Drinkwater, 2000:163).

The DSD takes the major responsibility for service delivery to older persons. There is a need to plan and implement collaboratively so as to create a greater impact (South African Plan of Action, 2004:8). Furthermore, the changes within the DSD sector system in Bloemfontein due to the quest for cost containment exert significant impacts on social work practices with older persons (Rowan et al., 2011:190). During the interviews, social workers stated that they

lacked basic resources that ranged from pens, stationary, printers, fax machines, telephones and office space. These are some of the real work life situations that are faced by social workers employed by DSD.

There is a need for management to understand the mission of the DSD in the Free State Province, as its mission is to strengthen and support communities to meet the human and social needs of the vulnerable communities through an inter-sectoral and integrated service plan (Strategic Plan, 2010/11:8).

Older persons are described by the Older Persons Act No. 13 of 2006 as the most vulnerable citizens. The establishment of CBCSS requires a developmental approach which is a long-term intervention. However, with the shortage of social workers working in government the effectiveness of legislation pertaining to older persons is undermined, as stated by the Deputy Minister of Social Development (Ntuli, 2012:1).

A lack of implementation of the recruitment and retention strategy (2004) by the Department of Social Development puts a strain on the few social workers within the department. This was confirmed by the then Minister of DSD (Skweyiya, 10 March 2009) who stated that there is a shortage of social workers in South Africa due to highly competitive salary packages and better working conditions in other sectors and overseas countries. This hinders the demand for developmental social services.

The researcher is of the opinion that this problem is not yet resolved, as social workers continue to move in and out of the DSD. It is also not retained, as explained by participants during the interviews. To add to this, social workers who have received bursaries for their training with the purpose of committing themselves to render services where they are needed also leave the department and join other ventures due to a lack of supervision (*Free State News*, 3 March 2014).

The structural barriers that include delays in financing the programme, a low budget being allocated, and formal procedures of registering services including cultural impediments also affect the establishment of CBCSS for older persons. The above mentioned challenges are caused by separate lines of funding with different accountabilities in departments (Robison & Drinkwater, 2000:163). Such impediments can be due to mistrust caused by incomplete understanding among the departments concerned and prejudice caused by territorial thinking. To achieve a more altruistic way of thinking, meetings at higher level are important prerequisites for exchanging information.

Leadership and collaboration are closely interlinked (Weigl, 2012:1). The managers must motivate social workers to collaborate voluntarily and with full commitment. The managers need to have knowledge about obstacles in collaboration in order to explain how to remove those obstacles or how to prevent them from occurring, and at the same time strengthen mechanisms that promote collaboration (Anon, 12 January 2014). Social work participants reported that presently such knowledge is lacking at management level; the current inter-departmental collaboration is more like a trial and error process. That frustrates social workers in the establishment of CBCSS.

The increasing population of older persons also affects the establishment of CBCSS for older persons because of a lack of resources. Lombard (2009:120) states that SA has the highest percentage of older persons in Africa which is estimated at 5%. Joubert and Bradshaw (2006:1) argue that, despite the biographic impact of the AIDS epidemic, the population is projected to continue aging over the next decades. The present statistics present an increase of 5% as projected by the South African Progress Report on the implementation of the Madrid Plan (2002). The Free State Province has a population of 4.7% of older persons (SA Statistics, 2011:1). The increased population of older persons is a challenge that limits social work efforts as older persons programmes are not prioritised by the department, as reported by social work participants during the interviews.

2.10 Conclusion

The increasing population of older persons is accompanied by diverse needs. Social workers are specialists and champions in social work policies and programmes. In order to understand the phenomenon of aging and social work intervention relevant theories and perspectives were presented. CBCSS are meant to fulfil some of the special needs of older persons hence, it is imperative for social workers to form partnerships with families, different government departments, the private sector and business in the establishment of CBCSS. In SA, CBCSS are divided into two categories namely; prevention and promotion programme and home based care. The prevention and promotion programme focuses on daily activities such as luncheon club, food on foot or wheels, exercising and income generating programmes. On the other hand, home based care provides twenty four hours like residential care on a daily basis. To enhance the CBCSS that are funded by DSD social workers should ensure that services to older persons are well coordinated.

CHAPTER THREE

A DESCRIPTION OF THE QUALITATIVE RESEARCH PROCESS AND ITS APPLICATION

3.1 Introduction

In this chapter, the researcher describes how the qualitative research approach has been applied to assist the researcher in seeking and acquiring a more grounded understanding of the factors that influence social workers when establishing CBCSS for older persons.

3.2 The nature of qualitative research

The study was qualitative in nature. According to Fouché and Delport (in De Vos et al., 2005:74-75), the qualitative research approach refers to research that “elicit participants’ accounts of meaning, experience or perception” whereas a quantitative research approach seeks to test or measure the predictive cause and effect relationship existing between variables in the social world.

According to Stake (2010:11), quantitative research relies heavily on linear attributes, measurements and statistical analysis while qualitative research complements quantitative research in humanising the theories and experiments by investigating and reporting the personal experiences, perceptions and understanding of research participants related to social phenomena. Nicholls (2009:590) adds that qualitative research is more inductive in nature and aimed at testing a theory.

According to Porter (2007:80), qualitative research uses verbal and textual data while quantitative research relates to numerical data. Mack and Woodsong (2005:1) state that the strength of qualitative research is that it provides information about the contradictory behaviours, beliefs, opinions, emotions and relationships of individuals.

In addition to the characteristics of qualitative research mentioned in Chapter One, Section 1.6.1, the following characteristics of qualitative research were used:

- Qualitative research assumes that each case is special and unique. It respects and captures the details of the stories of the individual cases that are being studied. It analyses the data according to participants’ perceptions (Patton, 2002:40-41). The participants provide responses based on their experiences on rendering services to older persons.

- It is inductive in its analysis for it depends on data collected to discover important patterns, themes and interrelationships (Patton, 2002:40-41). The participants' responses were analysed and themes, sub-themes and categories that emerged were identified.
- The whole phenomenon under study is understood as a complex system (Mack & Woodson, 2005:1). The individual experiences of the participants relate to the complexity of the phenomenon under study.
- It places findings in a social, historical and temporal context. It is careful about or even dubious of the possibility or meaningfulness of generalisations across time and space. It emphasises instead careful comparative case analyses and extrapolating patterns for possible transferability and adaptation in new settings (Joubish, Khuurram, Ahmed & Haider, 2011:2082-2087). The findings cannot be generalized as the study was qualitative in nature and the experiences shared by the participants may be peculiar to their situation.
- It allows the qualitative analyst to "own" the data and to reflect on her or his own voice and perspective. A credible voice conveys authenticity and trustworthiness. The researcher's focus becomes balanced as she analyses herself and she is consciously reflexive (Patton, 2002:40-41). The researcher maintained reflexivity by consciously ensuring that her experience should not in any way influence the participants responses or appear judgmental of their experiences.

Based on the above-mentioned explanations of what qualitative research is and the characteristics inherent to this approach, the researcher came to the realisation that this approach was well-suited to enable her to gain first-hand information from the participants on the factors that influence social workers in establishing CBCSS for older persons.

3.3 Research design

Burns and Grove (2005:223) define research design as a blueprint for conducting a study that includes methods of maximising control over factors that might interfere with the trustworthiness, validity and reliability of the study that gives the end results of a series of decisions made by the researcher on how to implement the study. Babbie and Mouton (2009:72) state that research design is the planning of scientific enquiry that specifies clearly the research method. Maree (2008:70) further defines research design as the plan of action that links the philosophical assumptions to specific methods.

In this research study, the researcher used an explorative, descriptive and contextual research design. By way of revision the researcher will define each of the concepts and continue by explaining how the strategy of inquiry was applied in the context of this research.

3.3.1 An exploratory research design

This design is conducted about a research problem when there are few or no earlier studies to refer to. Exploratory research is defined by Burns and Grove (2001:374) as research conducted to gain new insights, discover new ideas and for increasing knowledge of the phenomenon. Brink (2006:202) further mentions that explorative research is conducted when little is known about the phenomenon that is being studied.

In view of the fact that the perceptions and experiences of social workers in establishing community-based care and support services are sparsely documented in the literature, the researcher has employed an explorative design in order to gain an in-depth understanding of the perceptions and experiences of the factors that influence social workers in establishing community-based care and support services for older persons in Bloemfontein (Hennik, 2011:10; Babbie, 2010:93).

3.3.2 A descriptive research design

This design is employed when a researcher wants to observe and then describe what has been observed. A descriptive design is a scientific method which involves observing and describing the behaviour of a subject without influencing it in any way (Engel & Schutt, 2010:379). Subsequent to exploring the perceptions and experiences of the factors that influence social workers in establishing community-based care and support services for older persons, the data were analysed. Then the researcher employed the descriptive research design to describe the perceptions and experiences of the factors that influence social workers in establishing community-based care and support services for older persons.

3.3.3 The contextual research design

In contextual research design, the phenomenon is studied for its intrinsic and immediate contextual significance. The design focuses on specific events in a naturalistic setting (Burns & Grove, 2003:32). Hennik (2011:9) describes contextual research as a process that focuses on identifying and understanding how the context of the lives of the participants shapes their experiences, perceptions and behaviour. In this research, the researcher's intentions were to explore and describe the factors that influenced social workers in the context of establishing CBCSS for older persons. For this reason, the contextual research design was included as part of the strategy of inquiry.

3.4 Research method

The concept of “research method” refers to forms of data collection, analysis and interpretation that researchers employ in a study (Creswell, 2009:15). Included within this concept are also the aspects of population, sampling and sampling techniques. These aspects will be presented in the discussion as they have been utilised.

3.4.1 Population, sampling and sampling techniques

The population is a theoretically specified aggregation of the elements from which the sample is selected for the study (Neuman, 2006:222). According to Babbie (2005:113), a population is the group of people from whom the researcher can draw the sample for the study. The population of this study comprised of the thirty-four (34) social workers employed by the Department of Social Development (DSD) in Bloemfontein, who are responsible for the establishment of community-based care and support services for older persons and who were trained in the new Older Persons Act No 13 of 2006.

3.4.1.1 Sampling

Monette, Sullivan and De Jong (2011:149) describe a sample as a subset of measurement drawn from a population in which we are interested. According to Yegidis, Weinbach and Myers (2012:96), a sample is a group of cases selected for study from among people or objects within a definite population. The primary purpose of sampling is to represent the elements of the population from which the researcher seeks to collect data by collecting specific cases, events or actions that can clarify and deepen the understanding of the research topic.

3.4.1.2 Sampling techniques

For this study, a non-probability sampling was employed, as the researcher did not know the population size. According to Mack, Woodson, Macqueen, Guest and Namey (2005:5), there are three common methods used in qualitative research, namely purposive, quota and snowball sampling.

The researcher used purposive sampling, as it describes the wide variety of coping methods used (Yegidis et al., 2012:207). Purposive sampling involves selecting certain units or cases based on certain purposes rather than a random selection (Teddies & Yu, 2007:80). Creswell and Park (2011), Monette et al. (2008) and Neuman (2006) confirm the definition of “purposive sampling” as a non-random sampling method in which the researcher uses

previous knowledge to select participants who have experience of the central phenomenon to be explored in the study.

The researcher employed the following criteria of inclusion:

- Social workers employed by the DSD in Bloemfontein in the Free State Province
- Social workers who are responsible for the establishment of CBCSS for older persons
- Social workers trained in the implementation of the Older Persons Act No.13 of 2006
- Social workers who were willing to participate in the research.
- The sample size for this research consisted of fifteen participants as it was controlled by saturation of the data which became repetitive of previously collected data (Steubert, Spezial & Carpenter, 2003:25).

3.4.2 Recruitment of participants and how they were prepared

A recruitment strategy is a project-specific plan for identifying and enrolling people to participate in a research study (Mack & Woodson, 2005:6). Recruitment provides participants with a meaningful opportunity to participate in studies that concern them because “when individuals are not permitted to participate in processes that influence their lives, they often lose a sense of control” (Lyons, Bike, Jeda, Johnson, Rosales & Flores, 2013:15).

Furthermore, it is important that potential participants are given enough information about the research study so as to make informed decisions about their participation in the study. Permission to conduct the study among social workers as participants was requested from the Provincial DSD and from the Motheo district office. A letter (Addendum A) that was written to the authorities was approved by the Head of DSD within a period of three days of the request (Addendum B). The researcher then started with the process of recruiting participants.

Appointment dates and times were set with the prospective participants. The researcher prepared the request letter to participate (Addendum C) with the prospective participants in mind as she gave the background of her interest into the study. The content of Addendum C was relevant to the proposed research study, as the research topic was included in the request letter. The language used was clear and understandable, as there was no jargon used. The information was prepared on the headed paper of the University of South Africa (UNISA). The names of the supervisor, the researcher and the ethics committee of the Department of Social Work at UNISA were included in the prepared information. The use of digital equipment and the time (45-60 minutes) that would be taken up by the interview sessions were also clearly explained in the letter.

The letter (Addendum C) was then presented to the prospective participants during the individual recruitment sessions. An opportunity to ask questions was provided to the prospective participants. Some participants argued that they were afraid to participate, as the researcher is the provincial coordinator of older person's services and would notice that services to older persons were not prioritised. Others explained that they were scared because the researcher would find out that they were not using the developmental approach as required by the Older Persons Act No. 13 of 2006 because more time is being allocated for foster care placement.

The researcher explained that those were the challenges she would like to understand. Therefore, she would not be judgmental towards any challenge that the participants encountered. The participants expressed their satisfaction with the explanation given to them and said that they were willing to participate in the research study. The researcher also explained the signing of the consent form (Addendum D) to the participants to confirm their willingness to participate. The consent form was left with prospective participants to read it carefully and sign it at their own time. Following participants signing the letter, the researcher set the appointment dates and times for the individual interviews. The recruitment process took a period of three weeks due to the fact that other prospective participants were not available because of other commitments.

3.4.3 Method of data collection

According to Taylor-Powell and Renner (2003:1-3), qualitative researchers rely on four methods for gathering information: participating in the setting, observing directly, in-depth interviewing and analysing documents and material. Marshall (2006:101) describes interviews as informal conversations that involve personal interactions and require participants' cooperation. During the semi-structured interviews the researcher engaged with participants by posing questions in a neutral manner, listening attentively to participants' responses and asking follow-up questions and probes based on those responses, as suggested by Patton (2002:341-347).

The researcher consciously treated the participants with respect and courtesy so as to create a comfortable setting (Porte, 2007:80). The researcher consciously observed the participants' reactions, such as their facial expressions and body language. She followed up the meaning thereof with participants.

In order to explore the factors that influence social workers in establishing community-based care and support services for older persons, the researcher posed the questions which related to the topic under investigation. The questions were contained in a semi-structured interview guide. Participants were asked questions in a flexible order during the interviews. The biographical questions were as follows:

- What is the name of the office where you work?
- What is the name of the sub-office?
- State your gender.
- How old are you?
- What is your highest level of education?
- What position do you occupy at work?
- How long have you been involved in older persons' programmes?

The open-ended questions which related to the topic were as follows:

- Share with me your understanding of community-based care and support services for older persons.
- Tell me about the community-based care and support services that exist in communities.
- What are the roles of family members in community-based care and support services for older persons?
- What are the responsibilities of family members in community-based care and support services for older persons?
- What factors influence social workers in the establishment of community-based care and support services for older persons?
- What and how do older persons contribute towards community-based care and support services to ensure ownership and sustainability of the programme?
- Tell me about the monitoring process you follow to ensure that community-based care and support services benefit older persons.
- How do you ensure inter-collaboration of services? (Probe with NGOs, Department of Health, Department of Education, Department of Arts, Sport, Culture and Recreation, the Premier's office, the municipality, the South African Police Service, Correctional Services and other stakeholders).
- Tell me about the coordination of services to ensure quality assurance.

- As a social worker providing services to older persons, what type of assistance do you require in the establishment of community-based care and support services for older persons?

Based on the fact that all participants were comfortable expressing themselves in English, the interviews were conducted in English. All participants agreed to the interviews being digitally recorded. The researcher made notes of the non-verbal behaviour observed during the interviews. These notes were compared with digitally recorded interviews to find clarity in some aspects when transcribing the data. The interviews were conducted at participants' offices at the district and provincial offices, and each interview session lasted for an hour.

In this research, the researcher used various probing interview techniques to enhance participants' communication in order to gain more information for the research study. According to Taylor-Powell and Camino (2006), probing is a process of asking follow-up questions when the researcher does not understand a story line or wants to obtain more in-depth information. For example: What would you like to see when establishing CBCSS?

The following techniques were used:

- **Active listening probe:** This includes silence, good eye contact and the use of statements, such as "Ok, I see" and "Mhmm-hmm" (Taylor-Powell & Camino, 2006). The researcher allowed the participants to talk more by being quiet and having sufficient eye contact to observe physical reactions whilst she remained neutral by using concepts that would not sound as if they were confirming the participants' story lines.
- **Clarification probe:** The researcher used this technique when she needed more information (Mitman & Cockler, 2013). For instance, she asked what exactly they meant when they said that families should play a role in establishing CBCSS.
- **Completeness of or additional information:** Once a clear answer has been obtained, the researcher probed for additional information (Taylor-Powell & Camino, 2006). For example: "What else would you like to tell me?"
- **Motivational probe:** The researcher used brief verbal reactions to encourage the participants to tell more, such as "Aha!"; "Is it?"; "How is that?" and "Tell me more". For example, when the participants were telling about the process of establishing CBCSS, they were asked to tell the researcher more about the involvement of the community in establishing CBCSS.

3.4.4 Pilot testing

According to Grinnell (2001:189), pilot testing is not concerned with the answers to the questions but rather with the difficulties that the participants may have in answering questions. Schmader and Pepper (2004:307-312) confirm that pilot testing is a preliminary investigation that collects data in order to prepare for a large definitive research study. Stachowiak (2008:1) concurs with the definition by stating that pilot testing allows the necessary adjustment before finally committing to the design.

Pilot testing is important for a range of specific reasons, such as trialling a study design in establishing an understanding of questions by participants (Gardner, Gardner, MacLellan & Osborne, 2003:719-724).

The pilot study is used in two different ways in social science research, namely for feasibility studies and trial runs. Feasibility studies are small-scale versions and trial runs are done in preparation for the major study (Teijlingen & Hundley, 2001).

In this research study, a trial run was used with three participants to test whether the participants would be able to answer the research questions and also to identify possible difficulties with questions (Leedy & Ormord, 2005:152). During the pilot study the researcher was able to identify whether the participants were able to understand the questions immediately (Hennik, Hutter & Bailey, 2011:120). Through the process, the researcher ensured that the question order was logical and aligned well, as the questions were not too long or too short.

3.5 Data analysis

Moris (2000:3) describes data analysis as an iterative and reflexive process that begins when data is collected. Lacey and Luff (2001:1) confirm that data analysis is an interpretative and subjective exercise that involves the researcher. Thorne (2000:68-70) confirms this point of view by adding that data analysis occurs as an explicit step of conceptually interpreting the collected data. In this research, the data was analysed as follows:

Familiarisation: The researcher started the process by familiarising herself with the data collected. She did it by reviewing and reading the storylines of the participants. She listened to the video-taped interviews several times so that she understood every sentence and word told by the participants. When the researcher had familiarised herself with the data, she transcribed it.

Transcribing: Transcription is a theoretical, selective, interpretative and representational process (Davidson, 2009:37). Transcripts are interpretative construction tools that contain decontextualised conversations and abstractions. In this research study, the researcher transcribed the data by taking one script at a time, reading it and listening to sentences that were recorded in order to understand the context of each participant's contribution. During the process the researcher was able to identify the enthusiasm, disappointments and expectations of participants when they were telling their stories (Fink, 2000:2).

Narrative analysis: This is a process of moving from a mass of words to final report writing (Taylor-Powell & Renner, 2003:2). The researcher organised and indexed the data by using letters of the alphabet so that it would be easy to retrieve. At this stage, the researcher had full sight of the data. She could identify the key words with ease, write them down on a separate piece of paper, and put her thoughts, ideas, interactions, phrases and terminologies next to them. In this research study, six themes were identified and organised into sub-themes and categories. The researcher then explored the relationship between categories, and refined the themes and categories. The researcher then wrote the research findings using the literature control. In this report, the literature review is contained in Chapter Four.

3.6 Data verification

The verification of data concerns the generalisability, reliability and the validity of findings (Fink, 2000:2). Morse, Barret, Mayan, Olson and Spiers (2003:3) confirm that verification is a mechanism used to incrementally contribute to ensuring the reliability and validity of the research process; thus, ensuring rigor of the study.

In this study, the following models were used:

Credibility: Magivyl (2011:152) defines "credibility" as an element that allows the reader to recognise the experiences contained within the study through the interpretation of participants' experiences. In order to give credibility to the study the researcher reviewed individual transcripts, and looked for similarities within and across study participants, as discussed in Chapter Four. She further returned to the participants to ensure that the interpretation of the research results was recognised by the participants as an accurate representation of their experiences.

To strengthen the credibility of the study even further the researcher used the direct words of the participants. The researcher ensured that the findings of the factors that influence social

workers in establishing community-based care and support services for older persons were credible by employing the following strategies.

- **The utilisation of various interviewing techniques and skills:** In semi-structured interviews the researcher allowed the person being interviewed to be more of a participant in meaning-making than a conduit to talk more (Diccicco-Bloom & Crabtree, 2006:314-321). Gill (2008) suggests that the researcher encourage the participant to talk by using probing skills like “Aha!”, “Tell me more” and “Uh!”
- **Triangulation:** It refers to the use of more than one approach to the investigation of a research question in order to enhance confidence in the ensuing findings. Triangulation offers the prospect of enhanced confidence. The idea of triangulation is to measure practices in social and behavioral research (Bryman, 2014:1-3). In this research study, triangulation of data sources was used by interviewing social workers in different positions (levels) with different experiences in district and provincial offices. One male and fourteen female social workers were interviewed.
- **Tactics to help ensure honesty in participants:** Integrity, honesty and probity within the conduct of qualitative research underpin ethical practices in all the activities that comprise data collection and analysis (Watts, 2008). The researcher was open and transparent towards the participants throughout the research process as she rejected intentional duplicity and deceit. The participants were given the right to choose whether they wanted to participate in the study or not.

Transferability: In establishing transferability the researcher provided a dense description of the population being studied by providing a biographical data of the participants (cf Chapter Four, 4.1).

Dependability: This refers to the stability or consistency of the inquiry processes used overtime (Bergman & Coxon, 2005:318). Consistency implies that similar findings will be established if the study could be repeated in a similar context with the same participants (Brown, 2005:31). The participants who were selected in the study were trained in the Older Persons Act No. 13 of 2006 and are responsible for establishing CBCSS. Therefore, it is anticipated that if the study were to be repeated in the same manner with the same participants the results would be the same.

Confirmability: It refers to the extent to which the study findings are free from bias. Guba (cited by Krefling, 1991:217) proposes that neutrality in qualitative research should consider

the neutrality of the data rather than that of the researcher. This suggests confirmability as the strategy to achieve neutrality. Neutrality was established through the strategy of triangulation.

To ensure neutrality of the study, the researcher employed Gibbs's (2007:3) procedures as follows:

- Checked transcripts to ensure that they did not contain obvious mistakes made during transcript application.
- Made sure that there was no drift in the definition of codes or a shift in the meaning of the codes during the process of coding. This was accomplished by constantly comparing data with the codes, and by writing memos about the codes and definitions.
- Compared the codes with the ones that were developed by the independent coder, discussed them with her supervisor and reached a consensus.

3.7 Reflexivity

Lawler and Bilson (2004) describe reflexivity as a circular relationship between the cause and the effect. "A reflexive relationship is a bi-directional process between the cause and the effect as it affects one another in a situation where it does not render both functions of cause and effect."

On the other hand, bracketing is a method used to mitigate the potential deleterious effects of unacknowledged preconceptions related to the research and thereby increases the rigor of the research study (Turfford & Newman, 2010:88-96; Simon, 2011:1). This means that bracketing is a method to protect the researcher from the cumulative effects by examining the preceding and developing emotional challenges during the research process.

When she approached the potential participants in the research study, they thought she wanted to examine their daily work activities on the older persons programme. This concern was raised by some participants who only responded a month later when the researcher followed up on their availability to participate in the study.

The researcher started the process by creating a bracketing mind map. She started by writing down a central idea, brainstormed with colleagues other terms that relate to the central concept and wrote them in "branches" that developed from the main idea (Fischer, 2009:4-5). The researcher then added some "branches" that included perceptions, attitudes and views on each word or construct in each sub-branch. The researcher shared her mind map with colleagues to assist in examining how her research agenda and the assumptions, subject location, personal beliefs and emotions would interfere with the research study (Aber,

2005:5). This assisted the researcher in acknowledging her position and experiences, as she remained neutral during the research process.

3.8 Ethical considerations

According to Strydom (2005:57), ethics are a set of moral principles that are suggested by an individual or a group and widely accepted. They offer rules and behavioural expectations about expected conduct towards experimental subjects and participants.

Because of her social work training background the researcher was sensitive to ethical issues towards protecting the rights of participants (Walliman, 2011:245). The following ethical issues were applied in conducting this research:

3.8.1 Voluntary participation

Voluntary participation means a decision the participant takes whether to participate or not (Holloway & Wheeler, 2010:10). In this study, the participants were told that their participation was voluntary and they would be allowed to withdraw at any time they wanted. They would not be penalised at work for doing that.

3.8.2 Informed consent

Informed consent is a central concept in ethical research practice and one of the key principles that underpin professional guidelines in social sciences. Wiles, Crow, Charles and Heath (2007:13) described informed consent as a signed consent form that increases the possibility that the participants understand what kind of participation is expected and the rights they have when participating. Corti, Day and Gill (2000:6) confirm the definition by stating that informed consent implies a responsibility to explain fully and meaningfully what the research is about and how it will be disseminated.

In order to obtain genuine informed consent from the research participants the researcher utilised a process of sharing information and addressing questions and concerns rather than simply obtaining a signature on a prescribed form. The researcher developed guidelines (Addendums C and D) and involved the participants in discussions in order to clarify the guidelines. The participants were given their individual informed consent forms that were developed specifically for the research project. The participants were then requested to study the consent forms at their own time so as to take an informed decision on whether to participate or not. They were requested to sign the informed consent form if they were willing to participate.

When the participants did not respond the researcher followed up on the earlier request. Some participants responded after a month when the researcher checked in with them. Even after the signature had been obtained from the participants the researcher checked back with the participants throughout the research study to ensure continued consent.

The researcher then made individual appointments to conduct the interviews at their offices. The social work supervisors were notified about the arrangement so that they did not regard the researcher as an intruder in their district offices. The same procedure was followed in the provincial office as it was necessary to establish rapport. The interviews continued for a period of eight weeks, as some participants were engaged in their own tight schedules.

3.8.3 No harm to participants

According to Emanuel, Abdoler and Stunkel (2009), harm can be both physical and psychological. When the researcher planned the research study, she decided if harm was to come to prospective participants, the research study would be discontinued (Trochim, 2006). In this research study, there was no harm anticipated to participants. The participants were not placed at risk, as the research questions were piloted to determine their structure and level of sensitivity. Even though none of the questions were found to be sensitive, arrangements were made with two social workers to provide debriefing to the participants should a need arise.

3.8.4 Right to privacy and confidentiality

According to Cohen (2007:54), any participant in a research study has a reasonable expectation that his/her privacy will be guaranteed. In this research study, the identifiable information about the participants was not revealed in any form or shape, neither by written nor verbal communication. The researcher removed this information from her records to make it anonymous. The information was made accessible only to the researcher, the independent coder and the researcher's supervisor. Permission to do this was granted by the participants. Pseudonyms were given to each participant's file and only the researcher knew which participant was linked to which pseudonym.

3.8.5 Management of information

Data management is a challenging but integral and vital part of qualitative research if it is to be successful (Meadows, 2004:11). It begins with conceptualisation of the research. Guest and Macqueen (2008:168) state that data management includes certain ways of managing it as

a valuable resource. These ways entails the acquisition, administration, storage, backup, security and quality assurance of data.

In this research study, the researcher followed the pointers for management of information in qualitative studies proposed by Kritz (2008:11) and Lin (2009) by:

- keeping all the files in a locked cabinet at home; and
- creating a file on the computer using alphabets such as A, B and C to label the transcript.

3.9 Conclusion

This chapter discussed the research design and methodology that were employed in this research study. The researcher utilised the qualitative research method to explore, describe and contextualise the phenomenon of the factors that influence social workers in establishing community-based care and support services for older persons. Purposive sampling was employed in this study, as it enabled the researcher to obtain a sample of fifteen participants from the population of thirty-four social workers who have been trained in the Older Persons Act No. 13 of 2006. These social workers are responsible for the establishment of community-based care and support services for older persons in Bloemfontein. Semi-structured interviews were used as a form of data collection. In analysing the data, the researcher used Tesch's eight steps, as set out in Creswell (2009:186). Trustworthiness was managed through Guba's model (cited in Rolfe, 2006:304-310) to validate the findings. The ethics were considered throughout the research process (Halai, 2006:11)

CHAPTER FOUR

DATA PRESENTATION AND INTERPRETATION

4.1 Introduction

The aim of the study was to explore and describe the factors that influence social workers in establishing CBCSS for older persons in Bloemfontein, Free State Province. To achieve this aim, a qualitative research study was conducted, assisted by an explorative, descriptive and contextual design. Fifteen participants were purposely selected from the population of thirty-four social workers who provide services to older persons and who are responsible for the establishment of CBCSS. Data was collected by means of semi-structured interviews and all the interviews were recorded digitally. After transcribing the data, it was analysed according to the eight steps proposed by Tesch (cited in Creswell, 2009:186). The data was verified following Guba's model as outlined by Krefting (1991:214-222).

In this chapter, the research findings that emerged from data analysis and consensus discussions between the researcher, the independent coder and the study's supervisor are presented. Furthermore, the biographical data of the participants is presented, followed by the themes and sub-themes.

4.2 Biographical data of the participants

The biographical profiles of the participants are presented in Table 4.1 below, showing their race, gender, number of years of experience in offering support services to older persons and professional status. The sample consisted of fifteen social workers who were employed and trained in the Older Persons Act No. 13 of 2006 by the provincial Department of Social Development in Bloemfontein in the Free State Province. Follow-up interviews were conducted with four social workers following gaps identified in the information during the transcription of the digitally recorded interviews. Alphabet letters were used to protect the identities of the participants.

Table 4.1 Biographical data of the participants

| Participant | Gender | Race | Professional status | Years of experience | No of interviews |
|--------------------|---------------|-------------|----------------------------|----------------------------|-------------------------|
| A | Male | African | Principal social worker | 10 | 2 |
| B | Female | African | Social work coordinator | 8 | 2 |
| C | Female | African | Senior social worker | 7 | 1 |
| D | Female | African | Principal social worker | 5 | 1 |
| E | Female | Coloured | Principal social worker | 8 | 2 |
| F | Female | African | Principal social worker | 8 | 1 |
| G | Female | African | Manager | 17 | 1 |
| H | Female | African | Manager | 17 | 1 |
| I | Female | African | Manager | 20 | 1 |
| J | Female | African | Principal social worker | 8 | 1 |
| K | Female | African | Social worker | 5 | 1 |
| L | Female | African | Social worker | 5 | 1 |
| M | Female | African | Social worker | 5 | 1 |
| N | Female | African | Social worker | 5 | 1 |
| O | Female | African | Social worker | 5 | 1 |

4.2.1 Gender distribution of participants

Fourteen female participants and one male participant took part in the study. The gender distribution of the sample confirms that social work is a profession dominated by women. This finding correlates with a statement by Fischl (2013:1) that eighty-two percent of social workers are females whilst men account for less than ten percent. Francisca (2012:1) states that women are socialised into a caring role by the patriarchal structures of society; hence, the

social work profession consists predominantly of women. Dahle (2013:1) concurs that social work is a profession dominated by female employees.

4.2.2 Professional status of participants

Although all participants were responsible for establishing CBCSS for older persons, five were at an entry level and responsible for generic social services as well. They were regarded as “novices”, as they needed regular consultation and supervision (Singer 2008:1; Ermy, 2011; Kadushin & Harkness, 2002:23). The five principal social workers were semi-independent, as they were able to function almost totally independently. The senior and principal social workers were also responsible to guide newly qualified social workers. Two participants were coordinating services for older persons at district level in Bloemfontein. Their responsibilities include the unification, integration and synchronisation of all programmes offered by all government departments, NGOs, CBOs, FBOs and civil society to achieve a common goal of keeping older persons within the community for as long as possible. Three managers were responsible for overseeing welfare services, and for providing support and guidance to social workers during the establishment of CBCSS.

The participation of social workers at different levels offered the researcher an opportunity to obtain rich and diverse views based on their knowledge and experience.

4.2.3 The participants ages and years of experience

The age of the participants ranged from 30 to 60 years. The mean age of the participants was 44.2 years. Their years of experience ranged from 5 to 20 years with a mean of 8.86 years. The experienced participants shared rich information; thus, lending credibility to the findings of the study.

The following section describes the various themes, sub-themes and categories that emerged from the data analysis. These will be substantiated and compared with the available literature.

4.3 Presentation of themes, sub-themes and categories deduced from the analysed data and the consensus discussions

The themes, sub-themes and categories that emerged from the data analysis and the consensus discussions between the researcher, the independent coder and the study’s supervisor are depicted in the table below.

Table 4.2: Summary of themes, sub-themes and categories as identified during data analysis

| Themes | Sub-themes | Categories |
|---|---|-------------------|
| Theme 1: Participants' descriptions of CBCSS | Sub-theme 1.1: Participants' descriptions of examples of CBCSS | |
| | Sub-theme 1.2: Responses of social workers regarding CBCSS | |
| Theme 2: Participants' descriptions of current CBCSS in Bloemfontein | Sub-theme 2.1: The nature of current CBCSS | |
| | Sub-theme 2.2: Payment of services and funding | |
| | Sub-theme 2.3: Participants' reports regarding the different types of services among different racial groups | |
| Theme 3: Participants' perceptions of the roles and responsibilities of family members of older persons with regard to CBCSS | Sub-theme 3.1: Emotional support and encouragement by family members | |
| | Sub-theme 3.2: Lack of family involvement | |
| Theme 4: Participants' descriptions of challenges experienced in establishing CBCSS | Sub-theme 4.1: Lack of infrastructure | |
| | Sub-theme 4.2: A lack of human resources | |

| | | |
|--|--|--|
| | Sub-theme 4.3: A lack of understanding of the needs of older persons and inadequate interpretation of the legal framework | |
| | Sub-theme 4.4: Lack of volunteers | |
| | Sub-theme 4.5: Corruption in organisations | |
| Theme 5: Participants' description of needs to be able to develop and maintain CBCSS | Sub-theme 5.1: Social work specialisation in older persons programme | Category 5.1: Training and supervision |
| | Sub-theme 5.2: Expected support from families, communities and government | Category 5.2: A need for inter-collaboration and coordination |
| | Sub-theme 5.3: Monitoring and evaluation of CBCSS | |
| | Sub-theme 5.4: The need for guidelines for establishing CBCSS | |
| Theme 6: Participants' descriptions of a process that may be followed in establishing CBCSS | Sub-theme 6.1: Participants' perceptions regarding the need for CBCSS | |
| | Sub-theme 6.2: Participants' descriptions of the advantages of CBCSS | |

In the next section, each theme with its related sub-themes and categories (where applicable) will be presented by providing storylines to substantiate each of the aforementioned. The storylines are subjected to literature review and theoretical perspectives described in Chapter Two.

Theme 1: Participants' descriptions of CBCSS

Some participants described CBCSS as services provided to older persons within the community nearer home or at their homes as illustrated by the following excerpt:

“CBCSS are services that are provided to older persons within their homes or families' home within their community environment.”

The above response supports the idea that home care is an informal or formal care of the older person in his/her home that promote, restore and maintain maximum level of comfort (Uys & Cameroon, 2003:22). Home care is also the care of older persons in their natural environment by their families and communities (Lindsay, Hirschfeld, Tlou & Ncube, 2003:24). Some South African authors view home care as a way of providing primary services at home (Rosenberg, Mabude, Hartwig, Rooholamini, Tetteth & Merson, 2005:30). The functionalist theorists regard older persons as part of the society that needs to be connected to other parts to maintain a state of equilibrium for the nation (Mooney, Knox & Schacht, 2007:1).

The responses of three participants were encapsulated as follows:

“It is a service provided to older persons within the community in a service centre.”

The response indicates that a service centre is regarded as a meeting place where older persons interact with their peers and participate in social activities (Lombard & Kruger, 2009:128-129). A service centre is a structured place that keeps older persons together away from loneliness and isolation as it allows them to participate in interesting activities according to their needs (Robison, Segal & White, 2012:1). The functionalists also view CBCSS as a system that brings older persons together.

Some participants viewed CBCSS as a programme that allows older persons independence as indicated by the following excerpt:

“CBCSS for older persons is a programme to assist older persons to remain in their communities and help them to live independently as long as possible. These services can be given at home or at an identified place in the community.”

These responses support the assertion that community care keeps the older persons independent for as long as possible as they feel more comfortable in their homes next to their families and friends (Strydom, 2008:107; Lombard & Kruger, 2009:121). The participants confirm the activity theorists' view that as older persons continue to be engaged in the community they find the purpose of living (McCarthy, 2005:17-18; Wiesel, 2012:1467).

Some of the descriptions of CBCSS provided by the participants include support that older persons give to each other to foster independence as pointed out by the response: *“CBCSS is a service that consists of older person who come together to give one another support to ensure that they function independently and live with dignity in their community for as long as possible.”* The participants’ description confirms the findings that were made by some authors that older persons support each other by providing mutual caring as they feel comfortable amongst their friends and acquaintances (Clough, Manthorpe, Raymond, Summer Bright, & Hay, 2007:5).

These findings confirms Cohen’s (2013:2) description that community care among older persons builds a sense of belonging that result into solidarity, commitment, mutuality and trust. The findings also support the conclusions that were made by the other authors that CBCSS encourages peer support care (Moriarty, Rapport, Beresford, Branfield, Forres, Stephen, Jabbeer, Illiffe, Taylor & Keady, 2007:7). According to the sub-culture of the ageing theory, older persons disengage from society and interact with their peers as they find a strong sense of belonging (Cronsoe & Edler, 2002:1).

The participants further viewed CBCSS as a service that provides meals to older persons as encapsulated below:

“Older persons meet in one place, cook food and eat, engage themselves in exercises, at times they will sew, knit and crouch and plant vegetables”

Some older persons meet in one place either in a church, community hall or some ones house to drink tea, cook nice food, eat and take some to their houses.”

“Community based care and support services are services that are rendered to older persons within the community by older persons during the day at least three times per week - this includes receiving well-balanced meals at least three times per week.”

The responses suggest food and nutritional well-being as important as they influence the quality of life of older persons during the ageing process (Carrier, 2013: 1255). In a study conducted among older persons in Germany, food was found to be a factor that contributes to social, cultural and psychological well-being of older persons’ quality life (Desai, Lentzer & Weeks, 2006:85). CBCSS assist by providing well balanced meals and therefore alleviate malnutrition among older persons.

One participant regards older persons as leaders in CBCSS. She said: *This [description of CBCSS] refers to care services that are rendered by members [older person’s organisations]*

in the community within which they live, that is, an organisation from a particular community will have members [older persons] of that same community work in the organisation and contribute to the welfare of other older persons in the community.”

Community based care promote African renaissance as families and communities are made to develop acceptable ways of caring and supporting older persons, as encapsulated in the following quotations

“CBCSS promotes family care and community protection, security and full development of the special qualities and the protection of older persons.”

The older persons’ withdrawal from society and social relations as they replace the lost roles by self-fulfilling activities, as described by the disengagement theorists (Iwamasa & Iwaski, 2011:262-263).

Some participants described CBCSS as *“the promotion of family and community care, by protecting older persons and ensuring that they are not sexually, emotional and financially abused”*. CBCSS is described as the inclusion model for older persons by modernisation theorists as the industrialisation has changed family values and replaced them with nuclear families (Crosnoe & Elder, 2002:1)

One participant indicated the following excerpt: *“These are services that promote and protect welfare needs and human rights of the older persons, such services enable them to function actively in the community by engaging in daily activities.”* CBCSS can also be described as a mechanism of modernising the welfare status of older persons in community basic interventions such as competitive democracy, market economy and a welfare state as described by modernisation theory (Glabsy, 2008; Parson, 2012). The Older Persons’ Charter (2011) describes CBCSS as a service that offers community care and promotes the rights of older persons. Furthermore, the SAOPF (Forum News, 2010:4) regards CBCSS as an important programme that keeps older persons protected considering the spate of crimes perpetrated towards older persons as illustrated in Chapter one of this report. Therefore these responses are consistent with the description provided by the Older Persons Act No. 13 of 2006 (Section10) that an older person receiving CBCSS amongst others has the right to benefit from family and community care, protection, safety and security

Sub-theme 1.1: Participants’ descriptions of examples of CBCSS

Only one participant provided an example of CBCSS by stating that they are *“Luncheon clubs that provide meals to older persons within their communities.”* Some authors maintain that

luncheon clubs provide well-balanced meals that keep older persons' mind and body active and reduce the level of poverty amongst older persons' population (Ninacs, 2003:4; Makiwane, Schneider & Gopane, 2004:28).

A worrying fact is that fourteen participants were not able to offer specific descriptions of CBCSS even after probing by the researcher they indicated the importance of cooked meals provided by the centres. This is attributed to their lack of interest in the welfare of older persons' services.

One participant said that *"Well balanced meals are also important within the CBCSS as they alleviate poverty"*. Herbst's (2004:10) is also of the view that in Ireland community meals are an important source of nutritious food for older persons who are unable to cook for themselves. Some theorists regards the government and private sectors to be paternalistic in the care of older persons as they give them what they need without offering them a responsibility or the right to choose what they need. For instance allowing them to choose what they want to eat without following a planned menu (Sandman & Munthe, 2009:7).

In Bloemfontein cooked meals are provided to older persons that attend the centres and delivered by the CBCSS staff to frail older persons at their homes. A participant indicated that *"Community based care and support members cook meals in their club and deliver them on foot or on wheels [cars] to the older person home"*. Delivering nutritionally cooked meals to houses of older persons who are unable to prepare meals for themselves is common practice in Illinois (Wayne & White, 2012:1). Similarly, nutritional intervention is an important way of preventing the degenerative conditions of ageing as they improve older persons' quality of life (Rosenberg & Sastre, 2002:207).

The participants expressed appreciation of the health care services provided by caregivers attached to clinics who assist frail older persons in their homes as explained by three responses below:

"At times a caregiver from the clinic assist older person at home by giving medication and ensure that she ate porridge before she takes medication..."

"By linking older persons with clinics or hospitals to receive home based care so that they are assisted with the intake of medicines and ensure that they eat before taking medication."

"Other older persons only attend health sessions when the community nurse visits their service centre to advise them on health issues."

The views expressed corroborate an assertion that health professionals at clinics should provide health services at CBCSS (Schatz & Gilbert, 2012). Such assistance alleviates the common threat made by some theorists that the older person's body slowly wears off due to incorrect manner of eating and intake of medication (Harwood, 2007:127; Fenge, 2010:430; Roos & Klopper, 2014:281). Older persons experience diminished energy as described by the compensation theory (Freund, 2002). It is therefore important to ensure that medical services are accessible to older persons.

Sub-theme 1.2: Responses of social workers regarding CBCSS

The fifteen participants were of the opinion that older persons are aware and keen to participate in CBCSS as demonstrated by the following excerpt that *"The older persons are aware of these services and more are joining existing organisations."* The responses confirm Stephen (2009:4) findings in South Africa that older persons are aware of the existing CBCSS. The fact that older persons participate actively in their CBCSS's and access services for themselves as the proof of awareness about CBCSS (Help Age, 2010:2). One theorist described older persons' awareness about CBCSS as the postmodern perspective as older persons have a voice in their services (Fenge, 2010:432-433). In a report that was presented by Human Rights Commission it was evident that older persons are utilising their services as there are more cases reported as compared to the previous years (Speed, 2011:4-5). This indicates that some older persons have a positive attitude such as life satisfaction, as described by the gerotranscendence theory (Jonson & Magnusson, 2001:317).

The following excerpt encapsulates the responses of eight participants regarding older persons' enjoyment of CBCSS that *"There are a number of older persons who enjoy being part of the community based care and support groups."* Similar findings were reported in Europe where their policy emphasise destigmatisation of old age to encourage older persons to enjoy participating in CBCSS (UNECE policy brief, 2009:1-3). The joys that older persons show in groups indicate personal satisfaction and an ability to adapt to personal change overtime (Schulz, Noelker, Rockwood & Sprott (2006:266). The inner joy also enhances a sense of continuation in self-identity (Finchum & Weber, 2000:160).

The commitment of older persons in CBCSS was pointed out by participants who indicated that: *"Older persons are committed to community based care and support service as they attend regularly"* and that *"They participate actively as they follow their planned activities."* These responses confirm Schipper's (2014:9) findings that in the Netherlands age is not a limit as older persons are actively involved in paid jobs, voluntary work and informal care.

The findings suggest that older persons are actively integrated in societies and live a healthy quality life (Strydom, 2008:110; Asiyanbola, 2007:146; Lombard & Kruger, 2009:129).

The participants explained that older persons are able to take decisions in CBCSS as indicated by the response that *“They take decisions in sustaining their services.”* This response endorses Dunning’s (2005:36) assertion that older persons should make decisions and advocate for themselves where ever they could. Older persons’ wisdom fuels their decisions as they are able to take control of their services and act responsible (Low, Yap & Brodaty, 2011:2).

Theme 2: Participants’ descriptions of current CBCSS in Bloemfontein

The participants’ described CBCSS that exist in Bloemfontein as follows:

“Community based care and support services that exist in Bloemfontein are the luncheon clubs especially in white communities and were previously known as the tea clubs and in black communities these luncheon clubs are known as service centres and they provide different activities.”

In South Africa CBCSS is viewed by some as a one stop service centre for older persons that offer housing, primary health care, social work services, information, home-based care, meals, transport and recreational services (Strydom, 2008:107; Eckley, 2006). Similarly, the description of CBCSS in SA slightly differ from the one in North Carolina and Australia as they provide a range of services such as twenty four hour home care, routine house cleaning, and home maintenance, transport and social outings (Goins & Hobbs, 2001:27; Low, Yap & Brodaty, 2011:1).

“Community based care and support services that I know of are communal garden, handwork, sewing, cultural activities, Adult basic education, SASSA, Health, Active ageing.”

CBCSS are a complex service that provides different activities as described above. CBCSS offers older persons activities that are stress relieving such as sewing and crouching, relaxation exercises and new information on technology (Johri, Beland & Bergman, 2003:224; Moore, 2007:7; Grundy, 2010:4)

The following sub-themes describe current CBCSS in Bloemfontein.

Sub-theme 2.1: The nature of current CBCSS

The description of the nature of current CBCSS in Bloemfontein provided by the participants are related to the compensation theory as they are informal services that are initiated by older persons as reflected in these excerpts:

“There are service centres that are established for the elderly for them to meet on a regular basis to share life experience, to learn how to live on their lives and to manage their life stage accordingly.”

“The older person is involved in a number of activities such as exercising, aerobics, singing in choirs, socialising and interacting with other peers.”

Seemingly, older persons chose from available activities in their centre the interesting hobbies they would to participate at, like (choral music, traditional dance, cooking), training (sport), exercises (aerobics) and skills development (technology, parenting, first aid) economic development (communal gardens, sewing, bakery, poultry) basic education (ABET) (Moore, 2007:7; Grundy, 2010:4).

In other centres’ the Department of Education deploy staff to teach how to write their names and be able to sign their documents without an X or a thumb finger print as indicated by the following quotation: *“Other older persons only attend adult basic education as they are interested in writing their names, mastering a signature and learning other basic skills.”* Those that attend adult basic education and training (ABET) expressed their appreciation to education as they felt that their right to be informed is protected (Constitution, 1996:7; Makiwane, 2006:3). ABET in CBCSS support older persons empowerment as poverty amongst them is associated with low level of education (Statistics South Africa, 2014:41).

Many older persons are interested in sport activities as encapsulated in the following:

“Most of older persons attend service centres during the preparations of golden games as they are only interested in sport activities.”

“Especially the retired professional athletes attends in numbers only during the season of the games”

The responses confirms the objective of Madrid International Plan of Action on Ageing (2001:1) as it aims to advance health and wellbeing of old persons. In responding to the objective South Africa developed an Active Ageing programme called Golden Games that

encourages older persons' participation in sport and recreation (Sport & Recreation News, 2014:1).

The older persons who are members of CBCSS are required by DSD to establish income generating project in order to sustain their programme as reflected in the following excerpt:

“Older persons in community based care and support services are required to have income generating projects that assist to sustain the programme these include communal gardens, sewing school uniform and track suits and may be after care programmes”.

“They [the older persons] engage in handcrafts and in turn sell to the community to make income”.

“Within the community based care and support services older persons must have gardens in their services centres where they produce vegetables that assist them to get fresh vegetables and sell to the community to make income. Some older persons do not like gardening so they prefer to crochet, knit, sew and sell their products to the public to gain money. At times they have both garden and do handwork.”

The public response to poverty in South Africa was to establish income generating projects in partnership with vulnerable communities such as the older persons so that they can earn a living from such programmes (Kaeane & Ross, 2012:18). Seemingly in South Africa these income generating activities focus on transferring skills, build and expand the knowledge and resources of the older persons like crouching and knitting, sewing school uniform and planting fresh vegetables as required by Older Persons Act No.13 of 2006 (Ngwenya & Magongo, 2013:15).

Trollip and Boshoff, (2001:58) state that income generating project in Gauteng have assisted older persons to develop self- confidence and dignity. Friedman and Bhengu (2008: 7-24) noted in their study that despite the considerable amounts of money that the government invest to alleviate poverty the living condition of older person remains poor. Communal gardens and handcraft assist CBCSS to reduce food budget and make older persons earn money from the programme (Wilson, 2010:11).

Some participants described the constitution and management of the CBCSS as confusing at times as youth and women manage them as their businesses as indicated in the following quotation: *“Older persons manage these community based care and support service on their own however some are managed by youth or women that started them with the purpose to run them as their businesses.”* The participants were unhappy about the management of CBCSS

as business DSD has policies in place such as the Non-Profit Organisations Act No. 71 of 1997, Public Finance Management Act No.1 of 1999 and the Memorandum of Agreement that specifies the management of the organisations and the handling of its assets. Chapter two of the Older Persons Act No. 13 of 2006, states that older persons should lead their programmes. Similar findings were reported in Victoria (Speed, 2011:5) that older persons want to be independent and self-identification by, social participating in their community and value their wisdom. Seemingly also in the United Kingdom older persons emphasised that they want to do things for themselves (Gabriel & Bowling, 2004:687).

The participants were divided on the focus of the CBCSS namely; prevention and promotion programme or home based care they stated that:

“Community based care and support service that exists in my area is home-based care that focuses mostly on frail older persons. The service involves personal care such as help with bathing, dressing, and taking medication at times they bring spiritual sessions.

“There are two categories of community care that is prevention and promotion programme and home based care. Prevention and promotion programme is the one that allows older persons to receive services at the centre whilst home based care services are provided to frail older persons at home however it is not yet funded”.

“There are organisations that provide home based care to the frail older persons although it is not fully funded so they do bed bath, brushing teeth and sometimes assist with house chores, bring spiritual sessions and bible studies”.

The above responses confirm Kassner (2011:1) findings that frail older persons need to be assisted with personal care, chore assistance and with meals. Similar findings were reported in Ontario that home based care integrates health and social care services for frail older persons and sustains health care systems (William, Deber, Montgomery, Kuluski, Peckham, Watkins, Williams, Ying & Zhu, 2009:9). Home based care has changed the perception of the family and community in that frail older persons need to be institutionalised as most of them prefer to be cared for in their homes (Williams, Challis, Deber, Watkins, Kuluski, Lum & Daub, 2009:106). The exchange theory describes the loss of physical strength as the time of experiencing increased dependency that forces older persons to submit to the will of their caregivers (Cronsoe & Elder, 2002:1).

Older persons become more religious especially when they feel lonely and isolated as illustrated by the following response *“The members of community based care and support*

services are expected to identify frail older persons to visit them and pray or organise a reverend to a service in their houses.”

The CBCSS activities include spiritual sessions as it is believed that ageing brings people closer to God. Psalm (92:14)”states that older persons bear fruit.” A different part of the bible confirms that God’s plan of salvation is fulfilled in the fragility of bodies that are weak, barren, impotent and no longer young (Romans, 4:18-20; Luke, 1:5-25 & Psalm 91:16). Symbolic interactionism perspective refers to this stage as a “spiritual dimension” as religion to older persons brings happiness, internal peace, faith and appreciation (Abner & Carie, 2006).

Sub-theme 2.2: Payment of services and funding

The participants described the contributions made by older persons towards the sustenance of CBCSS as an essential. They said:

“.....Financially contribute to the organisation to sustain the organisation.”

“In an effort to generate funds to sustain CBCSS and to encourage ownership and a sense of belonging older persons as members pay a little amount to the organisation for food.”

“I can also say, they pay joining fee and contribute R5 or R10 per month to keep their membership and to donate for one another when there is a need.”

“In most community based care and support services older person contribute R5, R10 or R20 rand per month. The money that is contributed in a first month is regarded as a joining fee and then the money that follows is saved to assist during funeral when the organisation loses its member. This money assists the members to own their membership, have a sense of belonging and sustain their membership.”

The above responses confirms Day’s (2014) findings that in America older persons, families and the community pay for CBCSS in order to sustain the programme. Despite the above mentioned services that are provided to independent older persons CBCSS sometimes are attached to residential care facilities as illustrated by the following: *“In CBCSS that are attached to residential care facilities older persons pay for lunch and is delivered to their homes daily. Some older persons come to residential care daily to have lunch as arranged by them and the residential facility.”*

Nutrition is recognised as a determinant of high mental, physical and active engagement and prevents the occurrence of chronic disease to older persons (Taylor, 2010:12; Mackie,

2013:5). Older persons that cannot cook for themselves prefer to pay for their meals in residential care facilities to ensure that the meals they eat contains vitamins and minerals (Bakker, 2003:49).

Laundry services are regarded as essential for older persons as encapsulated by the following quotation: *“Some prefer to pay only for laundry services their dirty clothes are collected from their houses every week and are washed and ironed and delivered back to their houses.”* Similarly, residential care facilities understand that laundry services enhance older persons’ life as they are able to wear clean clothes through their services (Clough, Manthorpe, Raymond, Sumner, Bright & Hay, 2007:5-6; Skurchak, 2014:24).

Sub-theme 2.3: Participants’ reports regarding the difference in types of services among different racial groups

The differences were described as follows: *“They are more informal in black communities as the club does not have a structure of their own. For instance they hire churches and some garage from someone and at times use shack [umkhuku].”* Evidently the government is faced with diverse challenges of older persons that need fast changes in the modern economy and social systems (Chipkin & Liptiez, 2012:2).

In white communities services are as follows: *“Within the white communities the club is attached to a residential care facility and that makes it to be structured.”* CBCSS started in white communities in 1960 (Lombard & Kruger, 2009:128; South African Older Person’s Policy, 2004:26-27). They gained knowledge and better understanding of good practise through experience as they learned from their mistakes. Their families and community have learnt ways to provide support in order to sustain the programme.

“In white communities, families and community members always give to the organisation anything that they do not want but feel that it can assist the other person, at times they bake for older persons contribute food such as slaughtered cow or pigs [farmers] as a means of support.”

“You know for whites they are prepared to pay for whatever they gain, for instance from the residential care they receive in return they slaughter a pig monthly for the residence or residents? What do you want to say?”

The participants indicated that in black communities there are more CBCSS as compared to white communities. A participant said: *“No, mostly they [CBCSS] exist in black communities and they are scattered, in suburbs they are attached to residential care facilities as an*

outreach programmes.” Similarly, CBCSS in Bloemfontein are not transformed as there are still black and white services, which call for transformation (Edward, 2014:3). These CBCSS are complex and fragmented as they are scattered and that indicates that not all older persons benefit from them (Strydom, 2008:107). Urbanisation led to conflict as many resources are found in urban areas while most African older persons are found in townships and rural areas where there are limited or no resources (Wiesel, 2012:146).

Theme 3: Participants’ perceptions of the roles and responsibilities of family members of older persons with regard to CBCSS

A family in its diverse forms is the fundamental unit of society that links older persons especially where independence is unattainable with resources (Sokolovsky, 2014:4). According to the conflict perspective, Wiesel (2012:146) asserts that most families see older persons as a burden as they do not have much to offer financially. However, families have an important role to play in CBCSS as illustrated by the following quotations:

“The role of families is to provide emotional, psychological, financial and social support.”

“Families are the primary care givers of older persons. It is the responsibility of the family to love an older person. Families must create enabling environments for older persons by providing needs such as paying for water and electricity, buying food and maintain continuous communication with them so that they do not feel lonely.”

These findings confirms symbolic interactionist theorists findings in chapter two that families are able to choose functional domains that they wish to focus their resources, optimizing developmental potential (maximization of gains) and compensation for losses, thus ensuring the maintenance of functioning and a maximization of older persons losses (Freund, 2002; Riediser, Freund & Baltes, 2005). The findings conclude that families have an important role in the lives of older persons and should not shift their responsibilities to the government.

Sub-theme 3.1: Emotional support and encouragement by family members

As societies are becoming modernised the status of older persons is decreasing as modernisation is likely to exclude them (Glabsy, 2008; Parson, 2012). Therefore, older persons need to be supported and encouraged by their family members as indicated by the following responses:

“Encourage older persons to attend CBCSS families should accompany older persons to these centres when it is necessary.”

“Families should use CBCSS as a secure care place where older person are in the company of their significant others...”

“Families are supposed to support older persons at home and encourage them to attend CBCSS”

“The role of family member is to encourage and prepare older persons to participate and prepare them to belong to CBCSS”.

“It is to link older persons in need of care to CBCSS.”

Similarly, the emotional support provided by families to older persons at centres is important (Strachan, 2011:34). The family members should enquire or establish if the older person is interested in participating in CBCSS to show that his/her decision is valuable (Jenkins, Asif & Bennett, 2000:22).

Three participants indicated that continuous support to older persons by families encourages them to belong to CBCSS:

“Families have a responsibility to attend older persons general meetings, guide them on activities that generate income, educate them on programmes that can assists to sustain the programme, advocate for their rights and assist them to find professionals that can give life skills sessions such as health care workers legal advisors, educators and the police.”

“It is the responsibility of family to ensure that they link older persons with community services that are available and support those services.”

“The family members should ensures that older persons attend the clubs [community based and support services] and give advice where necessary. They should ensure that they are safe and provided emotional support.”

Tentori, Osherson, Hasher & May, (2001:24) are of the view that family support plays an important role in older person’s life as it sparks the desire to live longer.

Sub-theme 3.2: Lack of family involvement

In some instances the participants identified lack of family involvement as problematic. One participant said that: *“Families play a very little role, for them this is about taking older person away from home.”* While another stated that: *“They do not understand that they also need to give support to older persons.”* The responses confirms modernisation theorists as discussed in chapter two that transformation from rural to urban way of life resulted to lose

power and authority of older persons as it reduced their engagement in family life (Darkwa & Mazibuko, 2002:115; Zimmer & Dayton, 2003:5; Matunhu, 2011:11).

One participant indicated that some family members are only interested in what they benefit from older persons by stating that: *“To them this is about what the older persons bring from the service centre, for instance cooked meals or food parcels.”* While others were of the view that families do not play their role in the establishment of CBCSS. They stated: *“They [families] do not attend community meetings that are called unless they are promised to get hand-outs.”*

“Families are supposed to assist with the establishment of CBCSS”

“The families have to volunteer their services to community based care and support services.”

Family involvement and volunteerism is important as it allows families to spend meaningful time with the community and enriches collective experiences (Hegel & McKechnie, 2014:1).

Theme 4: Participants’ descriptions of challenges experienced in establishing CBCSS

The conflict perspective indicates that older persons, middle aged persons and the youth compete for power and scarce resources (Crossman, 2009:1). When older persons disengage from society, they give the younger generation a chance to utilise available resources. The participants’ challenges in the establishment of CBCSS are discussed below.

Sub-theme 4.1: Lack of infrastructure

The following three quotations encapsulate the responses of fifteen participants in describing the challenges of lack of infrastructure:

“Community based care and support operates informally as services are not well-resourced, there are no infrastructures.”

“Accommodation is a challenge as there are no service centres available to be utilised by older persons as such they rent garages from other members or people from the community or someone’s house .”

“Some organisations use shacks in an open space but there are no toilets, running water nor electricity as such they prepare meals in someone’s house, they keep their groceries there and buy electricity for that person and that is not cost effective.”

The Free State older persons (2013) made submission to parliament in order to influence municipalities in the province to avail old offices for formal CBCSS use. Formal setting for CBCSS is regarded as important as it ensures human value and dignity (Van Dyk, 2002:328; Uys & Cameron, 2003:4).

The participants viewed CBCSS as not accessible as they were not within a walking distance from their houses as indicated in the following quotations:

“Community based care and support service at times is not accessible from their houses to service centres. At times the older person does not have transport fare.”

“Community based care and support services are supposed to be within reach, that is within a walking distance but in most cases they are far for older persons as such there is a need for transport.”

The participants’ responses show that they were not comfortable with the distance between older persons’ homes and the services centres. The national norms and standards state that the distance between the CBCSS’ should be five kilometres (Generic norms and standards, 2005:77).

The participants described transport as inaccessible, as encapsulated in the following excerpt:

“Older persons use transport to the service centres’ that is not subsidised by the organisation or the provincial DSD”.

“In addition to high case load of older persons cases there are no adequate CBCSS that the older persons can be referred to the few that are available are not within reach.”

Similar findings were reported by Makiwane, Scheneider and Gopane (2004:33) as they pointed out that transport to take older persons to CBCSS is a barrier as the public transport routes neglects those who live far from the route. Canada and United States of America have put policies in place to ensure that transport for older persons is accessible as it is subsidized and is made to transport older persons to service centres (Coughlin, 2001:1).

Some participants were concerned about the lack of office space, and working tools as illustrated in the following quotations:

“There is no office space as three social workers occupy one office, how do we plan. There are no resources like computers, phones, stationery and cars.”

“Lack of resources like stationery, photo copying machines and fax machines.”

“Tools like cars, fax machines, computers, phones, our toilets are not functioning, floors are dirty, at times social workers are sharing offices and there is no privacy.”

“Limited resources within the department to provide services, for an example for some months we did not have photo copy machines, fax machines, telephones were cut, stationery and even cars, the department was talking of cost containment. How do we operate in such circumstances?”

“There are no cars social workers have to share, that means you accompany each other where ever you go.”

The lack of offices, cars and other important resources makes it difficult for social workers to establish CBCSS as required by the Older Person Act No.13 of 2006. Ferguson (2013) is of the view that social work is often an undervalued and under-resourced profession. The lack of funding was also regarded as an impediment towards the establishment of CBCSS as illustrated by the following two quotations:

“Despite policies and legislation that identify older persons as a vulnerable group funding for the establishment of community based care and support services is not prioritized.”

“Funding allocated to older persons for community based care and support services is too little as compared to early child development programme.”

Day (2014) states that funding for the establishment of CBCSS requires matching funds from state and local governments in order to avail the required resources. In contextualising McCarthy’s (2005:17) version in chapter two lack of funds for establishing CBCSS for older persons infringes them the right to continue with their lives as they cannot maintain their internal and external structures (cf Chapter Two).

Sub-theme 4.2: A lack of human resources

The lack of social workers in South Africa is of great concern to the DSD hence efforts such as the introduction of the recruitment and retention strategy were made to address this matter. The responses of nine participants are captured in the following quote:

“What is most frustrating is the lack of human resources. The department did not retain social workers for the past three years there were no advertised posts of social workers except absorbing those who were bursary recipients. They do not understand a damn.”

Alpaslan and Schenck (2012:377) are of the view that the shortage of social workers in South Africa leads to a situation where social workers practise one method of the profession. In analysing the situation of social workers in South Africa, Naarse (2013:1-2) stated that to provide effective quality services the country needs 66000 social workers, whilst in 2013 there were only 8913 registered social workers. Hence, social workers find it difficult to establish CBCSS as required by the Older Person Act No. 13 of 2006.

Furthermore the participants viewed recruitment and retention of experienced social workers as a method that can be used in professionalising the service and keep the social workers as accentuated below:

“Recruitment and retention of experienced social workers with the purpose to professionalise the service is necessary and will assist to keep social workers in provincial DSD.”

The provincial DSD suffers from high vacancy rate whilst there are available social workers that are unemployed may be due to cost containment or due to increased scrutiny of the profession (Holmes, Miscampbell & Robin, 2013:25). The National DSD developed recruitment and retention strategy with the purpose to attract professional social workers to remain and serve their country (Recruitment and retention strategy, DSD, 2005:11) The findings concludes that the recruitment and retention strategy is not implemented although it was approved.

The participants suggested that DSD need to retain social workers as encapsulated in the following quotation:

“The department [provincial Department of Social Development] should retain experienced social workers on older person’s programmes.”

To restore the recognition of the value of the profession to society the provincial DSD should retain experienced social workers (Earle, 2007:83-85). The findings by Wermeling (2009:4) suggest that retention strategy does not only consider a large number of social workers but it recognises those that are specialising in their fields. The findings suggest that they should lead in their fields of specialisation and be remunerated for their specialities.

Low morale and burnout was poignantly articulated as follows by the:

“There is low morale and burnout amongst the few available social workers.”

“Morale is very low, we feel like we are not treated professionally. Sisi, [meaning sister] when a social worker organises an event it is diluted with politics as it is hijacked by politicians to lift their interests at the end the purpose loses direction.”

“Social workers are frustrated as they feel that they are not supported in their endeavours of establishing CBCSS for older persons instead the department in the province make noise about June 16th and celebration of the youth day as prioritised by politicians.”

The participants' views indicated that the lack of human resources resulted in low morale and burnout among social workers. Burnout is a feeling of emotionally and physical drained that leads to non-performance (Harry & Coetzee, 2011:29-30). Some authors described burnout as a syndrome of physical and emotional exhaustion that result from work related stress that may cause one to develop negative self-concept and lose concern and feelings for the clients (Kadushin & Harkness, 2014:101). Rothman's (2003:16-24) study shows that low morale and burnout were caused by the false impression that was given by the Free State Provincial DSD to the public that the available social workers were able to establish CBCSS whilst they were equally attending to all programmes.

The participants saw that as a lack of respect and dignity by the provincial DSD, as indicated by the following excerpt

“Social workers feel they are not treated with dignity by the provincial department as they distribute food parcels to fulfil political interests especially during political campaigns.”

Although the social workers sounded frustrated the national DSD responded to that by developing a household and nutrition security programme that are managed in partnership with NPO's that are operating in deprived communities so as to restore their dignity (Model for the implementation of household food and nutrition security programme, 2011:2).

Seemingly in South Africa the obstructive bureaucracy and unwieldy systems made social workers to spent time on food distribution other than establishing CBCSS (Robb, 2013).

The fact that social workers are generalists and expected to offer services to all types of clients experiencing different challenges, led some of the participants to point out their struggles as follows:

“Social workers are overwhelmed as they are expected to do generic work in an area that one serves.”

“As a social worker in an area you are expected to do everything and we prioritize foster care that takes more of our time.”

“Another problem is the social workers’ lack of knowledge and interest in older persons’ programmes.”

“This is not right, there is no progress in what we are doing, our hands are full because we are all over.”

From the participants’ storylines social workers are unable to offer services to different types of clients and thus become overwhelmed. In the meantime, social work with older persons is one of the areas that need specialist as nations are concerned about the increasing population of older persons (Lombard & Kruger, 2009:120).

One participant reflected that *“High case load hinders social work efforts to give attention to older person’s programmes as more attention is given to foster care.”*

The findings confirm the views of other researchers on the consequences of shortage of social workers in South Africa that includes amongst others, high caseload and lack of quality services received by the clients (Calitz, Roux & Strydom, 2014:153). Similar findings were also reported by Alpaslan and Schenck (2014:375) in a study that was conducted in the rural areas of the Eastern Cape Province that the high caseload and shortage of social workers resulted in the provision of one type of service, namely foster care. Some authors in London found that high caseload is caused by lack of retention of experienced social workers (Baginsky, Moriarty, Manthorpe, Stevens, MacInnes & Nagendran, 2010:23). The increasing social work pressure that is caused by high caseload affects the establishment of CBCSS by social workers (Waldegrave, 2014:58).

Social workers are expected to attend to all programmes as accentuated by twelve participants in the following quotation:

“We are expected to attend to all programmes in an area including the establishment of community based care services for older persons “You know in the district level we are doing all programmes and some of the programmes we are not interested at as such they are neglected.”

The findings confirm Zufferey (2012:1) studies that states the professional social work identity is over shadowed by the social and political misconception that regards social workers as a ‘jack of all trades’. Midgley (2013:151) noted that social workers are expected to

attend to all cases and that reduces the quality of rendered service. In responding to the challenge the National Department of Social Development developed the generic norms and standards and identified the areas of specialisation (Generic Norms and standards, 2008:35). However, the province still adheres to the old practice that is generic social work.

The participants felt that their principals interfere with their practise as poignantly indicated by the following quotations:

“We cannot plan as our plans are always disturbed by our principals who always take political decisions without consultation.”

“We can no longer plan because somebody plans for us, we are always destructed. Here we do not prioritise our services all is about what the Minister wants, Premier said, the MEC instructed, we do not have time to establish services.”

Planning and organising is an integral part of social work practice as it expose the practitioner to openness to learn and to adapt to the practice (Williams & Rutter, 2013:12-13). The social work standard recognises that the opinion of the social worker in applying intervention methods within the field of practice are important as the accountable person as such she/he can take decisions from other persons (Parker, 2010:1). The findings confirms that social workers need a working environment that upholds ethical practice, committed to standards and good quality services (Social Professions Act No. 107 of 1992).The findings concludes that social work services in are provided in environments where employers do not understand the social work task, respect them and are not committed to implement professional values (Baginsky, 2009).

The participants expressed their concern about the lack of supervision as encapsulated in the following quotation:

“There is lack of supervision as our supervisors do not understand what are we doing as such there is lack of support and guidance.”

“We need supervision there is no supervision in the department”.

The participants' views were that supervision encourages social workers to reflect on their feelings in establishing CBCSS. The need for supervision corroborates a finding in Alpaslan and Schenck's (2012:381) study that the lack of supervision may cause social workers to breach confidentiality by discussing work challenges with people outside their work environment.

Clare (2014) noted that, supervision needs to recognize the managerial and administrative tasks that are necessary to protect the social worker and the older person from poor quality practice, while also respecting the emotional and educational needs of newly qualified and experienced practitioners that are exposed to the demands of high-risk judgment by the community and professional practice.

The findings concludes that supervision is the spine of social care as it builds emotional resilience and improve professional practice (Lambley, 2013:1). In responding to the need, the Minister of Social Development in 2010 (Policy on social service professional, 2013:62) requested retired social workers to use their experience in assisting “novice” social workers to improve the quality of their service delivery. As a result of the Ministers’ request the national DSD established a social work veteran’s forum.

Guidance and support in establishing CBCSS was described as a necessary tool to make informed decisions, as encapsulated in the following quotations:

“Management should guide social workers in establishing community based care.”

“As social workers we need support and guidance from our supervisors as it is, they don’t know the older persons Act, how are they going to supervise us?”

Seemingly lack of support and guidance through supervision affect deeply the establishment of CBCSS as the nature of national state and local government has created institutional discrimination that is so deeply ingrained in the community as such social work intervention using legislations is not enough (Barrett, 2010:122).

Sub-theme 4.3: A lack of understanding of the needs of older persons and inadequate interpretation of the legal framework

The principals of the provincial DSD were described as not understanding the Older Persons Act No.13 of 2006; thirteen of the participants’ responses are encapsulated in the following quotation:

“Understanding of older persons Act No. 13 of 2006 by our principals such as executive manager, Head of the Department and MEC of department is not adequate.”

“Our principals are not orientated about the Act as such we are not receiving support.”

The participants' felt that their principals need to understand the older persons Act No 13 of 2006 as it is an intervention instrument that is used by the state to provide for the wellbeing and socially protects the older persons at risk.

An example that shows the lack of understanding of the Older Persons Act No. 13 of 2006 was pointed as follows by the participants:

“For instance a sensitive programme on the prevention of older person abuse that is commemorated on the 15 June of every year is not considered nor recognised as nothing is happening on the day from the principals; there is not even a word from the Premier irrespective of the increased rate of abuse of older persons instead they recognise the June 16.”

The above response is in contrast with reality as almost daily the media statements in South Africa announces the sensitivity and the increased rate of older persons abuse and that alarms everyone to prioritise the protection of older persons against abuse. The Human Rights Commission (2013) urged for effective implementation of older persons Act No.13 of 2006 to combat the abuse of wisdom carriers (older persons). Some researchers state that lack of recognition of older persons is caused by modernisation as the theorist, Glabsy (2008) and Parson (2012) found that as the society become modernized the status of older persons' decreases and are likely to experience exclusion.

The participant sounded furious about the way the programmes for older persons are handled as they poignantly indicated the following:

“Every department operates in its small corner without the full understanding of the Act.”

“The person that coordinates older persons services from the Premier's Office is not a social worker and does not understand what the Act No 13 of 2006 says this means the person does not understand the role and responsibilities of his/her office.”

“If only social workers are aware about the Act, [Older Persons Act] how do the others provide services to older persons without the knowledge of the Act?”

Similarly the participants were frustrated about the politicians that direct older persons' services without clear knowledge of the developmental framework of older persons Act No. 13 of 2006 (Strachan, 2005).The participants accentuated lack of understanding as a challenge that affects social workers in establishing sustainable CBCSS as follows:

“In fact politics are contributing to that [a lack of community involvement]; when they talk they say the government will do for you this and that creating dependency to our communities.”

“Political interference as politicians such as MEC regard the older person service centres as a gathering that provides food or any other material staff for free in the process community loses the developmental side of the community through these service centres.”

“Moreover there is lack of professionalism as politicians are dominating social work services. In fact there is a misconception that everybody is a social worker or can practise social work. This affects hurt interventions as the approach is no longer developmental as politicians expect social workers to take short cuts.”

All participants (fifteen) confirmed that politicians lack the understanding that may successfully inform intervention strategies that may assist in establishing sustainable CBCSS. The established CBCSS should be sustained by using community resources even when they are not funded by the provincial department (Cheadle, Egger, LoGerfo, Schwartz & Harris, 2009:68).

Sub-theme 4.4: Lack of volunteers

Volunteerism has a meaningful and positive impact on community as it holds the community together. The older persons as volunteers tap unprecedented services to their peers in need and as they stay engaged and active they remain healthy (Choi, 2003:179-198). The following quotations encapsulate participants' responses:

“They do not understand free volunteerism as they need a salary at the end of a month, so our communities do not have ownership in programmes established in their communities.”

“Communities are not available to assist in community based care and support services for instance fencing the centre, planting vegetables in communal gardens or in houses of older persons. Mam, it is difficult.”

It's like if the programme is needed the government must employ.”

The above response confirms the findings by other authors that communities should be encouraged to use the spirit of “ubuntu” as their contact with older persons instil enjoyment and fulfilment in different ways to older persons especially those that are isolated from their families and friends (Zedlewski & Schaner, 2006).

Sub-theme 4.5: Corruption in organisations

The participants were concerned about the corruption that take place as the initiators were not following the procedures as illustrated by the following excerpts:

“There is a huge number of bogus community based care and support services are mushrooming with the wrong intend and purpose by the people that want to enrich themselves.”

During a conference held in Cape Town in 2012, corruption in SA was cited as having a serious impact on older persons. For example, their health are at risk as the buildings they utilise are dirty and lack basic facilities such as flushed toilets and/or running water.

Some participants indicated that political interference lead to the mushrooming of CBCSS. One participant stated: *“Many bogus community based care and support services are mushrooming with the wrong intent and purpose and when a social worker provides professional guidance she then realise that this is politicised, for instance the councillor or MEC encourages community without the guidance of a social worker.”* During the Cape Town conference it was noted that the highest levels of corruption in SA within government and business is destabilising anti-corruption efforts (Van Vuuren, 2014).

For instance, funds that are supposed to assist in the establishment of CBCSSs are embezzled by corrupt officials as indicated: *“Vulnerability of older persons opens them up for political and financial manipulation and that affects the establishment of community based care and support services for older persons by social workers.”* The response confirms conflict perspective as stated by Crossman (2009:1) that the people in power use it to impoverish older persons who are dependent on them.

One participant said: *“They know that they are not prosecuted when funds are reported to be mismanaged instead the department continues funding the organisation expanding corruption.”*

The above responses confirm Danneguin’s (2014) report that lack of enforcement in South Africa resulted in Organisations for Economic Corruption and Development (OECD) raising a concern as prosecution for corruption cases is influenced by political and economic interest. The scrutiny of the South African legislations and other sections of the law by Hungarian and American experts revealed a serious lack of enforcement in South Africa either in investigating or prosecuting existing cases of corruption and thus concluded that corruption is an illness in South Africa (Writer, 2014).

The participants explained the corruption that takes place at CBCSS as follows:

“People that started the organisations own them as their companies - the interest is on funding not on older persons services.”

“For instance funded organisations mismanaged their funding daily. Reports are submitted to management but there is no action taken instead the Department [Social Development] continues funding the same organisation or the bogus organisation.”

“Managers of organisations are corrupt. Some buy groceries and pre-paid electricity exceeding monthly budget as tabulated in break down funding they receive from the Department of Social Development. Some pay themselves stipends at the end of the month. Some they are stingy throughout the year as they do not provide services as required and at the end of the year during Christmas time they share the money as if they are having a ‘stokvel’.”

“In some instances the community based care and support service funded by the Department of Social Development does not exist it is only the name and insufficient papers that exist. This means certain individual/s are benefitting with the name of older persons.”

Newham (2014) asserts that South Africa is a well-resourced country with policies, standards and legislation specifically designed to enable the state to address corruption as compared to other African countries but the government is reluctant to fight the scourge of corruption.

Theme 5: Participants’ description of needs to be able to develop and maintain CBCSS

The information provided by the participants in response to the question led to the decision to sub-divide this theme into five sub-themes and two categories that will be introduced and presented in the discussion below.

Sub-theme 5.1: Social work specialising in older persons programme

The participants view was that there is a need to specialise in older persons programme as evinced as follows: *“Most of all we need to specialise in older persons because for now priority is given to services to children”*. The participant was confident that specialisation will develop them advance skills and competence in establishing CBCSS as it will increase their knowledge (Wahab, 2005:51).

One participant indicated that: *“If they can allow us to specialise in older persons so that we can have focus that would mean a great move.”* The response confirms the findings by other authors as the state that specialisation prepares social workers to provide advance professional intervention (Walfer & Brandsen, 2014:107-111).

Almost all the participants had the same view as encapsulated: *“We need personnel to specialise in older persons that will assist to establish community based care and support services for older persons and a helping hand such as the social auxiliary workers.”* The other one said: *“Social workers have to specialise in older persons programmes so that they concentrate in providing quality service.”* From the participants responses the findings concludes that older person’s requires specialist knowledge of CBCSS that are characterised by respect and dignity, a combination well suited for the social work profession (Rowan, Faul, Birkenmaier & Damron-Rodriguez, 2011:190). One participant accentuated her storyline as follows:

“There is a need to employ social workers to specialise in older persons programmes.”

The participants’ response confirms that specialisation prepares social workers by providing them with requisite knowledge base for the field practice interventions in establishing CBCSS (Dowling, Manthorpe & Cowley, 2006:17). However, although the participants felt that specialisation will assist them to establish CBCSS, the researcher feels that in social work social services demands general social work.

Sub-theme 5.2: Expected support from families, communities and government

Families have an important role to play in the lives of older persons as evidenced in the following quotations:

“Families should be encouraged to be involved and participate in the establishment of community based care and support services”.

“Families have to make sure that their parents are members of community based care and support services members, seek information on how the community based care and support services can enhance the senses or learning skills of their parents, encourage their parents to be involved and attend their services.”

“Families have to assist older persons in their community based care and support by availing themselves when they are needed during meetings, assisting in communal garden, fencing and writing the minutes for the meetings conducted.”

Some authors (Rowan, Faul, Birkenmaier, & Damron- Rodriguez, 2011:189) suggest that social workers as they are a link between the older persons, their families and CBCSS should encourage families to help in establishing CBCSS.

Furthermore communities were described as they do not want to act responsible and that frustrated the participants as poignantly articulated in the quotations below:

“Our communities are sick; they shift every responsibility to social workers.”

“Communities must be made aware of the need to have to keep older persons within the communities”

The findings suggest that communities should tackle the wisdom of older persons with a great sense of responsibility according to its competence that enables the older person to enjoy their rights and play their indispensable role (Help Age, 2013).

The lack of support from the responsible partners serve as a repelling factor in establishing CBCSS as illustrated below:

“First of all, our principal’s should be willing to support social workers to professionally guide our communities in establishing community based care and support services.”

Similarly the lack of management willingness to support the participants frustrated the participants. Liraz (2013:4) describes willingness as a listening skill that one use to show interest to subordinate and that gives one, information that makes him/her wiser. The participants from the district indicated the following:

“I wish our supervisors, district managers, HOD and the MEC can understand the mandate of the Older Persons Act No 13. of 2006 so that when we speak they understand what we are talking about, the MEC would be in a position to present the older persons programme in the provincial executive committee (EXCO) to the principals of the other departments so that each department understands the roles and responsibilities as tabulated by the South African Plan of Action, 2004. This will assist us to have information from top to the ground as there would be commitment from all stakeholders.”

The above response indicates that the lack of knowledge and understanding of the Older Persons Act No. 13 of 2006 by management, HOD and the MEC lead to political interference. Appiah’s (2006:4) view understanding as an essential tool of working in a diverse world of older persons in the twenty first century as it assists the principals to act responsibly locally

and globally. The Arigatou Foundation (2008:27) describes understanding as the ability to look through the eyes of vulnerable people such as older persons.

The participants from the provincial office excerpts were as follows:

“Management willingness can assist in coordination of services. The Premier’s office is the mother body. The MEC and the HOD of the Department of Social Development should understand the Older Persons Act No. 13 of 2006 so as to advise the Premier.”

Some authors’ findings suggest that for effective implementation of policies management should not feel overwhelmed by social workers that seem to be slow instead should show interest to them (Liraz, 2013:4). The findings in Europe suggest that political leaders should practise ethical standards rather than control behaviour as it affects service delivery to the older persons (Wilson, Lenssen & Hind, 2006:10).

Sub-theme 5.3: Monitoring and evaluation of CBCSS

This sub-theme came from the question: Tell me about the process that you follow to ensure that community based care benefit older persons. The participants indicated the following as encapsulated below:

“The department [Department of Social Development] use the norms and standards as an assessment and monitoring tool. The planned activities are checked by social workers against the norms and standards of community based care and support services according to older persons Act No 13 of 2006.”

“If I am right I would say legislations relevant to older persons are the monitoring tools these are: Older Persons Act and its regulations because they guide us on expectations; the norms and standards of older persons guides us on services; Assessment and evaluation forms assist us to understand levels of operation, Non Profit organisations Act and Public Finance management Act assist us to confirm approval for funding when organisations apply, the validation process assist us to follow organisations timorously when they are not performing, the reporting tools such as standard forms that talks to activities funded assist us to monitor relevance. So these processes occur on different times a quarterly basis.”

“Assessment and monitoring is done on a yearly basis with the purpose to add value for money in the organisation.”

“In ensuring quality assurance the department do validation of services, appraises organisations for funding and assess and evaluates services.”

The participants were able to name the tools for monitoring and evaluation but they could not describe the process of monitoring that they use as the provincial department.

Some of the participants complained that they were excluded in the process as encapsulated in the following quotation:

“Social workers on the ground are not involved in monitoring.”

The two participants suggested that a joint plan for monitoring and evaluation would work better as indicated below:

“For me the correct monitoring by the department must be a planned programme where all officials from the different sub-directorates visit the organisation as a team from the same department, this helps to avoid confusion from the organisation.”

“The department [Department of Social Development] does monitoring but as social workers at times we are not aware that this is monitoring.”

Seemingly, monitoring and evaluation of services is conducted by different officials including social workers although the participants felt that social workers at times are not aware. The Global funding (2014) described the process of monitoring and evaluation as an activity that assist social workers to provide information that is needed to make evidence based decision for program management improvement, policy formulation and advocacy. The process of monitoring and evaluation provides better means of learning from past experience, improving service delivery, planning and allocating resources and demonstrating results as part of accountability to stakeholders (The World Bank group, 2007).

Chaplowe (2008:1) suggested that monitoring and evaluation provides a better meaning of learning from past experience, improves service delivery, planning and the allocation of resources as social workers accounts to the state for the decisions they take.

Sub-theme 5.4: The need for guidelines for establishing CBCSS

In establishing CBCSS the participants were of the view that there is a need for guidelines. The following three quotations encapsulate the responses of the participants regarding the guidelines.

“There is a need for clear guidelines otherwise now we are fumbling as we do not know where to refer except the Act.”

“We do not have guidelines to establish community based care and support services, we need guidelines.”

“I hope this research will assist the department to have clear guidelines on the establishment of community based care and support services.”

It was evident in the above responses that there is a need for clear guidelines in establishing CBCSS for older persons other than the Older Persons Act No. 13 of 2006. The guidelines are confirmed as an important tool in social practice as they systematically assist practitioners and service users’ decisions in establishing appropriate CBCSS for older persons (Woolf, Grol, Hutchison, Eccles & Grimshaw, 2014:1).

The participants’ sentiments on the establishment of CBCSS are captured by the following excerpt:

“South African Plan of Action (2004) is a guide for roles and responsibilities of different departments, NGO’s and organisations. Madrid Pan (2002) is a guide on procedures. Unfortunately there is no collective management of older person services.”

This response confirms the DSD’s generic norms and standards (2006:10) which provide a frame work for the development of an integrated system of community-based care and support services for older persons. The finding suggests that social workers need specific guidelines on the establishment of CBCSS which will serve as reference.

Category 5.1: Training and supervision

The participants described training and supervision as an important way of developing knowledge and skills as accentuated in the following excerpts:

“I need more training on older person programmes such as their care.”

“I need to be trained in establishing community based care and support service for older persons.”

“I need trainings on what exactly needs to be done when establishing community based care and support services.”

Training is regarded as a core element in the development and maintenance of high standard of social work practice in providing services to older persons (Cole & Miller., 2008:618).In responding to the need of training the South African Council for Social Service Professions (SACSSP) took a principled decision of adopting a continuing professional development

(CPD) (Lombard, Pruis, Globbelaar & Mhlanga, 2010:107). However although the decision was taken it seems that the social workers are not committed to professionally developed their selves as they do not position themselves as specialists of establishing CBCSS as they are overworked.

The training needs to be extended to the people with power and authority so that they are able to assist as indicated below:

“There is a need for presentation (training) to political executive committee provincially on the older persons Act, norms and standard of the community based care and support services, registration of the CBCSS, programmes for CBCSS as this will assist them to better understand the Older Persons Act No. 13 of 2006.”

The participants made a further request to Universities to extend their syllabus by including gerontology as encapsulated below:

“The training at tertiary must include older person’s programmes because social workers that are newly employed do not know where to start when dealing with older persons.”

The participants responses confirms the findings in Springs that states that students at University need to be thought on multidisciplinary field of gerontology so that they are able to understand the process of ageing (Cichy, 20131). In Boston University gerontology forms part of the special courses that provide skills in understanding biological, psychological and sociological factors of aging to promote students in-depth knowledge in aging dynamics (Mutchler, Steinman, Coyle, Gleason, Lyu & Somerville, 2014:2). In South Africa gerontology is a post graduate special course that is offered by many Universities such as Cape Town, Johannesburg and UNISA and is registered under health qualifications.

Category 5.2: A need for inter-collaboration and coordination

There is a need for coordination and collaboration of service as encapsulated in the following quotations:

“There is confusion that is caused by lack of understanding as we sometimes see events on TV happening without really knowing about them. I may say services to older persons are not well coordinated”.

“National DSD forum for services to older persons consist of provincial coordinators that meet quarterly to share planned activities with provinces (DSD) but the other departments that provide service to older persons are not part of that even when invited. Even here in the

provinces they are no longer attending the departmental forum but they provide services to older persons, there is no coordination”.

Similar findings were reported in South Africa that there is a lack of coordination of services provided to older persons (Rosenberg, Mabude, Hartwig, Rooholamini, Tetteth & Merson 2005:16)

“Inter-collaboration is the responsibility of the Premiers office with the guidance and support of the Department of Social Development”.

“Inter-collaboration is divided into two categories, these are internal and external. Internally we have Financial control meetings (FCC) where each sub- directorate e.g. older persons, presents or account on expenditure so that if the other sub-directorate e.g. children, has limited funds for activities others assist by shifting funds from their budgets in order to assist”.

“Externally inter-collaboration includes Departmental forum that shares its activities with NGO’s and other departments”.

Some authors suggest that social workers should handle the task of collaboration on their own and should be supported by management (Widmark, Sandahl & Bergman 2011:1). Two participants substantiated their stories as follows:

“The Department of Social Development as the lead department organise planned meetings where roles and responsibilities of each department are emphasised. Each department presents services provided to older persons.”

“Where necessary the Department of Social Development capacitates the other departments and welcomes suggestions provided by other departments with the purpose to provide a quality service to older persons.”

The above responses confirms that lack of collaboration affects partnership between different departments and community stakeholders such as business people, NGO’s, CBO’s and private companies’ in turn the needs for older persons are not met as the services are not coordinated (Williams & Gilbert, 2012:45).

The participants view was that DSD is the entry point of CBCS as illustrated in the following quotation:

“The Department of Social Development as the custodian of the Act No 13 of 2006 is the entry point. All services to older persons must go through the department as the lead department. This will ensure that all older persons are treated equally and are not discriminated as they will be coordinated by an expert in a professional manner.”

Robison and Drinkwater (2000:164) findings were similar to participants’ responses as they stated that coordination by social workers provides easier access to care and support of older persons’ services and supports formal and informal care givers.

Two of the participants’ said:

“Coordination of services is essential as the other professionals also play an important role in skills development of older persons, like life skills education. It also helps to prevent duplication of services. Coordination also strengthens the services provided and thus results in effective services.”

“Coordination reduces the repetition or avoids duplication services that are rendered by the different departments to the older persons also coordination enhances adequate services rendered by each department.”

Some authors find coordinated social work intervention as a social gain to older persons as they promote social relationships for socially isolated older persons (Golden, Conroy, Bruce, Deniham, Greene, Kirby & Lawlor, 2009:694).

Some participants emphasised the importance of good relationship and the assistance that can be gained from other stake holders as indicated by the following quotations:

“Service providers (SASSA, DSD, DOH, BANKS, Local government) should work together in ensuring the effective and efficient services to older persons.”

“The social worker should have a good relationship with other stakeholders in order to coordinate services. Knowledge of the resources within the community plays an important role.”

“The stakeholder’s forum need to be established as there is a need for inter-collaboration and integrated services to the older persons.”

“All relevant stakeholders must be involved in developing and empowering older persons especially on the changes they are experiencing and illnesses.”

Seemingly the establishment of CBCSS bring new challenges to social work practice as it requires inter-professional collaboration as well as knowledge practices that meet the (shift as described in chapter one) requirement of retaining older persons in their communities, sharing knowledge across to other departments, NGO's CBO's, business people and other relevant service providers (Pohjola & Korhonen, 2014:2).

Most of the participants were of the view that funding for CBCSS needs to be increased as accentuated below:

“Increase funding to community based care and support service so as to be able to keep older persons in their communities.”

“Budget that is allocated to older persons is very little and minimizes the strength of social workers.”

Evidently inadequate funding allocated for the establishment of CBCSS to keep older persons within the community is making it difficult to meet their needs (Strydom, 2008:105; Low, Yap & Brodaty, 2011:14-15; Chen & Berkowitz, 2012:12).The participants suggested that the funding for CBCSS be prioritised as indicated in the following quotation:

“Funding for older persons’ programmes needs to be prioritised so as to improve their services as their pension could not pay for all their house hold needs.”

Adequate funding for CBCSS should alleviate poverty and relieve older persons from distress (Lam, Leibrandt & Ranchhod, 2011:1).The findings concludes that food prices and other essential items grow faster than pension fund as such many older persons live without food and electricity

The adequate funding was indicated as an important assistance by the participants as encapsulated in the following:

“The assistance we need is that the department must allocate adequate budget so that we can provide holistic services to older persons.”

In America Weinberg foundation allocates the largest portion of its budget to CBCSS so as to keep older persons in their homes (Harry & Jeannette, 2008:10). In South Africa the previous legislation, that is, Aged Persons Act No. 81 of 1967 has tremendously affected the funding of CBCSS as more funding was allocated for residential care as such the aim of the Older Persons Act No 13 of 2006 to keep older persons within the community cannot be easily accomplished as that needs a separate funding.

The participants suggested that provincial DSD should increase CBCSS budget as encapsulated below:

“The department [Department of Social Development] must increase funding for community based care and support services for older persons.” More funding goes to residential care facilities.

The findings confirms the view of Mali (2012:57-69) as he states that in South Africa the residential care persistently dominates and obstructs the developmental care of older persons in community. Strydom (2008:107) noted that the phasing out of residential care was not planned in advance by the government as there was no separate funding allocated for CBCSS.

Theme 6: Participants’ descriptions of a process that may be followed in establishing CBCSS

From the information shared by the participants it became clear that there was no clear process followed in establishing CBCSS. Some participants felt that was the responsibility of older persons whilst some were of the view that social workers should identify the need. Furthermore the social work responsibility was viewed as that of providing guidance during the process of establishing CBCSS as accentuated in the following quotation:

“Older persons are responsible to establish community based care and support service; social workers are just there to guide”.

These findings confirms Neupane’s (2010:12) guidelines of establishing CBCSS in Nepal by suggesting that older persons need to respond to their challenges by establishing community centres’ that keep them protected. In responding to the developmental approach the government of Switzerland encouraged older persons to lead the process of establishing CBCSS as they provide physical security and restore human dignity (United Nations High Commissioner for Refugees, 2008:11). The findings of the research that was conducted in South Africa (2004) reported that most CBCSS are informal in the country as they are initiated by older persons in their local community (Yachkaschi, 2005:5). Given the history of South Africa as a non-democratic country before 1994 many older persons were left illiterate as such their economic status was low. Maybe that is why chapter three of Older Person Act No.13 of 2006 requires social workers to establish CBCSS so as to support and guide the older persons.

The participants indicated the need for the guidelines for establishing CBCSS in sub-theme 5.4. The suggested process that may be followed is accentuated as follows:

“The first thing that you need to do when establishing community based care and support services is to know the older persons Act No. 13 of 2006; understand the community and its diversity and you will be able to enter the community as you will know the door keeper; it is also important to be informed about the issues/challenges of older persons”

Rick (2008:1) study suggested that a good knowledge of the Older Persons Act No. 13 of 2006 strengthens the establishment of CBCSS. Social work knowledge and understanding of the Older Persons Act No. 13 of 2006 enhance lawful intervention that improves the process of establishing CBCSS (Rowan, Faul, Birkenmaier & Damron-Rodriguez, 2011:191-192). The findings conclude that a combined knowledge of older persons and social workers in establishing CBCSS would assist in providing quality services.

In describing the process further the participants find it important to introduce yourself to the community leaders and the community so that you are not described as a stranger as articulated in the following quotation:

“Introduce yourself to the community leaders and other stakeholders within the community. Tell them about your intention to establish community based care and support services for older persons. Through community leaders call a community meeting”.

These findings confirm other authors' findings as they stated that introducing yourself to the community leaders and the community is a prerequisite for social workers (Shenton, & Hayter, 2004:224). Some authors' are also of the view that establishing rapport with community leaders and preparing yourself to learn from them is a strong element of gaining guidance and support from the community expects (Johl & Renganathan, 2010:42). Although the participants have indicated the importance of introducing self they could not set the tone of introduction even when they were probed to do so. For an example in addition to your name and your work what else can be included as part of introduction.

The participants added that there is a need to identify the need for CBCSS and to avoid duplication as accentuated in the following two quotations:

“Conduct situational analysis to establish if there is a need for the service.

“Do mapping of older person's organisations in an area to prevent duplication.”

The findings confirms the views of other researchers on the processes that needs to be followed in establishing CBCSS that includes the identification of the need, community resources and assets as the foundation of establishing CBCSS (Berkowitz & Wadud, 2014:1).

Some authors described the process of situational analysis and mapping as a joint action as they stated that mapping provides synopsis of services and identify perceived issues, need and community strength (Ulrich, Soska & Richter, 2005:2). Hillier (2007:206) noted that mapping benefit the social worker by amongst others providing a framework to understand human behaviour, empowering and improving community intervention methods.

In South Africa the National Department of Social Development had mapped all the existing CBCSS in the country that is in nine provinces. In Bloemfontein it appeared that many service centres are in the location. There were few in suburbs whilst those in the squatter camps were not funded. The findings suggest that social workers are restricting their services where there is infrastructure. Maybe the squatter camps are overlooked because there are no proper roads or they are scared of criminal activities.

Some participants explained that it is important to draw a business plan together with community so that they understand their roles and responsibilities as illustrated below:

“Select the committee, train committee on roles and responsibilities, as a social worker assist the committee to write the constitution”.

The participants views confirms the findings by Aged and Community services (2014:1-2) as it states that the committee that is selected within the community presents the needs and the views of the community. Benjamin (2011:4) confirms that engaging the community as the committee of the CBCSS is a principle of ensuring fairness, justice, empowerment, participation and community determination.

The registration of CBCSS was emphasised by the participants as they mentioned special offices that needs to be considered as indicated in the two quotations below:

“The social worker should assist the committee to register. Whilst waiting for registration identify place and negotiate accordingly”.

“Once you received the registration number register also with municipality, electricity, health and other departments involved or related to the service”.

The above responses confirms the Older Persons Act No.13 of 2006, section 12 (1) & (2) that states that no person should provide CBCSS unless it is registered. Although there is this

powerful legislation that stipulates the necessity to register the findings concludes that many CBCSS in Bloemfontein were not registered.

The participants indicated that CBCSS need to be funded as accentuated by the following excerpt; *“Start fundraising and advocate for donations”*. In California the CBCSS’s are required to develop fundraising strategy that assist them to re-look on their business plans and identify financial expectation of each objective and its activities (Mulderig, 2008:1). Price (2014:1-2) confirms the importance of fundraising strategy by stating that it ensures a common understanding of priorities and objectives as it breaks down the cost of the activities. In Europe CBCSS receives more funding than the residential care from the state as it decreases older persons’ poverty (Mansell, Knapp, Brown & Beecham, 2008:6). In Bloemfontein (SA), the researcher observed that although the provincial Department of Social Development is in the verge of shifting from institutionalisation to CBCSS but it still funds residential facilities more than CBCSS.

Some participants explained that CBCSS needs to have members and should be trained as reflected in the following excerpt:

“Recruit older persons as members; provide training on financial management, writing and keeping minutes of the meeting and filing.

These findings confirm the South African Older Persons Forum (2012) as it stated that recruiting membership in the field of ageing unifies the voice of older persons. Some authors found that many older persons have a wealth of skills that can be used to benefit the community therefore recruiting willing members assist the CBCSS to provide quality services (Wheelock, Lie, & Baines, 2010:2).

In Australia, CBCSS is value based as the community is involved and participate actively in ensuring that the rights of older persons are protected (Department of Justice and attorney General, 2011:5). In Bloemfontein the researcher observed that CBCSS are individually based as not all older persons are able to participate equally as some owns the service as theirs.

Sub-theme 6.1: Participants’ perceptions regarding the need for CBCSS

Older persons have the right to continue maintaining consistency in internal and external structures to gain personal satisfaction as described by the continuity theory (Digg, 2008:233-235; Omega & Tripp-Reimer, 2015: 29-35). The participants view was that there is a need for a CBCSS for older persons as family members are not always available. The responses of the fifteen participants are encapsulated in the following two quotations:

“Some of the older persons stay with their children or family member but they [referring to the children/family members] are employed.”

“Some are staying alone with no family members that can assist.”

The above responses confirm that the availability of CBCSS reduces family strain, hospital admission, and institutionalization (residential care) (Robison & Drinkwater, 200:163-164).

Seven participants view CBCSS as a place of safety as articulated by the following response that: *“The CBCSS protect them [older persons] from abuse and neglect.* “The response confirms previous findings that older persons prefer CBCSS so as to remain protected in their homes within the community (Strydom 2008:108; Kassner 2011:1; Rowan, Faul, Birkenmaier & Damron-Rodriguez, 2011:190). Some authors maintain that CBCSS is cheaper and affordable as it is culturally focusing to the protection of older persons in their homes within the community (Mitteldorf, 2012:196; Chen & Berkowitz, 2012:2).

The participants compared CBCSS with residential care as encapsulated in the following quotation:

“Residential care facilities are expensive and most times state residential care facilities are always full and private facilities are not affordable especially for previously disadvantaged communities and now for the poor minority group, the option is to keep older persons in their houses therefore there is a need to promote active ageing and social interaction by establishing community based care and support services.”

Similar findings were reported by the countries like Australia, Austria, England and Germany (Johri, Beland & Bergman, 2003:222) as they stated that CBCSS offers cost saving care than residential care facilities. Some authors reported in their studies that CBCSS is cheaper than residential care (Wan & Ferraro, 2009:1; Wysoci, Butler, Kane, Kane, Shippee & Sainfort, 2012:3) In South Africa, CBCSS was found cheaper than residential care as stated in the report on the costing of the older persons services (Costing Model Department of Social Development, 2005:34-35)

Sub-theme 6.2: Participants’ descriptions of the advantages of CBCSS

CBCSS provides an opportunity for older persons to form their sub-culture as they are ageing (Crosnoe & Edler, 2002:1). In describing the benefits of CBCSS the participants had similar views such as psychosocial support, peer support, empowering and uplifting one another as encapsulated in the following quotations:

“They benefit psychosocial support from others.”

The participants response confirms May (2000:21) findings that older persons need psychosocial support as they reach transitional stage (ageing) that brings an opportunity to deal with earlier difficulties and demand personal adjustment as a result their wellbeing is negatively affected. Some authors confirm that older persons in CBCSS are in their world where they relate well with the environment as they receive continuous care (Rowan et al, 2011:191). Although the participants viewed CBCSS as benefitting older persons the researcher felt that only few were benefitting as these CBCSS were scattered and informal.

Some participants explained that as older persons in CBCSS find new friends their relationship deepens especially when one is having death in the family as evinced in the following two quotations:

“When one passes away the others contributing financially and bring prayer to the family of the deceased.”

“They are comfortable to talk about their family problems to their peers and in the process they gain emotional and spiritual support from the others.”

The above responses confirm Supiano’s (2012:3) finding that older persons need peers in their lives to assist them to cope with their challenges as they do not easily accept ramifications such as psychological, social and physical losses. Some authors confirms that religious involvement and prayer sessions that are brought by older persons to the house of their member are therapeutic coping mechanisms that soothe and heals the bereaved family (Pat, 2008:136; Stephen, 2009:4). Mowat and O’Neill (2013:1) reported that CBCSS offers older persons a peer place to share their losses and pain as they share their experiences.

The other participants described CBCSS as a fulfilling service to older persons as it enriches their lives as illustrated in the following excerpts:

“Older persons in community based care and support service empower each other and participate actively in community based care and support service. They are at the fore front in fighting for their rights and are actively involved in assisting other older persons.”

“They also ensure that what they learn from the services is used to uplift their lives so that they can improve their lifestyles.”

“Some older persons assist others during pay days or when day have problems with their pensions by advocating for them.”

Some authors suggest that older persons empower communities through sharing their skills, knowledge and experiences (Bewers, Bailey, Sanderson, Easterbrook & Macadam, 2007:9). Fenge (2010:430) believes that the restrictions that are imposed by societal and cultural expectations to older persons deny them a sense of self-worth as they prevent them from participating whilst they are willing to do.

Older persons are respected and also perceived by many as asserts in communities due to the fact that they have a wealth of experience and wisdom. Thus, CBCSS afford older persons an opportunity for amongst others companionship, mutual support, sharing of knowledge and skills (Arborn, Stewart, Goold, Liddle & Christensen, 2014).

For instance, some participants said that:

“Older persons in community based care and support service contribute knowledge, skills and experiences that they have acquired over years, they share that amongst themselves.”

“They may be part of the service and make necessary contributions with the knowledge they have from their previous experience such as governance, project management and programmes.”

The views expressed above confirm the assertion that although the brain of older persons slows down because of the degeneration of cells, they are able to contribute the experience and knowledge they have as they are wiser than the younger generation (Tenton, Osherson, Hasher & May, 2001:88; Hope, 2010:1; Innes, 2013:1). Previous studies also show that older persons contribute knowledge and skills to the younger generation and in that way restore a sense of community cohesion (Wiley & Schineller, 2014:3). This is consistent with the Older Persons Act No. 13 of 2006 as it promotes integrated community care for older persons and inter-generational programmes with the purpose to transfer knowledge and skills to the younger generation.

For instance, the participants indicated the various skills and games that can be learned from older persons as follows:

“Indigenous knowledge i.e. games, food and the way they were raised is treasure that our communities need for our children. Knitting and sewing skills can also be imparted to the children to entrench moral regeneration. The older persons are resourceful to children as they use stories to teach them in that manner they protect them from being the lost generation.”

“Other older persons have indigenous knowledge as they teach the younger generation African dance, playing moraba-raba, traditional songs including cultural beliefs and totems.”

Similarly, older persons are the main source of rich indigenous knowledge that has been carried over from generation to generation to the millennia. Mohamedbhai (2013) in his writing states that the universities should harvest indigenous knowledge for development from older persons as the bearers of the knowledge and the fact that communities are becoming more sophisticated and urbanised and indigenous knowledge is either lost or sometimes misused. Masango (2010:74-79) postulate that there is a need to protect the indigenous knowledge to prevent exploitation by appropriation for financial gains by third parties.

The South African Minister of Science and Technology (Hannekom, 2013) launched an indigenous knowledge recording system in the North West Province with the aim to protect, preserve, promote and gather indigenous knowledge that the older persons have. The researcher views this recording system as a tool that can offer support and promote research in CBCSS to deepen the understanding of indigenous knowledge and its role in community life. Newman (2008:31) noted that previous studies found that older persons support children’s learning by introducing them to family and community values and offer wisdom, skills, unqualified love and understanding.

4.4 Conclusion

The responses and experiences of participants’ were quoted and substantiated by literature control. The researcher compared the findings with the existing body of knowledge by means of literature control. In this chapter the findings confirmed that participants were faced with challenges that ranged from lack of resources, lack of funding, high staff turn-over, low salaries for personnel and illegal restrictions in implementing the services. Furthermore, the findings showed that social workers are dissatisfied in their work as politics interfere with their profession and that was couple with lack of collaboration and coordination of services by government departments and other relevant stake holders. Although the participants were challenged in their work CBCSS was determined as an effective service that prevents older persons from loneliness and isolation as it encourages their participation.

The following chapter will present summary, conclusions and recommendations in relation to the search process as well as the research findings.

CHAPTER FIVE

SUMMARIES, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This is the last chapter of the research report which provides a brief summary of the previous chapters, followed by conclusions arrived at with reference to Chapters Three and Four. The summaries and recommendations are made in relation to legislation, social work education and field practice guidelines to support social workers in the field. Furthermore, recommendations for further and future research are provided.

5.2 Summary of Chapter One

In Chapter One, the research topic is introduced, and a problem statement and the motivation for the study are provided. The researcher was interested in establishing factors that influence social workers when establishing CBCSS for older persons. It has been observed that older persons are lonely, isolated and at risk of being harmed while others are perceived as a burden by their families and the community. Furthermore, the traditional systems of caring for older persons are diminished as a result of modernisation and urbanisation. As a provincial social work coordinator for the older persons programme, the researcher is responsible to ensure that older persons stay in their homes within the community for as long as possible. For this to happen, social workers in the districts are expected to establish CBCSS, as suggested by the Older Persons Act No. 13 of 2006.

These CBCSS are meant to ensure that families, communities, organs of the state, NGOs and the private sector provide support to older persons with the purpose of protecting them from social ills. Countries such as Australia, Britain, China and South Africa prefer CBCSS for their cost-effectiveness compared to residential care facilities (institutionalisation). The older persons also choose to stay in their homes close to their families and friends. Removing them from their homes to an unfamiliar environment (residential care) may cause distress.

However, it has been observed that there are factors that influence the social workers' establishment of CBCSS, such as high caseloads and burnout. The work environment drains their morale and this affects their work performance. The research question, goal and objectives, research approach, method and design proposed for this study also formed part of Chapter One, followed by ethical considerations which were observed during the research study.

5.3 Summary of Chapter Two

The need to understand ways in which older persons obtain services has become important in developed and developing countries. South Africa, in line with other countries, aims to provide quality services to older persons with the purpose of improving their lives. In Chapter Two (cf. 22-40) of this research report, the researcher has described CBCSS as the preferred programme that allows older persons to receive services in their communities and homes when necessary. Different theorists in sociology, psychology and social work describe aging as a transitional stage.

The researcher opted for a sociological theoretical perspective, namely functionalist, systematic interactionist and conflict to explore this transitional phase of life (cf Section 2.3). The theoretical perspective traces the engagement of older persons in society and shows the turnaround when they disengage from society. The theorists conclude that the processes of engaging and disengaging do not happen automatically. They are influenced by choices older persons make in their lives.

Furthermore, the chapter provides the nature of CBCSS in South Africa. These services are divided into two categories, namely a prevention and promotional programme, and home-based care. The DSD is presently funding the first category and is aiming to rollout the second category when the staff members of registered organisations have been offered formal training.

The chapter concludes by discussing the establishment of CBCSS for older persons (cf Section 2.4). The literature study suggests that the establishment of CBCSS be an integrated, collaborated and coordinated task. The South African plan of Action (DSD, 2004) tabulates the roles and responsibilities of each government department, NGO, business owners and the private sector to ensure the provision of quality services to older persons.

5.4 Summary of Chapter Three

In Chapter Three, the researcher described the research methodology employed for the study. The qualitative research method was used, coupled with the explorative, descriptive and contextual design. The data was collected through semi-structural interviews and Tesch's (cited in Creswell, 2009:186) eight steps of analysis were used by the researcher and the independent coder to analyse data. Trustworthiness was ensured through the use of Guba's model (cited by Shenton, 2004:64-73) to validate the findings.

5.5 Conclusions based on the research approach, design and method utilised

The qualitative research approach enabled the researcher to gain an in-depth understanding of the challenges faced by participants when establishing CBCSS for older persons in Bloemfontein. The exploratory, descriptive and contextual design provided the researcher an opportunity to gain new insights and details on the researched topic. The semi-structured interviews enabled the researcher to obtain the required rich information from the participants about their experiences in establishing CBCSS for older persons.

The eight steps proposed by Tesch (cited by Creswell, 2009:186) facilitated the analysis of qualitative data into themes and sub-themes. Guba's model (cited by Shenton, 2004) assisted the researcher to enhance the trustworthiness of the research findings through the use of multiple sources of information and the use of an independent coder to strengthen objectivity in the analysis of data.

5.6 Summary of Chapter Four

The research findings emanated from the analysis of data are presented in terms of the themes, sub-themes and categories, and are verified by means of a literature review. The themes are summarised below and the conclusions reached for each theme will be presented.

Theme 1: The participants' descriptions of CBCSS

The aim of this research was to understand the factors that influenced social workers in establishing CBCSS for older persons. The following sub-themes emerged:

- Participants' description of CBCSS
- Responses of social workers regarding CBCSS

From the varied responses gathered from the participants, it became clear that they did not share the same understanding of CBCSS. Their perceptions seemed to be influenced by how the facilities were established and the person(s) who had established them. With reference to the descriptions of examples of CBCSS, the researcher has concluded that there is a dire need for education of social workers, as they are supposed to establish these facilities.

Theme 2: The participants' description current CBCSS in Bloemfontein

This theme was divided into two sub-themes as follows:

- The nature of current CBCSS
- Payment of services and funding

- Participants' reports regarding the different types of services among different racial groups

The participants have described the current CBCSS for older persons as a programme that encourages and promotes a social and healthy lifestyle. The findings have shown that the integration of formal care systems (by professionals like social workers, nurses, physiotherapists, dieticians, the justice system and private organisations) and informal care systems (such as families, neighbours, friends, community and forums) are important in supporting older persons whose level of functioning is compromised. The CBCSS in Bloemfontein do not have formal structures established for older persons. The Department of Social Development funds 46 CBCSS for older persons in Bloemfontein. Out of 46 CBCSS for older persons, two are located in white areas and are attached to residential care facilities. There are eleven CBCSS in the coloured area. In this area, older persons rent community halls or garages at someone's house. Within the African communities there are 33 CBCSS and most of those are shacks.

Previously, the CBCSS in white areas were better funded than in Coloured and African communities as they received more funding. All the participants confirmed that older persons make a positive contribution in their communities through CBCSS.

Theme 3: The participants' perceptions of the roles and responsibilities of family members of older persons with regard to CBCSS

The aim of the theme was to authenticate support provided by family members to older persons since social workers depend on them in establishing CBCSS. This theme was divided into the following sub-themes:

- Emotional support and encouragement by family members
- Lack of family involvement

The participants' perception was that families have a responsibility to support and care for older persons in order to promote and maintain their optimal independence. The participants explained that older persons needed to be appraised by their families.

The findings of the research were that family had to make practical arrangements by connecting older persons with CBCSS so that they were able to utilise the services that met their needs. The conclusions of this section of the research were that older persons wanted their families to be involved in their care by attending their activities, support the development and growth of the organisation, and donate their time and skills.

Theme 4: The participants' descriptions of challenges experienced in establishing CBCSS

The aim of this research was to understand the factors that influence social workers in establishing CBCSS for older persons. The question was asked to find answers in the research topic. The following sub-themes emerged:

- Lack of infrastructure
- A lack of human resources
- A lack of understanding of the needs of older persons and inadequate interpretation of the legal framework
- Lack of volunteers
- Corruption in organisations

The participants described their challenges in establishing CBCSS as ranging from a lack of operational tools such as office space, personnel, cars, fax machines to computers. The lack of office space was described as degrading and unethical, as it affected the client's confidentiality. Older persons do not have a place to meet daily; therefore, they rent someone's garage or a church hall. There is also a lack of personnel to provide services to older persons. More and more social workers are leaving the department for other departments or go abroad for better job opportunities.

Political interference in social workers' working environment was also identified by the participants as disturbing, as it hampers the implementation of the Older Persons Act No. 13 of 2006.

The findings of this section of the research study were that social work morale was low, work conditions were not conducive to function as modernised social workers. They did not have decent offices, computers to write the processed notes and to store the data, and motor vehicles to carry out their professional visits.

Corruption by officials and by members of the organisations in funded organisations was also found to be thwarting social work efforts.

Theme 5: The participants' description of needs to be able to develop and maintain CBCSS

This theme aimed to understand the needs of participants in establishing CBCSS. The following sub-themes and categories were discussed:

Sub-themes:

- Social work specialisation in older persons programme
- Expected support from families, communities and government
- Monitoring and evaluation of CBCSS
- The need for guidelines for establishing CBCSS

Categories:

- Training and supervision
- A need for inter-collaboration and coordination

The participants described the need to develop and maintain CBCSS as an important need that needed attention (Theme 5:4). According to the participants (sub-theme 5.1-5.4) there is a need for continuous training and supervision, as well as collaboration and coordination. The participants further explained that there was a need to avail operational tools such as funding for services, vehicles, human resources and to build structures to house CBCSS for older persons. Theme 5 (sub-theme 5.4) presents participants' perceptions about the need for guidelines.

The findings of the research concluded that there was a need for supervision and training, collaboration and coordination of CBCSS for older persons in order provide uniform services. The social workers need a frame of reference such as guidelines in order to establish CBCSS as is expected of them. The retention strategy to keep experienced social workers was identified as not fully implemented, as social workers were not attracted to remain in the department. The recruitment strategy style used appeared not to be managed well, as there was still a complaint of a shortage in social workers.

Theme 6: Participants' descriptions of a process that may be followed in establishing CBCSS

The aim of this theme was to understand the process that needed to be followed in establishing CBCSS. The information would assist in developing the guidelines for establishing CBCSS. The following sub-themes were developed:

- Participants' perceptions regarding the need for CBCSS
- Participants' descriptions of the advantages of CBCSS

In establishing CBCSS, there is a need for policy and procedures to be in place so as to guide social workers in implementing their services in a uniform manner. Social workers should

recognise the strengths of the community and develop their skills in policy implementation and evaluation of the programme.

The findings were that CBCSS reduced family strain and unnecessary admission of older persons to hospitals and residential care facilities. CBCSS are financially viable, as they are cheaper than residential care. They validate feelings of social isolation and reduce the stigma of loneliness by lifting optimism for normal experiences when older persons are able to share their happiness and pain with their peers.

5.7 Recommendations based on the research findings

Following the findings, the researcher recommends the following for policy and legislation, education, practice, programmes and further research.

5.7.1 Recommendations for policy and legislation

- The national DSD should develop supervision policy guidelines to enhance supervisors' knowledge and skills.
- The national DSD should establish clear guidelines for the establishment of CBCSS for older persons to assist social workers in decision-making and providing services in an equitable manner.
- The national and provincial DSD should review the recruitment and retention strategy.
- The provincial and national DSD should accommodate experienced social workers to specialise and champion specific programmes.
- The Forum of Older Persons, as the watchdogs of the elderly, should be informed about anticorruption policies so that they are able to protect CBCSS.

5.7.2 Recommendations for education

- The social work academics should design and offer a specialised programme in gerontology.
- These academics should apply to the South African Council for Social Service Professions (SACSSP) for the inclusion of gerontology as a specialised field and for its inclusion in the Social Professions Act No. 71 of 1992.
- Social work involving older persons or developmental aging (gerontology) should be included in the syllabuses of the Department of Social Work in South Africa for newly appointed social workers to have insight into issues related to older persons and services rendered to this segment of the population.

- Social work academics should orientate students on government legislation in practice so that they understand the importance of welfare law and its applications.
- Departments of Social Work should offer specialisation in gerontology to be consistent with the other universities in countries such as Australia, Britain, China and the United States of America.
- South African universities should train social work students in project management, coordination and collaboration to prepare them for community work.

5.7.3 Recommendations for practice

- National and provincial social workers should coordinate and collaborate with NGOs, CBOs, FBOs and the private sector to increase resources for older persons.
- The national and provincial DSD should enhance the delivery of services by involving auxiliary social workers and community developers in programmes geared towards uplifting the older persons' quality of life.
- The district coordinators should lead in the awareness campaigns to prevent violation of older persons' rights and therefore, to protect them.
- The district social workers should be instrumental in advocating for the use of unused old government offices or houses as locations for CBCSS.
- The provincial DSD should use a developmental approach in planning and budgeting for long term care services of older persons in CBCSS.
- The district social workers should continuously popularise CBCSS for older persons by distributing flyers in communities to encourage families to care for older persons in their homes.
- The district social workers should mentor and coach older persons' organisations to ensure that established programmes benefit the targeted group.
- The national Department of Social Development should develop the monitoring and evaluation guidelines that would encourage standardised services.

5.7.4 Recommendations for the provincial DSD

- The provincial DSD should consider employing a social worker as an HOD as she will be able to understand the core business of the department and uplift social work services.
- The social workers should exploit financial assistance for their career development, personal professional growth and improvement of programmes for older persons.

- The provincial DSD should provide resources such as stationery, fax machines, printers and vehicles to enhance service delivery to benefit older persons.
- The provincial DSD should appoint knowledgeable and experienced supervisors to provide leadership and support in the implementation of programmes for older persons.
- The provincial DSD should implement the Occupational Specific Dispensation, as described by the Department of Public Service and Administration (DPSA) in order to recruit and retain experienced social workers.
- The provincial DSD should increase the budget for CBCSS in order to improve existing services for older persons.
- The provincial DSD should utilise relevant policies to address corruption in organisations.
- The national and provincial DSD should utilise print and electronic media to promote programmes for older persons.
- The provincial DSD should collaborate with the Department of Sports, Arts, Culture and Recreation to strategise on how to gain indigenous knowledge and skills from older persons for the benefit of the youth.
- The national and provincial DSD should promote an effective approach to enhance partnership with other departments, NGOs, private sector and business to establish CBCSS.

5.8 Recommendations for further research

- There is a need for a national study to establish how norms and standards are applied in the establishment of CBCSS.
- A CBCSS model should be designed, developed and piloted to respond to the needs of older persons in South Africa.
- A study should be conducted to explore the monitoring and evaluation of CBCSS.
- An extensive study should be conducted to determine factors that influence social workers in establishing CBCSS for older persons.
- Furthermore, research should be conducted to establish viable ways of promoting coordination and collaboration of services for older persons.
- The Office of the Premier should investigate best practice of influencing the integration of services by government departments with the sole purpose of improving services for older persons.

5.9 Conclusion

The discussion in this chapter demonstrated how the goal of the study had been achieved through the qualitative research approach. The summary and conclusions on the qualitative research process applied to investigate the research topic under discussion were presented and highly recommended for use by other researchers. The chapter included a summary, conclusions and recommendations based on the research findings according to the six themes that emerged during the data analysis process. The chapter ended with recommendations for policy and legislation, education, practice, DSDs and further research.

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ADDENDUM A: A LETTER TO THE DEPARTMENT OF SOCIAL DEVELOPMENT

The Head of the Department

Department of Social Development

Free State

17 May 2013

REQUEST TO ACQUIRE ACCESS TO SOCIAL WORKERS (RESEARCH PARTICIPANTS)

I Gcotyiswa Mtiya-Thimla, assistant manager in older persons sub directorate, hereby, requests permission to access social workers at Motheo district to participate in my research study. I am a postgraduate student doing Masters in social work at the University of South Africa. As part of my research studies I have to conduct research interviews with the intention to find more information and answers for my research topic.

The research topic is: **The factors that influence social workers in establishing community based care and support services for older persons.** It is envisaged that the study will contribute positively to the Department of Social Development as it will provide answers and recommendations to the existing challenges as the research results will be disseminated to the department and to relevant participants.

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact me (Gcotyiswa Mtiya-Thimla), the researcher on these numbers: cell phone number 072 640 4316 or Professor MDM Makofane (082 3011707) my supervisor/advisor.

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Prof AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you might direct

your question/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, Unisa, 0003.

Please find the attached proposal as proof of my research. The researcher would like to receive the letter of approval from the Acting HOD for the department as it will serve as a proof of permission granted to her by the Department of Social Development, Free State, to access social workers at Motheo district who would like to participate in my research study.

It is also important to acknowledge and sensitize management responsible for the programme as my support system.

1. Mr E. Barnard.....
Immediate supervisor (Older Persons Manager)

2. Ms M. Motsoeneng.....
Senior Manager (Special needs)

3. Ms B. Kgasane.....
Executive Manager

Thanking you

.....

G. Mtiya-Thimla

ADDENDUM B: PERMISSION TO GAIN ACCESS TO RESEARCH PARTICIPANTS



social development

Department of
Social Development
FREE STATE PROVINCE

The Human Research Ethics Committee
University of South Africa
Pretoria

23 May 2013

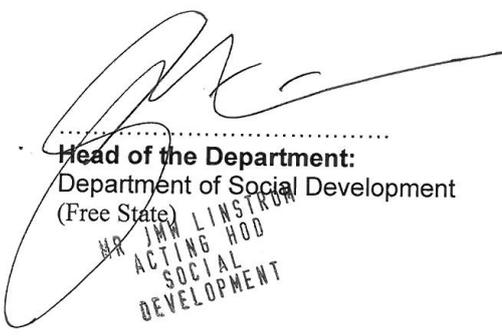
To whom it may concern

PERMISSION TO GAIN ACCESS TO RESEARCH PARTICIPANTS (MOTHEO DISTRICT SOCIAL WORKERS)

Permission is hereby granted to Mrs G. Mtiya Thimla to gain access to social workers at Motheo district within the Department of Social Development, Free State, who wish to participate in her research study.

Her research study will benefit the Department of Social Development as it will provide recommendations improve the lives of older persons in Free State.

Yours sincerely


.....
Head of the Department:
Department of Social Development
(Free State)

MR JMW LINSTRON
ACTING HOD
SOCIAL
DEVELOPMENT

Private Bag X20616, Bloemfontein, 9300
Old Mutual Building, 2nd Floor, Charlotte Maxeke Street, Bloemfontein
Tel: (051) 400 0312 Fax: (051) 400 0234

www.fs.gov.za

ADDENDUM C: A LETTER REQUESTING THE INDIVIDUAL'S PARTICIPATION IN THIS RESEARCH PROJECT

Date:

Dear Prospective Participant

I, Gcotyiswa Mtiya-Thimla, the undersigned, am a social worker in the service of the Older Persons sub-directorate in the Provincial Office of the Department of Social Development, Free State, and also a part-time Master's student in the Department of Social Work at the University of South Africa. In fulfilment of the requirements for the Master's degree, I have to undertake a research project and have consequently decided to focus on the following research topic: *The Factors that influence social workers in establishing community-based care and support services for older persons.*

In view of the fact that you are well-informed about the topic, I hereby approach you with a request to participate in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the aims of the study and the reasons for a need for this particular study. Furthermore, you will be informed about what you will be asked, what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study.

This research project originated as a result of the challenges experienced by social workers in establishing community-based care and support services for older persons as required by the Older Persons Act No 13 of 2006, so as to live longer within the community for as long as possible. The aim of this study is to explore the factors that influence social workers in establishing community-based care and support services for older persons. The information gathered from this study will contribute towards the development of more practical and effective strategies that can help social workers to improve service delivery.

Should you agree to participate, you would be requested to participate in a face-to-face interview that will be conducted at a place and time that will be convenient to you. During the interview the following questions will be directed to you:

- Share with me your understanding of community-based care and support services for older persons.
- Tell me about the community based care and support services that exist in communities.

- what are the roles of family members in community based care and support services for older persons
- What are the responsibilities of family members in community based care and support services for older persons?
- What factors influence social workers in the establishment of community-based care and support services for older persons?
- What and how do older persons contribute towards community-based care and support services to ensure ownership and sustainability of the programme?
- Tell me about monitoring process to ensure that community-based care and support services benefits older persons?
- How do you ensure inter-collaboration of services? (probe—with NGO's, Department of Health, Department of Education, Department of Arts, Sport, Culture and Recreation, Premiers office, Municipality, South African Police Service, Correctional service and other stake holders).
- Tell me about the coordination of services to ensure quality assurance.
- As a social worker providing services to older persons, what type of assistance do you require in the establishment of community-based care and support services for older persons?

With your permission, the interviews will be audio-taped. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotapes will be coded to disguise any identifying information. The tapes will be stored in a locked office at Kids Haven and only I will have access to them. The transcripts will be made available to my research supervisors and an independent coder for the sole purpose of assisting and guiding me with this research undertaking. My research supervisor and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner. The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

Please note that participation in the research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate, will not affect you in any way now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed

consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upset you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

Should I conclude that the information you have shared left you feeling emotionally upset, or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree).

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact me (Gcotyiswa Mtiya-Thimla), the researcher on these numbers: cell phone number 072 640 4316 or Professor MDM Makofane, my supervisor/advisor.

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Prof AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you might direct your question/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by

signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards

Gcotyiswa Mtiya-Thimla

(Researcher)

Contact details: (0726404316)

(051 409 0597)

Email: 4687-122-5 @my Unisa

ADDENDUM D: INFORMATION AND INFORMED CONSENT DOCUMENT

Title of the research project:

The factors that influence social workers in establishing community-based care and support services for older persons

Reference number: 4687-122-5

Researcher: Ms Gcotyiswa Mtiya-Thimla

Address: No 2788 Old Thaba Nchu Road

Bloemspruit

9364

Contact cell phone number: 072 6404316

| | |
|---|-----------------------|
| <p>CONSENT BY THE PARTICIPANT:</p> <p>I, THE UNDERSIGNED, _____ (name), [ID No: _____] the participant of _____ _____ _____ (address)</p> <p>A. HEREBY CONFIRM AS FOLLOWS:</p> <p>1. I was invited to participate in the above research project which is being undertaken by Ms Gcotyiswa Mtiya-Thimla of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.</p> | <p>Initial</p> |
|---|-----------------------|

ADDENDUM E: LETTER FROM THE EDITOR

TO WHOM IT MAY CONCERN

I, Yvonne Smuts, hereby declare that I have edited the research report of **GCOTYISWA MTIYA-THIMLA** and that it adheres to the standard and level of quality set for such a text.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Y Smuts', is positioned above the typed name.

(Ms) Y Smuts

Date: 26 February 2015

Accredited member of the South African Translators' Institute. Membership number 1002242
Member Prolingua
Member Translators Panel Unisa