SOCIAL WORK SERVICES FOR OLDER PERSONS IN LESOTHO: GUIDELINES FOR PRACTICE

by

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DEDICATION

This thesis is dedicated to my immediate and extended family. You were all a pillar of strength and support for my tenacity. The work is thus collectively owned and treasured.

DECLARATION

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I declare that the thesis, **Social work services for older persons in Lesotho: Guidelines for practice,** is my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the thesis to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for another qualification at UNISA or at any other higher education institution.

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ACKNOWLEDGEMENTS

ABSTRACT

Lesotho, like many other African countries is confronted with the clinical, social and fiscal challenges of meeting the needs and demands of an ageing population. Though, historically, the extended family's multi-generational householdold has been an important source of care for older persons in African settings, it has been rendered ineffective by factors such as poverty, modernisation, urbanisation and globalisation.

The goals of this study were to develop an in-depth understanding of the social work services offered to older persons, to determine the kind or type of services they require and offer practice guidelines for social work services in Lesotho. This study employed the qualitative research approach, guided by phenomenological, exploratory, descriptive and contectual research designs. Data were collected by means of semi-structured interviews with a sample of 13 older persons, 11 social workers and 10 social auxiliary workers. Purposive and snowball sampling methods were used to identify suitable participants for the study. Furthermore, five steps were used in the analysis of data (Terre Blanche, Durrrheim & Painter, 2011:33).

Despite the shift in orientation from welfare to the developmental approach, in the delivery of services by social workers, services for older persons in Lesotho remain largely welfare and residual in nature. There is also slow progress in the implementation of the developmental approach. This has been attributed mainly to inadequate financial and human resources in Lesotho's Ministry of Social Development (MoSD), and the lack of interagency and multidisciplinary collaboration and coordination among stakeholders.

Though ageing cannot be prevented, it is possible that some of its consequences can be mitigated or delayed, to enable older persons to enter old age successfully and with dignity. The guidelines for social work practice include the fact that the social workers should reach out to older persons at their homes as well as carry out an assessment/s to determine their needs and appropriate intervention. The social workers should also play a lead role in facilitating interdiscipilinary and interagency collaboration and coordination, to ensure the provision of comprehensive services to older persons.

Key terms
Ageism, developmental approach, human rights, older persons, social auxiliary worker, social work services, social worker, social service providers, residential care, caregivers.

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AASW	Association of Australian Social Workers
ABCD	Asset-based Community Development Approach
ADL	Activities of Daily Living
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral
AU	African Union
BOS	Bureau of Statistics (Lesotho)
BSW	Bachelor of Social Work degree
CAN	Care Africa Network (UK registered charity organisation)
CANGO	Coordinating Assembly of NGOs
CC & DW	Creative Consulting & Development Works
CGPU	Child and Gender Protection Unit (Lesotho)
GoL	Government of Lesotho
HAI	Help Age International
HIV	Human Immune-deficiency Virus
IASW	Irish Association of Social Workers
ID	National Identity Document
IASSW	International Association of Schools of Social Work
IFSW	International Federation of Social Workers
ILO	International Labour Office
IPR	Interview Protocol Refinement
LMPS	Lesotho Mounted Police Service
LMS	Lesotho Meteorological Services
MHSSN	Ministry of Health and Social Services of Namibia

MIPAA	Madrid International Plan of Action on Ageing
MoSD	Ministry of Social Development (Lesotho)
MWSCA	Maseru Women Senior Citizens Association
NCPOP	National Centre for the Protection of Older People (Dublin)
NGOs	Non-Governmental Organisations
NHTC	National Health Training College (Lesotho)
NUL	National University of Lesotho
OAG	Old Age Grant (Eswatini) (Old age pension in Lesotho)
PAHO	Pan American Health Organization
PLWHA	People Living with HIV and AIDS
RHVP	Regional Hunger & Vulnerability Programme
SA	South Africa
SACSSP	South African Council of Social Service Professions
SADC	Southern African Development Community
SAHRC	South African Human Rights Commission
SAOPF	South African Older Persons' Forum
SAPS	South African Police Service
SAW	Social Auxiliary Worker
SBP	Strength-based Practice
SDGs	Sustainable Development Goals
SIGA	Special Interest Group on Ageing (Ireland)
TRC	Transformation Resource Centre (Lesotho)
UDHR	Universal Declaration of Human Rights
UKZN	University of KwaZulu-Natal
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme

UNICEF	United Nations International Children and Educational Fund
UNISA	University of South Africa
UZ	University of Zimbabwe
VFS	Victim Friendly System (Zimbabwe)
WHO	World Health Organization

CHAPTER ONE

GENERAL ORIENTATION TO THE STUDY

1.1 General introduction and background

Internationally, demographic trends show that the proportion of older persons is not only increasing, but rapidly ageing as well (Wamara & Carvalho, 2022:1022). According to the United Nations Department of Economic Affairs (2019:5), there were 703 million older persons aged 65 or over globally in 2019. The same source projects this figure to rise by more than double, to reach 1.5 billion by 2050. It is also projected that the fastest increase will occur in the least developed countries, Lesotho included, where it is likely to rise from 37 million in 2019, to 120 million older persons in 2050 (United Nations Department of Economic and Social Affairs, 2019:5).

Supporting this position, Rabe (2015:150) and Spitzer and Mabeyo (2017:133) assert that although sub-Saharan Africa's population structure is young in relative terms, the number of older persons in this region will increase exponentially. It is also expected that the population of older persons in this part of Africa will grow faster than anywere else. Projections are that it will increase from 46 million in 2015 to 157 million by 2050 (World Health Organization [WHO], 2015:43). This is also illustrated in the case of Uganda where within a space of three years, the population of older persons rose from 1.3 million in 2010 to 1.6 million in 2013 (Uganda Bureau of Statistics [UBoS], 2013:8).

In the case of sub-Saharan Africa, this demographic shift is yet to be matched with the resources, skills and government commitment to respond to the needs of the growing number of older adults (Adamek, Kotecho, Chane & Gebeyaw, 2021:2). The increasing representation of older persons in the population is thus a "demographic imperative" demanding new or reimagined responses for the optimisation of their quality of life and to ensure their wellbeing. Developed countries were the first to experience this phenomenon of population ageing. Resultantly, a growing percentage of the people in most developed countries is in the older age range. In the United Kingdom, for example, 18 % of the population is 85 years and above and this is estimated to rise to over 25 percent by 2050 (Mulliner, Riley & Maliene, 2020:1).

One major impacted area of population ageing in developed countries is the reduced availability of informal caregivers for older persons. This is largely because of the dominance of nucleated families in this part of the world (Spasova, Baeten, Ghailani, Pena-Casas & Vanhercke, 2018:3). This leaves many older persons without anyone to care for them, thereby heightening the demand for substitute formal care. Thus meeting the personal care needs of older persons is a major challenge facing developed countries.

There is a paucity of published research on the care and support of older persons (Khumalo, Musingafi & Mafumbate, 2019:16) in Africa in general and Lesotho in particular. Available literature on older persons mainly focuses on different challenges faced by older persons. They include; ageism, abuse, neglect and abandonment, poverty and loneliness, among others. However, it cannot be contested that the number of older persons with unmet care and support needs is increasing substantially (Abdi, Spann, Borilovic, de Witte & Hawley, 2019:1). This has been attributed to the challenges facing the formal and informal care systems internally. Hence, addressing the unmet needs of older persons is becoming one of the urgent priorities of many governments and societies.

One of the challenges faced by older persons in both developed and developing countries is that of ageism. Though varying in its manifestations, a study by Palmore (2004), as cited by Azulai (2014:5), showed that ageism is perceived to be widespread in both Canada and the United States of America. Similarly, a study by Thorstam (2006), cited by Azulai (2014:5) also found this problem to be prevalent in Sweden. The United Kingdom is also institutionally ageist as policy makers have been hyping up concerns about the cost implications of an ageing society (Hastings & Rogoswski, 2015:25). Therefore, by so doing the government justifies the adoption of policies that reduce the responsibility of the state to promote the social inclusion of older persons.

Elder abuse and neglect are also increasingly acknowledged as a social problem internationally (Eiskovits, Koren & Band-Winterstein, 2013:1291; Yon, Mikton & Wilber, 2017:4). Although it is generally under reported, under researched and under prosecuted, a study by Jackson and Hafemeister (2011:3) in the United States of America found that financial abuse was the most prevalent form of abuse of older persons in the country. The same authors assert that within

the various manifestations of abuse of older persons, including physical, psychological and sexual abuse, financial abuse is the first or second most prevalent in many developed countries. This is also consistent with the findings of a study by Podnieks (2017:106) which shows a rise in the financial abuse of older persons in Canada. It was found to be the second most common form of abuse after psychological abuse. Hence, with the increasing global population of older persons, safeguarding them from all forms of abuse is of fundamental importance.

Nonetheless, developed countries have relatively comprehensive social policies on the care of older persons. They also offer more systems of formal care and intervention than their counterparts in developing countries (Crampton, 2011:325). Concurring, Ryan (2014:3) postulates that Australia has a strong welfare safety net tradition, with many social protection measures inclusive of old age pension, Medicare and Commonwealth funded programmes for older persons. Devereux (2017:5) corroborates this position asserting that Australia's old age pension is designed to ensure the security and dignity of citizens in their retirement.

As such, developed countries provide relatively adequate formal support to older persons in the form of pension and nursing homes and day care centers (Limbu 2012:23). They are thus mainly concerned about the sustainability of their social protection programmes. Furthermore, there is also a realisation that informal support for older persons is essential in promoting ageing in place. Limbu (2012:23) asserts that there is also an increasing recognition of the importance of informal support provided by family and relatives to older persons. In this regard, European countries have adopted policy initiatives to enhance informal support and care of older persons. Belgium and Germany for example, have a legal requirement for the family and relatives to finance care for the needy older persons (Limbu, 2012:24). It is only in cases where the family and relatives are unable to provide the support that social assistance is provided by the state.

Although population ageing is the key common challenge for both developed and developing countries, older persons in developing countries are faced with many challenges and diminishing care resources. This is characterised by increased pressure on public budgets alongside the declining availability of both formal and informal support systems (Da Roit, 2010:9).

In India, loneliness, neglect and lack of or limited access to health care are the most treacherous conditions facing older persons (Kumar & Bhargava, 2014:4). The same researchers found that older persons in Madura, India were victims of age discrimination in the distribution of food, disrespect and familial verbal abuse. Limbu (2012:17) also postulates that older persons in Nepal experience social exclusion by family members, isolation, loneliness and neglect because of social change brought about by modernisation and globalisation.

In this connection, the Republic of Uganda (2014:14) reveals that 29 % of households of older persons are poor, while 74 % were at risk of sliding into poverty. Also compounding the plight of older persons in Uganda is the fact that 75 % of older persons are heads of households, largely as a result of HIV and AIDS, which has resulted in the demise of their adult children (Bukuliki, Mukuye, Mubiru & Namuddu, 2017:264). This state of affairs has landed older persons with the onerous responsibility of caring for orphaned grandchildren when they also need care and support themselves. Related to this, only 7 % of older persons in Uganda have access to social security and protection (Nammuddu, Barret, Wandeta, Okillan & Kasaijaet, 2014:2). Resultantly, many older persons in Uganda are living in poverty and thus require interventions to address this problem.

Another study in rural Ethiopia revealed that older persons experienced a multiplicity of challenges. Chief among them are poverty, exclusion from public pension, deteriorating health, limited social services, depletion of their assets, abuse and mocking by the youth (Zelalem & Kotecho, 2020:893). In yet another study in South Africa, unemployment, food insecurity and poverty, illness, financial abuse and vulnerability to crime were found to be the core concerns of older persons (Kasiram & Holscher, 2015:382).

The problem of abuse in its various forms is also pervasive on the African continent. The case in point is that of witchcraft accusations, whereby it is estimated that about 1000 older women are killed annually in Tanzania due to such allegations (HelpAge n/d). This form of abuse was also found to be rife in Burkina Faso, Ghana, Kenya and Malawi (HelpAge, n/d). Thus, traditional beliefs in witchcraft still obtain in some countries in Africa, suggesting the need for intervention to arrest this problem. Elder abuse was also found to be prevalent at Mafikeng Local Municipality in South Africa, with 64,3% of men and 60,3% of women having

experienced abuse (Bigala & Ayiga, 2014:463). Physical abuse was more common among males, while financial, emotional and sexual abuses was more common among women.

In South Africa, older persons aged 60 years and above, have access to means-tested old age pension (Kang'ethe, 2018:284). Applicants are required to provide the government with information on their household, income and financial assets. They obtain the pension only after satisfying the investigating officers that they have no other sources of support and income.

South Africa also has Older Persons' Home and Day Care Centres, where older persons get psychosocial support, food, clothing and the company of their peers (Kang'ethe, 2018:284). The care of older persons in Namibia involves the provision of a universal old-age pension to those aged 60 years and above (Ananias, Black & Strydom, 2017:147). In addition, the government of Namibia offers a funeral benefit to recipients of the social pension, to the value of LSL2500, which is equivalent to ZAR2500. In addition, older persons benefit from free medical care at state-run hospitals. The state also pays subsidies for the care of destitute older persons in registered residential care institutions run by voluntary organisations in the country (Ananias, Black & Strydom, 2017:148).

In Eswatini, older persons aged 60 years and above, receive a universal old-age grant from the state (Khumalo, Musingafi & Mafumbate, 2019:18). The government further provides free health care services to older persons. Philani Maswati, a voluntary organisation in the country, has also established a residential setting for the care of destitute older persons at Dvokolwako (Khumalo et al., 2019:18). Similarly, the government of Botswana operates an old age pension scheme, for the care of older persons (Mupedziswa, 2018:17). The objective of this programme is to reduce poverty among older persons.

Also, in common with the afore-mentioned countries, Zambia operates a social pension scheme for older persons who are 60 years and above (Moonga, 2017:77). According to Moonga (2017:76), cash transfer schemes for vulnerable populations, older persons included, were adopted in the country to move away from reactive humanitarian responses to the problem of poverty, by adopting regular and predictable transfers. There is also categorical targeted assistance to households headed by an older person.

However, notwithstanding that cash transfer schemes widen recipients' choices, they are vulnerable to inflation, abuse and pilferage (Devereaux, 2013:13). Hence, this compromises their efficacy in protecting the welfare of older persons. Furthermore, the reliability of cash transfers is also questionable, especially given that the government is not contractually obligated to recipients (Hickey, 2007 cited by Moonga, 2017:77).

In Lesotho, the Demographic Survey carried out in 2011 showed that out of a total population of 1,894,194 people, 157,969 were older persons aged 60 years and above. This represents approximately 8% of the population (Lesotho Bureau of Statistics [BoS], 2013:3). On the same note, the GoL (2014:19) posits that the proportion of 8.3% of older persons in the country is higher than in other sub-Saharan countries. Thus, given the demographic trends internationally, population ageing in Lesotho is expected to accelerate to about 11.5 percent by the year 2030, which is bound to cause many challenges for older persons in the country (MoSD & HelpAge, 2014:1).

Although the BoS (2013:10) suggests that the number of older persons in Lesotho is likely to decrease because of HIV and AIDS related mortality, this position is seemingly untenable as an HIV/AIDS diagnosis is no longer a death sentence. The widespread provision of antiretroviral treatment (ART) counteracts these projections since many people are likely to live longer into older age. Moreover, even if the number of older persons in Lesotho is to decline, they would still need to ensure their wellbeing in light of the numerous challenges that they face.

The major challenges confronting the kingdom of Lesotho, as is the case elsewhere on the continent, are poverty, hunger and malnutrition (MoSD & HelpAge International 2014:40; MoSD, 2015b:3; Mugomeri, Chatanga, Khetheng & Dhemba, 2017:385). However, the situation is worse for older persons as they experience higher food poverty at 39.3% compared to 34.2% for the general population (ILO, 2016:2).

The Lesotho MoSD (2014a:12) also reveals that older women in Lesotho are often victims of sexual abuse, witchcraft accusations and denial of rights to inheritance, as a result of gender discrimination. In addition, 12 % of older persons in Lesotho live alone and of every three older persons who live alone, two are women (MoSD, 2015b:3). This gender imbalance among older persons puts women at higher risk of abuse and discrimination. Furthermore, older persons in

Lesotho also have to raise orphaned grandchildren because of the HIV/AIDS pandemic that has left many children orphaned in its wake (Motsoene, 2014:319). As such, grandparents, especially grandmothers, are a critical support structure for the survival of orphaned children in the country.

On the social protection front, although Lesotho has a universal old age pension, its eligibility threshold of 70 years (Mosito, 2014:22) excludes older persons aged between 60 to 69 years from coverage. The Ministry of Social Development (MoSD) also operates a public assistance programme for all the poor below the age of 69 years (Mosito, 2014:35), but because it is means-tested, not all applicants are able to get the benefits.

Thus, pursuant to the need to promote the wellbeing of Basotho, including older persons, there was a paradigm shift in the orientation of Lesotho's MoSD in 2012, from welfare to a developmental approach in the provision of social services. This move was precipitated by the failure of the former to address the problems of poverty and social exclusion in general, in Lesotho. Moreover, as noted by scholars such as Kalinganire and Rutikanga (2014:232), social work in the African context has over-utilised the welfare approach in solving social problems. Because of its minimalist approach, the welfare approach only offers temporary relief rather than lasting solutions to social distress. It is, thus, inappropriate in addressing topical social problems of poverty, unemployment, inequality, inadequate housing and limited access to social services among others. Furthermore, the provision of remedial social welfare services is not sustainable as it creates dependence on state assistance (GoL, 2013:3).

Given their vulnerability, older persons require new frameworks of support to ensure their inherent dignity and rights (Teater & Chonody, 2017:137). In this regard, the developmental approach was deemed to be the relevant theoretical framework for the current investigation, owing to its multidisciplinary focus. This is mainly because it cuts across sectors such as health, education, economic development, social protection and welfare services (Patel, 2015:126). Furthermore, its goals to promote social and economic development, human wellbeing and social inclusion resonate with those of the social work profession.

Thus, the adoption of the developmental approach by Lesotho's MoSD affirms social work's commitment to fighting social exclusion. It also demonstrates recognition of the connection between welfare and economic development in promoting the wellbeing of young and older

Basotho. It is anticipated that the suggested guidelines for social work practice presented in Chapter Six of this thesis will minimise the vulnerability of older persons in Lesotho to social exclusion.

1.1.1 Statement of the problem

Old age, also referred to as "third age" is considered a major social problem all over the world (Amiri, 2018:52). This is mainly because it is characterised by a gradual reduction in active roles including employment, an increase in health care needs and greater dependence. Hence, it is a concern for social work professionals worldwide (Wamara & Carvalho, 2022:1022) Population ageing in Lesotho, as is the case elsewhere in many African countries means that more and more older persons will need help to meet their needs. Ageing is also occurring in the absence of systematic and effective arrangements to ensure the wellbeing of older persons. The plight of older persons has also been aggravated by experiences of migration and modernisation coupled with related socio-economic and cultural changes. These changes have weakened the once robust traditional extended family support system, thereby exposing older persons to vulnerability. This necessitates the activation of substitute mechanisms to ensure the wellbeing of older persons. Hence, this study sought to establish the services for older persons in Lesotho, as well as the services that they require.

Although the government of Lesotho adopted the National Policy on Social Development 2014/2015- 2024/2025, focusing on the developmental approach to welfare, there are no guidelines on how this should be implemented. The social workers who are mandated with the provision of developmental social work services have limited understanding of this approach and its application.

The political instability in Lesotho has also created legislative and executive branches that do not have adequate capacity to implement the policies effectively. Resultantly, there has been a relatively high turnover of ministers and principal secretaries in most ministries, including the MoSD (Jitsing, Brey, Mavhundla & Venter, 2017:7). The frequent changes in government as a result of political instability in the country are therefore likely to threaten continuity and consistency in the implementation of the policies.

In addition, the paucity of research and documentation on the situation of older persons in Lesotho is also an obstacle to the development of policies and programmes for older persons (MoSD & HelpAge, 2014:vii). This is corroborated by Albone (2019:3) asserting that there is lack of information on the health, wellbeing and functional ability in old age, particularly in lower-and middle-income-countries (LMICs).

From the foregoing discussion, longevity can be considered an invaluable achievement of the 21st century. However, the absence of comprehensive and systematic arrangements for the care of older persons in Lesotho compromises the wellbeing of older persons. Furthermore, given the socioeconomic and health challenges afflicting older persons in Lesotho, as elsewhere in many African countries, it is paradoxical that this demographic dividend is just going to waste. Thus, considering the fact that older persons have rights to life, care and support, health and social protection among others, this calls for serious thinking about the services for this population group.

1.1.2 Motivation for the study

Life in old age, especially in the poor countries in the Global South is at the crossroads, given the aforementioned challenges confronting older persons. Additionally, the changing family structures resulting from the breakdown of traditional norms and values as societies modernise, also exposes older persons to vulnerability.

Thus, given that people live longer than before, this requires an understanding of the factors that enhance the optimal functioning of older persons. In this regard, the understanding of the social work services that are required to accentuate human capital and the realisation of their fullest potential is important as well. Moreover, in this connection, the Global Agenda for Social Work and Social Development (2012:1) commits social workers to promote social and economic justice and the dignity and sanctity of human life, including that of older persons.

The need for evidence-based practice was also a major motivating factor for the researcher. Research and documentation on social work services for older persons in Africa in general and Lesotho in particular is scant. The research and literature that is available seems to focus mainly on residential care for older persons, their rights and their role as care givers for orphans and the sick (Mali, 2014:143; Mots'oene, 2014:320; Kang'ethe, 2018:283; Mhaka-Mutepfa,

2018:8). Thus, this study attempts to fill this research lacuna on social work services for older persons in Lesotho, the services they require and how they are and should be delivered.

Furthermore, older persons in Lesotho are victims of policy neglect. In this respect, whereas children in Lesotho (a vulnerable population group as well) are protected by the Children's Protection and Welfare Act of 2011 and the Guidelines and Standards of Residential Care for Vulnerable Children of 2006, older persons, who are an equally vulnerable population if not worse, have not received much attention. As such, this is not only ironic but unfortunate as well because they are vulnerable and they also have rights to life, dignity, health, social security, autonomy and care among others. Thus, they need to be prioritised in the provision of social services.

There is also overwhelming research evidence showing the contribution of older persons to society through their caregiving for orphaned grandchildren, offering counselling and advice, among others (Kang'ethe, 2018:283). They are the vanguards of morality in many African countries, hence they should be revered and protected to avoid the scourge of moral decadence within the society (Kang'ethe & Khayundi, 2014:1335).

Given this state of affairs and believing that older persons in Lesotho are being left behind in the pursuit of the 2030 Agenda for Sustainable Development, the researcher was motivated to explore the social work services for older persons in Lesotho, the services they require and the development of the guidelines for practice. This was achieved as the research questions for the study were answered satisfactorily and the goals and objectives were met. In addition, the guidelines which hold promise for competent social work practice with older persons in Lesotho were developed (Chapter Six).

1.2 Research questions, goals and objectives of the study
The section below focuses on the presentation of the research questions, the goals and the objectives of the study.

1.2.1 Research questions
Qualitative studies require that a research question be formulated right from the outset (Creswell, 2016:34). Moreover, a research question is derived from the statement of the problem and should be linked to the aim of the study. It serves to guide the research process

(Maxwell, 2013:4; Schmit & Brown, 2015:78; Jansen, 2016:3). As such, a research question is a statement of the purpose of the research, which is interrogative in nature.

According to Butler-Kisber (2010:26), research questions for qualitative studies focus on the what, and how, to explain events and occurrences in a given context. They begin with words such as how or what, because of their interrogative nature. However, although a research question should be general enough to permit exploration, it should at the same time be focused enough to delimit the study (Marshall & Rossman, 2016:82). Therefore, a research question indicates the focal point of the study and provides the basis for the inquiry, as well as the focus of the data collection. It would be difficult to undertake a research project without research questions. Nonetheless, a research question may also have sub-questions which give an indication of what the research study is trying to find out (Matthews & Ross, 2010:66).

Furthermore, given that qualitative research is amenable to one or more grand-tour questions, this study adopted two interrelated research questions as follows:

- What is the nature of social work services provided to older persons in Lesotho?

- What are the challenges faced by older persons in Lesotho?

- What type of social work services are needed to promote the wellbeing of older persons in Lesotho?

Research questions also have a bearing on the goal and objectives of the study. Once the research question is formulated, the next step would be to specify the goal and objectives of the study (Moule & Goodman, 2014:92). The section below provides the goal and objectives of the study.

1.2.2 Goals of the study

The terms goal, purpose and aim are often used interchangeably to refer to the overall intention of the study. Once the research question has been formulated, the next step would be for the researcher to specify the research goal and objectives (Moule & Goodman, 2014:92). Research goals describe the overall intention of the study (Moule & Goodman, 2014:80). Similarly, Creswell (2016:94) posits that research goals convey the essence of the study. They represent the overall aim of the study. The functions of research goals are two-fold. These are to guide the researcher in decision-making to ensure that the study is worth conducting and that the findings will be valuable (Nieuwenhuis, 2016a:73). Furthermore, the research goals shape the

interpretations, descriptions and theories developed by the researcher in the study (Maxwell, 2013:23). Thus, on the basis of the aforementioned, it would be difficult to achieve the purpose of the study without clear research goals.

The goals of this study were two-fold:

- To develop an in-depth understanding of the social work services offered to older persons in Lesotho.

- To determine the kind or type of services required by older persons and proffer practice guidelines for social work services in Lesotho.

These goals are informed by the research questions and were designed to enhance the understanding of the services rendered to older persons in Lesotho and the services they require, with a view to developing the guidelines for gerontological social work practice.

1.2.3 Research objectives
According to Grove, Burns and Gray (2013:708) research objectives constitute the declarative statements that are aimed at directing a study. They spell out the steps to be taken to attain the overall aim of the study (Moule & Goodman, 2014:80). To this end, an objective denotes a specific, measurable and researchable aspect of the phenomenon that is being investigated. It helps the researcher to be focused and to avoid collecting data which does not address the problem in question.

Therefore, in order to achieve the above-mentioned goals, the specific research objectives of this study were:

- To explore and describe the social work services rendered to older persons in Lesotho.

- To explore and describe required social work services for older persons in Lesotho.

- To draw the conclusions, provide the guidelines for social work practice and make recommendations on the provision of the social work services to older persons in Lesotho.

The discussion below focuses on the research methodology. Its application is expounded on in Chapter Three.

1.3 Research methodology

Essentially, research methodology is about the procedures and activities to be followed by a researcher in a given scientific investigation. It includes *inter alia,* the collection of data, data analysis, the description and explaination of the phenomena in question. According to Fawcett and Pocket (2015:52) it also involves the choice of an appropriate research approach to be used in a study. They postulate that the choice of the research method to be used in a study is one of the most important decisions in the research process. Of significance in this regard is that the choice of the research approach was based on the compatibility with the goal, question and design of the research study (Maxwell, 2013:26).

Qualitative research is a systematic, interactive and subjective approach that is often used to describe life experiences and their meaning (Grove, Burns & Gray, 2013:705). It is mostly associated with words, language and experience, as opposed to the measurement, statistics and numerical figures typical of quantitative studies. The results of qualitative research are not presented as representative but are based on people's experiences and perspectives on the phenomena in question (Rakotsoane, 2019:3). Furthermore, it focuses on the natural settings where interaction takes place, thereby viewing social life as the processes that occur, rather than in static terms (Nieuwehuis, 2016b:53). Thus, qualitative research is characterised by the following:

- It is exploratory in nature.
- Its focus is on previously unstudied processes and unanticipated phenomena.
- It is oriented to the social context and interconnections between the social phenomena and not their discrete features.
- Its focus is on human subjectivity and the meaning that the participants attach to the events and to their lives.
- Researchers are sensitive to their subjective role in the social process being investigated.

The qualitative approach was employed using the phenomenological, explorative, descriptive and contextual research design, as a strategy to achieve the goal of the study. A detailed explanation of how the research methodology was applied and the rationale are presented in Chapter Three of this thesis.

1.4 Research paradigm

A research paradigm is a world view that provides major assumptions about the ontology, (beliefs on the nature of the world being investigated), epistemology (relationship of the researcher to that being researched) and about the research methodology (Nieuwenhuis, 2016b:52; Leeming, 2018:671). It is a set of assumptions or beliefs about the fundamental aspects of reality, used to generate knowledge about a given phenomenon. Thus, by adopting a particular research paradigm, researchers express their position to the phenomena being researched.

This research is informed by the interprevist approach, which is based on the view that the best way to understand any social phenomena is to capture the lived experiences of the participants (Adom, Yeboah & Ankrah, 2016:1). This paradigm was chosen in order to gain an in-depth understanding of the social work services offered to older persons in Lesotho. Rich information on their thoughts, feelings, perceptions and the meanings that they attach to their experiences and practices were obtained.

Furthermore, interpretivism allows the researcher to ask open-ended questions, which are the best tool for collecting rich data from the participants. In addition, the interprevist paradigm allows the researcher to make use of the observation of the participants in their natural setting. Thus, the application of the interprevist paradigm helped the researcher to understand the complexities and challenges in the provision of the social work services for older persons in Lesotho.

1.5 Ethical considerations

Ethics are the norms or standards of morally good conduct in the researcher's relationships with the participants and other stakeholders involved in the study (Marshall & Rossman, 2016:52). They guide one to do what is right, from the beginning to the completion of the research project and the publication of the findings. In this regard, research projects should be conceptualised from an ethical perspective (Williams, 2015:80). Furthermore, ethics have implications for, *inter alia*, the formulation of the research topic and the research question as well as the presentation of the research findings (Neale, 2013:6). It is therefore critical that researchers articulate how they will address ethical considerations in executing qualitative studies.

To guarantee the protection of human subjects for this study, the researcher observed the following ethical considerations: obtaining approval from the Ethics Review Committee (UNISA), informed consent and protection of participants from any harm. In addition, the ethics of confidentiality and anonymity and management of data were also upheld by the researcher. The aforementioned ethics are defined briefly below, as their application by the researcher is expounded in Chapter Three.

1.5.1 Approval from the Ethics Review Committee

Approval to embark on the study was obtained from the Department of Social Work Research and Ethics Review Committee at UNISA (Addendum I) following an undertaking to comply with the ethical requirements in the proposal submitted to the Committee. Thus, the researcher was expected to uphold and respect the human dignity of the participants. It was only after the approval from the Ethics and Research Committee that the researcher embarked on the study. Subsequent to getting approval from UNISA, a request for permission to carry out the study was made to Lesotho's MoSD (Addendum F)which, in turn, acceded to the request (Addendum G) and committed themselves to contacting their district offices to inform them about the study.

1.5.2 Voluntary informed consent

The principle of informed consent is about telling the potential participants about the risks, benefits and anything else which could reasonably influence their decision to particpate in the study (Tracy, 2013:104). The potential participants were informed about the research study and its implications to enable them to voluntarily consent to take part in the study (Williams, 2015:91). As such, participants were not coerced, persuaded or induced to participate in the study against their own free will (Green, Thorogood, 2014:70). Instead, their participation was based on the full understanding and knowledge of the implications of their participation.

Informed consent is about ensuring that the potential participants understand what they are consenting to participate in (Straits & Singleton, 2011:493). Moreover, the researcher must not intentionally give wrong information concerning the research to deceive the participants for the sake of securing their participation.

The first step in protecting the rights of participants was for them to give informed consent to their participation in the study (Corey, Corey & Corey, 2019: 152). This is also the reason why the inclusion criteria for older persons excluded those with mental health conditions. This restriction made it possible to ensure that prospective participants were only those able to make informed decisions concerning their participation.

1.5.3 Protection of participants from harm

Research ethics are aimed at protecting participants and other stakeholders in the research study from any potential harm that they may be exposed to as a result of the study. Thus, from the outset, it was important for the researcher to put in place contingency measures to minimise the risks for the participants (Schmidt & Brown, 2015:60). Such risks include being identified by outsiders as the sources of information. The research and interview questions may cause them emotional distress if they address sensitive issues (Opsal, Wolgemoth, Kaanta, Dickman & Erdil-Moody, 2016:1143). An example is the fact that research interviews can be experienced by participants as intrusive and distressing (Gibson, Benson & Brand, 2012:19). In addition, overzealousness on the part of the researcher to over-identify with participants in order to encourage them to share intimate experiences may also expose them to harm (Haahr, Nolyk & Hall, 2014:12).

Thus, research ethics are aimed at maintaining professional research standards. This fosters public confidence in the study and helps to avoid the legal risks associated with unethical conduct. As such, it is no wonder that ethics are at the root of all professional social work endeavours. They are the cornerstones for conducting effective and credible research studies. Hence, the researcher conducted himself ethically in executing the study. Unethical practice would have resulted not only in unreliable data, but in negative attitudes about the research as well.

1.5.4 Confidentiality and anonymity

Another way of protecting the participants from potential harm is that of confidentiality and anonymity, which form the primary focus of research ethics (Chambliss & Schutt, 2013:53). Confidentiality and anonymity are vital in guaranteeing that the participants feel safe in volunteering information that is of a personal nature (Gibson, Benson & Brand, 2012:20).

Confidentiality means that information that is obtained by the researcher from the participants in a study, should not be shared with other people or in other settings (Green & Thorogood, 2014:72). It refers to the obligation of the researchers to separate or modify from the data obtained, any personal or identifying information provided to them in confidence by participants (Coffelt, 2017:228; Rakotsoane, 2019:58).

Anonymity involves collecting data without using any personal or identifying information (Coffelt, 2017:228). Similarly, Babbie (2016:65) contends that anonymity is guaranteed when

neither the researcher nor those reading the research findings can identify a given response with the participant.

This ensures that identifying information is not made available to those not directly involved in the study. Confidentiality and anonymity involve the protection of participants from any risks as a result of their opinions, actions or attitudes being open to the outsiders. Hence, the researcher took the measures to ensure that the data sources and participants were not exposed to any harm through unauthorised disclosure of information about them.

1.5.5 Management of information
This refers to the effective handling of data throughout its entire life cycle (Sanjeeva, 2018:4). The management of information is thus an integral part of the research process as it extends from the collection of data to its dissermination and archiving (Sanjeeva, 2018:4). In this regard, a data management plan describes how data will be handled during and after the completion of the research project (Michener, 2015:1). This requires a good system for storing and the organising research data (Aurini, Health & Howells, 2016:113). The protection of the privacy of participants and maintaining the confidentiality of identifying data are thus of major ethical concern in qualitative research.

This is also in line with the ethical requirement that data must be kept safe and disposed of at the end of the research project (Michener, 2015:1). Moreover, there is a risk of losing research data if it is not stored securely. Insecure data storage can wreak havoc to a research project as it is not only costly to retrieve lost information, but it can also be a waste of time as well as financial and other resources. Hence, the management of information may, among other things, involve the establishment of a filing system reflecting the stages of a project (Williams, 2015:114).

1.6 Clarification of the key concepts
This section focuses on the clarification of the key concepts that are central to the study. They include ageism, the guidelines for practice, human rights, older persons, social auxiliary worker (SAW), social work and social workers, all of which are presented and explained below.

1.6.1 Ageism
Ageism is a multifaceted social phenomenon that is difficult to define (Azulai, 2014:2). Nonetheless, it refers to stereotypes, prejudice and discrimination, based on age (WHO, 2021:2; Cavanaugh & Blanchard-Fields, 2019:3). It is about having negative images and attitudes towards older persons, leading to discrimination based on age (Cavanaugh &

Blanchard-Fields, 2019:3; Zastrow, Kirst-Ashman & Hessenauer, 2019:678). Deuter, Bradburry and Turnbull (2015:28) define ageism as the unfair treatment of older persons on account of their age.

Ageism has foundations in myths and stereotypes associated with old age and in intergenerational relations (Nelson, 2016:276). Ageism is a major problem confronting older persons throughout the world (Ilongo, 2021:105). Its manifestations can be overt or covert, with older persons being treated as being incompetent, dependent or senile. Resultantly, this lowers their self-esteem and dignity, and it also restricts the roles and alternatives that are available to them. Its impacts, including exclusion and denial of access to services are quite devastating and can worsen their vulnerability. Thus, ageism can be an additional burden for older persons, apart from the physical and mental health challenges that they have to contend with. Hence, the recommendations and guidelines in Chapter Six also focus on, among others, addressing the problem of ageism.

1.6.2 Developmental approach

The developmental approach, which is also known as social development or developmental social work (Patel & Hochfeld, 2012:692; Patel, 2015:198; Tanga, 2015:14) is still evolving and does not yet have a universal definition. It is also seen in the context of community development (Elliot, 2012:102). Consensus is difficult to achieve because of the diverse conceptual ideas and practice approaches associated with the approach. Nevertheless, Midgley (2014a:13), a proponent of the developmental approach, defines it as:

> *A process of planned social change designed to promote the wellbeing of the population as a whole within the context of a dynamic multifaceted development process.*

This definition accommodates the diversity of practice approaches characteristic of this field. It integrates economic, social and other dimensions of the development process to promote the human wellbeing. The approach employs social investment strategies alongside empowering, community-based, participatory and rights-based interventions to enhance the capabilities of the poor and marginalised, as well as by facilitating their participation in productive economic activities (Midgley, 2014a:63; Patel, 2015:125). It involves investment in human capital, development of social capital (including community development), decent work and employment, microfinance and microenterprise, asset building, social protection and social

planning. Furthermore, the developmental approach targets the neediest and vulnerable groups to promote social inclusion and to ensure that their rights are upheld (Midgley, 2014a:68).

The developmental approach therefore comprises an eclectic variety of interventions, within a multifaceted development process designed to enhance people's wellbeing (Midgley & Pawar, 2017:4). This study adopted the aforementioned as the defining features of the developmental framework in the provision of social work services for older persons. Hence, these features were also embraced in the development of the guidelines for social work practice with older persons (Chapter Six).

1.6.3 Guidelines for practice

According to the National Health and Medical Research Council (2011:1), guidelines are the sets of rules, principles or recommendations which though non-mandatory, spell-out how something should be done. They serve as the rules for determining suitable actions (Cohen, Gerding, Johnson, Kelly, Loo, McDonald, Pepin & Wilcox 2010:434; Rabie & Klopper, 2015:34). Furthermore, guidelines define the roles, responsibilities and actions required of practitioners to avoid confusion and poor delivery of services (Department of Social Development (SA), 2015:434). In this regard, guidelines assist social workers to shape their behaviour in the provision of services, as well as in making decisions on appropriate interventions.

The guidelines help social workers to improve the outcomes and experiences for the service users and to be effective in their practice. For this study, the guidelines for practice are statements of the recommended activities for the provision of services to older persons by social workers. Furthermore, the guidelines are based on the findings from older persons, the social workers and the ASWs. They are also informed by the review of the literature on the challenges of the ageing and social work services for older persons.

1.6.4 Human rights

The subject of human rights is broad as it covers a large area (Harms-Smith, Martinez-Herrero, Arnell, Bolger, Butler-Warke, Cook, Downie, Farmer, Nicholls & MacDemott, 2019:5). Nonetheless, an authoritative definition of human rights is provided by the United Nations Universal Declaration of Human Rights. It identifies human rights as the rights to human dignity, non-discrimination, civil and political rights, economic, social and cultural rights and solidarity rights (Wronka, 2012:439).

Human rights refer to those rights which are inherent in nature and are fundamental to human existence (United Nations, 1987:2). They are concerned with access to those things that are necessary for a decent livelihood (Hugman, 2012:382). They are the foundation of freedom, justice and peace (United Nations, 1948). Moreover, they are universal and apply to all irrespective of age, gender or religion (UN 1987:2).

Human rights are inalienable and fundamental rights to which all human beings have an entitlement by virtue of being human. These rights are fundamental to the realisation of human dignity, sanctity and worth of each human being. They are the basic rights and freedoms enshrined in the Universal Declaration of Human Rights (UDHR) of 1948 among other national, regional and international instruments. The Madrid International Plan of Action on Ageing of 2002, among other human rights instruments and conventions, addresses human rights specific to older persons. They are the focus of this study. They include *inter alia*, the right to social protection, income, health, protection from abuse, independence and dignity.

Thus, given that the developmental approach adopted by Lesotho's MoSD, is anchored on human rights, this makes the provision of social work services to promote the wellbeing of older persons imperative. Furthermore, these rights provided the framework and benchmarks for the researcher to understand the social work services for older persons in Lesotho and to develop the guidelines for practice.

1.6.5 Older person

The term older person does not have a universal definition due to the fact that ageing is context specific and a cultural construction (Hooyman, 2012:532). Cavanaugh and Blanchard-Fields (2019:4) contend that older age cannot be defined adequately within the scope of a single disciplinary approach because of the complexity of the ageing process. They argue that ageing is a lifelong process and that defining it requires inputs from a variety of perspectives.

In most contemporary societies older age tends to be defined in terms of chronological age (Zastrow, Kirst-Ashman & Hessenauer, 2019:643). Gerontologists divide later adulthood (older age) into two groups namely, young-old (65-74 years) and old-old (ages 75 and above) (Santrock, 2016:5).

The age of 60 years and above was used for this study as the defining age marker for an older person. It is also the most widely used definition which was agreed upon at the United Nations

World Assembly on Ageing, held in Vienna in 1982. Moreover, it is also the definition used in the Policy for Older Persons in Lesotho, hence its adoption for this study (MoSD, 2014:2).

1.6.6 Social auxiliary worker (SAW)

SAW, also referred to as auxiliary social worker (ASW), para-social worker (PSW) (Mabeyo, 2014:122) and assistant social worker (Kalinganire, Gilkey & Haas, 2017:319), is a title given to a person who is prepared through basic social work training of one or two years, to assist a qualified social worker (Omari, Linsk & Mason, 2017:353). In Lesotho, SAWs are trained for one year at the National Health Training College (Jhpiego, 2013:4). They are usually employed to fill the service gaps and to enhance service delivery in terms of efficiency and accessibility, particularly in situations where there are shortages of professional staff (Gray, 2017:396; Omari, Linsk & Mason, 2017:353). For this study, SAW refers to the holder of a certificate in social work or community development, employed in this position by Lesotho's MoSD. ASWs were included in this study because they are also involved in the provision of social work services to older persons in Lesotho.

1.6.7 Social work

Ugiagbe (2014:1) and Sandu (2017:45) define social work as a helping profession which is concerned with the social wellbeing of the vulnerable, helpless and oppressed members of society. This is in line with the definition agreed upon by the International Federation of Social Workers (IFSW) and the International Association of the Schools of Social Work (IASSW) in 2014. The two bodies view social work as a practice-based profession and an academic discipline oriented towards social change and the empowerment and the liberation of service users to become self-reliant.

The current study adopted this definition (IFSW and the IASSW) because of its strong theoretical base and focus on social change and the empowerment of service users to enhance their wellbeing and to achieve self-reliance. This definition is consistent with the developmental approach, which emphasises the participation of service users, especially the poor and vulnerable, in efforts to improve themselves. Therefore, in terms of this study, social work is a profession with the objective of promoting social change, empowerment and the inclusion of older persons to ensure their wellbeing.

1.6.8 Social work services

Social work services refer to services aimed at addressing the many and complex transactions between the individual and his / her environment. They are meant to empower service users to develop to the fullest of their potential. This helps to enrich their lives and to prevent dysfunction. Similarly, Arora (2013:1) views them as the diverse interventions by the professional social workers who are intended to address social problems. In the same way, Schultz (2015:168) articulates that social work services are better conceptualised in terms of social work settings and fields of social work such as adult care, health care and family care. Social work services include making home visits, assessment of human needs, individual and family counselling, provision of information and referrals, advocacy and psychosocial support (Australian Government Services, 2020:1). For purposes of this study, social work services refer to those provided by social workers to older persons.

1.6.9 Social worker

Although the definition of the term social worker is contextual, there is a consensus that it refers to the holders of Bachelor's degrees from educational programmes of Schools of Social Work, who use their knowledge and skills for the betterment of individuals, groups, communities, organisations or society in general (Sweifach, Linzer & LaPorte, 2012:3). Thus, social work requires broad based training and expertise in a wide range of areas to enable the social workers to effectively handle social problems at micro, meso and macro-levels. A social worker assists the service users to find solutions to their unmet needs.

In South Africa, a social worker means a person with a four year-Bachelor of Social Work degree who is registered with the South African Council of Social Service Professions (SACSSP) under section 17 of the Social Service Professions Act No. 110 of 1978. Similarly, the minimum qualification for one to practice as a social worker in Lesotho is a four-year Bachelor of Social Work (BSW) degree, though there are also Advanced Diploma (social work) holders employed by the MoSD. These were recruited in early 2000, prior to the graduation of the first batch of BSW graduates at the National University of Lesotho (NUL), then the only degree awarding institutions in the country. However, there was no established regulatory system for the social workers in Lesotho at the time of data collection in May to December 2016. Thus, there is no requirement to be registered, in order to practice as a social worker.

Furthermore, although in the main, social workers are generalist practitioners, Mali (2014:138) is of the view that they need to develop an area of specialisation devoted to the issues of older persons and the services that they require. This is particularly important as ageing is a complex phenomenon and also considers that older persons are typically a diverse population group.

1.7 Structure of the thesis

Although there is a general consensus on the structure of a thesis in quantitative studies, this is not the case in qualitative research where the format is not generic (Cassell & Simon, 2011:643). It was planned that this research report would have seven chapters as follows:

Chapter One: General orientation to the study

This chapter provides the general orientation to the research report with a specific focus on the general introduction to the study, statement of the research problem and significance of the study. It also covers the research questions, goals and objectives, research method, research paradigm, ethical considerations and clarification of the key concepts used in the study.

Chapter Two: Theories of ageing and theoretical framework

In this chapter, the theories of ageing and the theoretical framework (developmental approach) for this study are explained. The focus is also on the implications of the theories of ageing namely, biological, disengagement, activity, and continuity theories in relation to the interventions or lack thereof in the provision of social work services for older persons. Similarly, the developmental approach, which is the theoretical framework for the study, is presented and discussed in relation to the provision of the social work services for older persons in Lesotho, the services that they require and the development of the guidelines for practice.

Chapter Three: Research methodology

The chapter focuses on the application of the qualitative research method and the processes that were followed to reach the research goal. It covers the research paradigm, research approach, research design, population, sample and sampling procedures, methods of data collection, analysis and verification, as well as the ethical considerations.

Chapter Four: The findings from older persons' data

This chapter focuses on the presentation and discussion of the research findings from older persons. First to be presented is the demographic information of the participants which is meant

to orient the reader to the study. The findings on the themes and the related sub-themes and categories which emerged during the data analysis process are presented and subjected to literature control.

Chapter Five: The findings from social workers and social auxiliary workers' data

The findings from social workers' and SAWs' data are presented together, mainly because they are engaged in almost similar activities in the provision of services for older persons. However, the SAWs did not have a clear job description (during the period of data collection May to December 2016) probably because then, this was a relatively new position established in the year 2012. The research findings from both groups are presented, discussed, compared and contrasted with those of other researchers as presented in the literature.

Chapter Six: The guidelines for social work practice

This chapter presents the guidelines for social work practice with older persons in Lesotho. It provides systematically developed "statements" on what should be done and how, based on the findings from the participants and the relevant literature, to assist the social workers in working with older persons. The guidelines mainly emphasise and constitute the integrated approach to service delivery for older persons focusing on individuals, groups and communities.

Chapter Seven: Summaries, conclusions and recommendations

This chapter comprises the summaries of the foregoing chapters. It also draws conclusions from the research process and findings of the study. In addition, the recommendations derived from the process and findings of the study are also made. This includes recommendations for social work education, social work practice and social welfare policies.

1.8 Conclusion

This chapter provides a general overview of demographic trends internationally, Lesotho included. It also addresses the implications of population ageing, as well as the challenges faced by older persons. The statement of the problem is also covered in order to illuminate the gaps in the literature, in relation to population ageing and social work services for older persons. In addition, it covers the motivation for the study based on the ever increasing numbers of older persons and the need for evidence-based practice, as well as to contribute to increased knowledge and understanding of social work services for older persons in Lesotho. This is followed by the presentation and discussion of the research questions, goals and objectives of

the study, and the research method. The research methodology, research paradigm and ethical considerations are addressed briefly as they are covered in more detail in Chapter Three. Furthermore, the key concepts used in the study are clarified and the structure of the report and conclusion are also presented and discussed in this chapter.

Thus, not much is known about social work services for older persons in Lesotho and elsewhere in many African countries. Similarly, there is scant literature on social work services required by older persons, and yet their numbers keep increasing. This makes it difficult to plan and provide social work services for this population group. Hence, the need for a study on social work services for older persons and the services they require, with a view to developing guidelines for practice.

CHAPTER TWO

THEORIES OF AGEING AND THEORETICAL FRAMEWORK FOR THE STUDY

2.1 Introduction

A theory is an explanation of why an identified phenomenon occurs. It is a systematic set of interrelated statements explaining some aspect of social life (Rubin & Bobbie, 2017:615). However, in social work the term is often used and applied interchangeably with perspective, method or intervention (Teater, 2014:3). The theories of ageing help to better define and understand ageing related issues and challenges and how to improve the quality of life. Likewise, given that social work is a practice profession, the knowledge of the theories of ageing informs practice, inclusive of the provision of the services for older persons.

A theoretical framework, on the other hand, provides a context for examining a problem, interpret and understand the research findings (Grant & Onslo, 2014:18). It serves as a lens to enhance the understanding of the social work services for older persons in Lesotho, as well as in the development of the guidelines for practice. The theories of ageing and the theoretical framework used for the study are examined below.

2.2 Theories of ageing

Ageing is viewed differently by various people, scholars included. To most, ageing implies physiological and psychosocial changes manifesting in reduced income, lesser activities and consequential loss of status (Pathath, 2017:15). However, whereas in the past, ageing was considered merely as an unavoidable and unalterable process, there is now recognition of the need to understand the factors that promote optimal functioning among older persons. Equally important is the need to examine the social, psychological and biological factors associated with ageing. As such, there are many theories and counter-theories of ageing that have been proposed throughout history.

These range from biological, psychological, social psychological and sociological theories, which makes gerontology an interdisciplinary issue. As such, there is a growing importance of theory in gerontology, in an attempt to understand the challenges faced by older persons, their needs and what can be done to enhance their wellbeing.

Although there is no theory of ageing that explains this phenomenon and related policies in a comprehensive way (Pierce & Timonen, 2010:41), social workers have been relatively quiet in

the discourse on the theories of ageing. This is critical for the informed practice with older persons (Teater & Chonody, 2017:137). Social work does not have its own theories of ageing and this induces a dependence by social workers on the theories from other disciplines.

Although the multidimensionality of the experiences of ageing requires the social workers to acquaint themselves with various theoretical perspectives, Hokenstad and Roberts (2011:330) contend that they should focus on those which inform practice with older persons. In this regard, the researcher opted for the biological and psychosocial theories, which focus on social and psychological factors associated with ageing. These are disengagement, activity and continuity theories, that were deemed to be relevant to this investigation. The modernisation theory is also one of the major theories of ageing, and it is relevant for this study. The theories are discussed below, starting with biological theories.

2.2.1 Biological theories

Ageing has generally been explained biologically, as a genetically predetermined process. It is a continuation of the biological process that regulates human growth and development. Metabolic, cellular and genetic programming theories are the biological theories that have provided most insights on why people grow old and die (Kail & Cavanaugh, 2019:466).

Biological theories of ageing fall into two main categories, programmed and damage or error theories (Davidovic, Sevo, Svorcan, Milosevic, Despotovic & Erceg, 2010:141; Jin, 2010:72). On the one hand, programmed theory consists of three sub-categories which are programmed longevity, endocrine theory and immunological theory. On the other hand, the damage or error theory is composed of the wear and tear theory, the rate of living theory, cross-linking theory, free-radicals theory and somatic DNA damage theory (Jin, 2010:73). On the whole, the basic explanation of ageing, based on the biological theory, is that it is about the biochemical aspects of human development. That is, the physical changes that normally occur as people age. These include the role of genetics in the physical changes which occur in the vital organs, tissues and appearance. Another dimension is that it is programmed and therefore follows a biologically determined timetable evolving from the early stages of child growth and development into adulthood (Davidovic et al., 2010:141).

In this respect, the programmed theory resonates with the life-cycle perspective of ageing whereby human development involves transition from childhood to older age as a natural biological process. This, in a way, is significant because it helps the social workers to

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understand the dynamics of ageing and that all stages of human development (older ages included) are important (Cavanaugh & Blanchard-Fields, 2019:4). Given the fact that people now live longer than before, medical conditions have also become an inevitable part of older life. Some of the common health concerns of older persons are arthritis, dementia, depression, hypertension, insomnia, mobility challenges, poor vision and hearing, stroke and a weak bladder (Downes, Fealy, Phelan & Lafferty, 2013:17; Hornby, 2015:70).

The implication of the biological theories is in the dominance of the medicalised approach to ageing, which is linked to the adoption of "modern health care systems". This model places emphasis on medical treatment, health and social care arrangements through the prevention and treatment of diseases as well as improving the quality of life (Parker, Khatri, Cook & Pant, 2014:236). This suggests that social workers should be knowledgeable about the medical conditions of older persons, available treatment and prevention. It also suggests the need for measures and interventions to slow down the ageing process and to mitigate the attendant health challenges and increased vulnerability of older persons to physical and environmental factors. Another implication of the biological theories is that to guarantee healthy and successful ageing, interventions should not be left to the final years of life but should start from the very beginning and throughout the life-course. Thus, social work interventions to ensure healthy and successful ageing should cover the entire spectrum of the human life-span.

In addition, biological theories recognise the inevitable decline in mental and physical functioning as a result of the ageing process. This helps people to understand various losses such as functional ability-loss of hearing, eyesight and mobility, among others, incurred as a result of ageing. In this regard, social work interventions should help older persons to manage these changes and losses (Hooyman, 2012:540). Furthermore, the impacts of biological ageing and susceptibility to diseases require interventions to promote healthy ageing. These include health promotion activities, improved access to health care, formulation of relevant social policies and increased societal support.

However, a major weakness of the biological theories is the failure to recognise the influence of social and cultural contexts of ageing (Parker et al., 2014:236). It thus fails to acknowledge the diversity of experiences of ageing during the life course. These can lead to the interventions which focus only on the individual, instead of both the individual and the environment. Thus,

even though ageing is a biological process, it does not occur in a social vacuum. It is a social experience and should be viewed in sociological terms as well.

Furthermore, the biological theory emphasises the medical model which pathologises the social and psychological problems of older persons. As such, social work interventions informed by this theory are devoid of the strengths-based perspective which emphasises the importance of involving clients in the resolution of their problems. It also lacks an empowerment problem-solving focus which promotes self-reliance.

2.2.2 Disengagement theory

The disengagement theory, which was propounded by Cumming and Henry in 1961 is one of the "first generation" theories of ageing. It holds a pessimistic view of ageing as a process involving the gradual withdrawal of older persons from the various roles and social relationships that they occupied prior to older age (Zastrow, Kirst-Ashman & Hessenauer, 2019:684). In this regard, the older person and society simultaneously engage in a process of mutual separation. In fact, disengagement is viewed as being functional to society as the assumed mutuality of the process fosters an orderly transition of roles and power from older persons to younger generations. In essence, the theory proposes that disengagement brings about a sense of satisfaction and psychological wellbeing to the older person who has disengaged (Cumming & Henry, 1961).

From this perspective, disengagement not only involves older persons withdrawing from society but the society withdrawing from them as well. They are forced to disengage from society because of the gradual loss of the physical and mental health as a result of the ageing process. This view is rooted in the myth that older people have become frail and non-productive (Ngan, 2017:165). Ironically, competition, efficiency and individual achievement are the hallmarks of the modern era and because older persons lose their physical stamina; it is erroneously believed that they must gradually disengage from society.

The disengagement of older persons manifests in a variety of ways. These include the adoption of statutory retirement ages for formally employed workers, exclusion from leadership positions in organisations, from family decision making and lack of or limited social welfare provisions by the state (Zastrow, Kirst-Ashman & Hessenauer, 2019:684). The retirement age for the Public Servants Pension Scheme in Lesotho is 55 years and that for the employees in parastatal organisations is 65 years (Mosito, 2014:18). Thus, the key narrative of this theory is

that of decline as a result of the physical and psychological degeneration associated with the ageing process. Disengagement is thus viewed as a natural, universal, biologically based and normal part of human existence. It is conveniently believed that older persons become increasingly engrossed with their inner life and are less concerned with events in the environment (Zastrow, Kirst-Ashman & Hessenauer, 2019:684).

The decline narrative of the disengagement theory has been criticised for reinforcing the ageist and stereotypical images of older persons, contrary to the experiences of the increasingly healthy and engaged ageing in the Western World (Sandburg, 2013:13). Critics also argue that disengagement is related less to older age itself. Instead it is more related to factors associated with ageing including retirement, poverty, poor health, death of close relatives, and friends. It thus provides the rationale for ageist policies such as retirement and other forms of marginalisation and the violation of the human rights of older persons. This, unfortunately makes older people to become victims of neglect, poor care, lack of attention and isolation.

Moreover, the suggestion that disengagement is good for both the older person and society is erroneous as it has the effect of stripping them of their social and economic roles and leads to the loss of dignity and self-esteem. It also fails to accommodate the wide variations in the way people experience ageing. Similarly, it justifies the society's failure to ensure meaningful roles for older persons. Disengagement may be used to justify the neglect of older persons, thus denying them the opportunities to continue playing meaningful roles in society.

The Active Ageing Framework proposed by WHO rebuts this "decline and loss paradigm" focusing instead on promoting activity and continuity in later years (Foster & Walker, 2015:85). In view of this, disengagement is neither universal nor inevitable as many older persons maintain their roles and relationships in their old age (Zastrow, Kirst-Ashman & Hessenauer, 2019:684). This proposal is also corroborated by Kyaw (2019:2) who postulates that actively ageing older persons are generally healthier and have an above average life-expectancy. They are capable of engaging in economic activities which contribute towards economic growth and development. This is also proved by the fact that older persons in many African countries increasingly care for grandchildren thereby enabling the parents to participate more fully in the labour force (Kyaw, 2019:2).

The disengagement theory is also problematic for social work practice with older persons as it does not recognise the need to harness their strength and participation in problem-solving. The

social work intervention, informed by the disengagement theory, is not empowerment oriented. This is paradoxical as social workers have an ethical responsibility to promote social and economic justice, as well as social inclusion.

Notwithstanding its limitations, the disengagement theory illuminates the negative implications of ageing and amplifies the need for social workers to engage in advocacy to ensure a decent quality of life in later years. The theory also demonstrates the need for welfare oriented services as there will always be people, older persons included, who are not in a position to engage in productive economic activities and to help themselves.

2.2.3 Activity theory

The activity theory was developed in opposition to the erroneous assumptions of the disengagement theory (Havighurst, 1961:8). It is also referred to as the implicit theory of ageing, the normal theory of ageing, the lay theory of ageing and successful ageing (Teater & Chonody, 2017:137). Active ageing, which is what activity theorists advocate for, is not just the ability to be physically active, but to continue participating in economic, social, cultural, civic and spiritual affairs. Thus, according to this theory, older persons who are able to experience satisfaction and happiness in their lives are those who remain active and socially connected. They are able to maintain an optimal ageing rate by continuing to be involved in the relationships that they are used to. In this view, the more physically and mentally engaged a person is, the more successfully he or she will age.

The underlying assumption of this theory is that activity is beneficial and therefore older persons should maintain a high level of physical, social and mental activity (Teater & Chonody, 2017:137; Zastrow, Kirst-Ashman & Hessenauer, 2019:684). In support, Hooyman (2012:539) postulates that even older adults with chronic illnesses experience health benefits from maintaining active lives. Activity in meaningful roles is therefore likely to enable older persons to replace those roles that may be lost through, for example, forced retirement from formal employment on account of old age. Remaining active can also enhance feelings of self-worth and dignity which are essential for successful ageing.

The activity theory therefore revolves around the idea that older people are capable, if given opportunities. It seeks to embrace older persons and other population groups in the development process which is in line with social work values and principles that emphasise the wellbeing of all people, regardless of their circumstances (Kirst-Ashman 2013:330; Linley,

2013:269). This theory also demonstrates the resilience of older persons, which is congruent with the strengths-based approach used by social workers to build the capacities of service users, their families and communities (Hooyman, 2012:539). From this point of view, interventions based on the principles of the activity theory enable older persons to continue participating and contributing, not only to their wellbeing but also to that of their families and communities, as well as the society at large.

The activity theory resonates with the pivotal features of the developmental approach which harnesses the strengths of service users through training and skills development, micro-enterprise development and income generation. However, this is only possible when people live active lives. On this basis, the activity theory provides the starting point in the provision of services as well as development of the guidelines for social work with older persons. It informs practice based on the belief that older persons want to maintain active lives and to be able to contribute to their own development, that of their families and society as a whole.

However, the activity theory is more applicable to older persons who are still physically healthy and vigorous and not the frail and those in their final stages of life. In this regard, an important consideration is that of the influence or impact of chronic diseases associated with ageing. A typical example is the impact of the Alzheimer's disease and disability, often associated with ageing but which the activity theory ignores. Furthermore, the theory is inadequate due to its lack of a coherent action plan for active ageing (Ngan, 2017:173). It is not clear how active ageing can be achieved.

In common with the disengagement theory, the activity theory has been criticised for being one dimensional and individualistic in focus (Teater & Chonody, 2017:137). The implication of this is that the physically and mentally challenged and the 'very old' are likely to be excluded in any policy and programme interventions. In this respect, the activity theory ends up being the same as the disengagement theory which advocates for the withdrawal of older persons from the mainstream societal activities.

The theory has also been criticised for failing to challenge the age hierarchy and ageism in society (Liang & Luo, 2012:327). This suggests that being young is more desirable than being older, and that older persons should not be accorded any priority in developmental and policy issues. Hence, the social workers should go beyond the provision of services for the able bodied

and also cater for older persons who are physically or mentally challenged and not in a position to do things for themselves.

2.2.4 Continuity theory

In contrast to the disengagement theory, but consistent with the activity theory, the continuity theory propounded by Atchley in 1999 focuses more on the diversity of experiences in older ages. The continuity theory uses the lifespan perspective to describe the process of ageing. From this perspective, ageing involves adaptation to the new realities of life based on past experiences. In this regard, as people age, they establish life patterns resulting from interaction with their social environment (Langer, 2016:12).

Also significant is that these life patterns are not only critical for the foundation on which people continue to develop, but they also determine the ability to cope with the challenges and activities of daily living. Moreover, ageing is viewed as a growth process whereby people experience growth and improvement in their physical health and mental wellbeing. Accordingly, successful ageing can only be achieved if the habits, preferences, lifestyles and relationships one had prior to reaching older age are conntinued.

The continuity theory is also based on the view that older people are capable of leading semi-independent lives if they are supported to achieve this (Gray, 2010:91; Kirst-Ashman, 2013:330). In this respect, the continuity theory recognises the strength and capacity of older persons to change and improve their own lives. Continuity also depends on the older person's ability to maintain his or her resources. This suggests that social work intervention should be about assisting and supporting older persons to ensure continuity in older age.

However, the continuity theory, just like the activity theory suffers from the criticism that it ignores the fact that some older persons may be happy to disengage from the activities that they were involved in. Similarly, some people may be physically or mentally challenged as a result of the ageing process. Continuity may thus be out of question in cases of physical and mental dysfunction. Older persons also face a variety of challenges including discrimination, disinheritance and poverty, making continuity difficult to realise. Therefore, in this regard the theory fails to address the issues of inequality and ageism, which impact on the wellbeing of older persons.

In addition, issues of human rights and social justice which are central to social work practice are also sidelined yet they are critical to ensuring continuity. In light of this observation, social

work interventions informed by continuity theorists call for engagement in advocacy and the implementation of empowerment strategies, if continuity among older persons is to be maintained.

2.2.5 Modernisation theory
The modernisation theory, is classified as one of the core theories within the sociology of ageing. It is one of the theories that is often used to explain the social conditions of older persons, especially in non-industrialised societies. The theory, as it relates to ageing, was developed by Donald Cowgill and Lowell Holmes in 1972.

Although there is no universally agreed upon definition of modernisation, it is often used to refer to the stages of social development. These are based upon industrialisation, and their outcomes such as urbanisation, economic development and increased education, as well as the spread of mass communication and literacy. According to Cowgill and Holmes (1972) cited by de Silva and Welgama (2014:2), the modernisation of societies is accompanied by a demographic transition, which results in the ageing of populations, as well as the decline in the status of older persons. Thus, in a way, there is an inverse relationship between the status of older persons, and the level of modernisation achieved in a particular society.

It is generally accepted that the socio-political processes following modernisation foster the marginalisation of older persons. Among the processes of change, modernisation and urbanisation have affected older persons by weakening extended family and communal ties. Families have become weaker and more dispersed (migration), as young adults move to cities to seek employment. Consequently, older persons are left behind in rural areas to fend for themselves.

As such, increasing industrialisation and urbanisation have led to the growing isolation, neglect, poverty and unemployment experienced by older persons. In this way, the modernisation of the economy and society exacerbates an intergenerational rift, leading to tensions and diminishing or lack of support for older persons by adult children and other family members. Other implications are that of retirement, as older persons are perceived to have declined in their functional abilities.

However, this theory has shortcomings, and as such, it has also received criticism. Martin (1990) cited by de Silva and Welgama (2014:1), contends that there is no strong evidence that the status of older persons in South Asia has declined as a result of modernisation. Neither is

there evidence that the status of older persons was uniformly high in the past. It is also argued that the assumption that older persons in pre-industrial societies enjoyed a high status overlooks the difficulties and abuses that they experienced in their extended families, neighbourhoods and communities.

Thus, according to Pierce and Timanen (2010:41), no single theory explains all the aspects of ageing, the related policies and interventions satisfactorily. The same authors also assert that none of the theories of ageing can be used as clear guidelines for the formulation of policies and programmes for older persons. Rather, they should be used as the lenses for viewing ageing and social welfare policies from different perspectives.

However, from a social work perspective, the activity and continuity theories provide useful frameworks for practice with older persons, as they see life and value in older age (Baah, 2012:4). They are also in tandem with the developmental approach, the theoretical framework of choice for this study, because of their emphasis on accentuating the human capital and the realisation of the potential of older persons. Moreover, promoting healthy and successful ageing is of fundamental and strategic importance to social work. For this reason, knowledge about the theories on ageing is essential for effective and appropriate intervention in the provision of services for older persons. This also shows that an integrated approach to the provision of social work services for older persons would be the most ideal, given the implications of the various viewpoints on ageing.

2.3 Theoretical framework for the study

The theoretical framework adopted for the study is the developmental approach. This approach provided the lens for studying social work services for older persons in Lesotho as well as the development of the guidelines for practice. The features and approaches encompassed in the implementation of the developmental approach are presented and discussed in the sections below.

2.3.1 Features of the developmental approach

Although much has been made of the move from a welfare to a developmental paradigm in many African countries such as Lesotho, there has not been any serious consideration of what this process entails (Gray & Ariong, 2017:15). Furthermore, although the focus of this study is social work services for older persons in Lesotho, this section is dedicated to understanding the meaning and application of the developmental approach, as well as the role of social work and contribution to wellbeing in later years.

The developmental approach is one of the approaches to social welfare, others being the residual and institutional conceptions of social welfare (Patel, 2015:124). Furthermore, notwithstanding the absence of an agreed upon definition, there are several common themes that constitute this perspective. These include the focus on social change and development, the poor, empowerment and capacity enhancement, participation and self-determination and promoting human rights and social justice (Lombard, 2014:46; Midgley, 2014:13; Patel, 2015:125).

Furthermore, an analysis of the aforementioned issues reveals several aspects of the developmental approach. The first aspect is that it is a process and not an event. Its focus is on transformation as opposed to the immediate transfer of resources without putting in place long-term measures to change the pre-existing conditions. Thus, attention is not only focused on the provision of services, but addressing the problems of structural inequality and disadvantage as well (Mupedziswa & Kuhanga, 2016:625). This also requires commitment to the eradication of the root causes of social problems. It also involves a paradigm shift from welfare to the strategies that bring about progressive social change and improvements in people's lives.

The second dimension is that it is progressive in nature. This can be viewed conceptually as involving three typical stages along an upward trajectory of change and development. These include a pre-existing social condition that should be changed, the process of change itself and the final stage being the realisation of the desired goal. The implementation of the developmental approach therefore involves projects, programmes, building assets for the poor, community development, promoting productive employment and the development of policies as catalysts for progressive change (Midgley, 2014:14; Patel, 2015:125). Furthermore, though transformative change can also be achieved through conflict or even revolutionary action, the developmental approach prefers incremental changes to the *status quo*. This, however, can also be perceived as its major limitation, particularly in situations where the powers that may be are resistant to change.

The third aspect concerns the developmental approach as part of a larger multifaceted process of interrelated systems. These include economic, social, political, cultural and environmental factors that should be integrated and harmonised for effective service delivery (Midgley, 2014:15; Patel, 2015:124). However, this requires the establishment of organisational and institutional arrangements for the harmonisation of the various sectors and activities with the

wider development processes. In addition, although institutional collaboration is critical in the implementation of the developmental approach, coordination of the various activities and stakeholders can be problematic. As such, effective implementation of the developmental approach requires the collaboration and support of other stakeholders and the participation of the service users. Its success hinges on the level of their cooperation.

Fourthly, the developmental approach is interventionist as it requires an implementing agency, policies and programmes for the delivery of social services to meet human needs. As such, different agents, including the households and families, grassroots associations, non-governmental organisations, faith-based organisations and government ministries need to contribute towards social change and development. Although there are differences on the role of these agents, deliberate efforts by the state through a variety of interventions including livelihoods empowerment strategies are required to enhance the quality of life of the people (Midgley, 2014:16; Patel, 2015:124).

A fifth feature of the developmental approach is that it is "productivist". This implies a shift in focus from personal problems, characteristic of the welfare approach, to investment in human capital (Gray, Agllias, Mupedziswa & Mugumbate, 2017:625). In this regard, its pivotal features are training and skills development, micro-enterprises, income generation as well as the removal of the obstacles to the economic participation of people living in poverty (Midgley, 2012:99; Gray et al., 2017:625). This is significant, as genuine empowerment can only be achieved with economic independence and autonomy. Furthermore, interventions based on social investments benefit individuals, households, communities and the society at large. Importantly therefore, the goal of improving people's livelihoods through participation and engagement in economic activities is one of the key defining features of the developmental approach.

The sixth feature of the developmental approach is that it is universalistic in scope. This is particularly significant because of the developmental approach's concern with the population as a whole and not only with those who are vulnerable (Midgley, 2014:16). Moreover, from a developmental perspective, poverty and its related social problems can only be addressed effectively if economic growth and development are experienced throughout the entire nation.

Finally, the seventh dominant feature of the developmental approach is that of promoting the social wellbeing. In this regard, advocates of the developmental approach emphasise the

provision of the social welfare needs of the people as well as maximising opportunities for the families, communities and society in general. It is envisaged that this should be achieved through a dynamic, multifaceted development process harnessing economic growth for social ends. Also critical is the emphasis on social investments in the form of micro-enterprises and entrepreneurship development.

Essentially, the developmental approach entails interventions that empower individuals, communities and groups, especially those aiming to influence institutional routines, policymakers and other decision-makers, in the provision of services (Dominelli, 2018:15). It focuses on activities that promote human, social, economic and community development and services that support the poor and vulnerable. Such activities include support to build their assets, the promotion of productive employment for the poor and marginalised, social capital formation, institutional development, good governance and implementation of democratic ideals (Patel, 2015:125). Also embedded in the developmental approach are the principles of social and economic justice, empowerment, community development and distributive and emancipatory values.

 The developmental approach aims to meet human needs and to promote and protect human rights. This is done through facilitating the participation of the service users in managing and solving their social problems and promoting economic and social inclusion. It also involves enhancing people's functional ability, human capital development and livelihoods capabilities at micro, mezzo and community levels. For Nussbaum (2011:33), the human capabilities required to live a dignified life are the material wellbeing, financial security, living a human life of normal length, achievement and maintenance of good physical and mental health. It is also about feeling safe and protected from violence and abuse as well as being able to play, laugh and enjoy recreation.

The definition of the developmental approach is a normative one, given that it is based on a vision of how things ought to be in society (Patel, 2015:125). In this regard, a distinguishing feature of the approach is that it should contribute to economic development (instructive) through the implementation of the aforementioned social programmes, to enhance the welfare of the population. It is also an ethical requirement for the social workers to embrace the diversity typified in the use of the multifaceted strategies to address social problems (Sundar, Sylvestre & Bassi, 2012:360). The use of diverse strategies to resolve social problems makes

the developmental approach relevant and context specific. Hence, this approach was adopted as the theoretical framework for the current study.

2.3.2 Approaches to developmental practice

It is important at this stage to point out that the developmental approach encompasses a range of ecletic perspectives that are pivotal in its implementation. These perspectives are namely human rights, strengths-based and systems and ecosystems approaches. They are discussed below, starting with the human rights approach, followed by the strengths-based approach, and systems and ecosystems approaches.

2.3.2.1 The human rights approach

Patel (2015:82) posits that the South African human rights are embedded in the developmental approach to social welfare. Similarly, Lesotho's Policy for Older Persons of 2014 that was adopted to facilitate the implementation of the developmental approach by the MoSD is rights-based. The human rights are the foundation of the developmental approach, given that its objectives are, *inter alia*, to promote social justice as well as to achieve equitable access and equal opportunities and services for all, especially the vulnerable and socially excluded.

The United Nations Universal Declaration of Human Rights (UDHR) of 1948 spells out the fundamental human rights to which all human beings are entitled without exception. These include the right to health, social protection, and property and the right to an adequate standard of living including food, clothing and housing. As such, a human rights-based approach is fundamentally about the principles of human dignity, non-discrimination and participation, among others. Thus, in this regard, the approach resonates with the founding principles of the social work profession, namely human rights and social justice.

According to Kabelenga (2014:3), human rights should be respected and protected at all times as this enables individuals to develop to the fullest of their potential and to achieve self-actualisation. In this regard, given that human rights apply to all, older persons included, the human rights approach provides a vital framework that social workers can use to pursue the goal of social justice. This is particularly significant as the foundational basis for social work is the commitment to the human wellbeing. Moreover, the human rights approach can be used as the guiding principle for policy, planning and implementation of services for older persons, as well as the development of guidelines for social work practice with this population group. They serve as a supportive framework on which services are provided, and can thus be used to hold service providers accountable to certain standards of practice. Hence, human rights form

the basis for social work practice, as well as viewing social workers as human rights workers in their daily professional work (Ife, 2016:4).

The human rights of older persons are contained in the UDHR of 1948, the International Federation on Ageing (IFA) (1973), Declaration of Rights and Responsibilities of Older Persons (1990), the Madrid International Plan of Action on Ageing (MIPAA) (2002), the United Nations Principles for Older persons (1991) and the African Charter on Human and People's Rights adopted in 1981. The 2002 WHO policy framework on active ageing also emphasises the need for the opportunities for the participation of older persons in social, economic, cultural, spiritual and civic affairs, to enhance their quality of life (WHO, 2002:12).

The need to ensure respect of the rights of older persons to income, dignity, health, participation and protection from abuse, among others, was considered in the researcher's endeavour to understand social work services available to older persons in Lesotho. Moreover, failure to uphold the rights of vulnerable population groups intensifies their feelings of powerlessness and worrying about the present and the future (Dominelli, 2020:1).

Thus, the need to respect human rights also helped the researcher to understand the services required by older persons in Lesotho and to develop the guidelines for practice. The human rights issues were also useful in deciding on the appropriate research design and questions for the current study.

The next section presents and discusses the streangths-based approach which is one of the approaches embedded in the developmental perspective.

2.3.2.2 Strengths-based approach

The strengths-based approach which is closely related to empowerment, is another tenet of the developmental approach. It is grounded on the principles that all human beings have innate capacities to change their circumstances. This can be achieved by mobilising their own, family and community resources, using their existing competencies to identify and address their concerns, to learn new skills and problem solving and to participate in the process of their own healing and self-health (Ponnuswami, Francis & Udhayakumar, 2012:2).

It is believed that it is more effective to help a client to realise positive and lasting change by building on strengths, than by focusing on how he or she is overwhelmed by challenges in his or her life (Sullivan, 2012:180; Saleesbey, 2013:78). Focusing on the client's skills and personal attributes empowers him or her to adapt to challenges and diversity. In support,

Ponnuswami, Francis and Udhayakumar (2012:1) assert that social work interventions should be offered from a strengths-based perspective, rather than on paternalistic approaches, if they are to be effective. This is primarily because the deficit (welfare oriented) approaches focus mainly on the weaknesses of the individual experiencing problems and the maintenance of the *status quo.*

Instead, the strengths-based approach focuses on personal and community assets to promote change and empowerment. It directs change efforts towards both social and environmental barriers. This is because focusing solely on individual weaknesses impairs the social worker from appraising the growth potential of the service users (Gray & Webb, 2013:102). The strengths-based intervention represents a shift from an exclusive focus on the symptoms of individual maladjustment and psychosocial development to the recognition of their inherent capacity to overcome their own obstacles. The assumptions underlying the strengths-based approach are expounded below.

Every individual, group, family and community has strengths: In general terms, strengths can be conceptualised in two distinct ways. These are namely untapped reserves of ability, experience, knowledge, courage, energy, resources and other assets that can be utilised to enhance the development of an individual, group or community. In this way, strengths are used as building blocks for the planning, development and provision of services and programmes. The other dimension is that of strengths that can be developed or enhanced. The strengths perspective can thus be useful in working with older persons if one considers that they have an enormous repertoire of knowledge, practice wisdom and a wide range of skills (Ponnuswami, Francis & Udhayakumar, 2012:1).

For example, older persons in Lesotho play critical roles in their families and society. They undertake specialised roles and functions such as performing rituals and sacrifices to appease ancestors. This can only be done by older people considered to be the link between the living and dead. Other roles performed by older persons include leadership, socialisation and education of the youth, medicinal and healing functions and protective and mystical functions (Obioha & Tso'enyaane, 2012:251). Thus, the recognition of the assets and attributes of older persons demonstrate confidence in their capability to continue playing meaningful and productive roles in society. Hence, it is critical to harness these strengths of older persons to promote social inclusion.

Most environments have resources that are beneficial to individuals and communities

According to Zastrow (2013:93), every environment, regardless of the obtaining socioeconomic situation, has helpful resources for the people. However, they can only be accessed and mobilised if an individual is enterprising and persistent. They will be individuals, groups, associations and institutions in a position to give something that other people may need. The strengths perspective therefore endeavours to identify these resources and to exploit them for the benefit of the service users.

Given that Lesotho is a predominantly Christian society (estimated to be more than 95% Christian), this is an important resource and asset that can be used to promote the wellbeing of older persons. In this respect, Gallardo-Peralta (2017:1498) postulates that religiosity and spirituality are associated with better ageing. They aid the coping processes to problems associated with ageing and can also be instrumental in healthy behaviours such as sobriety and not smoking. Thus, the strengths and resources at the disposal of older persons in the community can be limitless if one cares to make an assessment of the circumstances of older persons.

While social problems can impose limitations on a person, they may also be sources of challenges and opportunities. Some clients who experience social problems in their lives are able to acquire skills and to develop personal attributes that can help them to cope, as well as to handle future challenges. Zastrow (2013:93) posits that people often grow and develop more from the crises which they are able to overcome, than in situations that are not challenging.

Individuals, families, groups and communities have the capacity to grow and change. This basically means that the beneficiaries of social work services have the potential to restore and to rebound. Hence, social workers must show confidence in them (service users), by forming alliances with their visions, hopes and aspirations. This helps to instil greater faith and confidence in service users to overcome the challenges that they may be facing at any given point.

Generally, clients know what will and will not be effective in resolving their problems

Participation is the key premise of the developmental approach. It helps people, especially the poor, to take control of their own affairs and to resist exploitation and oppression. In this regard, a social worker is viewed as being effective when he or she has a collaborative relationship with service users rather than as an expert. Thus, success in the resolution of social problems

is more likely to be achieved when clients participate in this process. The factors that hinder the full participation of the people in changing their circumstances for the better, including discrimination and poverty, should be addressed.

This approach focuses on the strengths of the service users, their environment and strategies that include education, self-help, advocacy, strengthening social networks and social action. It emphasises the abilities, interests, aspirations, resources, accomplishments and beliefs of the service users and assumes that all service users have the capacity to develop and improve. Similarly, there is consonance with one of the principles of social work, the conviction that older persons are not passive recipients of handouts. Instead, they are able to co-shape and co-create their quality of life in their later years. Thus, from a developmental perspective, what is required is to unlock and activate the dormant potentialities within the individuals, families and communities, to enable them to improve their circumstances. This helps to promote self-reliance, particularly among the poor and to empower them to determine their own destiny.

The strengths-based approach is particularly important as many users of social work services harbour feelings of worthlessness, "feelings of inadequacy, a sense of being a failure, and a lack of self-confidence and respect" (Zastrow, 2013:92). However, this leads to emotional difficulties thereby causing malfunctioning. Thus, the main reason for attending to the strengths of the service users is to help them regain their self-esteem. It provides them with the motivation to envisage the future and the strengths to combat the frustration, despair and adversity in the present situation (Boddy, O'Leary, Tsui, Pak & Wang, 2018:590).

Giving hope to the poor and the marginalised is consistent with the social work objective of helping clients to achieve life-enhancing goals. Moreover, building on strengths makes it possible to protect and support the service users without necessarily creating dependence on professionals. It also helps to build their self-worth. By the same token, the strengths approach is even more appropriate in situations where both material and human resources are minimal. This is true of Lesotho where poverty is one of the major challenges facing the country.

The strengths approach also resonates with the continuity and activity theories of ageing. It promotes the continued participation of older persons in family matters and mainstream societal activities including formal employment, self-employment and voluntary and civic engagements. In this respect, older persons can be an important resource for their families and society at large, if their strengths and potentialities are identified and exploited.

As such, the strengths perspective views social justice and improvement in the quality of life of individuals, families and members of the community as its ultimate goals. These goals are achieved through the mobilisation of the members of the community, transformative education, social action, participatory research and supporting self-help efforts (Gray, 2011:8). Thus, in this case, the social worker serves as a facilitator in the change process, helping the service user to reconnect with personal and social resources.

This is also applicable in the work with all types of service users, be they individuals, families, groups, communities or institutions. As such, the strengths-based approach provides a counterbalance to the preoccupation with client problems, pathology and the deficits characteristic of residual approaches to welfare. Hence, it fits in very well with the developmental approach emphasis on self-help and empowerment. Moreover, the approach can be applied from the time of assessment to intervention, and it can also be used in conjunction with other strengths-based components of the developmental approach such as the asset-based community development approach (Weyers, 2011:13).

Though the value of the strengths-based approach should not be underestimated, Gray (2011:10) cautions against being overly ambitious about its potential. Skepticism arises from the lack of empirical evidence substantiating the claimed success of strengths-based approaches. Also problematic is the fact that the strengths perspective romanticises community development and is overly optimistic about the existence of shared values and beliefs which promote cohesion and working towards a common purpose. The reality, however, is that the communities may have governance systems, structures and values and beliefs that lead to the exclusion and marginalisation of some population groups (Gray & Mubangizi cited by Gray, 2011:8). In such cases, the use of the community development strategy may actually perpetuate inequalities or the exclusion of others. On this basis, social work interventions should target the poor and marginalised, lest they will be left behind in the development process.

Furthermore, the strengths-based approach's focus on communities and social networks is an abrogation of the state's responsibility to promote the welfare of its citizens. It results in a shift in focus from government provision to civil society and other systems of connectedness such as mutual aid and self-help projects and yet this should be the responsibility of the government.

However, in spite of its flaws, the strengths-based approach represents a collaborative process between the social worker and service users. Its outcome draws on the strengths, resources,

assets, and participation of service users. As such, it offers a vantage position for co-facilitating solutions to social problems through the development of strengths-based intervention plans. Thus, the promotion of successful ageing requires the identification of strengths and the development of a strengths-based intervention plan. This should be anchored on the belief that older people have the ability to learn and to change, if they are given the opportunity and support. Hence, the approach was a useful framework in comprehending the provision of social work services for older persons in Lesotho and the development of guidelines for strengths-based practice (SBP).

2.3.2.3 General systems theory

The developmental approach also employs the general systems perspective which provides a holistic approach to diagnosis and interventions with individuals, families, groups and communities (Patel, 2015:137). Similarly, social work as an interdisciplinary field uses the systems theory as a problem-solving approach because of the recognition that individuals are part of the various systems within a given environment. It is however important to note that the systems theory is a term without a formally agreed definition, due to the diversity of disciplines in which this concept is used (Besthorn, 2013:174). These include anthropology, biology, physics, psychology, sociology, engineering, economics, political science and social work. Thus, it has multiple meanings. Moreover, the systems theory is not a theory in the traditional sense of the word but rather a school of thought unified by common concerns and tools of analysis. This is why it is also referred to as "systems thinking" or the "systems approach" (Adams, 2012:210).

Parsons (1951), a North American sociologist and Austrian-born biologist Ludwig von Bertalanffy (1901-1972) are among the scholars credited with originating the Social Systems Theory (SST) and the General Systems Theory (GST) forming what is commonly referred to as the systems theory. The core principles and ideas emerging from the multidisciplinary scholarship in systems thinking are that:

- Every person is a part of a system consisting of smaller elements or subsystems which in turn are also part of larger supra systems.
- Change in any one part of the system is likely to impact the whole system.
- The parts of a system are interdependent and inextricably linked to each other.

- No part of the system can be understood in isolation from the other parts of the system. As such, problems and needs of the individual cannot be completely understood by focusing on each of the parts (system) separately.
- The systems are also closely connected to broader systems such as the economy and the rest of the society (Teater, 2014:21; Nomaguchi, Brown & Leyman, 2015:3).

A system is thus an aggregate of interrelated and interconnected elements and activities. It provides a foundation for understanding how multidisciplinary systems function and interact with other systems. Based on this, the systems theory can be used as a lens for viewing multidisciplinary systems and their attendant social problems. In relation to older persons in Lesotho, such systems include the family, neighbourhood and community, community council and municipality, social service systems such as the MoSD, NGOs, religious system, political system (including the traditional structures of the chiefs) and the police service.

The systems approach demands a paradigm shift from the sole focus on the individual, to interdependent, interconnected and multigenerational relationships among others (Corey, Corey & Corey, 2019:397; Schirmer, Michailakis, 2019:28). People are inextricably linked to their environment, hence interventions should go beyond the presenting problem.

On the basis of the foregoing, a major strength of the systems theory lies in the interdependence, adaptability and interconnectedness of the various elements of a system. This ensures the exchange of resources and energy from the different systems which resolve the social problems (Adams, 2012:221). Furthermore, by viewing the system as a whole, a practitioner is able to diagnose systemic breakdowns. This helps to target the interventions around resolving the identified problems in order to promote adequate social functioning and social inclusion. Hence, the systems theory provides for a holistic approach to assessment and interventions which are compatible with the dictates of the developmental approach at micro, messo and macro-levels.

The systems theory is not absolved of limitations. Of major concern is that only gradual and steady changes can be accommodated, and yet radical changes are required to address structural and systemic factors that contribute to poverty, inequality, underemployment and social exclusion. These are the topical social problems in Lesotho and elsewhere in many other African countries. This has the undesirable effect of constraining practitioners from engaging

the structural systems and promote the barriers that perpetuate marginalisation and social exclusion in society.

The concept of a system is amorphous as it is not always clear where a system begins and ends (Besthorn, 2013:177). This presents dilemmas for practitioners concerning the extent and nature of their involvement. Furthermore, the assumption of the existence of a symbiotic relationship among the parts of a system is overambitious, as some dynamics within them can lead to the exclusion of marginal and disadvantaged groups (Gray, 2011:8).

2.3.2.4 Ecosystems theory
A related theory, which incorporates concepts from the systems theories and the ecological perspective applicable to the developmental approach is the ecosystems theory. It was originally propounded by Brofenbrenner in 1979 and is aimed at understanding individuals in their context. It is fundamentally concerned with the interaction and interdependence of people and their environment.

The ecosystems theory fits well with the person-in-environment concept based on the belief that an individual is best understood within the context of his or her environment. This includes the cultural, familial, physical, spiritual, societal and political settings and environment of the individual. It is also based on the view that even though the individual occupies a key position in the system, he or she is a subsystem within a hierarchy of larger systems. It also views individuals as being in constant interaction and adapting to their environment in order to maintain an equilibrium in their transactional relationships. A depiction of the ecosystems theory conceptualisation in relation to older persons is presented in figure 2.1.

Figure 2.1: Conceptualisation of the ecosystems theory

The original articulation by Brofenbrenner (1979) cited by Ahmed, Amer and Killawi (2017:49) clarifies the various social systems a person lives in. He identified four spheres of concentric circles (systems and the environment) nested around the individual. These are the microsystems, mesosystems, exosystems and macro systems.

The microsystem refers to the people and institutions that a person is in regular contact with, consisting of family members, peers, neighbours and other institutions. The mesosystem on the other hand represents elements in the system which may include transactions between them (older persons) and their grandchildren or adult children. These in turn have an influence on either party. The next level is the exosystem which consists of components that are distant and do not affect a person directly. However, they still have an indirect influence on their (other people) behaviour and problems that they may experience. Finally, the macro system which constitutes of cultural, as well as political, religious and socioeconomic factors also has a bearing on the behaviour and problems that an individual may experience.

The ecosystem perspective requires interventions that consider both the individual and the various aspects of his or her environment. This dual focus on the person and the environment

is critical throughout the helping process. In this regard, the conceptual lens of the ecosystems framework helps in understanding the various ways in which a client system may adapt, in order to cope within a given situational and environmental context. This is particularly important as the objective of social work is to ensure a better fit between clients and their environment. Hence, the employment of the ecosystem approach is likely to ensure personal growth and development and environments that are potentially more responsive to the needs and gaols of the people (Ahmed et al., 2017:48).

The general systems theory and the ecosystems perspectives require social workers to focus on understanding both the client and his or her environment. This involves the understanding of every system that the client interacts with and how these interactions impact on the client system. These frameworks are relevant to social work because they enhance the understanding of everyday social life challenges which helps in coming up with the interventions that ensure a better fit between clients and their environment. Moreover, the systems and ecosystems approaches are appropriate in assisting older persons in their interactions and transactions across different ecological systems to promote social inclusion. They also offer frameworks through which the relationships of individuals within communities and the wider society, can be examined in efforts to understand how change can occur by means of ecosystems and systems interventions.

The developmental approach is thus a departure from a welfare approach to the provision of social welfare services. It is a multifaceted approach to social welfare embracing various strategies and techniques. These include a focus on human and capital development, social investment, integrated service delivery, state involvement and partnerships, rights-based interventions, self-help and target groups. It also employs strengths, systems, ecosystems and empowerment approaches in endeavours to promote social development.

2.4 Conclusion

This chapter addressed the theories of ageing and the developmental approach which is the theoretical framework of the current study. Knowledge of the theories of ageing is critical for social work with older persons as it guides their perceptions (about them) and the therapeutic choices and interventions to optimise their wellbeing. Similarly, the flexibility of the developmental approach in allowing for different interventions relating to the services, programmes and responses to social problems holds a promise for a holistic and comprehensive service delivery for older persons. Given that the study was exploratory in nature, the various

aspects of the developmental approach were useful in getting to understand the provision of social work services in Lesotho and the development of the guidelines for practice. The next chapter is about the application of the qualitative research method used to collect data for the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides a comprehensive description and justification of the qualitative research process adopted to guide the study. The research methodology guides the research process to ensure compliance with appropriate ways and means of carrying out a study (Lapan, Quartaroli & Riemer, 2012:72). It includes data gathering procedures, analysis, description and explanation of phenomena based on the purpose of the study and the use of the relevant literature to justify the process (Greener, 2011:7; Marshall & Rossman, 2016:7). This is significant because of its emphasis and adherence to the value of scientific research which has always characterised professional social work and is one of the hallmarks distinguishing "professional" services from other forms of services that are not professional (Thyer, 2010:1). It also offers a theoretical and philosophical foundation for determining appropriate data collection methods (Carey, 2012:83).

The chapter also provides a comprehensive description and justification of the qualitative research process adopted to guide the study. This is particularly important because it serves to demonstrate the coherence of the entire study across the research process (Koch, Niesz & McCathy, 2014:135; Sing, 2015:133). Furthermore, it orientates the reader to the research paradigm employed for the study. This enhances understanding of the experiences and insights of older persons, social workers and auxiliary social workers on social work services for older persons in Lesotho.

Furthermore, as a scientific investigation of the phenomena under study, research is expressed through an applied methodology (De Vos & Strydom, 2011:42). Research methodology is thus an important cog in the research wheel. Moreover, it provides guidelines, including the structure of the research plan, which gave this study direction.

3.2 Research paradigm

Although the notion of a paradigm is not clear (Bonache & Festing, 2020:103), its application helps in analysing and systematising the researched phenomena. It also shows how research can be conducted, as well as the dominant perspectives on the subject matter. However, drawing on some of the definitions, a research paradigm is a wide worldview based on the assumptions about the nature of knowledge (epistemology), the nature of reality (ontology),

values and value judgements (axiology), as well as the assumptions about the research methodology. Research paradigms have their own unique epistemological, ontological, axiological and methodological underpinnings (Rakotsoane, 2019:45).

It is also important to note that many philosophical paradigms have emerged from the "traditional philosophical paradigms", namely positivism and interpretivism (Adom, Yeaboah & Ankrah, 2016:1). These include positivisim, post-postivism, critical theory, constructivism, interpretivism, poststruculturalism and postfoundationalism (Jansen, 2016:22-23; Rakotsoane, 2019:45). These traditional paradigms are discussed below starting with the positivist paradigm, followed by intepretivism.

3.2.1 Positivisit paradigm

Positivism is a branch of philosophy that is empirical, objectivist and explanatory in nature (Rehman & Alhararthi, 2016:53). It is based on the assumption that reality exists independently of human beings. Thus, its ontological position is that of realism. The positivists view the social world as being just like the natural world where there is a cause-effect relationship between the variables of a given phenomena. The purpose of research in this case is to measure and predict the findings through the control of related factors or variables. Once the relationship between the phenomena has been established, different researchers are likely to propose the same conclusions even when working in different places. Reality for the positivists is therefore context free. As such, their epistemological position is that of objectivism (Rehman & Alharthi, 2016:53).

On this basis, the positivist researchers are objective observers who study phenomena existing independently of themselves. The methods used by the positivist researchers are experiments, surveys and attitude scales. The relationship between the researcher and the participants can be described as detached or distant and short-term. In this respect, the role of the researcher is that of an objective fact-finder as he or she is neutral and without bias.

Although objective and scientific methods are appropriate for investigating the naturally occurring objects. They fall short on studying the social phenomena (Rehman & Alharthi, 2016:53). This is precisely because of the complex nature of the social phenomena as people are unpredictable. It is also difficult to unravel the rules and laws governing the individuals, how they relate to each other and with other institutions and the wider society. The dynamics are very different from what obtains in the natural world. The assumption by positivists that

the application of scientific methods to social phenomena brings about the rules and laws which render the social world to be understandable is rather ambitious and misplaced.

It is also for the aforementioned reasons, as well as consideration of the purpose (fact-finding, measuring and predicting) and methodology of positivist research that this paradigm was adjudged to be unsuitable for the study on social work services for older persons in Lesotho. Moreover, the absence of a human touch and the belief that researchers are the experts concerning the social phenomena (positivism) is the antithesis of what social workers advocate for.

3.2.2 Interpretive paradigm

On the other end of the spectrum, interpretivism emerged in opposition to the dominance of positivism. Intepretive ontology is anti-foundationalist as it rejects the existence of a single verifiable reality which is independent of the way we look at things. Rather, interpretivists view reality as being socially constructed and consisting of multiple realities (Rehman & Alharthi, 2016:55). In this respect, the ontological position (assumption) of the interpretive paradigm is that reality is not necessarily an objective fact. Instead, truth and reality are created in the subjective world of the researcher and the participant.

Furthermore, the purpose of research informed by the interpretive paradigm is not to discover universal, context and value free knowledge and truth. Rather, it seeks to understand and interpret the human life and experience through the eyes of the participants. It is about understanding the interpretations of individuals about their circumstances, experiences and the social phenomena they interact with in their context. As the researcher was interested in understanding the social work services for older persons in Lesotho and the services that they require, the interpretive paradigm was deemed to be appropriate for this study.

In this respect, the interpretive paradigm allows researchers to use qualitative data collection methods, mainly interviews to gather rich data from participants (Adom, Yeboa & Ankrah, 2016:1). The researcher used semi-stuctured interviews and observations. This enabled the collection of data in the form of narratives, thick descriptions and field notes to capture the views, perspectives and experiences of participants on social work services for older persons.

Furthermore, the view by interpretivists that social phenomena is best understood from the perspective and context of the participants requires that a relationship of trust be established between the researcher and participants. To this extent, the researcher is inextricably linked to

the social reality being researched. Thus, his or her role is that of an empathetic listener, seeking to understand the world of participants (Rakotsoane, 2019:47).

Notwistanding that the interpretive methodology demands rigour and careful attention to detail (Richards cited by Rahman & Altharthi, 2016:56), it has been criticised for its inability to generate theories that are generalisable to the larger population (Grix cited by Rahman & Althathi, 2016:56). Also to blame, is the involvement of the researcher with participants, as this compromises objectivity.

This study was informed by the interpretive paradigm, given its appropriateness for exploring the complexities and conundrums of social work services for older persons in Lesotho and the services that they require. Thus, the employment of the interpretive paradigm, which requires the application of the qualitative research method enabled the researcher to understand the provision of social work services for older persons in Lesotho.

3.3 Research approach

The research approach refers to the procedures for conducting research. It is about the choice of the research approach or approaches that the researcher intends to use (Fawcett & Pocket, 2015:52). In this regard, there are three recognised of research approaches, namely qualitative, quantitative and mixed methods research. This suggests that the selection of a research approach must be one of the first major steps in the research process. Moreover, it must also be appropriate for addressing the aims, objectives and research questions for the study.

Qualitative research, which was the approach of choice for this study, is an overarching term that is used to describe research methodologies aimed at exploring, describing and explaining people's experiences including the behaviour, interaction and the social environment (Nieuwenhuis, 2016a:53). It seeks to understand the participants' perspectives and experiences under the real-world conditions (Chambliss & Schutt, 2013:178). Nonetheless, the approach has been criticised by quantitative researchers for its subjectivity, as it is amenable to the biases of the researcher (Singh, 2015:267). Another shortcoming is that it is anecdotal and its findings are not generalisable to other situations (Cope, 2014:89). It is also important at this juncture to point out that the term participant, rather than subject or respondent, is used to refer to the individuals who participated in this study.

On the other hand, the quantitative approach involves the collection and conversion of data into numerical form for statistical calculations and the drawing of the conclusions. Its focus is on

quantifying textual data, determining causal relationships between variables and generalising results to a larger population (Westerman & Yanchar, 2011:146). Following from the foregoing, a major weakness of the quantitative approach is that the experiences of participants and the particular social and institutional context are lost. This approach was thus considered to be unsuitable for the study, given that the researcher wanted to obtain an in-depth understanding of the social work services for older persons, based on their lived experiences.

The third approach is the mixed methods approach which, as the name implies, combines both the qualitative and quantitative research approaches. Its major strength lies in the triangulation of the research methods, namely the qualitative and quantitative methods. It is critical for interpretive validity and establishing trustworthiness of the data (Maree, 2016:42). However, its use of both qualitative and quantitative methods complicates the research process and can lead to doubling or even trebling of the cost and amount of work involved in the study (DeCarlo 2018:195). This method was not used because it was deemed to be unsuitable for an explorative study. Therefore, in spite of the "paradigm wars" over which the approach is superior. The qualitative approach was adopted for this study as it was considered to be fit for pursuing the goals of the study.

The qualitative method afforded opportunities for the researcher to explore social work services for older persons from the perspectives and experiences of the participants. Unlike in the quantitative approach where participants respond to pre-determined questions, the qualitative approach's flexibility allows them to communicate freely (Creswell, 2014:8). This enabled the researcher to enter the subjective reality of the participants in order to discover their lived experiences (Creswell, 2016:6; Marshall & Rossman, 2016:3). Moreover, this is also in line with the view that participants should be treated as experts concerning their worldview (Royse, 2011:264; Maree, 2016:40).

By using the qualitative research method, the researcher was also able to converse directly with the participants to get their different opinions and feelings about social work services for older persons. The participants opened up to the researcher. This was critical in obtaining a comprehensive understanding of the interaction processes involved in the provision of social work services for older persons. This enabled the researcher to describe the meaning and life experiences of older persons as demonstrated in the storylines in Chapter Four. For Hesse-

Biber and Leavey (2011:151), the extraction of the social meaning attributed to the experiences from the data gathered is at the heart of qualitative research.

Furthermore, the paucity of research on social work services and the services required by older persons is also a problem (Ministry of Social Development & HelpAge, 2014:vii; Atchessi, Ridde, Abimbola & Zunzinegui, 2018:2). It hampers the development of the policies and interventions to address older persons issues. Thus qualitative research was appropriate for this study as not much is known about social work services for older persons in Lesotho and the services that they require.

In addition, qualitative research was chosen for this study because it is conducted in a natural setting and is applied to study the participants' lived experiences (Nieuwenhuis, 2016a:53). It views the human experiences as the dynamic processes that occur within their social world, hence the value attached to the experiences of the participants as the experts on their lives. Moreover, qualitative research seeks answers to the questions by examining the various social contexts in relation to the inhabitants of these spaces (Nieuwenhuis, 2016a:53). Thus, qualitative research was used for this study in order to gain a better understanding of the situational context of the social work services for older persons in Lesotho. This was achieved and demonstrated through the presentation and discussion of the findings from older persons (Chapter Four) and social workers and SAWs (Chapter Five).

The amenability of qualitative research to using multiple sources of data, as opposed to the reliance on a single data source gives it a comparative advantage over other approaches. The triangulation of these multiple data sources, as well as the review of the literature on the services for older persons contributed to the gathering of comprehensive and reliable data for the study. These processes and data collection were thus executed with ease as the researcher and research assistant interacted with the participants. This is the key attribute of qualitative research (Creswell, 2013:45).

In spite of its shortcomings, the qualitative research approach was the paradigm of choice for this study. It was judged to be the most appropriate approach, given that the researcher needed to explore and describe the experiences of the older persons, social service providers, as well as to develop the guidelines for social work practice. This required "first hand involvement with the social world" of older persons by the researcher, hence the adoption of qualitative research for the study (Chambliss & Schutt, 2013:179). Furthermore, the growing realisation

and commitment in social work, not only to hear the voices of the service users, but also to involve them as well in all the aspects of planning and delivery of the services was influential in the choice of the qualitative approach. The section below addresses the research design employed for the study.

3.4 Research design
It is a matter of fact that every scientific study should have a research design (Yin, 2011:75; Nieuwenhuis, 2016a:72). A research design refers to a plan or strategy for conducting an enquiry. It helps to delineate the confines of the interventions and with the interpretation of the results, as well as the evaluation of the data collected.

A research design provides a detailed outline of the dynamics of conducting the research, how data will be collected and analysed, the data gathering instruments to be used and the verification of research results (Charlesworth & Foex, 2016:148). The inclusion of the aforementioned aspects of the research design enables the replication of the study by other researchers. Similarly, the researcher ensured that the research design for this study was systematic, logical and consistent, in compliance with the requirements for all the scientific studies. Thus, a research design is the basic plan for undertaking research and connecting research questions to the data. Without a clear research design, it is difficult to execute the research process.

Furthermore, in determining the appropriate research design, the researcher considered the aim of the study and the research questions. The researcher was also mindful of the existence of a wide range of research designs that he could choose from, as there is no fixed research design in qualitative research (Nieuwenhuis, 2016a:72). Moreover, research designs are flexible, and they can still be adapted as and when it is necessary to address the research questions. Marshall and Rossman (2016:100) contend that qualitative researchers are flexible and can alter research designs, goals or questions in the process of collecting the data.

Thus, based on the need to develop an in-depth understanding of the social work services for older persons in Lesotho and to propose the guidelines for practice, a typically broad method net was cast over the entire study. This involved a multi-method research consisting of phenomenological, explorative, descriptive and contextual approaches, because of their congruence with the aim of the study and the data required in answering the research questions. Of significance is that this gave the study a distinct methodological framework, which helped

in achieving the goals and objectives of the inquiry. The four research approaches employed in the study are presented and discussed below.

3.4.1 Phenomenological research

Phenomenology is one of the main philosophies that guide the generation of knowledge. It is a branch of qualitative research that is grounded in psychology and philosophy. Its focus is on the meaning that the lived experiences of a phenomenon hold for the participants in a given context (Lin, 2013:469; Nieuwenhuis, 2016a:77). In other words, phenomenological research is about how people perceive, feel, describe, evaluate and make sense of a given phenomenon. It is "the arena where people build their own reality" (Martignani, 2011:567). As such, phenomenological research seeks to respond to the question of what it is like to experience something.

Nonetheless, phenomenology is an umbrella term, that refers to both a philosophical movement and a variety of research approaches (Kafle, 2013:181). This being the case, the researcher used the hermeneutic phenomenological sub-research design, which is not a fixed methodology. It is the art of understanding and the theory of intepretation to understand the individual experiences of participants (Crowther, Ironside, Spence & Smythe, 2017:826).

Hermeneutic phenomenological research was used because it is a rich methodology designed to produce rich textual descriptions of a phenomena, particularly where a deeper understanding is required. Hence, the researcher used Gadamer's (1976) hermeneutics research design (Alsaigh & Coyne. 2021:3) to directly investigate the experiences of participants in the provision of social work services in Lesotho.

This involved the application of five steps in the Gadamerian framework, the first being the choice of the correct questions for the elaboration of of the hermeneutic situation (Addendum A, B & C). Concerning the second step of the identification of pre-understanding prior to data collection, the researcher had engaged in an extensive review of literature on services for older persons prior to the commencement of the study. The third step relates to gaining understanding through dialogue, and in this case, long in-depth interviews lasting for about an hour, were held with each participant. In addition, the researcher gained understanding through the transcription and analysis of data, which is the fourth step. Furthermore, to establish trustworthiness of the data collected, which is the fifth step, the criteria of credibility, dependability, conformability and transferability were used.

Thus, the researcher was able to capture the lived experiences of the participants in relation to their feelings, frustrations, challenges and needs. In this regard, the voices of the participants were captured in the direct quotations presented in Chapters Four and Five. Also significant is the fact that the researcher found the hermeneutic phenomenological research design to be compatible with the explorative, descriptive, and contextual research designs to gather the rich data. This helped to acquire a comprehensive understanding of the social work services for older persons in Lesotho and to develop guidelines for the social work practice with older persons.

3.4.2 Exploratory research design

The exploratory research design is recommended when the understanding of a problem is limited or where the phenomenon in question has not been sufficiently investigated (Hay & Chaudhury, 2015:678). In this case, the paucity of data on social work services for older persons in low-income countries and the resultant lack of adequate social protection is well documented (Hatendi, 2014:1; Ministry of Social Development, 2014:iv; Nyirenda, 2014:10; Atchessi, Ridde, Abimbola & Zunzinegui, 2018:2; Albone, 2019:3).

Exploratory research can therefore be described as the beginning stage of the process of knowledge building and acquisition, which is essential for ensuring the effective and appropriate delivery of services and the development of the guidelines for practice. As little is known about the older persons in Lesotho and the social work services that they require, exploratory research was one of the research designs of choice for this study.

The use of the explorative research design enabled the researcher to get valuable insights and perspectives from participants on social work services for older persons in Lesotho and the services they require. This enabled the researcher not only to fill the research lacuna on social work services for older persons, but also to develop guidelines for social work practice with the hope of advancing their wellbeing and inclusion.

3.4.3 Descriptive research design

The descriptive research design follows from exploratory research as its main purpose is to document, as richly as possible, the views and meanings that the participants attach to their experiences (Hutter & Bailey, 2011:289). Descriptive research goes beyond exploration to find out in greater detail the "what", "how" and "why" of the phenomenon being studied (Marshall & Rossman, 2011:69). Although the understanding of the "why" is usually not an issue of

immediate concern for qualitative researchers (Dudley, 2011:106) asking these central questions yielded in-depth descriptions of what was explored. This was also useful in getting suggestions for the provision of the social work services to older persons. Continuing this line of thought, Marlow (2011:36) posits that descriptive research can be used to obtain fundamental information for the development of social welfare services and programmes. This is because the descriptive research design is a scientific method involving the observation and describing of the phenomena without influencing it in any way.

Therefore, by exploring the experiences of the participants during the interviews with them, the researcher was able to compile thick descriptions on their experiences, views and feelings as portrayed in Chapters Four and Five. Furthermore, in the process of interviewing, some of the participants came to the position where they were able to attach some meaning to their experiences. This was also helpful in the development of guidelines for practice with older persons presented in Chapter Six.

It is also important to point out that the thick descriptions were obtained as a result of the careful selection of the participants for the study. Basically, the inclusion criteria for the social workers and the SAWs was that they should have worked in the MoSD for a minimum period of two years. Older persons were those aged 60 years and above who had received or were receiving the services from the social workers. Thus, the participants were those who were best informed and knowledgeable about the social work services for older persons in Lesotho, hence the thick data that were obtained from the study (Chapters Four and Five).

3.4.4 Contextual research design

Besides the phenomenological, explorative and descriptive designs, this study also employed a contextual research design which strives to obtain comprehensive knowledge and understanding of the context in which the experiences of the participants are constructed (Cannell, 2015:595). It involves an understanding of the experiences of the participants, their actions and processes within their naturalistic settings.

Moreover, the context in which an individual's experience takes place has a great influence on his/her understanding of the experience. Therefore, issues of contextual diversity, inclusive of the physical environment, cultural context and the social context are important considerations in this type of study. As such, knowledge of human experiences and perceptions is likely to

best emerge in the situations where the researcher understands the whole natural context of the participant.

There are four types of context suggested by Ganong and Coleman (2014:455) which the researcher took into account.. These are the context of the research topic, theoretical context of the study, the broader socio-cultural context of the population and the physical context of the area of study. The contextual design of this study was thus based on the reality that the research participants are part of the environment in which they are embedded. It was also necessary for the researcher to locate the expressed emotions, feelings, experiences and actions within the settings in which they occurred. This helped to minimise the chances of distorting the meaning and misinterpretation of the actions or behaviour, which is precisely the reason why this study also adopted the contextual research design.

In this regard, meetings with the participants took place in their real world and interviews were conducted with them at places of their choice. Thus, because of the need to be patient and considerate when serving older persons, the researcher engaged and interviewed them in the comfort of their homes. Similarly, the social workers and SAWs were interviewed at their respective workplaces. This was particularly important as information from virtually all the senses, including what the researcher sees, hears or smells can be recorded to describe the lived experiences of the phenomenon being studied (Royse, 2011:41). Furthermore, this also helped to provide a background for those who will read the research report to understand the methodological context, the findings and the recommendations of the study.

The study was carried out at three sites (out of the ten districts in the country), namely, Berea, Leribe and Maseru, all of which have both rural and urban areas. Geographically, Lesotho is a mountainous country, comprising the highlands where the mode of transport to access many of the villages is only on horseback, by foot or light aircraft. Furthermore, its topography and limited resource base exposes the country to vulnerability to extreme weather conditions and disasters such as recurrent droughts, floods, heavy snow and severe dust storms (Lesotho Meteorological Services, 2016:2). The food security situation in the country is also compromised by the fact that about 80 per cent of the country is mountains and only 10 per cent is arable.

As this study was exploratory, the contextual research design enabled the researcher to gather rich data on the experiences of the participants in the study, as shown in the storylines in

Chapters Four and Five. It also helped the researcher to get a holistic understanding of the situation and circumstances of older persons in the three districts of Lesotho. In addition, the employment of the contextual research design helped in crafting the guidelines for social work practice with older persons.

The next section provides a presentation and discussion of the population, sampling and sampling techniques of the study.

3.5 Population, sampling and sampling techniques
Below is a presentation and discussion of the population and sampling techniques used in the study. The first to be presented is the population, followed by sampling and sampling techniques respectively.

3.5.1 Population
Population refers to the cluster of similar objects or people having characteristics and experience that the researcher is most interested in (DeCarlo, 2018:317) and from which a sample can be drawn (Terre Blanche, Durrheim, & Painter, 2011:21). It is essentially the universe or entire set of things or people which the researcher wants to comprehend and draw conclusions from.

The study population is determined and chosen in accordance with the focus or topic of the study. The population for the present study comprised all the older persons aged 60 years and above from the districts of Berea, Leribe and Maseru, who benefited from the services provided by the MoSD. Additionally, it consisted of all the social workers and SAWs from the same districts of Berea, Leribe and Maseru.

3.5.2 Sampling
One of the key decisions in research design is to make sampling choices that bring about a deep understanding of the phenomenon being studied. Sampling is basically about who participates in a study. It is thus a subset selected for the study from a larger population. This is necessitated by the nature of the research problem which does not permit coverage of the entire target population by the researcher. Nevertheless, qualitative samples must be large enough and adequate to ensure that all the different views are captured and that the research questions are answered (Waller, Farquharson & Dempsey, 2016:70). The sample size must not be so large that superfluous data is gathered (Mason, 2010:2). Hence, the researcher took all these factors into account when he was recruiting participants for the study.

For indepth exploration, the researcher drew a sample of 13 older persons, 11 social workers and 10 SAWs. They were asked the "what" and "how" questions in order to understand their lived experiences. This was also done with a view to developing the guidelines for practice with older persons. However, in view of the fact that the sample size in qualitative studies is usually not predetermined (Schmidt & Brown, 2015:231) the researcher was guided by the principle of data saturation. This is the depth and the breadth of the data collected to determine the sample size for the study. It is the point where there is nothing new emerging from the interviews, therefore continuing to collect new data would not add value to the study (O'Reilly & Parker, 2012:192; Nieuwenhuis, 2016a:84).

However, the researcher was able to achieve the point of saturation by providing the participants with ample space and time to talk about their experiences (Hoe, Yen, Wei, Maulod & Ting, 2019:28). The researcher was also aware of the fact that the sample size was not a priority in qualitative research, but rather the richness and quality of the data that is collected.

To determine the saturation point in this study, the researcher continuously evaluated and analysed the data to identify any gaps and to deduce the themes and subthemes concurrently with the data collection process. The use of deductive reasoning enabled the researcher to pursue the focus areas of the study and data saturation for older persons was attained with participant number nine and number eight for social workers. For the SAWs, data saturation was achieved with participant number seven. However, for the sake of ensuring that the saturation point had been reached beyond any reasonable doubt, four more interviews were conducted with older persons, three with social workers and three with SAWs respectively.

There are different views on when data saturation may be reached. For Aurini, Heath and Howells (2016:58), the saturation point in qualitative studies can be achieved with not more than 50 interviews. On the other hand, Newman and Hitchcock (2011:389) suggest a more categorical saturation point. They assert that it is generally reached from the 6th to the 18th interview, and the findings of the current study are consistent with this assertion.

Although the researcher had proposed to do focus group discussions with SAWs, this had to be adjusted as it turned out that focus group discussions would not be possible. The SAWs were not going to meet as a group at their district offices as indicated prior to the pilot study. This necessitated the adjustment to individual interviews and is consistent with the view that

qualitative research is a flexible design that can be changed as new and more information becomes available (Royse, 2011:270).

In addition, from the 10 administrative districts in Lesotho, three of them, namely Berea, Leribe and Maseru were selected for the study. Their location is shown in the map below.

Figure 3.1 Map of Lesotho

The researcher chose the three districts mainly due to considerations of limitations of time and financial constraints. They were deemed to be strategically located because of their proximity to the National University of Lesotho, Roma in Maseru where the researcher was based at the time of gathering data for the study (May to December 2016)**.** Berea is 37 kilometers away, while Leribe is 74 kilometers from Maseru and therefore conveniently located because of their easy of accessibility from the National University of Lesotho in Roma, Maseru. Moreover, these districts have both rural and urban areas, which enabled the researcher to get a good understanding of the experiences of participants in both contexts.

3.5.3 Sampling techniques

The sampling techniques or methods are designs showing how a researcher selects the sources of data for their study (Tracy, 2013:134). The most widely used method in qualitative studies is non-probability sampling. This comprises convenience sampling, snowball sampling, purposive sampling, theoretical sampling and quota sampling (Maree & Pietersen, 2016:197; Waller, Farquharson & Dempsey, 2016:66). Purposive and snowball sampling methods were used by the researcher and this helped to identify suitable participants for the study.

Purposive sampling was used to select 11 social workers and 10 SAWs for the study. They were assessed to be "information rich" on social work services for older persons, given their experience of more than two years working with older persons. This resonates with the view that purposive sampling is usually the preferred sampling method in qualitative research (Hesse-Biber & Leavy, 2011:45). Its advantage is that it is flexible as it allows the researcher to use his or her discretion in the choice of the participants for the study (Babbie, 2010:355: Matthews & Ross 2010:167; Maree & Pieterson, 2016:197). Moreover, this method was adjudged to be the most ideal as it describes the coping mechanisms used by the service users. This aspect is important for purposes of harnessing their strengths and ability to participate in interventions to address their problems.

The researcher had an acquaintance with the social workers and SAWs' suitability to provide the relevant and thick descriptions of their experiences on social work services for older persons in Lesotho. The researcher interacted with some of them at the MoSD, while assessing social work students as the school supervisor on fieldwork attachment. Purposive samples of "information rich" participants (social workers and SAWs) were drawn using the following criteria for inclusion in the study:

- Participants holding a minimum of an Advanced Diploma in Social Work and Bachelor of Social Work (social workers) and Certificate in Social Work (SAWs).

- Participants who were willing and available to participate in the study.

- Participants who were employed by the MoSD in the Districts of Berea, Leribe and Maseru.

- Participants who had two years or more working experience with older persons. The social workers in the study had between two and 16 years of working experience in the

MoSD, while SAWs had from two to three years, as this was a relatively new social work cadre in the ministry.

Meanwhile, the following exclusion criteria were used to disqualify prospective participants from the study:

- Potential participants (social workers and SAWs) from outside the districts of Berea, Leribe and Maseru.
- Potential participants with less than two years of service working for the MoSD in Lesotho.
- Potential participants who refused to give informed consent.

Snowball and purposive sampling were used to select 13 older persons who met the set criteria for the study. Snowball sampling, which is also known as "networking or chain sampling" is usually used for reaching the hidden populations that are difficult-to-access (Schmidt & Brown, 2015:231; Maree & Pieterson, 2016:198; Cavanaugh & Blanchard-Fields, 2019:27). Basically, it involves identifying a few eligible participants who thereafter refer the researcher to other suitable prospective participants fitting into the criteria for inclusion (Schmidt & Brown, 2015:231). Furthermore, the need to meet the participants in their real world, at their homes and places convenient to them necessitated the utilisation of snowballing, as it would have been difficult to locate them.

Thus, in spite of its potential to exclude those who are not well connected, snowball sampling offered an option to overcome the difficulties associated with recruiting participants who could not be easily located. The starting point for the researcher, in the recruitment of older persons for the study, was to seek the assistance of the social workers and SAWs in the respective districts and community councils. They facilitated contact with at least one older person whom they knew had received assistance from them.

Having made contact and interviewed these and subsequent participants, the researcher asked for information on the whereabouts of other people who fitted into the criteria for inclusion in the study and could be contacted. This process was continued until the saturation point was reached with the 9th participant and it was clear that nothing new was going to be generated by carrying out additional interviews. Hence, this corroborates Malterude, Siersma and

Guassora's (2016:1728) assertion that the researcher should compare the information presented by the participants until the exhaustive saturation is reached.

Furthermore, as the purpose of the study was to investigate the experiences of older persons aged 60 years and above, who had received social work services from the MoSD, purposive sampling was used to select participants in this age cohort. Thus, the ages of participants and whether they had accessed social work services from the MoSD were verified before their selection to form part of the sample.

The following criteria for inclusion in the study were applied for older persons:

- Service recipients of the MoSD programmes.

- Residence in the districts covered in the study, namely Berea, Leribe and Maseru.

- Willingness to participate in the study.

- Fitness, (not frailty) to participate in the study.

- Ability to communicate one's views and experiences and

- Aged sixty years or above.

Equally critical in ensuring the success of the study was the application of an exclusion criteria for older persons. This was as follows:

- Prospective participants not physically or mentally fit to participate in the study.
- Prospective participants not able to communicate their views and experiences.
- Unwillingness to participate in the study.
- Prospective participants who were from outside the districts of Berea, Leribe and Maseru where the study was carried out.
- Prospective participants who had not received social work services from the MoSD.

According to Ross (2016:344), speaking the same language as a participant can be a disadvantage. This is particularly so in cases where some of the terms they may use are just taken without exploring their meaning. Nonetheless, the researcher recruited and trained a Sesotho speaking research assistant with a Bachelor of Social Work degree, to carry out the interviews with the older persons in their mother tongue. This was necessary because the

researcher's command of the Sesotho language is not good and this would have compromised the quality and richness of the data gathered. Thus, a Mosotho research assistant who speaks and understands the language of participants interacted with them more effectively. Morever, Zastrow (2014:418) contends that social workers must always endeavour to interact and advocate for the provision of services in the language appropriate to service users.

It is also important to mention that the research assistant was familiarised with the nature of the study, as well as the approved research proposal. He was trained by the researcher on how to conduct interviews with older persons and the need for probing in order to get clarity, among other techniques and skills. This was done to familiarise the research assistant with the interview guide for older persons prior to carrying out the interviews.

3.5.4 Preparing participants for data collection

Researchers need to be strategic in order to gain access to prospective participants. A caveat in this regard is the need to prepare the participants for the research, by initiating contact with them. Doody and Noonan (2013:31) postulate that participants should be prepared in order to understand the subject of study and even what an interview involves. Furthermore, research protocol requires that studies involving human subjects be approved before they commence.

In this regard, human subjects' protection was guaranteed by obtaining approval (ethical clearance) from the Department of Social Work Ethics and Research Committee (Addendum K) at the University of South Africa (UNISA). The mandate of this committee is to safeguard the rights and wellbeing of participants and also to ensure ethical compliance by the researcher in carrying out the study.

According to Marshall and Rossman (2016:107) a prerequisite in conducting research is getting permission to engage people in interviews and to enter their settings to collect data. The researcher wrote a letter to the Principal Secretary of the MoSD requesting for permission to conduct the study with social workers and ASWs employed by the ministry. This was necessary as the Principal Secretary is the Chief Executive Officer of the MoSD and therefore regulates access to participants from this organisation (Peticca-Harris, Degama & Elias, 2016:376).

The letter of request explained that the researcher was a part-time doctorate student at the University of South Africa (UNISA) and that participation in the study would be voluntary. It also stated the inclusion criteria for participants, the districts that were to be covered in the study and the list of questions for participants (Addendum A to C). In addition, the letter of

request also indicated the timing of the data collection (May to December 2016), length of each interview and that the researcher was going to use voice recorders to interview the participants.

The MoSD acceded to the researcher's request (Addendum G) commenting:

> Upon the satisfactory explanation you have given on your request, the ministry has notified the managers of the selected districts to cooperate with you and provide the information that is needed (Pakela, 2016:1).

Thus, following approval for the study from the MoSD and the communication with district managers who are heads of district social welfare offices for Berea, Leribe and Maseru, the researcher communicated telephonically with them to explain the process and purpose of the study. It was also necessary to prepare prospective participants, the social workers and the ASWs for the study. This process went on well, with the communication from the MoSD having cleared any potential obstacles for the study. The researcher also had personal knowledge of two of the District Managers and this contributed greatly to the success of the data gathering exercise. However, the scheduling of appointments with two social workers and four SAWs was problematic as they were sometimes not in their offices. For the older persons, assistance was sought from the social workers and SAWs for the first contacts who assisted with information on other suitable prospective participants.

In all cases, the purpose of the study, voluntary participation, selection criteria and the use of the voice recorder, informed consent and duration of the interviews were explained to the participants. Furthermore, participants were consulted on the venue for the interviews as this was critical in ensuring the success of the data gathering exercise. According to Doody and Noonan (2013:31), any interviews with the participants should always be carried out at a time and place convenient for them. Thus, the interviews with social workers and SAWs were carried out at their offices. The interviews with eight of the 13 older persons were held at their homes, where they appeared more relaxed and in a position of control. The other five preferred having the interviews where they were already doing some work in the fields or vegetable gardens. Conducting the interviews in the participants' natural settings enabled the researcher to develop a rapport with them. This helped to facilitate a shared connection to their actual experiences, which is a defining feature of qualitative research (Creswell, 2016:6).

3.5.5 Methods used for data collection

Data collection refers to the gathering of organised information, usually from experiments, interviews, observations and personal experience (Yin, 2011:130). In agreement, Thorne (2016:135) reaffirms that it can take many forms, as the possibilities are limitless for creative researchers. The information is collected to answer the research questions for the study and the data collected is usually in the form of words, numbers or images depicting measurements or observations of a set of variables. Through the data collection, the researcher is able to obtain first-hand primary data from the participants (Williams, 2015:118). Hence, given that data stands in place of the social reality that the researcher wishes to study, its collection is critical in the research process.

The process of data collection involves several steps stretching from the selection of the study site, to designing the forms to record information (Creswell, 2016:105). For this reason, data collection methods involve consideration of the most effective way/s of collecting information that responds to the research question/s of the study (Fawcett & Pocket, 2015:52). Thus, decisions on suitability and comprehensiveness of the data collection methods were made from the onset of the study. This helped to achieve the objectives of the study.

According to Yin (2011:130), the field-based studies from which data is obtained are namely, interviewing, observing, collecting and examining materials and felling. This is supported by Creswell (2016:112) who also suggests four categories of qualitative data, observations, interviews, documents and audiovisual materials.

The researcher and research assistant used semi-structured interviews with a list of pre-planned questions on the topic of study, followed by further probing and clarification. According to Matthews and Ross (2010:227) the semi-structured interview guide:

- Helps the interviewer to remember the points to cover.

- Suggests ways of approaching topics.

- Reminds the interviewer about probes and ways of asking questions.

- Includes an introduction and a way of ending the interview.

- Ensures that the interviewer covers all the topics.

- Gives a possible order of topics.

The use of this method also enabled the researcher and the research assistant to come up with spontaneous questions and to pursue topics and themes related to social work services for older persons in more detail. It elicited thick descriptions of the participants' experiences as demonstrated in the storylines in Chapters Four and Five.

Also of significance is that the study adopted semi-structured interviews not just to get answers to questions, but also in order to understand the lived experiences of older persons and the meanings thereof. Moreover, qualitative research does not involve manipulating human lives as its focus is on understanding human experiences through their personal narratives and world view (Drisko, 2016:310; Nieuwenhuis, 2016:93).

Therefore, in spite of the criticism that interviews are intrusive to participants and that they are susceptible to bias, such as the participant's desire to please the researcher (Doody & Noonan, 2013:29). They encourage participants to express their feelings, opinions and experiences freely. Hence, the researcher and research assistant used open-ended questions during the data collection period to give participants the freedom to answer and explore the queries in their own words and style. This coincides with the assertion that interviews are used for data collection in about 90 percent of all the social sciences research (Fawcett & Pocket, 2015:68).

Face-to-face semi-structured interviews, guided by open-ended questions were conducted by the researcher and the research assistant to get information from participants, using separate interview guides (social workers, SAWs and older persons). The researcher administered two sets of semi-structured interview guides, one for social workers (Addendum A) and the other for ASWs (Addendum C). The third interview guide for older persons (Addendum B) was administered by the research assistant.

The researcher and research assistant audio-recorded all the interviews (only after requesting and obtaining permission from participants). In addition, they also took some notes meant to capture their observations and the non-verbal communication exhibited by the participants. Nevertheless, the researcher and research assistant were cautious not to take too many notes, as this would have disrupted the participants' storytelling (Yin, 2011:156).

Preparations for data collection involved making appointments for interviews with the participants in order to minimise the problems which would lead to interruptions, competing destructions and asking awkward questions (Greeff, 2011:346). The researcher and research

assistant also ensured that the audio-recorder was in a good working condition and that a back up in the form of spare batteries was available. In addition, they acquainted themselves with the relevant data collection instruments and the informed consent document prior to the actual interviews. This gave the researcher and the research assistant the confidence to administer the semi-structured interviews and to field questions from the participants. Such questions included the purpose of the study and its benefits to the participants, how participants were recruited and the content of the consent form.

During the interviews, the researcher and the research assistant first introduced themselves to the prospective participants. The researcher introduced himself by name and that he was a Lecturer at the National University of Lesotho (NUL) and a part-time doctoral student at the University of South Africa (UNISA). Similarly, the research assistant introduced himself by name and that he was an assistant to Mr Dhemba, a part-time doctoral student at UNISA.

The self-introductions were followed by explanations of the purpose of the study, the inclusion criteria for the participants and the assurance of confidentiality and anonymity of the findings. The informed consent form (Addendum E) was also explained including the freedom to withdraw (participants) from the interview if at any point they felt that their continued participation did not serve any meaningful purpose. It was only after the issues had been explained and the prospective participants had agreed to participate in the study that the researcher and the research assistant proceeded with the interviews. It is also significant to note that all the interviews were audio-recorded with the consent of the participants. Everything that was said by the participants was captured. This helped to avoid the distortions and misrepresentations of their experiences, which would have compromised the reliability of the study findings.

The researcher and research assistant also encouraged the participants to narrate their experiences from a reflective position. The participants in the same cohort were asked the same questions in the same manner to guarantee consistency (Vogt, Gardner & Haeffele, 2012:43). The 11 social workers and 10 SAWs recruited for the study signed consent forms according to the research protocol for qualitative studies. However, this was not the case for older persons as the pilot test had revealed that they were reluctant to do so. The two older persons in the pilot test were not comfortable with being asked to sign, arguing that this was not necessary and that their verbal consent was enough. One of them commented:

Ah, my son, I would understand it if you were paying us money, which they would probably expect you to account for. But as it is, this is not the case so I do not think it is necessary for me to sign". (F 69 years)

Hence, with this finding, older persons in the main study were not asked to sign consent forms.

Three separate interview guides for older persons, social workers and SAWs comprising of two sections each, were used to elicit data from participants. The first set of questions concerned the biographical details of participants and the other section comprised of questions related to their experiences with regard to social work services for older persons in Lesotho (refer to Addendum A, B and C).

The researcher applied "The four–phase interview protocol refinement (IPR)" suggested by Castillo-Montoya (2016:812) prior to and during the data gathering stage. This helped to ensure the collection of rich, focused and meaningful information on the experiences of participants. It involved the following:

Ensuring interview questions were aligned with the research questions. Given the complexity of people's lives and the care needed to conduct interviews, the researcher engaged in the process of evaluating the interview questions before data collection. This was necessary as the interview questions help participants not only to tell their stories but also to remain focused and aligned to the purpose of the study. Hence, the researcher designed semi-structured interview guides with two parts (refer to Addendum A, B and C) where the second part is devoted to questions focusing specifically on social work services for older persons in Lesotho.

Constructing an inquiry based-conversation. This involved striking a balance between asking some questions for specific information to do with the purpose of the study and at the same time using the interview as an instrument for conversation on the study topic. According to Castillo-Montoya (2016:813) and Rubin and Rubin (2012:96), the process of developing an inquiry-based conversation involves (a) writing interview questions in a way that is different from the research questions, (b) organising interview questions in a way that follows the social rules of ordinary conversation (c) a variety in the questions and (d) a list of likely follow-up questions or probes. In addition, the data collection tools (Addendum A, B and C) start with the questions that can be answered easily by the participant and thereafter focus on the more substantive issues that may be difficult or sensitive (Doody & Noonan 2013:30). Thus, the first two questions in the interview guides for social workers and ASWs were: Tell me how it is for

you to provide social work services to older persons in Lesotho? What type of services does your organisation provide to older persons? For older persons the questions were: What type of support do you receive from the people you live with? What type of support do you receive from other people in your community, from churches, community members, community leaders and welfare organisations. This helped the participants to engage more easily with the questions and was critical in building the much needed rapport with the researcher.

To complement the aforementioned, the researcher applied some listening skills, as most qualitative data comes from active listening (Corey, Corey & Corey, 2014:37). The researcher was an active and supportive listener. Nonetheless, he did not only listen to what the participants said, but he also paid attention to non-verbal communication and behaviour such as crying, laughing and showing anger. This helped the researcher to obtain rich descriptive accounts of the experiences of participants as shown in the narratives in Chapters Four and Five.

Getting feedback on the interview protocol and questions. Feedback is useful for purposes of enhancing the reliability and trustworthiness of the semi-structured interview and research tool. This helped to get a sense of how well the participants understood or would understand research questions. A variety of techniques were used to seek information and feedback on the ways to improve interviewing and interview questions. This was attended to prior to embarking on the research study, at the beginning, and throughout the study. For example, the researcher would tweak questions to get immediate feedback from the participants during the process of collecting data. Feedback was also obtained by listening closely to the comments participants made about the interview questions. Furthermore, a close reading of the questions helped the researcher to develop and to ask questions that yielded reliable and trustworthy information (Castillo-Montoya, 2016:826).

In addition, a colleague who was a Lecturer at NUL was used as a sounding board on the proposed study and the data gathering instruments. She suggested the need for probing in question number 10 for social workers. The final interview guide for social workers incorporated the instruction to probe on how the social workers should assist older persons. It was also suggested to adjust question 11 of the interview guide for older persons, to probe on how and by doing what, social workers could assist older persons? As such, this helped to modify the final interview guides for older persons and social workers, after consultations with

the researcher's supervisors. Pilot testing of the semi-structured interview guides, which is presented and discussed below, was also done in order to ensure successful and effective data collection.

Testing of data collection instruments. The testing of the semi-structured instruments was achieved through a pilot study. Pilot testing involves simulating the actual interview and using the participants who mirror the characteristics of the potential participants (Hazzi & Maldon, 2015:53; Castillo-Montoya, 2016:827, Mitschke, Praetorius, Kelly, Small & Kim, 2017:591). It is basically about investigating the practical framework of the research study, including practising interviewing, recording, transcribing and taking notes. Hence, it is important for purposes of negotiating access to participants and to test whether the data collection instrument functions as it is intended to do (Greeff, 2011:349; Yin, 2011:37).

It also gives the researcher the experience of what the real study would be like in terms of feasibility, time requirements and financial implications and whether participants would be forthcoming to participate in the study (Strydom & Delport, 2011:395). Thus, it is a critical step in the research process, as there is always a risk of collecting invalid and incomplete data if the data gathering instruments are not pretested (Castillo-Montoya, 2016:827).

This is however not a guarantee that the data collection will be a success (Hurst, Arulogun, Owolabi, Akinyemi, Uvere, Warth & Ovbiagele, 2015:57). Nevertheless, the researcher pilot tested the data collection instruments to ensure their reliability, validity and suitability of the chosen procedures and that they were error free. This was also with a view to making amendments where appropriate, before the main research stage.

Following the granting of permission by the MoSD, contact was made with the District Manager for Maseru, appointments were made with two social workers and two SAWs recruited for the pilot test. Thereafter, two older persons in the Maseru District (referred to the researcher by one of the social workers and SAWs respectively) were also interviewed during the pilot test. Pilot testing was deemed to be necessary as the researcher did not know how the participants were going to receive him and the research assistant. Similarly, the researcher did not know how the participants were going to comprehend and interpret the questions included in the interview guide. More importantly, the researcher wanted to eliminate any potential bias emanating from defective data collection tools and methods, as well as shoddy analytical skills.

The study was explained to the six participants in the pilot test. Two of them were sampled from each of the population groups, and they all gave their consent for the tape recording of the interviews. Furthermore, in an endeavour to protect the privacy and confidentiality of the participants, the researcher and his research assistant did not collect any identifiable information that could be traced to them. The first interview with the social worker took one hour ten minutes and the second was 50 minutes long. For the SAWs, the interviews took an average of 50 minutes and for older persons, the average time was one hour.

Pilot testing enabled the researcher to assess the data collection instruments in terms of their validity (Matusaka, 2011:222), effectiveness (Hennink-Kaminski, Willoughby & McMahan, 2014:37), relevance and reliability (Walker, 2015:871). In addition, the researcher wanted to assess their usability and applicability as well as adequacy (Nunes, Martins, Zhou, Alajamy & AlMamari, 2010:74). Pilot testing also enabled the researcher to assess the participants' understanding of the purpose of the study, what it entailed in terms of data collection tools and procedures, as well as the problems that may occur during the interviews (Doody & Noonan, 2013:32; Grove, Burns & Gray, 2013:523; Nieuwenhuis, 2016a:94).

An analysis of the transcribed data from the pilot test resulted in the addition of the question "Where was the qualification acquired?" to the interview guide for social workers and the SAWs. Similarly, the question "Would you like to explain what your work as an auxiliary social worker involves?" was also added to the interview guide for SAWs. In addition, the question on the guidelines for practice for both the social workers and the SAWs was modified as follows: What suggestions do you have on how social workers should assist older persons (probe how and by doing what can social workers provide services to older persons?).

Furthermore, one question in the interview guide for social workers and also for ASWs starting with 'why' was recast in the main study as this seemed to make the participants defensive (Burkard, Knox & Hill, 2012:90; Doody & Noonan, 2013:31), thereby inhibiting their responses to the questions. Two questions were also modified in the semi-structured interview guide for older persons. These included a question about when they had requested for assistance. This was modified to ask about the nature of assistance they requested for. The other question was modified to "How would you want to be assisted by social workers and auxiliary social workers (probe how and what social workers and auxiliary social workers should do to help?).

Thus, notwithstanding the additions and modifications to the semi-structured interview guides, most of the questions in the pilot test were approved by the participants. This was an indication of their clarity and that the questions were well- constructed. It also confirmed that the semi-structured interview questions were appropriate and relevant.

It is also important to mention that though a pilot protocol was conducted with people who qualified for the study, they were not part of the final sample (Hill, 2012:87). Thus, the interviews and transcripts for the pilot test were not used in the data analysis for the main study.

It should also be mentioned that the integrated application of data collection methods and techniques also offered a systematic framework for well-vetted research tools. This helped to elicit robust and detailed interview data addressing the research questions of the study (Castillo-Montoya, 2016:812). In addition, the sequencing, clarity and quality of the questions as well as the handling of the actual interviews were professionally executed (Brinkmann & Kvale, 2015:12). Hence, the researcher did not just collect information from the participants, but also demonstrated intuition and authenticity. He was also receptive to the unfolding stories of participants.

3.5.6 Data analysis
An analysis of qualitative data involves organising and interrogating the data that has been collected. This enables the researchers to understand and make sense of this information for dissemination to the target audience or the general public. It is about the interpretation of the findings to enhance the understanding of a phenomenon or situation. The process also involves searching for the general statements concerning the relationships and underlying themes within the data (Chambliss & Schutt, 2013:206; Marshall & Rossman, 2016:214). It is therefore a critical stage in the research process as data in its original form is raw information. It is meaningless until it is organised and subjected to an analysis and interpretation by the researcher (Rasanen & Nyce, 2013:656). Thus, data analysis transforms the raw data into the findings which describe it in detail. It also helps to identify and interpret the various aspects of the research topic.

The process of data analysis began as the data were being collected. It is an iterative and reflective process which is usually interlinked with data collection (Chambliss & Schutt, 2013:207; Nieuwenhuis, 2016b:109).

The researcher and research assistant transcribed the recordings immediately after the interviews were done. This helped the researcher and research assistant to get acquainted with the experiences of the participants and the meanings that they attached to these experiences. More importantly, this was followed by a clear, understandable, insightful and trustworthy process of analysing the data. All the interview transcripts and field notes for the social workers and SAWs were written and transcribed in English whereas those for older persons which were in the native language, Sesotho, were translated into English by the research assistant.

Thus, having gathered massive amounts of data in the form of field notes and interview transcripts on social work services for older persons in Lesotho, the researcher and an independent coder engaged concurrently in an intensified data analysis process. However, given the multiplicity of the approaches and traditions associated with qualitative data analysis, there is no fixed method of analysing qualitative data (Paulus, Lester & Dempster, 2014:115; Nieuwenhuis, 2016b:126). Nonetheless, it is important to ensure that whatever technique is adopted is credible and trustworthy (Moule & Goodman, 2014:191).

The researcher adopted five steps in the analysis of qualitative data (Terre Blanche, Durrheim & Painter, 2011:33; Werfalli, Murphy, Kalula & Levitt, 2019:2). These were familiarisation with the interview transcripts to get a sense of the whole, inducing the themes, coding, elaboration, data interpretation and checking. These steps were adopted in the analysis of data, on account of their congruency to the theoretical framework, research designs and data gathering methods for the study (Nieuwenhuis, 2016b:104).

The audiotaped interviews were transcribed word–for-word, taking into account the subtle contextual and linguistic nuances (Joarder, Cooper & Zaman, 2014:302; Nieuwenhuis, 2016b:115). Also significant is the fact that the researcher and the research assistant ensured an accurate representation of the voices of the participants, as mistakes at this stage would have distorted the meanings of what they said. They took note of the language, idioms and jargon that the participants used (Tappen, 2011:359). This helped to ensure that the personal meaning attached to the lived experiences of participants was not lost and that the transcripts reflected what the participants said in the interviews (Tappen, 2011:359; Schmidt & Brown, 2015:231). Thus, the transcription of data was not only about capturing the sentiments expressed by the participants, but also the best way of representing their experiences. The researcher and research assistant ensured that the transcripts reflected what the participants said. This helped

the researcher to remain true to the data (Schmidt & Brown, 2015:231). This further helped the researcher to make analytical judgments as to what was to be included in the findings.

Thereafter the researcher applied the Terre Blanche, et al.'s (2011:33) steps of data analysis namely:

- Familiarisation and immersion with the data collected for purposes of comprehending the study. Given that a good analysis of data is dependent on an understanding of the data, it was critical for the researcher and research assistant to "know it inside out" once it was transcribed (Nieuwenhuis, 2016b:115). This involves finding the "hidden meaning" of the text. Thus, following the transcription of data, the researcher and research assistant familiarised themselves with the data by reviewing, listening and reading the transcripts thoroughly several times. In the process, the researcher read through all the transcripts asking himself about the underlying meaning behind the participants' narratives (Saldana, 2015:34). At the same time, the researcher noted the pieces of commonly occurring text and put this in a particular order. This process led to the second step (below) involving the generation of the themes from the data.

- Inducing the themes. The second step involved identifying the topics and grouping similar ones together. The researcher examined, compared, conceptualised and categorised the data, based on the identified topics (Lapan, Quartaroli & Riemer, 2012:98; Nieuwenhuis, 2016b:120). The topics were further divided into "major topics", "unique" topics and "left overs" in an endeavour to find ideas, themes, topics or patterns (Sassler & Miller, 2011:168). This process is referred to as "internal locus of insinuation" (Sithole, 2016:26). Thus, the researcher did not impose any predetermined themes on the data, as the common themes on the experiences were identified and examined in relation to the meaning, circumstances and context of the participants.

- The third step in the process is coding. At this stage the researcher read the transcribed data repeatedly and marked its different sections using coloured marking pens. At the same time, the data were separated into meaningful units in relation to their congruence to the identified themes. The researcher abbreviated the topics by assigning the codes and noting them against the appropriate segments of the text. The codes served as the collection points for data relating to the identified themes (Nieuwenhuis, 2016b:115).

Thus, coding enabled the researcher to retrieve and to collect all the text and data in line with the identified thematic areas, both for examination and for comparative purposes. This helped to reduce the huge amount of data gathered for the study into smaller manageable units (Mathebane, 2017:52). As a result, it was easier to interpret and comprehend the findings as well as the provision of social work services for older persons in Lesotho.

- The fourth step is termed elaboration which involves arranging the information in a linear progression and generating clear definitions and names for each theme. At this stage, the researcher described the aspects of data captured in each of the themes. Hence, data were analysed according to themes, a process referred to as thematic analysis.

- Meanwhile, the fifth step is an interrelated process involving the interpretation and checking of data. The researcher revisited all the preceding steps to get a sense of the meanings of the data, as well as checking for possible misplacement of some texts. This was necessary as coding, just like the whole process of analysing data, is a fluid exercise (Nieuwenhuis, 2016b:118). Thus, the researcher had to move back and forth as new insights and understanding of social work services for older persons in Lesotho emerged from the data. Hence, steps four and five were applied jointly because of their interrelatedness. In addition, the researcher revisited the different themes and categories of data, to assess their soundness and to bounce them with the literature control. This helped the researcher to propose informed and meaningful interpretations of the findings. In addition, the data was rechecked for errors of interpretation and gaps thereof. Thus, because of the meticulous manner in which this exercise was undertaken, no errors or gaps were found.

The application of the fifth step resulted in the construction of a final composite of analysed data. This included the interpretation of the findings, conclusions and recommendations. Hence, the process of data analysis provided an overall description of social work services for older persons in Lesotho and the development of guidelines for social work practice with older persons (Chapter Six).

It also needs to be noted that the thematic analysis of data employed by the independent coder (Tesch, 1990) and the researcher (Terre Blanche et al., 2011:33), entails

engagement with the data collected. This helped to create a personal relationship with the data. The steps involved in these processes of analysing data are interrelated and also sequential. This was instrumental in arriving at a consensus on the themes, with both the independent coder and the supervisors. Also significant is the fact that the process of data analysis led to the discovery of four main themes of the study, namely:

- A description of the social work services provided to older persons in Lesotho.

- A description of the socioeconomic and health status of older persons in Lesotho.

- The social work services required by older persons to promote their socio-economic wellbeing.

- Suggestions for the provision of integrated social work services for older persons in Lesotho.

The findings on the above-mentioned thematic areas are presented in Chapters Four and Five. Furthermore, the aforementioned issues also relate to the verification of data which is meant to ensure trustworthiness. Data verification methods and ethical considerations for the study are presented and discussed in the sections below.

3.5.7 Methods of data verification
Data verification involves establishing the trustworthiness of the findings and data collected in a research inquiry. Trustworthiness, which is vital to the success of qualitative research studies, legitimises the findings and the data collected as worth paying attention to (Elo, Kaariainen, Kantse, Polkki, Utriainen & Kyngas, 2014:2). Hence, a scientific research protocol requires that the data and the findings of any research inquiry should be reflected factually and truthfully. Furthermore, research investigations should be subjected to rigorous scrutiny to ensure that the conclusions arrived at are true and accurate (Bulpit & Martin, 2010:7; Royse, 2011:272).

Although data verification is critical, there is little consensus about what this process entails. This being the case, no one set of criteria apply to all the forms of qualitative research. This implies that the question of how the verification of qualitative research should be undertaken is yet to be resolved. Moreover, Hill (2012:175) cautions that applying the same criteria of worthiness or merit between qualitative and quantitative approaches would be erroneous, given that they originate from different traditions.

In spite of having been conceptualised many years ago, the Lincoln and Guba (1985) model for assessing the trustworthiness of qualitative data was used (Holland & Rees, 2010:95). The model addresses four aspects of trustworthiness, namely: credibility (truth value), transferability (applicability), dependability (consistency) and conformability (neutrality), which the researcher embraced in order to guarantee "rigor" for the present study (Thomas & Magilvy, 2011:152). The application of the aforementioned assessment criteria in the present research study is examined below.

3.5.7.1 Credibility
Credibility, the preferred term in qualitative studies (instead of validity which is associated with quantitative research), denotes the extent to which the findings are true and accurate (Schmidt & Brown, 2015:236; Nieuwenhuis, 2016b:123). In the same way, credibility is about answering the question of congruence of the findings with the obtaining reality, thereby guaranteeing that they are a true reflection of the views and experiences of participants (Moule & Goodman, 2014:191; Nieuwenhuis, 2016b:123). The credibility test thus affords the interested parties the opportunity to understand a particular phenomenon. This would be the social work services for older persons in Lesotho, through the interpretation of the experiences of the participants.

Thus, research can never claim the objective truth to be indisputable (Gom, 2008:12). Hence, the credibility of the findings of this study is not just about trustworthiness, but the acknowledgement of the multiplicity of the realities or the various truths concerning social work services for older persons in Lesotho as well. Besides adopting an appropriate research method and design fitting the research questions to ensure "credibility" or "truth-value" of the findings of the study, the researcher employed the following strategies:

- **Triangulation:** This refers to the use of a combination of methodologies in the investigation of the same phenomenon in order to enhance confidence in the findings (Nieuwenhuis, 2016a:121). Credibility was validated by using complimentary data gathering techniques. Triangulation in the study was achieved in two ways. Firstly, multiple sources of data namely, older persons, social workers and SAWs were employed for the study. This helped the researcher to understand the provision of the social work services for older persons in Lesotho from a variety of perspectives. Secondly, the researcher and research assistant did not just rely on interviews but they also took note of non-verbal cues, a very important source of supplementary data. As

an example, one participant shed tears of sadness to express how she felt about her situation. Another participant also proudly took the trouble to search for her certificate of attendance at a training workshop on piggery to demonstrate that she had a skill she could use to engage in a project, if she was to get financial assistance.

- **The use of an independent coder:** The other strategy employed by the researcher to validate findings of the present study was by using the services of an independent coder (Addendum J). The independent coder analysed the data separately from the researcher and thereafter the findings were discussed. Consensus was achieved in relation to themes, sub-themes and categories that were revealed from the analysis of data. This was followed by a consultative process with my two supervisors leading to the adoption of the four broad themes mentioned earlier on.

- **Thick and detailed descriptions of participants' experiences:** Given that qualitative researchers are driven by the desire to explore the detail, richness and depth of the human experience, credibility for this study was achieved as a result of the thick descriptions of participants' experiences shown in Chapters Four and Five. Thick and detailed description of participants' experiences provide readers with the requisite information to enable them to come to their own conclusion concerning the issues at stake (Nieuwenhuis, 2016b:123). Therefore, the researcher's use of thick descriptions of the participants' experiences in relation to social work services for older persons in Lesotho (Chapters Four and Five) enhances the credibility of the study findings. As such, the findings of the current study can be said to be a true reflection of the experiences of participants.

- **Use of various interviewing techniques and skills:** The participants' meanings were also validated through the researcher's application of various interviewing skills and techniques inclusive of probing, paraphrasing and recapping, thereby corroborating what he understood them to be saying. The researcher used probing skills like "yeah", "uh" to encourage participants to open up and say more about social work services for older persons in Lesotho. This also helpes to enhance the credibility of the study findings.

- **Development of an early familiarity with prospective participants**: The researcher made appointments for interviews with prospective participants to establish contact and

to explain the study as well as to get to know them. This helped to establish rapport with them and the researcher was expected at the appointed time. This also guaranteed minimum disturbances during the interview as the participants were prepared for him. Also helpful in this regard was that the researcher knew some of the social workers and ASWs at a professional level, as agency supervisors of social work students on fieldwork placement. The social workers and SAWs were thus at ease with the researcher and very forthcoming in sharing their experiences. They did so freely and openly resulting in massive amounts of data being collected by the researcher. Thus, to a great extent this enhanced the credibility of the data and findings of the study.

- **Authority of the researcher**: The researcher is a Senior Lecturer and Head of Department in the Department of Sociology and Social Work at the University of Eswatini, having previously been at the National University of Lesotho and the University of Zimbabwe. During this time and over the years, the researcher interacted with eminent social work scholars and has been involved in collaborative research activities with some of them. This helped the researcher to develop and consolidate his research skills and also put him in good stead for undertaking this project. The researcher has more than 25 publications inclusive of books, book chapters and journal articles in reputable journals such as International Social Work, Social Work and Society and Journal of Social Development in Africa.

3.5.7.2 Transferability

This refers to the likelihood of replicating a research study in other settings (Burchett, Dobrow, Lavis & Mayhew, 2013:16). It is a means of determining resonance, as it allows the readers and other researchers to compare the findings in one study to those of other researchers. Although transferability has connotations of generalisability of the results, this is not the focus of qualitative research (Schurink, Fouche' & De Vos, 2011:420). In this regard, Nieuwenhuis (2016b:124) contends that it should be the responsibility of the readers and not the researcher to determine whether the findings can be transferred to their context. As such, transferability is not so much about generalisation, but it is an invitation to the consumers and the users of qualitative research to make their own determination of the connections of the findings of the study to their context or research (Nieuwenhuis, 2016:124).

Lincoln and Guba (cited by Krefting 1991:216) identify two perspectives in relation to the transferability of qualitative research. One of the perspectives is that it is irrelevant to come up

with generalisations in qualitative studies as each situation or experience is unique in its own right. Therefore, on this basis, the findings of qualitative studies are less amenable to generalisations. The second perspective, which is one of the criterion met by this study refers to the fittingness of the findings of a study into contexts outside the study situation. In this case, transferability is determined by the degree of similarity between the study context and where it is to be replicated.

Purposive and snowball sampling methods were used for this study to ensure transferability of the research findings and to fit into contexts other than the study situation. In addition, all the participants were recruited on account of meeting the criteria for inclusion in the study, based on the notion that they were representative of the entire population of older persons, social workers and SAWs in Lesotho (Nieuwenhuis, 2016:124).

These sampling methods therefore clearly articulate the basis on which participants were recruited for the study. Furthermore, exploratory, phenomenological, descriptive and contextual research designs were employed to get a comprehensive account of the services for older persons in Lesotho. In this regard, the researcher provided an elaborate and comprehensive description of the research methodology applied in this chapter under section 3.3, which can be used to check the generalisability and transferability of the findings

Nieuwenhuis (2016b:124) also suggests that qualitative researchers can increase the transferability of their research through the provision of thick descriptions. Hence, the researcher obtained thick descriptions of the experiences of the participants captured in Chapters Three and Four of this research report. The narratives are quite comprehensive and thus enable the readers to make their own determination of transferability of the research and findings. Furthermore, in order to meet the requirements of the transferability of the study findings, the researcher not only provided thick descriptions of the participants' experiences, but the findings were also substantiated with a review of the literature verified with the relevant literature control.

3.5.7.3 Dependability
In qualitative research, dependability is about ensuring the consistency of the research process throughout the study (Alpaslan & Schenck, 2012:370; Jones, Torres & Armino, 2014:37; Nieuwenhuis, 2016b:124). It is demonstrated through certain processes including the research design, implementation of data collection and the reflective assessment of the study

(Nieuwenhuis, 2016b:124). Thus, dependability basically means that a study will have the same results if carried out in a similar context or when similar informants are used.

To ensure that the study findings reflect the experiences of the participants, the researcher provided a detailed account of the research methods used in the study under section 3.3 of this chapter. The articulation of these processes, especially the data collection and analysis processes helps other readers and researchers to understand how the researcher arrived at the findings and their interpretation. Furthermore, the researcher also ensured the dependability of the study and its findings by employing the services of an independent coder who analysed the data independently. The current study is dependable as the researcher put in place the aforementioned measures to guarantee its dependability.

3.5.7.4 Conformability

According to Alpaslan and Schenck (2012:371), as well as Lincoln and Guba, cited by Nieuwenhuis (2016:125), conformability is a strategy designed to ensure the neutrality of the research findings. It is concerned with the extent to which the study findings are free from bias, motivation or interest of the researcher (Alpaslan & Schenck, 2012:371; Hays & Singh, 2012:201; Nieuwenhuis, 2016:124). Hence, the requirement for conformability dictates that the findings represent the perceptions and experiences of the participants and not the researchers' preferences. In this regard, the researcher employed a number of strategies to enhance the conformability of the research findings. These include triangulation, adherence to research ethics, checking transcripts for avoidable mistakes during the transcription of data, the use of an independent coder and reflexivity, which are presented and discussed below.

The use of triangulation: Multiple sources of information were used to ensure that rich data on the provision of social work services for older persons was gathered. This was complemented with personal observation of non-verbal communication, all of which helped the researcher to achieve conformability.

Adherence to ethical conduct: The researcher conducted himself with integrity in his interactions with the participants and upheld the principle of confidentiality in relation to the information shared in confidence. In addition, the researcher obtained permission from the MoSD and the participants before collecting the data. The objectives of the study were fully explained to the prospective participants before the interviews and signing of the informed consent forms (social workers and SAWs). The right of the participants to voluntary

participation was also upheld as it was explained to them that they could withdraw from the interviews at any time if they so wished. Furthermore the researcher did not use any identifying particulars on the transcripts, field notes and recordings in the report in order to protect the identities of the participants. This also helped to ensure the anonymity of the information that was collected.

Checking transcripts: Transcripts were checked repeatedly by the researcher, not only to familiarise himself with the data but also to eliminate errors and mistakes. Hunt, Chan and Mehta (2011:198) posit that the review of the interview transcripts is not useful only in the analysis of data but it can also be used to evaluate the broader interview process. It provides another vantage point from which to analyse the dynamics involved in the interview and discussion between the researcher and the participant. For instance, the review of the first transcript for older persons in the study showed that there wasn't much probing from the research assistant. From this realisation, and following a discussion with the researcher about this, the research assistant improved on his probing in subsequent interviews. Thus, a lot can be learnt from the review of the transcripts. This process enhanced the conformability of the study as errors, mistakes and identified gaps were attended to.

The use of an independent coder: The study findings were validated through using an independent coder, who carried out the analysis of the data independently from the researcher. This process enhanced the conformability of the study. The codes, themes, sub-themes and categories developed by the independent coder were compared with those of the researcher. Thereafter, there was consultation with the supervisors resulting in agreement on these issues.

Reflexivity: Another strategy used by the researcher to enhance conformability of the study was to embrace the principle of "reflexivity". According to Ames and Diepstra (2010:402), reflexivity refers to the active exploration by the researcher, of his or her own responses, bias, feelings, thoughts, perspectives and theories. Therefore, it involves self-reflection of personal feelings and experiences to minimise personal bias (Probst, 2015:37; Schmidt & Brown, 2015:235). Usually, the rigor of the validity of research studies is threatened by the researcher's potential bias owing, sometimes, to preconceived ideas about the phenomenon being investigated.

Thus, in an effort to minimise personal bias, the researcher and the research assistant immersed themselves in the study. In addition, they interacted with the participants, to continuously

reflect on their own assumptions, views and emotional experiences (Berger, 2015:219; Rae & Green, 2016:2).

The specific reflexive activities undertaken by the researcher and the research assistant included keeping a journal of the highlights and salient moments of the study. This provided a tangible resource for purposes of remembering things that may have been forgotten. Furthermore, it was not only writing, but also going through what had been written, which helped to keep track of the decisions made at the various stages of the research process (Probst, 2015:43). In this regard, the journal was a very useful record of experiences. It refreshed one's memory to guard against the intrusion of personal bias.

Working as a team in collecting and transcribing data also promoted reflexivity on the part of the researcher and the research assistant. It provided a mechanism for mutual communication and accountability. The researcher and research assistant met following the interviews for the day, to share experiences and updates on progress or the lack of it. This provided the researcher and the research assistant with the opportunities for reflexivity.

The interviews with the participants also consolidated the researcher and the assistant's interviewing skills as well as developed their reflexive skills. The research assistant indicated that he had become more reflexive and thought more about what he said to older persons and how he said it. The need for patience to allow older persons to tell their full story was also a learning experience for the research assistant. In addition, the interactions with the participants highlighted the need for the researcher and the research assistant to critically reflect on the social work knowledge base in relation to practice with older persons.

The researcher was also in constant interaction with the supervisors. This enhanced his reflexive capacity and becoming aware of stereotypical assumptions about older persons (Nelson, 2016:1). As an example, the supervisors made the researcher to appreciate the unique situation of some of the older persons in Lesotho who spent most of their working life in South African mines and had either been retrenched or retired on account of ill health, without any benefits.

Thus, the researcher benefited from reflexivity through, *inter alia,* support and personal growth, accountability, ethical treatment of the participants, the richness of the gathered information and trustworthiness. Moreover, Probst (2015:43) posits that without recursive self-

inquiry, the personal bias and assumptions of the researcher are likely to undermine the authenticity and value of the research study. Hence, the researcher applied reflexivity throughout the study to remedy the potential problem of bias.

3.5.8 Application of ethical considerations

Ethical considerations are a prerequisite for any research, especially research involving human subjects. Thus, researchers have an obligation to protect and prevent any possible harm or exploitation of the participants (Morrel, Epstein & Moletsane, 2012:616). Related to this, the researcher upheld the ethics of voluntary participation and informed consent, protection of participants from harm, confidentiality, anonymity and management of data. These were defined briefly in Chapter One.

3.5.8.1 Voluntary informed consent

The researcher used Matthews and Ross's (2010:130) framework for obtaining informed consent and voluntary participation. This involved explaining the nature and purpose of the study, its objectives, the kind of questions that the participants were to be asked, the duration of the interviews and the participants' right to withdraw from the study if they so wished. What the researcher was going to do with the data and whether there were any risks to participants were also explained. Thus, prospective participants were furnished with all the information that they required in order to make informed decisions (Chambliss & Schutt, 2013:46; Marshall & Rossman, 2016:52). This information further enabled the researcher to establish whether prospective participants were interested in the study or not. Additionally, it also guaranteed the respect of the participants' rights to confidentiality and privacy, among others (Malahlela, 2012:30) .

Based on the foregoing, the researcher handled the principle of voluntary informed consent very well. This is particularly because the participants' consent was not a result of fraud, deceit, duress, unfair inducement or manipulation, but it was based on the full knowledge and understanding of the implications of their participation (Burns & Grove, 2011:123; Carey; 2012:101). Also significant is the fact that all the prospective participants sampled for the study agreed to participate and they lasted the entire duration of the interviews.

3.5.8.2 Protection of participants from harm

Given the inherent potential of research interviews to be intrusive and distressing, the researcher considered the likelihood of harm to the participants from the outset. According to Opsal, Wolgemuth, Cross, Kaanta, Dickmann, Colomer and Erdil-Moody (2016:1143),

participating in qualitative studies carries the risk of being identified (participants), thereby exposing participants to vulnerability. These researchers also postulate that this can cause emotional distress.

With this in mind, the researcher put in place contingency measures to minimise potential harm to the participants. One of the measures was to ensure that the places where the interviews were held with participants were safe and convenient to them. This was not only in terms of physical structures of buildings but also in terms of accessibility of the venues. Considering their advanced age, the older persons were interviewed at their places of residence in an attempt to minimise the risks of fatigue and the costs associated with travel to and from the meeting venue.

The researcher also carried out a pilot test of the semi-structured interview guides prior to the main study. This was done to ensure that questions were relevant and appropriate and would not cause any discomfort to participants. Over and above these measures, the researcher also had an arrangement with a qualified social worker and counselor, Ms Liteboho Nono, to provide counselling in the event that any of the participants experienced psychological distress. Ms Nono is a Mosotho and she is employed at the National University of Lesotho, Department of Students Affairs as a counsellor. Although none of the participants experienced problems during the interviews, it would have been unethical not to make such an arrangement or to deny participants treatment for the sake of research.

In addition, the researcher tried to safeguard the social workers and ASWs from potential harm by requesting for permission from their employer, the MoSD (Addendum F), to include them as interviewees in the study. The District Managers were also informed in advance about the research study. This information ensured that participants would not be victimised or harassed for participating in the study.

3.5.8.3 Confidentiality and anonymity
Confidentiality and anonymity are other ways of ensuring that participants are protected from harm resulting from their participation in a research inquiry. Researchers should uphold confidentiality and ensure the anonymity of participants to safeguard them from any potential harm. It is only when disclosure is deemed necessary and participants consent to it, that it can be breached (Greener, 2011:46). However, given that the paticipants' narratives are captured verbatim in research reports (Morse & Richard, 2013:1004), absolute confidentiality in

qualitative research cannot always be assured. Thus, mindful of the fact that without upholding confidentiality and anonymity, participants would be exposed to harm, the researcher remained vigilant throughout the study to ensure that these ethics were not violated.

The researcher employed a number of strategies to maintain confidentiality and anonymity of the participants. To begin with, the researcher made appointments with participants to create conditions that were conducive for the confidentiality of the information shared with them. Furthermore, the interviews took place at venues convenient to the participants as it was desirable to have a quiet, comfortable and uninterrupted environment, free from disturbances during the interviews. Thus, the researcher was expected by the participants, they set everything else aside in order to meet and discuss with him. This helped a great deal in creating conditions conducive to one-on-one discussions, thereby guaranteeing confidentiality.

In addition, the researcher also ensured that information concerning the identity of the participants was not captured in the research report. Furthermore, the information gathered from participants was not used for any reasons other than for what the participants had consented to. Even though the findings of this study were shared with the supervisors, it was for academic purposes only. The specific details relating to the participants in the study were not disclosed to them.

3.5.8.4 Management of data

Ethically, research data must be stored in a manner that ensures that the integrity of the participants is maintained (Bull, Cheah, Denny, Jao, Marsh, Merson, More, Nhan, Osrin, Tangseefa, Wassenaa, & Parker, 2015:305). The researcher protected the security of the research data by ensuring that audio-tapes, field notes and transcripts of the interviews were secured at all times. This is because they are important tools in qualitative research. They were filed in documents folders which were locked in a cabinet in the researcher's office. No other person had access to them. Furthermore, the researcher secured information (pertaining to the study), that was stored electronically, with a password and thus no one else except him had access to the data. The researcher undertakes to destroy them two years after completing his degree studies (Williams, 2015:114).

In addition, the researcher did not write the names of participants on the notes and transcripts to ensure anonymity. Consent forms bearing the names of the participants (social workers and ASWs) as well as the tapes, notes and transcriptions of the interviews were kept separately to

avoid compromising the anonymity of the collected data. In this way, the researcher prevented any potential public identification of the participants. The researcher did not disclose the names of the participants to his supervisors or the independent coder as the opposite would have been unethical.

3.5.9 Conclusion

This study applied a qualitative approach in order to achieve an in-depth understanding of social work services for older persons in Lesotho. The qualitative approach was adopted because of its focus on the experiences and point of view of participants and their social and institutional context. This was critical in gaining a rich and complex understanding of the social work services for older persons. Thus, the chapter provides a detailed explanation of how the research methodology for the study was applied. This includes the application of the research approach, research design, population, sampling and sampling techniques, data analysis, data verification and ethical considerations for the study. Similarly, the application of reflexivity and critical reflection on prior interview experiences, as well as a careful preparation for research interviews are also explained. The participants' accounts of their lived experiences and complemented by the literature control are presented in Chapter Four and Chapter Five.

CHAPTER FOUR

PRESENTATION OF FINDINGS FROM THE OLDER PERSONS' DATA

4.1 Introduction

The aim of this study was to explore and describe the social work services provided to older persons in Lesotho and to develop guidelines for practice with this population group. To accomplish these goals, older persons formed part of the two other groups of participants for this study, namely social workers and SAWs. The concept "social service providers" is used throughout the chapter to refer to social workers and SAWs. The presentation of the findings is delineated in Chapter Four, based on verbatim storylines expressed by older persons and into Chapter Five focusing on the storylines of social service providers. The presentation of the findings in this fashion is a process that lends credence to the outcomes of the study (Makofane, 2015:26). Furthermore, to establish the credibility and trustworthiness of the study, excerpts from the transcripts were subjected to a thorough literature control.

The four themes that emerged from the data analysis include the participants' description of social work services for older persons in Lesotho, the socioeconomic and health status of older persons in Lesotho, the description of social work services required by older persons and the participants' suggestions on promoting the wellbeing of older persons in Lesotho. The biographical profiles of participants are presented below.

4.2 Demographic profiles of participants

The demographic profiles of the participants are presented in Table 4.1 according to their age, gender, marital status and number of grandchildren under their care.

Table 4.1: Biographical data of the participants

Participant	Age (years)	Gender	Marital status	District	No. of own children	No.of grandchildren	No. receiving child grant
1	64	Female	Separated	Maseru	2 (staying with the younger dependent child)	2	0
2	65	Female	Widow	Leribe	10 (all deceased)	1	1
3	67	Female	Widow	Maseru	9 (5 deceased, 4 surviving but not staying with them)	1	0
4	69	Female	Separated	Berea	4 (living with two adult children and their children in the same yard but has her own separate dwelling)	0	0
5	70	Female	Widow	Leribe	9 (5 passed away, surviving children not living with the participant)	6	0
6	71	Male	Married	Leribe	4 (but not living with them). Participant living with his wife and 3 employees -owns a food outlet/restaurant	0	0
7	73	Female (F a)	Widow	Leribe	8 (6 passed away but not staying with surviving children)	8	1
8	73	Female (F b)	Widow	Berea	8 (3 passed away and not staying with surviving children).	2	0
9	74	Male	Married	Berea	4 (all married and not living with them)	2	0

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10	75	Female	Widow	Leribe	4 (2 passed away, staying with her son)	8	0
11	76	Male	Widower	Maseru	3 but not living with them	2	0
12	83	Female	Widow	Berea	8 (5 passed away-staying with son)	0	0
13	90	Female	Widow	Leribe	8 (4 passed away and not living with surviving children)	2	1

The demographic profiles of the participants are discussed below, starting with their age distribution.

4.2.1 Age distribution of the participants
From a life-span perspective, age is significant in understanding the needs and changes that occur at different stages of human development (Zastrow, 2013:25; Cavanaugh & Blanchard-Fields, 2019:4). Such an understanding helps to determine the appropriate interventions. Age also has an enormous impact on access to housing and other social services, retirement policies, life insurance premiums and decisions on whether to age-in-place (community) or in an institution (Kail, Cavanaugh & Muller, 2019:440).

Thirteen participants from the districts of Berea, Leribe and Maseru took part in the study, as shown in Table 4.1. The ages of participants were in line with the inclusion criteria spelt out in Chapter Three. Their ages ranged from 64 to 90 years with an average age of 73 years. The age distribution of the participants, based on the stages of human development in older ages, is shown in Table 4.2.

Table 4.2: Age distribution of the participants

Age range	Phase of development	Number of participants
60-69 years	Young old	4
70-79 years	Middle-aged old	7
80-89 years	Old-old	1
90 years and above	Very-old	1
Total		**13**

Nine participants were aged 70 years and above. This shows that people now live longer and spend more time in older age than they did before (Statistics South Africa, 2014:9). While the findings on the 80 to 90 years age category are consistent with those of a study by Tshesebe and Strydom (2016:3) in South Africa, there is inconsistency relating to the 60 to 69 years and 70 to 79 years age groups as the latter were in the majority compared to the situation in the current study. Furthermore, although there was only one participant in each of the categories very-old and old-old, this suggests the need for long-term care services for older persons (Vespa, 2014:213).

Moreover, as people grow older, their sense of hearing gradually deteriorates, vision also declines and the acuity of the senses generally deteriorates. They are also likely to experience increasing unsteadiness of the legs and hands as well as increased difficulty in moving

(Zastrow, Kirst-Ashman & Hessenauer, 2019:644). Thus, older persons are likely to require assistive devices to enhance their functional ability and to carry out daily activities. Frailty, incidence of diseases such as dementia, cancer and other chronic conditions also increase dramatically in the old-old and very old categories (Kail, Cavanaugh & Muller, 2019:465). This has implications for increased health care needs and greater dependency, both of which necessitate the provision of services for older persons at their homes, owing to challenges of mobility.

Another grave concern currently is that older persons are at high risk of contracting the coronavirus (COVID-19) due to the vulnerability of their immune system. COVID-19 which began in Wuhan, in China in December 2019 has now engulfed the entire world. This has led to the demise of many people, especially those with weak immune systems, such as older persons. They are likely to require external interventions, including information and education on how to protect themselves from COVID-19, access to medical care and social support to manage their situation.

Thus, in the wake of demographic changes and transition, it is necessary for social workers to be aware of the phenomena accompanying old age and ageing from a developmental perspective. They also need to respond to the ageing phenomenon to ensure the integration of older persons into mainstream societal activities. This is also consistent with the activity and continuity theories of ageing which emphasise active ageing and continuity for the social inclusion of older persons.

4.2.2 Gender of participants
In view of the gendered effects of ageing and consequent feminisation, as well as the socioeconomic differences between men and women in Lesotho, it was necessary to pay attention to the gender of the present research participants. Gender is also a key aspect for social work services intended for older persons, not only concerning the difference, but also for inequality in accessing services and resources such as livestock and land (Spitzer & Mabeyo, 2017:136).

Ten of the participants in the study were females, while three were males. This observation resonates with the findings of the 2006 population census in Lesotho, showing that the proportion of female older persons was higher than that of their male counterparts (Ministry of Social Development & Help Age, 2014:2). The findings of the study on the survival strategies of older persons in Maseru, Lesotho, revealed that there were more female participants than

males (Mots'oene, 2014:319). A study on the impact of the Old Age Grant (OAG) in Eswatini also showed that female recipients were in the majority, constituting 65% of the participants (RHVP, HelpAge & UNICEF, 2010:23).

Similar findings were obtained from a study in Motheo District in South Africa, where older women outnumbered older men (Tshesebe & Strydom 2016:4). This situation also obtains in the Caribbean where older women dominated their male counterparts (Rawlins, 2015:147). A study on socio-demographic factors and health-related characteristics influencing the quality of life of grandparent caregivers in Zimbabwe had more female participants (241) than males (86) (Mhaka-Mutepfa, 2018:4). On the same note, a study on the quality of life of older Nepalese living in rural areas had more female (59%) than male participants (Joshi, Chalise & Khatiwada, 2018:2). Hence, this finding (current study) resonates with the view that women have a longevity advantage as they outnumber men (UN, 2011:3; Apt, 2012:97; Hooyman, 2012:536; Borrowman & Ghilarducci, 2013:7; Theodore, Lalta, Foucade, Scott, Cumberbatch, Laptiste and Metivier 2016:2; Choi, Brownell & Maldovan, 2017:171; Gosh, 2018:50).

However, this finding is at variance with the situation in India where the sex ratio for older persons 60 years and above was found to favour males than females (Gupta & Pillai, 2012:2). A study on the quality of life of older persons in Ho Chi Minh City in Vietnam also found more males (52%) than females (Xuan Vo, Quang Vo, Watanapongvanich & Witvorapong, 2019:1289). Another study in Berlin, Germany on ageing and willingness to move from the location of residence had more male participants (65%) than females (35%) (Haacke, Enisle, Haase, Helbrecht & Lakes, 2019:56). On the contrary, a study on institutional care for older persons in Zimbabwe found more male older persons than females (Ncube, 2017:47). This suggests the dominance of male older persons in need of institutional care than females. The marital status of the participants is discussed below.

4.2.3 Marital status of the participants

Two of the 13 participants were married, nine were widowed and two were separated. This is consistent with the findings of a study on the survival of older persons in Maseru, Lesotho, where most of the older persons were widows (Mots'oene, 2014:316). The finding is also in line with Kail, Cavanaugh and Muller's (2019:498) assertion that more than 50% of all women in South Africa aged 65 years and above are more likely to be widows, while 15% of men in this age group are likely to be widowers. On the contrary, almost 50% of the participants (422) in a study on the health and wellbeing of older people in a community with a severe HIV

epidemic in rural South Africa were married (Nyirenda, 2014:69). Similarly, an assessment study on the impact of the Old Age Grant (OAG) in Eswatini also found that 50% of the participants were married while 41% where widowed (RHVP, 2010:24).

Marital status has a bearing on the quality of life as all human beings need the company and stimulation of others for their physical and mental wellbeing (Waite & Gallagher, 2010:1). On this basis, unmarried older persons are prone to poverty, isolation and loneliness due to the absence of a spouse or life partner (Tshesebe & Strydom, 2016:4). This is confirmed by a study on the health and wellbeing of older people in rural South Africa, which shows a positive correlation between marital status and the quality of life (Gomez-Olive, Thorogood, Clark, Khan, & Tollman, 2010:23). Thus, being widowed and in the absence of support from adult children, the economic and social security of older persons is likely to be dire. Hence, older widows and widowers are likely to require financial assistance, counselling and psychosocial support to cope with their situation.

4.2.4 Care of grandchildren

Given the high incidence of orphan-hood and the pervasiveness of poverty in Lesotho, it was important to determine whether the participants cared for orphaned children. This is important as it has a bearing on the quality of life of older persons and the services that they require. The prevalence of HIV/AIDS in Lesotho is among the highest in the world and has resulted in the deaths of young and middle aged parents, leaving many orphans in its wake. Resultantly, older persons have been landed with the responsibility of raising orphaned grandchildren (Spitzer & Mabeyo, 2017:137).

Ten of the 13 participants in this study, were looking after and living with their grandchildren. The number of children in their care ranged from one to eight (Table 4.1). Thus, on average, each participant was caring for about three grandchildren. These findings resonate with those of studies in Eswatini on the care of HIV-positive orphans (Makadzange & Dolomo, 2014:60) and needs and resources for older persons in rural areas (Mabuza, Poggenpaul & Myburgh, 2010:27). The studies established that the majority of the older persons were caring for orphaned grandchildren. It is estimated that 40-60% of orphaned children in sub-Saharan Africa live in grandparent headed households (Beegle, Filmer, Stokes & Tiererova, 2010:8).

These households are the poorest in Lesotho (ILO, 2016:2), further suggesting that they are likely to require external support to cope with their situation. It is also likely to be difficult for them to undertake some of the roles and responsibilities involved in raising grandchildren on

account of old age. The thematic areas of the study are presented and discussed in the section below.

4.3 Discussion of findings and literature control

The analysis of data on the perceptions and experiences of the participants on social work services for older persons generated four themes, 10 subthemes and 26 categories (Table 4.3) that are presented and discussed below.

Table 4.3 Themes, subthemes and categories

Themes	Subthemes	Categories
1: Social work services for older persons in Lesotho	1.1: Participants' description of social work services delivered by the social service providers to older persons	1.1.1: Facilitation of self-help groups
		1.1.2: Food parcels and toiletries
		1.1.3: Counselling and psychosocial support
		1.1.4: Public assistance
		1.1.5: Health promotion
		1.1.6: Education on rights of older persons
		1.1.7: Skills training for income generation
		1.1.8: Support with payment of school fees and child support grants for grandchildren in their care
	1.2: Contentment of participants with services delivered by social service providers	1.2.1: Provision of services by social service providers is satisfactory
		1.2.2: Provision of services by social services providers is not satisfactory
	1.3: Participants' description of assistance and support from non-formal sources	1.3.1: Participants' description of support from adult children and the family
		1.3.2: Availability of support from neighbours
		1.3.3: Availability of support from other members of the community
2. Socieconomic and health status of older persons in Lesotho	2.1: Social status of older persons	
	2.2: Health status of older persons	
	2.3: Financial status of older persons	

3: Social work services required by older persons to promote their socioeconomic wellbeing	3.1: Participants' description of challenges faced by older persons	
	3.2: Social work services required to address challenges faced by older persons	3.2.1: Personal care and support
		3.2.2: Assistance with food and agricultural inputs
		3.2.3: Repair and maintenance of houses
		3.2.4: Financial assistance
		3.2.5: Counselling and psychosocial support
		3.2.6: Protection services
		3.2.7: Networking and mediation
		3.2.8: Advocacy for older persons
4: Participants' suggestions for the provision of social work services to older persons in Lesotho	4.1: Participants' descriptions of how social workers should render services to older persons	4.1.1: Reaching out to older persons for assessment of their needs
		4.1.2: Collaboration with other stakeholders
	4.2: Participants' descriptions of how social workers and SAWs should relate to older persons	4.2.1: Showing respect to older persons
		4.2.2: Acceptance of older persons
		4.2.3. Honesty, reliability and timely provision of services and requests for assistance

4.3.1 Theme 1: Social work services for older persons in Lesotho

Given the phenomenal increase in the number of older persons and concomitant wide range of their needs as a result of the ageing process, it is inevitable that they require social work services to lead decent lives (MoSD & HelpAge International, 2014:1; Mhaka-Mutepfa, 2018:1; Sleap, 2019:4). Older persons experience multiple challenges including economic, social, physical, health, and emotional problems as well as ageism (Hokenstad & Roberts, 2011:330; Schatz & Gilbert, 2014:781). In this regard, the Government of Lesotho adopted the Policy for Older Persons in 2014, to safeguard and promote the welfare of older persons in the country.

Pursuant to this goal, the MoSD provides health promotion, psychosocial support, home help, dementia care and protective services. The services also include the facilitation of the formation of support and savings groups and recreational groups. In addition, the MoSD provides public assistance, placement of older persons in places of safety, referrals to relevant agencies for services and raising people's awareness on the rights of older persons (MoSD Service Delivery Charter- Addendum H). The findings on the participants' description of social work services provided to older persons are presented in the section below.

4.3.1.1 Subtheme 1.1: Description of social work services delivered by SSPs
It is important to state from the outset that the participants could not differentiate services from either the social workers or the SAWs and therefore the presentation treats the services as having been received from both groups of social service providers. Nonetheless, SAWs operate at community level and report to the District Manager. The services received by the participants from service providers included the facilitation of self-help groups (savings clubs, burial societies and support groups), food parcels and toiletries. They also include health promotion and education on the rights of older persons, counselling, psychosocial support, public assistance and skills training. These services are discussed in more detail below.

4.3.1.1.1 Category 1.1.1: Facilitation of self-help groups
The social workers's opinion is that it is critical for the service users to be actively involved in the process of receiving assistance. They also have to make their own contribution to the growth that has to occur, in collaboration with service providers, in order to improve their circumstances (Reyneke, 2010:237). The majority of the participants indicated that they were members of support groups. A total of eight participants indicated that they were members of support groups. Two of them were also members of burial societies, and the same number were in savings clubs facilitated by social service providers. This situation is illustrated in the extracts below.

> *As an older person, I was helped to join a savings club in which we contribute savings from our pension. Through this venture we contribute a certain amount of money every month. This money is saved for various emergencies that we may come across in our daily lives. We help each other in the matters of death, and bereavement. We assist with the payment of funeral expenses. We also assist each other to meet our food requirements. As of now, because we do not have much in our savings account, we contribute five maloti each* [equivalent of five South African rand] *should any of our members encounter an emergency situation. Things like when a member falls sick and has to go to the hospital or clinic* [pay M15 for consultation and medication during the time of data

collection in May to December 2016]. *We are still getting guidance though, from the social worker on how best to run this club.* (M, 74 years)

I am a member of a burial society formed by the social workers. We make monthly contributions and this helps a lot when there is a death in one of our members' family. We assist each other throughout the bereavement process by making financial contributions towards the costs of the funeral and giving emotional support to the bereaved. Other members will be there for you. Without support from other members it would be very difficult to cope with the bereavement. (F, 70 years)

I used to work at the Lesotho National Development Corporation [LNDC] *but I was retrenched. I was supposed to go for early retirement when I was left with only two years to start receiving pension* [retirement pension]. *So, I could actually be earning a sizeable amount of pension by now. I am a member of a support group that was formed with the assistance of a social worker from Social Development* [MoSD]. *She came and addressed us at a gathering of the members of this community. She encouraged us to form support groups and this is how I came to be a member of my group. The support group is doing a lot of work. It is composed of older persons and other people in the community. We assist in ploughing the fields of older persons and also assist the orphans and vulnerable children in the community. We also share our problems and help each other to find solutions. This is helping us a lot as we have other people that we can count on for support. This is also helping us because other people in the community are now taking older people seriously as they are able to do some of the things as members of the group without asking for help from outsiders.* (F, 69 years)

The second and third storylines show that membership in burial socities and support groups helps to relieve stress and to provide emotional support. It also helps to develop coping mechanisms and problem solving skills. This confirms the view that support groups promote access to services, help to overcome social isolation and feelings of alienation and stigmatisation (Strydom & Strydom, 2010:124). This also resonates with the assertion that membership in support groups reduces feelings of loneliness, common in old age (Knight & Gitterman, 2014:147). Thus, support groups are the most common type of intervention for older persons (Lee & Yim, 2013:13). Members enjoy support from each other and discover new ways of coping and managing their situation.

The second storyline also reveals that some participants joined burial societies to cushion themselves against financial hardships caused by the death or sickness of close family members. Self-help initiatives such as burial societies are thus a form of social protection for members who pool their resources together (Mtetwa 2018:146). They are an expression of the

need as well as the cultural expectation of a decent burial for all, irrespective of their socioeconomic status (Midgley & Hosaka, 2011:16).

Although self-help groups are an effective strategy for promoting self-reliance, this should not take away the responsibility of the state to provide financial and technical support to ensure the integration of older persons into mainstream societal activities. Thus, in this regard, the developmental approach emphasises purposeful intervention by state and non-state actors through the provision of tangible assistance, including financial assistance to self-help initiatives (Patel, 2015:29). Furthermore, this implies that self-help initiatives should be aligned to social investments, as this is at the core of the developmental approach.

4.3.1.1.2 Category 1.1.2: Food parcels and toiletries

Poverty and food insecurity are the major social problems facing the majority of the people in Lesotho (Government of Lesotho, 2013:5; MoSD & HelpAge International, 2014:1). The receipt of food assistance, bath soap and vaseline from social service providers was illustrated as follows:

> *My problems never end my son. My health is troublesome. The house that I am staying in is not mine. I also do not have fields of my own. As it is, I plough the fields of the owner of this place. And do you think an old woman like me can harvest enough to feed* me and a grandchild. *I count myself lucky that I sometimes get maize meal, beans and bath soap from the social workers. The social workers from Welfare* [MoSD] *come with officers from Help Lesotho* [an NGO working with grandmothers in Leribe] *and they give us these things sometimes.* (F, 65 years)

> *Our greatest problem, my son, is shortage of food. As you see I cannot be expected to be as productive in the fields as I used to be. For your information, back then when I was younger, I used to be known in this whole community for farming. But now things have changed. Yeah, so yes, though the assistance* [food parcels and toiletries from MoSD and Help Lesotho] *is erratic, I am grateful. We get food packages and clothes sometimes.* (F, 90 years)

The narratives are consistent with the assertion that the government (Lesotho) and NGOs provide food assistance to vulnerable people, including older persons (Gwimbi, 2013:180). This also compares with the situation in Namibia where voluntary organisations and the private sector operate soup kitchens and provide drought relief food parcels to the vulnerable, inclusive of older persons (Ananias, Salonika, Black & Strydom, 2017:148). Similarly, in Zimbabwe, NGOs also play a lead role in the provision of food assistance to vulnerable households (Mupedziswa, 2018:43).

Not all the participants benefited from food assistance, yet many older persons in Lesotho are food insecure due to poverty and vulnerabilities associated with ageing. Moreover, food assistance is a temporary solution to the problem of food insecurity. If anything, such intervention is akin to the famous Chinese saying that "if *you give a man a fish, you feed him only for one day*" and thereafter he will still be looking for outside assistance to meet his food requirements.

Thus, in its present form, food assistance does not empower beneficiaries to become food secure. Instead, it promotes dependency among the recipients. Moreover, contrary to popular prejudices, the social work service users do not want to be passively dependent on state assistance (Midgley, 2014:68). They desire food self-sufficiency, which can be bolstered by the developmental approach's emphasis on the participation of beneficiaries in productive economic activities (Midgley, 2012:14).

4.3.1.1.3 Category 1.1.3: Counselling and psychosocial support

According to Spitzer and Mabeyo (2017:141) older persons are prone to poverty, depression, isolation, loneliness and neglect. They are thus in dire need of counselling and psychosocial support due to their vulnerability owing to advanced age. Counselling and psychosocial support is one of the services received from the social service providers by older persons, as illustrated in the excerpts below.

> *I talked to them* [social service providers] *this other time they came here and gave us food assistance. I talked to them about all my problems and the problems that I have with my grandchildren. It is then that they gave me food assistance and they also gave me some advice on ensuring that the grandchildren stop playing truant. They also talked about the importance of sending grandchildren to school. That was the only time that I talked to them about these issues. You know, they are also busy people and everyone wants their attention. Once they are gone it's difficult to follow up on these issues. I am also a Christian and I go to church whenever I can and sometimes they also come to pray for me* [members of her church]. *I find this to be very helpful in coping with my situation.* (F, 64 years)

> *They also educate us on healthy living and counselling on how to use our pension. You know when we get our pension* [Department of Pension, Ministry of Finance and Development] *from the pay point, we do not get any advice on how to use our money. So, when these social workers came to us, they gave us ideas of forming savings groups where we contribute some money. They say we must save for rainy days and also invest in income generating activities.* (F, 83 years)

Let me tell you something my son. When the elders have passed on [died]*, those who remain behind want to dispossess the children of all that they are supposed to inherit from parents or even grandparents. It is even worse for the children of our daughters* [because of patriarchy] *as they are said not to belong to their mother's family. Some start saying that they should find their fathers and go there. So when you are gone* [passed on] *some people do as they please. Ntate, we live with orphans and we only wish that they could be assisted to have their own homes and food. I mean building them their own houses where they have security of tenure and will not be disturbed by anyone. If they are assisted, some of them are old enough to take care of their siblings on their own.* (Fa, 73 years)

The narratives are in line with the services of older persons outlined in the MoSD Service Charter (Addendum H). Counselling and psychosocial support is listed as one of the services provided to older persons by the social service providers.

According to Zastrow (2013:21), counselling helps older persons to cope with life challenges, through problem solving, exploring alternative options and providing them with the necessary information. In this regard, the narratives are also consistent with the assertion that counselling alleviates the effects of psychosocial crises (Weng, 2014:20). It promotes psychological recovery and the adjustment of behaviour, which brings about adequate social functioning. It stimulates the energy and capacity of the client to contribute towards their own wellbeing and that of others (MacLeod (2005) cited in Ngale, 2021:343).

The first and third narratives also confirm the view that the plight of older persons is compounded by the emotional and psychological strain associated with the burden of caring for children who are orphaned due to HIV and AIDS (Boon, James, Ruiter, Van der Borne, Williams & Reddy, 2010:2). They also worry and fear of what would happen to their grandchildren if they were to die before they reached adulthood (Peterson, 2018:67).

Thus, emotional support in old age is essential for the physical and mental wellbeing of older persons (Gosh, 2018:51). Hence, from a developmental perspective, counselling and psychosocial support is a service that empowers vulnerable persons and groups to take charge of their lives.

Four participants mentioned that they received counselling from social service providers. This figure shows that the service is not accessible to all the older persons, possibly because the social work services are usually accessed from the offices of the MoSD, which can be difficult to access, especially for older persons living with disabilities. Even for those participants who benefited from this service, the utilisation of Western psychologies and counselling methods

focusing on individuals is of limited effectiveness in the African context. This is particularly because individuals in the African context are embedded in family and community structures. The interventions focus on some individuals and risk alienating them from their communities. Yet they (relatives and members of the community) play an essential role in their wellbeing as part of a broader entity (Spitzer, 2014:23). Moreover, in cases where emotional distress results from poverty, provision of psychosocial counselling on its own is likely to be of limited effectiveness.

4.3.1.1.4 Category 1.1.4: Public assistance

Although the Constitution of Lesotho of 1993 does not expressly provide for the right to social security, the Policy for Older Persons (Lesotho) attests to the right of older persons to income maintenance (Mosito, 2014:35). Moreover, the provision of an adequate basic income for older persons is a central goal of many governments in Africa. The study found that only one of the four participants (in the 60 to 69 years age category) received public assistance as illustrated in the excerpt below.

> *Yes, I get some money* [public assistance] *from Social Welfare* [MoSD] *because of the situation that I am in. I have gone through a lot my son. I am a widow struggling to survive. I was hospitalised at Queen Mamohato Hospital* [the only tertiary hospital in the country, others being district hospitals] *for almost three months, following a car accident which left me unconscious. I also sustained a fractured leg from the accident. I didn't have anyone who could pay my medical bills. I still go to the hospital for medical checks now and again. I consider myself lucky that Social Welfare eventually came to my rescue and they gave me a medical fee exemption note which I produce every time I go for check- up. What made things very difficult at the time I was discharged from the hospital is that my husband, who was visually impaired* [now late] *was not in a position to fend for the family. You know, we went for days without food. We spent three days having nothing to feed on. I even made a public appeal for assistance on Mo- Africa FM* [a private radio station in Lesotho]. *I requested for help and made them aware that I was living with a grandchild and that we were starving. It was then that I started receiving this money from Social Welfare* [public assistance allowance]. *But this only comes after three months, which is not convenient for managing our financial affairs* (a total of M750). (F, 67 years)

The narrative confirms that public assistance is one of the services offered to destitute older persons by social service providers in the MoSD, as spelt out in its service charter (Addendum H). On the same note, the narrative is also consistent with the finding that the receipt of public assistance is not automatic as it is means-tested and that the benefits are low (Tanga & Manyeli, 2012:360: Dhemba, 2012:823).

Furthermore, the finding that only one of the four participants in the 60 to 69 years age category was receiving public assistance resonates with the view that very few people benefit from public assistance (Mosito, 2014:35). This is mainly due to the inadequate budgetary allocation for this scheme. There is also a long waiting list of applicants for public assistance, which makes it difficult for older persons to be enrolled on the programme. However, this should not be the case as it is generally understood that cash transfers are affordable, even in poor countries, as they cost less than other government expenditures (Transform, 2017f:6).

Given that the public assistance programme is means-tested and perennially underfunded, it is not a reliable service for older persons in the 60 to 69 years age category (Mosito, 2015:35). Moreover, even for those who are lucky to get the public assistance, it is only M250 (maloti) which is not enough to meet their needs for food, shelter and medical care, among others. As such, the right of older persons (aged from 60 to 69 years) to social security enshrined in *inter alia,* the Madrid International Plan of Action on Ageing, the Universal Declaration of Human Rights and the Older Persons Policy of Lesotho is not fully implemented.

4.3.1.1.5 Category 1.1.5: Health promotion

Physical and mental wellbeing are often problematic domains for older persons (IASW Special Interest Group on Ageing [SIGA], 2011:4) as old age is characterised by many health problems (Government of Lesotho, 2014:2; Zastrow, 2014:460; Spitzer & Mabeyo, 2017:134). It is therefore important for people of all ages to maintain physical and mental fitness throughout the life span, to promote healthy ageing (Cavanaugh & Blanchard-Fields, 2019:414). The health promotion services mentioned by the participants involved fitness training exercises, access to health care services and education on self-care and healthy lifestyles.

> *I remember it was only on two occasions when the social worker came to this community. We were encouraged to form a group and this is how I came to be involved in vegetable gardening. She also taught us some fitness exercises which she said we must practice regularly so that we keep fit and healthy. The discussions also covered education and counselling on how to take care of ourselves. Things like carrying out activities that occupy us so that we are not always thinking about our problems. Also taking our medication as required, keeping ourselves clean, and eating nutritious food such as vegetables, beans, meat and the like. Kkkkkk* [giggling]*, and now the challenge is how we can get all these things.* (F, 75 years).

> *I didn't have anyone who could pay my medical bills. I also have to go to the hospital for medical checks now and again. So I consider myself lucky that*

social welfare eventually came to my rescue and gave me a medical fee exemption note which I produce every time I go for check- up. (F, 67 years)

The storylines are consistent with the health promotion activities outlined in Lesotho's MoSD Service Delivery Charter (Addendum H). However, only one participant benefited from medical fee treatment waiver (free health policy applies at government clinics only and not hospitals). This confirms that many older persons are not likely to have access to health care services on account of failure to afford the consultation fee (M15 at the time of data collection in May 2016 to December 2016). It also compares with the situation obtaining in Zimbabwe where the health care services are inaccessible for many older persons due to their failure to afford medical treatment fees (Chipfupa, 2016:4). Unfortunately, this happens at the time when the need for both health and social care become increasingly complex and interdependent owing to the ageing process.

The narratives also show that the coverage of health promotion services, in its various dimensions, is limited. This denies many older persons' access to the health promotion services which exposes them to preventable and opportunistic infections. Health promotion services conceived of in this manner view health as a medical issue and yet from a developmental perspective, it is also the key determinant of both economic and social development (Pretorius, 2015:301). It is thus a human rights and social justice issue (United Nations, 1948; Mabeyo & Spitzer, 2017:140).

This discussion indicates that health promotion presents opportunities for social service providers to use their skills in motivating behaviour change (Hooyman, 2012:543). The strength of the developmental approach lies in its emphasis on prevention, primary health care, community development and the adoption of a multidisciplinary approach, all of which lead to the empowerment of individuals and communities to take the responsibility for their health (Gray, 2010:79).

4.3.1.1.6 Category 1.1.6: Education on the rights of older persons

The physical, psychological and cognitive functioning of older persons is likely to deteriorate with advancing age (Zastrow, Kirst-Ashman & Hessnauer, 2019:644). This makes them vulnerable to all sorts of abuse and violation of their rights in general. Thus, information transfer concerning their rights and protecting themselves is important and empowering (Spitzer & Mabeyo, 2017:139). Five participants received information on human rights and how to protect themselves from abuse. This is demonstrated in the excerpts below:

They also talk to us about our rights as old people. They even said as old people we have the right to be supported financially [by the MoSD] *and otherwise. But at the same time they tell us that the government does not have adequate financial resources to be able to give us assistance. As for me personally, I have not received this support from Social Welfare* [MoSD] *so I do not understand what they mean by these rights. We also got some education on how to protect ourselves. One of the things they emphasise is that we must always secure our houses by locking them when inside at night and every time we leave the house. But then, my house is in a bad shape and I am unable to make it safer. I simply do not have the money for repairs. They should help us since they know that we have these rights. They also advise us to report the cases of abuse and violence against us to the police, the chief or the neighbours.* (F, 70 years)

Yes, they talked about the rights of older persons when they [social workers] *addressed us at the community gathering but I did not understand what this means in reality. I have heard of the right to health. But then when you go to the clinic, they ask you to pay M15* [equivalent of ZAR15]*, so I do not understand how this can be said to be a right.* (F, 74 years)

The narratives bear resonance to the view that all people, inclusive of older persons have human rights and that they should be respected (Zastrow, Kirst-Ashman & Hessenauer, 2019:20). Furthermore, there is consistency with the the right of older persons to information concerning their human rights as enshrined in MIPAA of 2002. The narratives confirm the provision of education on the rights of older persons as stipulated in the MoSD Service Charter (Addendum H).

Considering that only five, out of the 13 participants received education on the rights of older persons, this implies that older persons may not be accessing services from social service providers owing to ignorance. This state of affairs is inconsistent with the situation obtaining in Tanzania where many older persons did not access social work services due to lack of information on their rights (Mabeyo, 2014:131). Inadequate staff and the absence of infrastructure for disseminating information on the rights of older persons were found to be the major contributory factors to the lack of awareness in the case of Tanzania.

From a developmental perspective, education on the rights of older persons is essential for their empowerment. In this regard, the key aspect of the developmental approach is the building of human capability and consciousness to stand up for their rights (Lombard, 2014:49). This, in a way, empowers older persons to hold social service providers and other stakeholders accountable for older people's realisation of their rights.

However,, focusing on human rights per-se suggests that this is more important than targeting the structures and systems that contribute to social exclusion and inequality (Midgley, 2014:32). Hence, the need for measures that go beyond education on the rights of older persons are critical in promoting their wellbeing.

4.3.1.1.7 Category 1.1.7 Skills training for income generation

The main goal of the developmental approach is to promote human wellbeing. This is achieved by, *inter alia*, investment in human capital development by building the capacity of the poor to participate in productive economic activities. Such activities include education and skills training (Patel, 2015:30).

> *I have attended training for income-generating projects. I like to be self-reliant, so I participated in their trainings* [MoSD]. *Now, I only need financial support to get started. I have certificates in there* [she proudly points to her house]. *I have knowledge on how to rear pigs. I know how to handle finances even for the support groups as I completed the training courses. Now I truly see the way but the problem is that I cannot use these skills because the social workers do not follow up to find out our situation. I do not have the starting capital so I just keep hoping that one day they will come to assist me.* (F, 65 years)

Though only one participant received skills training for income-generating projects, this is consistent with the list of the services offered by the MoSD (Addendum H). It also resonates with HelpAge supported programmes in many African countries including Ethiopia, Ghana and Zimbabwe (HelpAge Global Network, undated). A typical example cited by the Help Age Global Network is that of the Regional Centre for the Welfare of Ageing Persons (RECEWAPEC) a non-governmental organisation in Cameroon which promotes income generating activities such as piggery and bee-keeping for older persons.

Skills training and development is in line with the developmental approach as it has the potential to create employment and entrepreneurship, leading to sustainable livelihoods. However, the failure to follow up and to assess the situation of participants portrayed in the narrative above exposes the lack of capacity for monitoring and evaluation on the part of the MoSD. Monitoring and evaluation facilitate assessment of whether or not the objectives of a programme are being met.

In addition, the lack of follow up on the graduates of the skills training programme shows the disconnect felt by service users, owing to lack of ongoing programme engagement and support following the provision of a service (Transform, 2017c:26). Follow-up is important because

social work clients are likely to have other needs which may not necessarily be addressed by the provision of just one service. If one takes this into account, there is a strong case for beneficiary case management and linkages, once a service user has accessed services from social service providers (Transform, 2017c:26). This helps to ensure that intervention is holistic and addresses the needs of service users in a comprehensive manner.

Furthermore, the provision of skills training for income generation projects is developmental. as it involves human capital development, which is essential for promoting long-term welfare and self-reliance (Transform, 2017c:21). However, a missing link is the provision of a sequenced and intensive package of support, which is critical in the transition from poverty, towards resilient and sustainable livelihoods (Transform, 2017c:6).

4.3.1.1.8 Category 1.1.8: Support towards the care of grandchildren
HIV and AIDS and the attendant deaths of young adults in the African context have shifted the responsibility for the care of orphaned and vulnerable children to older persons (Spitzer & Mabeyo, 2017:141). The receipt of assistance towards caring for grandchildren was demonstrated as follows:

> *Actually, I am already old. I want to be assisted to care for my grandchild with this money* [child grant] *from the social welfare. It is about four years ago when Help Lesotho helped me to get the child grant for my granddaughter from Social Development* [MoSD]. *Hey, it took long to get the money, but we eventually got it. Now the problem is that I get the money after waiting for three months. So now, how do we manage in those three months as we need food on a daily basis? At least we should be getting the money monthly because we are starving. Again, because she* [granddaughter *goes to school, you find that after three months, the money has to be spent on school uniforms. And because these children are still young, they do not take off their uniform after school. Though the money* [child grant] *is not much* [M360 every three months], *I am grateful,* as *this helps us to buy food items such as maize meal and sugar when the money is eventually paid.* (F, 65 years).

The importance of assisting old people with the payment of school fees for grandchildren was also illustrated as follows:

> *As you see this boy* [grandson], *I wish that he continues going to school to get education. Without education there is no future at all. That is my wish and the government should understand our plight, those of us who are looking after these orphans, and hear our plea. Fortunately, I requested for assistance with the payment of school fees* [students required to pay school fees in high school] *and they were able to assist me. Because that is the only way we can get out of this poverty and for him* [grandson] *to be able to fend for himself in adulthood.*

> *I think they assisted me because of my situation* [also receiving public assistance because she was assessed to be destitute] (F, 67 years)

From the narratives, there is consistency with the view that older persons have to contend with the responsibility of raising grandchildren (Spitzer & Mabeyo, 2017:141). Three participants indicated that the government (MoSD) paid school fees for their grandchildren in high school. The applicants for child grants have to pass a means-test to qualify for assistance (MoSD, 2014:1). Thus, it is not all the children who are cared for by their grandparents who qualify for assistance. In this regard, assistance with the payment of child grants is consistent with the Child Support Grant (CSG) programme in South Africa, which is meant to enable single mothers to take care of the needs of their children (Noyoo, 2016:1).

Programmes that provide for the payment of school fees and child support grants for orphaned children in the care of grandparents are developmental as children represent the future and are the best hope for transforming people's attitudes and behaviour about issues of human rights and social justice (Wairire & Kiboro, 2014:229). As such, support towards children in the care of grandparents holds great potential to break the cycle of inter-generational poverty.

Moreover, a key feature of the developmental approach is addressing the problems facing service users holistically. This enhances the wellbeing of older persons. It is also critical for human capital development as it relieves the grandparents of having to worry about the financial, physical and emotional stress associated with raising grandchildren. The main challenge though is that of the resources to finance these interventions.

4.3.1.2 Subtheme 1.2: Contentment with the delivery of services by SSPs

Recommendation 202 of the ILO (2012) on social protection floors requires that all the countries should put in place monitoring and evaluation mechanisms, not only for feedback on the impact of social welfare programmes, but also to involve service users in shaping their design and implementation. In this regard, the Department of Performance, Monitoring and Evaluation (DPME) in the Presidency in South Africa initiated a monitoring mechanism to get feedback on user perceptions of the appropriateness and effectiveness of the delivery of public services (Transformation, 2017d:21). This serves to safeguard the efficacy of service delivery and building the basis for their continuous improvement. In this sense, the delivery of services can only be considered to be effective if the service users are satisfied with the services provided.

The older persons expressed some mixed feelings on how they felt about the services that they received from social service providers. These are presented and discussed below.

4.3.1.2.1 Category 1.2.1: Provision of services by social service providers satisfactory
According to Patel (2015:31), social welfare services and programmes implemented from a developmental perspective should have set goals that are likely to bring about tangible improvements to people's lives. Similarly, the achievement of the goals and objectives of a programme is likely to ensure contentment by service users. Four participants indicated that they were satisfied with the services that they received from the social service providers. This is demonstrated in the excerpts below.

> *I have benefited very much from this one of exercising our fingers every day* [fitness training]. *Every day when I wake up, I do this* [stretches his hands up and moves his fingers]. *This stimulates the blood to circulate in the body* [explains smiling]. *This fitness training has really helped me in my life. I am one of those people who could not use a spade. I had virtually become a cabbage* [could not do any work using his hands]. *But now, even this morning I was doing some gardening using the spade. Ntate, those people are very important* [social service providers], *I am saying now I am able to do my gardening. And now you see, we are going to be better older persons because of the assistance we are getting from them. So I am saying if social welfare could assist us with maize seed, we can plough and feed ourselves. You know papa* (pap-thick porridge) *comes from the soil, vegetables come from the soil and milk comes from cows. They shouldn't say this person is old and cannot look after cattle or plough fields. So I am now fit because of their intervention. If they can assist me with seed, then I will be able to have all these things* [food security]. (M, 70 years).

> *They are my son's children* [grandchildren] *so I am their grandmother. Their father abandoned them when he went to South Africa and has never returned. I don't even know whether he is alive or dead. So he abandoned his children. I nursed this other one at the point when God could have taken him* [he almost died] *at the hospital. That is when I was given a referral letter from the hospital which I took to Social Welfare. He was then registered to start receiving the money from social welfare* [child support grant]. *My son, I thank God for this assistance from Social Welfare. Though we are still struggling to make ends meet, at least it helps me to care for the grandchildren and to live with them under one roof. Otherwise, had it not been for this assistance* [child support grant], *they* [grandchildren] *would have run away from me to live on the streets in Leribe* [town] *or these other towns.* (Fa, 73 years)

The findings demonstrate the desperate situation that older persons find themselves in. Nonetheless, they appreciate any assistance that they get from social service providers as it

promotes their wellbeing. The first narrative shows that older persons want assistance that enables them to become self-reliant. This is significant because inspite of their desperate situation, older persons want to be independent. They want to participate in initiatives to promote their wellbeing, which is in line with the developmental approach's emphasis on harnessing the strengths (participating in the change efforts) of service users.

Similarly, the narratives demonstrate the diversity of the needs of older persons, thereby necessitating the need to assess their circumstances prior to intervention. The developmental approach emphasises comprehensive and universalistic interventions to address the challenges faced by service users. Hence, various intervention strategies and actions are required to address older persons' issues effectively and efficiently.

4.3.1.2.2 Category 1.2.2: Services by social service providers not satisfactory

In order to address the needs of older persons comprehensively and holistically it is critical to employ a variety of interventions. Legislation to support the service infrastructure should also be in place, as well as an adequate budget for the implementation of programmes for this population group (Spitzer & Mabeyo, 2017:141). Contentment with the delivery of services is dependent on the expriences of service users in requesting and accessing services. Lack of satisfaction with services received from social service providers is illustrated in the excerpts below.

> *It was then that I started receiving this money from the Social Development Ministry* [public assistance allowance]. *But this only comes after three months which is not convenient for managing our affairs. Moreover, the amount is too little* [a total of M750 at the time of data collection, May to December 2016]. *We should be getting this as the monthly allowance. My question is whether the people working in government are being paid after three months. These are people who earn a lot of money. So why are we treated differently like this? Coming to think of it, this money is not even enough to last for a month and yet we are expected to go for three months without getting anything else. The money is supposed to cover the cost of transport when I go to the clinic* [for check-up] *and sometimes the medication as well. We need food on a daily basis and sometimes I have to hire people to plough the fields and to repair the house. We also need clothes. The money is simply not enough.* (F, 67 years)

> *I will never visit that office ntate* [sir]. *As I said, the first time I requested for assistance I did not get anything. The village chief wrote me a referral letter to take to the social welfare office requesting for assistance* [child grants] *for my grandchildren. The social welfare office was still at Ellenrines up there. I followed up the application and I was told that some of the information the chief had written was not correct, so I could not get any assistance* [participant gets

emotional]. *I then gave them the information that they wanted and when I followed up, again I was told that their names were still not on the list of applications that had been processed and approved. They kept on telling me the same story until I gave up. So as we speak, I have not got any feedback from the welfare office.* (Fb, 73 years)

The narratives are consistent with the findings of an online survey on the public opinion of social work in the United Kingdom. Though a minority, the study found that 8% of a sample of 1.774 participants did not experience any difference (change in circumstances) by receiving social work services (Blackwell, 2020:1). Similarly, the first narrative shows that the public assistance amount of M750 (which is paid quarterly) is inadequate for meeting the needs of older persons. It is not enough to cover the cost of food, transport, housing and other basic needs. The public assistance amount translates to about US$18, which is way below the United Nations official poverty line of US$37.50 a month.

It is because of the failure to provide adequate financial and food assistance that six participants expressed dissatisfaction with the services that they received. The second narrative also shows that some participants failed to get the assistance that they had requested for, and this was for unexplained reasons. Yet, in terms of the human rights standards for social protection that are central to the developmental approach, the eligibility criteria for services must be transparent and known to potential beneficiaries (Transform, 2017a:19). Thus, the services delivered from a rights-based perspective should be appropriate and adequate.

4.3.1.3 Subtheme 1.3: Description of support from non-formal sources
From an African perspective, there is interdependence among members of the same community based on a value system of Ubuntu (Rautenbach & Chiba 2010:11). Sustainable interventions for the welfare of older persons within the African context and culture requires an understanding of the individual's experiences within the community in which they live (Mtetwa & Muchacha, 2017:124).

Furthermore, although this study focused mainly on the services provided by the MoSD, the provision of comprehensive welfare services for older persons is generally attainable with complementary non-formal systems of support. These include adult children and the extended family, neighbours and other community members. Moreover, social work can only be successful if it takes into account the micro, messo and macro levels of the social environment of older persons. As such, non-formal (family, friends and neighbours) resources and assistance networks are also critical sources of support.

The lack of coordination between state, non-state actors and informal systems militates against the comprehensive provision of social services (Transformation, 2017e:7). Similarly, the failure of the public services to adequately provide for the needs of the poor implies that synergies be established with non-formal systems of welfare provision to promote their wellbeing and that of older persons. Thus, it has been suggested that the care of older persons should be a shared responsibility of the family, adult children and the community, alongside the formal services (McDonald, 2010:3).

The services provided by adult children and the extended family, neighbours and members of the community are discussed below. First to be discussed are the services from adult children and the extended family.

4.3.1.3.1 Category 1.3.1: Participants' description of support from adult children
Historically, in most parts of Africa, adult children and the extended family system provided for the basic needs of members, including older persons (Apt, 2012:94; Preece & Croome, 2016:2; Ugiagbe, 2017:273). The receipt of assistance from adult children is illustrated in the excerpts below.

> *I stay at the same place with my son, though he has his own homestead. I always find him very supportive to me. When I am sick he checks on me and takes care of me. He assists me with most of the things that I ask him for. He is the male figure, so I depend on him even for protection and security. I really receive a lot of support from him. He pays for my water bill and once in a while he gives me M50 to buy paraffin* [for cooking and lighting]. *The day before yesterday he bought me firewood worth M60 saying that I should stop using cow dung* [source of energy] *because it causes a bad smell in his house. Ntate Liphoto* [her son-not his real name] *has three cows, so I normally take their dung and make lisu* [dried cow dung used as fuel for cooking]. *So he said the smoke from the cow dung smells badly in his house which is not far from mine. The smoke gets into the house when the windows are open.* (F, 83 years)

This narrative is comparable to the findings of a 2015 study on the role of old age pension in Lesotho showing that some pensioners received support from their adult children (Tanga, 2015:567). This is also confirmed by a study in Arabia, which revealed that older people in that country received care and support from their adult children (Sibai & Yamout, 2012:63)**.** Studies carried out in Nairobi (Kyobutungi, Egondi & Ezeh, 2010:45), Namibia (Ananias et al., 2017:145) and South Africa (Nyirenda, 2014:69) also show that there is still a heavy reliance by older persons on adult children and the extended family.

This, implies that intergenerational bonds amongst the family members, particularly adult children, guarantee support in old age thereby necessitating the need for the strengthening of the extended family support system. Furthermore, although only five of the 13 participants received support from their adult children, this is significant in that it debunks the view that this is no longer the case in African countries. However, on the contrary, other participants (seven) indicated that they were not getting any support from adult children and the extended family:

> *You cannot expect children these days to support their parents. It's as if they do not even know that we need their help. Though all of my children* [adult children] *are not formally employed; they are not supporting me in any way. All they do is to give me problems asking for this and that. At least they are not staying here with me, otherwise I would be stressed to death. The mother of the grandchildren that I am staying with, wherever she is, is also not working. So there is nothing to expect from her.* (M, 76 years)

> *Their parents* [grandchildren] *are not giving me any support. I survive by harvesting wild berries and selling them. I supplement this with the beans* [referring to pension money that is little] *that we get from government. It is a struggle, my son, but what can I do? This is what happens if you have children who are irresponsible. I just don't know whether this is a punishment or something. I have four adult children, but I am not any different from those who do not have any children at all. I have to struggle to make ends meet. If it had not been for the pension that I started receiving at the beginning of this year* [2016] *I don't know how we would be surviving* [shaking her head]. *At least they* [adult children] *should provide for their own children. But now, it's like they are deceased. They just don't care.* (F, 70 years)

The narratives corroborate the findings of another study on old age pension in Lesotho, which showed that the majority (out of a sample of 15) of the participants were not getting support from their children (Ranyakane, 2014:74). There is also consistency with the view that support from the family members to older kin (in the Arab region) is uncertain due to the changes in the family structure and youth migration (Hussein & Ismael, 2016:279). On the same note, the findings also correspond with the assertion that poverty inhibits adult children in the African context from the tradition of customary support for older persons (Apt, 2011:94; Livingstone, 2018:14). Unfortunately, this has a negative impact on the profile of older persons, as it exposes them to vulnerability to poverty and abuse.

However, notwithstanding that the purpose of the study was explained, some participants may still have thought that they would jeopardise their chances of getting financial assistance if they

acknowledged that they were getting support from their adult children. It is therefore also possible that some of the participants who indicated that they were not getting support from their adult children thought that the researcher had an influence on who got assistance from the MoSD. As a result, some participants may have exaggerated their plight, hoping to get sympathy and financial support from the MoSD in the event that they applied for assistance.

This can also be explained in that the eligibility criteria for financial assistance from the MoSD is such that it is difficult for older persons to qualify for the assistance if they have adult children who should be taking care of them. Thus, the application of an eligibility criteria for public assistance based on the assumption that adult children support their parents is problematic, as such support cannot always be guaranteed.

4.3.1.3.2 Category 1.3.2: Participants' description of support from neighbours

Ubuntu, an African philosophy based on human characteristics of generosity and caring towards others has been instrumental in meeting people's needs, including those of older persons (Mubvurira, 2020:74). As such, neighbours and members of the community would be expected to provide care and support to those who are less fortunate in their communities.

Support from the neighbours was confirmed by some (six) of the participants as illustrated in the excerpts below.

> *I have friends in the neighbourhood whom I share ideas and ask for help if I need anything. They give me maize meal when I don't have. I also lend them money from my pension and maize meal as well. Yesterday I gave the other one of my neighbours maize meal. So you find that when I have problems they can give me some maize meal so that I can brew traditional beer for sale and also for making porridge. We also assist each other in activities such as ploughing and harvesting crops from our fields. My neighbour friends are very supportive, actually we support each other.* (Fb, 73 years)

> *Ntate, I survive on farming. So we help each other with my neighbours, especially when the harvest is poor. Like this year there was a drought and I had a very poor harvest. Fortunately, my neighbour's maize harvest was not that bad. He is the one who assisted me this time around.* (M, 74 years)

The narratives show that participants benefited mainly from mutual aid activities (ploughing and harvesting of fields), food assistance in times of poor harvests, borrowing money and sharing ideas. A popular benefit was the borrowing of money which can be attributed to the fact that some (seven) of the participants aged 70 years and above were getting old age pension. Thus, they had the capacity to repay the money. Moreover, their social standing in the

community was respectable because of the pension they received. This may also have contributed to the interest of the neighbours to assist them, with the expectation of reciprocity.

Also consistent with the finding that older persons got assistance from neighbours is the traditional agricultural mutual aid system among the Basotho, known as Matsema (work parties). This involves neighbours forming farming units to assist each other especially in ploughing and harvesting their fields. On the same note, the view that indigenous socio-cultural values and mutual aid practices still obtain in Eswatini is also in line with the finding that neighbours help each other in times of social and economic hardships (Khumalo, 2018:5)

Thus, from the narratives above, the flexibility of the assistance from friends and neighbours, when it is provided, helps to ensure the quality of life of older persons. Moreover, given that the assistance is not fixed, it response to the services that they require. However, other participants indicated that they did not get any assistance from their neighbours.

> *I have never received anything from anyone. Not even from my neighbours. This is why I am saying I am unlucky. What only happens is that I can borrow money from them* [neighbours]. *But then, I pay back the money when I get my pension. So I cannot say I get any assistance from them. If there is anything they do for me, I will have to pay for the service, otherwise they is nothing they can give me for free. So I always see myself struggling on my own. These days if you want assistance from neighbours and other members of the community you have to pay for it. Even a simple thing like fixing a door can only be done if you are going to pay for the labour. The level of poverty seems to be worsening so even neighbours are also constrained from giving assistance.* (M, 76 years)

> *No ntate, I have not received any support from them* [neighbours]. *Of course I should not be expecting to get assistance from neighbours. They also have their own lives to live and so to expect help from them is not fair. Things are difficult for everyone. Nonetheless, we coexist and sometimes we exchange agricultural produce. That is how it is. For other things you have to pay for the services if you are to get assistance.* (F 65 years)

The narratives show that it is difficult for older persons to get assistance from neighbours partly because of the difficult economic environment obtaining in the country. It is also because the neighbours are preoccupied with their own survival. These narratives are consistent with the findings of a study by Motšoene (2014) in Lesotho. The study showed that older persons in Maseru were not getting any support from their neighbours. Motšoene implicates modernisation and the Western values of individualism that have been adopted in African societies as being responsible for this state of affairs (Motšoene, 2014:318).

Thus, older persons find themselves in a very vulnerable and precarious position owing to lack of support from friends and neighbours, who otherwise should be the first line of support after the immediate family. This however should not be the case, given the African values of *Ubuntu* and good neighbourliness which require neighbours to help each other in meeting their needs. Moreover, the services delivered from a developmental perspective are individual and family-centred as well as community-based. They are also integrated, decentralised and accessible at a local level (Patel, 2015:129). Hence, support from neighbours is critical in promoting the wellbeing of older persons and to ensure that they age in place.

4.3.1.3.3 Category 1.3.3: Description of services from community members

The developmental approach draws on the philosophy, process, methods, techniques and skills of the community development approach to promote human development and to improve the socioeconomic conditions of communities (Patel, 2015:130). In this regard, the spirit of helping each other is critical to ensure that the needs of vulnerable people, older persons included, are addressed. Five participants indicated that they received support from members of the community, as demonstrated in the exerpts below:

> *Members of the community assist me in many things ntate. I have animals* [cattle, sheep and goats] *so they also keep an eye on them and assist to make sure that they are secure. We have a serious problem of stock-theft in this area so members of the community also act like the police, to prevent stock-theft. I relate very well with members of the community. We also have people that we call metsoalle ea motseng* [friends of the community], *whom we share and discuss important issues with, about life in general.* (M, 71 years)

> *Ntate, I am liked by people in my community to the extent that when I don't have things such as food, they help me out* [she said this with a smile]. *You find that Mme* [Ms/Mrs] *so and so from our community will just come and give me maize meal and vegetables, if she gets to know that I have run out of food. My son, I maintain good relations with the people in my community. I am not a person who wants to be quarrelling and picking up fights with other people all the time. I do not have a problem with anyone and because I relate well with everyone, people like helping me whenever I have a problem. You know, I also feel sad when I talk about this. God had blessed me with eight children, and now I am left with three. Five of them are no more, they are deceased. My husband is also late, so you can imagine the suffering that I have been through. It is these members of the community who have supported me through all these bereavements. They have contributed food at the funerals. They also consoled me and provided all the psychological and emotional support that helped me to pull through these crises.* (F, 83 years)

The last two sentences of the second storyline are consistent with the findings of a study that was carried out in Namibia which showed that older persons benefit from grief counselling and support from members of the community (Ananias, Salonika, Black & Strydom, 2017:148). This is significant because it extols the values of community, humanity and collectivism, which are central to the developmental approach. Thus, the developmental approach embraces people's culture and way of life as a strategy for enhancing participation in the problem solving process. Moreover, it also ensures appropriateness of interventions as it takes into account the world view and context of service users to promote their wellbeing. However, the study also revealed that eight participants did not get any support from members of the community.

> *Uuuuuu,*[trying to think if ever she got any support] *I have not received any assistance from any members of the community. In any case how does that happen? How can a person who does not know you just come and assist you? Those days are long gone, my son. Who has time to think about you when they are also struggling? Many people are saying things are tough for everyone. You cannot just get assistance for free. This is why at my age you still find me going around the community asking to do laundry for people.* (Fa, 73 years)

> *No ntate, in spite of my circumstances* [poor and not in good health]*, I have not received any assistance from members of the community.* (F, 90 years)

The above-mentioned storylines reflect two things. First, that the spirit of *Ubuntu* which traditionally ensured that members of the community assisted each other in times of need is no longer that strong. Thus, the storylines are in line with the view that modernisation and its attendant values of individualism and thrift, have negated the concept of community responsibility that defined most African societies (Apt, 2011:95). Resultantly, this leads to the exposure of older persons to vulnerability. Secondly, the reality portrayed in the narratives is exacerbated by the difficult economic environment, because of the high levels of unemployment and poverty in the country. This prevents many people from offering assistance beyond their nuclear family.

From a developmental perspective, the general systems perspective and the ecosystems approaches provide for holistic interventions at micro, messo and macro levels. This helps to understand the interconnections between the person and his or her environment. Hence, the developmental approach has the greatest potential to promote the welfare of older persons, given its focus on community development and the integration of both non-formal and formal systems of social protection.

4.3.2 Theme 2: Socioecomic and health status of Lesotho's older persons

Population ageing has profound implications for many facets of human life, as it involves changes in life (Ahmad, Rohan, Subramaniam, Arion, Subramaniam & Ibrahim, 2017:25). In this regard, socioeconomic status encompasses not just income, but financial security as well. Thus, understanding how these dynamics interact with traditional and cultural forces, and how societal systems respond to this situation is crucial in efforts to promote ageing-friendly societies (Chalise, 2012:152). Moreover, socioeconomic status affects overall human functioning, including physical and mental health. The findings on the social, health and financial status of Lesotho's older persons are presented and discussed in the sections below.

Subtheme 2.1: Social status

According to Hangsheng (2003) cited by Xia (2020:1), social status refers to "*the relative position in the space of social relations and the relationship between rights and obligations formed around this position*". Lesotho, in common with other countries internationally, is an ageing country (MoSD & Help Age International, 2014:3).

One of the glaring issues of population ageing in Lesotho is that of the feminisation of ageing. An overwhelming majority of the participants (older persons) in the study were female. This is consistent with the view that in South Africa, there are more women than men, among older persons (Patel, 2015:223). This can be attributed to the fact that women have a longer life expectancy than men.

This also resonates with the projection that Lesotho's population in 2026 will comprise of 81,187 female older persons, compared to 43,553 males (MoSD & Help Age 2014:3). In fact, the proportion of older females has been higher than that of males in the population censuses of 1996, 2006 and 2016 (MoSD & Help Age 2014:2). The 2011 census projections in India also confirm that older women 60 years and above outnumber their male counterparts (Choudhury, 2018:50). Thus, women live longer than men, which explains why the majority of the older women participants in the current study were widows. Consequently, because of their advanced age, they become vulnerable to abuse. Hence, they would require services that address their special needs as older women.

Furthermore, modernisation theorists contend that increasing industrialisation and urbanisation diminish the status of old people (de Silva & Welgama, 2014:1). It results in the spread of nuclear families, a reduction in the proportion of of adults living with their parents and the

weakening of the extended family system for older persons. It also contributes to the growing isolation, neglect and poverty among older persons (de Silva & Welgama, 2014:1).

> *No one seems to care about us. And now, we do not even know who we should take our problems to. As it is, I am not employed. Potential employers say I am too old. Even the part-time jobs like weeding other peple's fields that I used to do, no one wants to hire me anymore. So how can I take care of myself? This old age is like a curse because we are no longer valued as people worth living. You go to hospital, and its like they do not want to have anything to do with you, you may not even be attended to. Similarly, I hardly know these social workers who are supposed to help us. Why are they not coming to us? They must be interested in working with us and not shun us as if we are not human beings.* (F, 73 years)

> *In most cases, older persons are mocked about their age. Many people do not respect us as older people. They do not treat us well, and so I take this as a challenge. Well, you just get the feeling that we are not viewed as people who have a future. We are not even given priority in accessing services. We have to compete with younger people, even though we are now physically weak and frail.* (M, 71 years)

> *I had nine children all in all, but five passed away. I am left with five, but they are not here. I do not stay with them. I am looking after six grandchildren and their parents are not giving me any support. They do not even phone to find out how I am coping. So, I feel so hopeless as no one respects an older person who is neglected by her own children.* (F, 74 years)

The narratives above show that older persons have a low status, manifested in limited or no access to social services, isolation, neglect and marginalisation. This is supported by the view that older persons in India are isolated and neglected as the younger generations migrate, leaving them behind to fend for themselves (Gosh & Choudhury, 2018:51). Also in line with the third narrative, is the finding of a study in Mafikeng, South Africa, showing that having no working children negatively affects the social standing of older persons (Bigala & Ayiga, 2014:468).

Thus, older persons in Lesotho have a low socioeconomic profile. Hence, they require social security and protection, psychosocial support and the respect of their rights to health and dignity, among others, to enhance their social status. Failure to address these needs can lead to

mental and physical health challenges for older persons, thereby perpetuating their low social status. Moreover, with a growing population of older persons, and the need to promote their wellbeing and ageing in place, the respect of their rights and needs is of paramount importance.

Subtheme 2.2: Health status

Health is a major concern as people age (Spitzer & Mabeyo, 2017:140). According to Kleisiaris, Papathanasiou, Tsaras, Androulakis, Kourkouta, Fradelos & Zyga (2019:237), health status encompasses physical, mental and social health.

> *My major problem is that of poor health, as a result I stay at home most of the time. Hunger is also a problem because I can no longer work in the fields as much as I used to, when I was younger. You know, when you are old, you suffer from many health ailments. My feet are painful and my back aches. This is why I am using a walking stick. Well, I do go to the clinic whenever I am not feeling well. However, sometimes I just get tired of visiting the clinic or hospital because all they give you are painkillers. I also have the problem of poor vision. I also lost the two children I had, and to be honest with you, I am still finding it difficult to come to terms with the loss. I am grieving ntate.* (F, 65 years)

> *Yeah, my major problem is that I am sick and this has been for many years now. I have suffered a lot, my feet and hands ache and it never becomes better. You know, my age-mates are unable to walk and I am greatful that God is still protecting me as I can still walk somehow. Yes, I go to the clinic, but it is not helping. I have now resigned to the pain and suffering.* (F, 90 years)

The first narrative confirms the findings of a study in South Africa, by Chazan (2003) cited by Dolbin-MacNub and Yangura (2018:20), showing that grandparents experience a variety of health problems, including hypertension, diabetes, and arthritis. The third narrative also coincides with the view that older persons experience psychological distress, grief and loss stemming from the loss of their family members (Dolbin-MacNub & Yangura, 2018:20). In addition, the first storyline is consistent with a study in Assam, India, which revealed that out of 360 older persons 15% were malnourished and that 55% were at risk of malnutrition due to food insecurity.

Thus, the overall health status of oder persons in Lesotho is generally poor, with a high prevalence of chronic comorbidities, including hypertension, diabetes and athritis. As such,

given that health is of major concern in old age, issues of access to health care services for older persons in Lesotho are important. Moreover, health begins with wellbeing, and therefore the provision of services for older persons is critical, in order to promote healthy ageing.

Subtheme 2.3: Financial status

Although, financial resources vary widely, the major ones are, housing, income and food security (Ahmad, Rohan, Subramaniam, Arion, Subramaniam & Ibrahim, 2017:25). Furthermore, the quality of life an individual can expect is affected considerably by material circumstances, as well as the experience of income poverty (Foster, 2011:344). Hence, the financial status of older persons is directly linked with their financial independence. Thus, knowledge of the financial status of older persons is important for purposes of understanding their financial capacity to meet their needs. This is also important in order to determine the appropriate interventions to address issues of financial insecurity and poverty in general.

> *My major problem is having to provide for my grandchildren, that is, for their food, clothing, uniforms and school fees for those in secondary school. Hey, this gives me sleepless nights because I can't get this money from anyone. The pension money I get is too little to cover for all of these expenses.* (F, 75 years)

> *My house is dilapidated, and when it rains, water leaks through the roof. We are forced to use a water basin to trap the water from the roof to avoid damaging our belongings in the house. Social Development* [MoSD] *should do something about this. I just do not have the money to build a new house, let alone afford the costs of maintenance or repair of the house.* (F, 70 years)

> *I requested for food assistance from Social Welfare* [MoSD]*, but they keep promising that I will get the assistance. I told you that I have six grandchildren, so I do not even know where to get the food to feed them. Some of the times we go for days without having food. So, just think of it, how do I explain this situation to the grandchildren?* (F, 74 years)

The majority of the participants in the study occupied sub-standard housing as they could not afford the costs for the repair and maintenance of their houses. They were also food insecure and needed assistance with paying school fees for their grandchildren in high school, as well as for their upkeep.

The first narrative above resonates with the findings of a study on the quality of life of grandparent caregivers in Zimbabwe, which showed that poverty was a major problem in raising grandchildren (Mhaka-Mutepfa, 2018:1). This is also confirmed by Chingono (2021:2) asserting that 80% of older persons in Zimbabwe are poor.

However, a study on the income status of older persons in Bukit Ceralah, in Malaysia revealed that the majority of the older persons were not poor (Ahmad, Rohan et al., 2017:25). The majority of the participants had a monthly income that was above the national poverty line income, hence they were not considered to be poor.

Notwithstanding that older persons in Lesotho aged 70 years and above receive universal old age pension, their financial status is poor. The pension they receive is inadequate. It cannot be expected to meet all their basic needs, including the cost for the repair and maintenance of their houses, health care and school fees for their grandchildren. The situation is actually much worse for older persons aged between 60 and 69 years, who did not have any other source of income, and yet they do not receive old age pension.

4.3.3 Theme 3: Social work services required to promote the socioeconomic wellbeing of older persons

Older persons experience many challenges including physical and mental disability, poverty and chronic conditions which are also likely to escalate their personal care requirements. Moreover, the needs and services that they require are likely to be varied because of their heterogeneity by age, gender and functional ability, among others (Hooyman, 2012:538). Thus, in order to appreciate the services required by older persons, it was necessary to ascertain the challenges that they faced. Knowledge and understanding of the challenges faced by older persons and the services that they require is important to ensure the provision of appropriate and effective social work services. This information also helped in coming up with the guidelines for social work practice with older persons (Chapter Six). Hence, the section below discusses the challenges faced by older persons, followed by that on the social work services that they require.

4.3.3.1 Subtheme 3.1: Participants' description of the challenges faced by older persons

In order to understand the specific needs of older persons in Lesotho, it is important to discuss the challenges that they face. They include: income insecurity, loneliness and isolation, dependency and unmet health needs. In addition, they experience a growing inadequacy of customary support from the extended family, discrimination and vulnerability to all forms of

abuse (Apt, 2011:94, Giunta, 2014:95; NUL News, 2014:13; MoSD, 2015b:2). Malnutrition is also a serious problem in many developing countries as progress in reducing hunger has virtually stalled (Midgley, 2014a:95).

Participants indicated that they experienced poverty, hunger and food insecurity, challenges of accessing health care and services, negative attitudes of the Department of Home Affairs officials and poor housing. They also suffered from the loss of close family members, isolation and loneliness, abuse, neglect, abandonment and witchcraft accusations. These challenges are examined below:

- **Problem of poverty**

Though poverty in the African context constitutes a complexity of multiple and vexing realities, it is widely accepted that it relates to the link between the resources and livelihoods in a particular context (Sewpaul, 2014:29). It is also an undesirable human condition manifested in inadequate or lack of basic resources that are fundamental for human survival. The current study found that participants (eleven) were living in poverty. Nonetheless, two out of the 13 participants did not have any financial problems as portrayed in the following excerpts:

> *You know, I was involved in many car accidents during my working life. So now, my children do not want me to do heavy manual work because they know that if I do a lot of work I will fall sick. They want me to prevent this from happening. Sometimes I do spring cleaning* [thorough cleaning of the house] *with them because they think that I cannot do it on my own and will not be able to reach all the corners of the house. They often assist me with cleaning the house. Then, this last born* (daughter) *doesn't want to see me without food. She is married at Maputsoe* [a town about 20 kilometers away from where the participant resides] *but she works in Maseru. So every time she passes by here she inspects the refrigerator to ensure that there is enough food. And should it happen that she finds that it is empty, she makes sure that she buys groceries. Even this son who stays over there* [in the same neighbourhood] *makes sure that I have food. His sister whom he stays with is not working but she helps me a lot with cleaning the house. Yes, my children assist me a lot. There is not a single day that I have gone to bed on an empty stomach.* (F, 69 years)

> *I did not ask for anything from social welfare* [MoSD], *but it so happened that the social workers came to us in the village to help us come together as old people. They assisted us to establish these groups to help one another with the little that we contribute in the event of things such as illnesses, death and hunger. Otherwise I am okay financially. I have many cattle and sheep. I also run a business* [food outlet]. *I have three employees, two of them are looking after my livestock and one is in the restaurant. I am also getting my retirement pension* [occupational pension] *from my previous employer.* (M, 71 years)

The storylines show that only two of the participants were content with their financial status. The first narrative is consistent with the findings of a survey that was conductted in 2014, of midlife adults providing financial support to older parents in the United States. This study revealed that 32% of midlife adults provided financial support to their parents for needs such as groceries and housing (Skutca, 2020:2).

Although older people are found in all the socioeconomic groups, the second narrative is inconsistent with the view that the majority of the older people in the East African Community (EAC) lack income and food security (Spitzer and Mabeyo, 2011:10). There is also inconsistency with the findings of a study that showed that older persons in Maseru were living in poverty (Motšoene, 2014:319). Another study on priority aging issues in Lesotho found that poverty was the major problem facing older persons (MoSD & HelpAge International 2014:40). Nonetheless, eleven participants in the current study reported that they were living in poverty.

> *Well, at least the financial situation gets better when I get my pension. However, the problem is that it is not enough* [M550] *because it does not meet all our needs. I have to provide the food, clothing and everything for these grandchildren* [two]. *My major problem is that I have not been in good health for years now. Now, this house is also in a state of disrepair. When the rain falls, water leaks in and I am forced to put a basin to stop the water from damaging our clothes and food items. The house* [one room] *is the granary, the bedroom and where we keep all our assets. I cannot afford the repair and maintenance of the house. So, this state of poverty is never ending. It appears to me that we just have to live like this until kingdom comes* [until she eventually dies]. (F, 90 years)

Another participant remarked as follows:

> *I have a child who was supposed to go to school. They call it NTTC* [National Teacher's Training College]. *Her name appeared on the list* [admissions list] *at the college but she failed to go for the training. I didn't know where I could get the M450 acceptance fee required before starting her studies. She also needed money to buy groceries and for other things like laundry and renting a room from where she would be staying and commuting to school. I tried borrowing the money from my neighbours, but to no avail. So she failed to go for the training because I didn't have the money for her fees as well. This really pains me because this was the only opportunity for us to have someone who could assist us if she had gone for the training and completed the course. Now all my hopes and dreams are shattered.* (Fa, 73 years)

The storylines are in line with the findings of a number of studies which show that older persons are among the poorest of the poor. Studies on the quality of life of old age pensioners

(Mugomeri, Chatanga, Khetheng & Dhemba, 2017:385) and older persons receiving old age pension in Lesotho (Ranyakane, 2014:97) showed that they live in poverty. A survey of 15 African countries also revealed that the proportion of older people living in poverty in 11 of these countries was higher than the national average (HelpAge International, n/d).

The current study also confirms the findings of an online survey of gerontology scholars in 17 different countries, 13 of them in Africa. It revealed that 94.4% of the 72 participants were of the view that poverty is the major challenge facing older persons in Africa. This also compares with the findings of a study by Mabuza, et al (2010:27) in Eswatini, Tanzania (Spitzer & Mabeyo 2011:10) and Zimbabwe (Mhaka-Mutepfa, 2018:9) which show that older persons are poverty stricken.

However, the finding that older persons are poor is contrary to that of a study which showed that four in ten older persons in South Africa were poor (South African Statistics Association, 2011:v). Similarly, the results of a study on the impact of old age pension on the recipients (South Africa) showed that old age pension provided older persons with a stable income, thereby getting them out of poverty (Ralston, Schatz, Menken, Gomez-Olive & Tollman, 2015:3).

Thus, older persons in Lesotho are vulnerable to poverty mainly due to lack of comprensive social protection. Their plight is exacerbated by advancing age, which makes it difficult for some of them to engage in productive economic activities to become self-reliant. Therefore, on the basis of the foregoing, poverty reduction and sustainable livelihoods should be at the centre of all intervention efforts.

- **Hunger and food insecurity**

Food security is a situation where there is access to enough food and other things which are necessary for a decent and healthy livelihood (Nyikahadzoi, Zamasiya, Muchinako & Dziro 2013:46). On the other hand, food insecurity is not just about insufficient food, but it is also relates to poor quality or lack of nutritional value. The problem of hunger and food insecurity was illustrated as follows:

> *Ntate* [sir]*, we are crying of hunger since we could not even plough our fields because of lack of draught power and maize seed. People are dying of hunger out there in the village. So there is a great need for food assistance. Our food security situation is a problem because of drought over the years. Furthermore, now I can't work in the fields as much as I used to. I do not even have cattle and so my fields cannot be ploughed on*

time. I sometimes go for days without any food. Even water for drinking is a problem. You know, it's so painful when these innocent souls [grandchildren] *complain of hunger and I find myself so helpless. I always say I better starve, like now when there is no food, so long as I try to satisfy my grandchildren. Worse still, with this poverty I cannot even afford agricultural inputs for use in my fields.* (Fb, 73 years)

Ntate, I am separated with my husband. So my biggest challenge is getting food for survival. My situation is dire because I have virtually nothing of my own except these grandchildren and a son who is not working and is dependent on me. I cannot get food support from anyone. The best that my family of birth could do was to give me a piece of land and that is all. It's also not like I am lazy and do not want to work in the fields. The thing is, I do not have the draught power and I do not have money to pay people who can plough for me. So when I am lucky to get assistance, my field is ploughed last, when everybody else has finished and the rains will be gone by then. It is worse with this drought that is upon us all the time. So, it is a nightmare getting food for the family. (F, 64 years)

The storylines show the gravity of the hunger and food insecurity situation of some (seven) of the participants. This is consistent with the view that Lesotho is a country blighted by periodic drought, hunger and the pandemic of food insecurity (Leduka, Crush, Frayne, McCordic, Matobo, Makoa, Mphale, Phaila & Letsie, 2015:1). The narratives also corroborate the findings of other studies showing that marginalised households throughout the country are food insecure. A study by Mphale, Rwambali and Sechaba Consultants (undated), for example, also confirmed that Lesotho is a food deficit country. On the same note, the ILO (2016:2) lends further credence to this finding, asserting that older persons in Lesotho experience higher food shortage at 39.3%, compared to 34.2% for the general population. It is probably for this reason that the GoL (2014:8) contends that food insecurity and malnutrition are some of the major challenges confronting the country.

Similarly, the narratives are consistent with the situation in Malawi where the availability of food is erratic. As a result, older persons are food insecure (Republic of Malawi, 2016:16). In fact, there are many cases of food insecurity in sub-Saharan Africa, including Southern Madagascar and in the Horn of Africa (Sasson, 2012:1). Even further afield among older persons of Mexican-origin in Colonias, along the Texas-Mexico Border, there is empirical evidence showing a high prevalence of food insecurity (Sharkey, Dean & Johnson, 2011:19). A study in Venezuela also revealed that three in five older persons go to bed hungry almost every day (HelpAge International & Convite, 2019:1).

Thus, considering that food insecurity is a major threat to the survival and wellbeing of older persons, services for older persons in Lesotho need to address this problem. This is also crucial in pursuing the United Nations Sustainable Development Goals (SDGs) number 1 and 2 of reducing poverty and ending hunger in order to achieve food security by the year 2030. This will ensure that no one is left behind in the development process. It also helps to promote social inclusion, which is one of the goals of the developmental approach.

- **Accessing health care and services**

From a developmental perspective, good health and nutritional status constitute the human capital required, not only for social and economic development but also for healthy ageing (Midgley, 2014:96). However, given that people are now living longer than before, medical conditions are inevitably part of older life. The challenges encountered by participants in accessing health care and services are: overcrowding and long waiting times at the clinic, the shortage of doctors and medicines and negative attitude of nurses. These are discussed below.

Overcrowding and long waiting times at clinics

In spite of the free health policy adopted by the government of Lesotho, patients still have to pay a consultation fee of M15 at the clinic (during data collection in May to December 2016). The frustration of some of the participants with the congestion and having to wait for a long time before getting attention from the medical staff is illustrated in the excerpts below:

> *It is a struggle because of overcrowding and long waiting time at the clinic. I have to go with my grandchild to stand in the queue for me sometimes. You see, these people* [medical personnel] *don't care about our age and medical conditions. We are not given priority at all and we are required to join the queue no matter what your medical condition is. Now, if you have high blood pressure you eventually give up and go back home as you cannot be standing for a long time in the queue. There is need to prioritise those who are old in the provision of health services. They must be allowed to jump the queue and be served first. Alternatively, they must be attended to separately. If we are prioritised it will also mean that medication for older persons will be available.* (M, 76 years)

> *When you are old, you have so many health issues. My feet are painful and my back aches. This is why I am using a walking stick* [she points to the improvised walking stick that she uses for support]. *Well, I go to the clinic whenever I am not feeling well. However, sometimes I just get tired of going to the clinic or hospital. The time you spend waiting to be attended to by the nurses is sometimes discouraging* [wait for a long time]. *When they eventually attend to you, all they give you are painkillers, which only give you a temporary relief from pain.* (F, 65 years)

These storylines resonate with the situation in Namibia, where older persons are subjected to long waiting periods before receiving medical help (Ananias, 2014:54). This finding also corroborates that of a HelpAge research in Tanzania where over one-third of older patients waited at the hospital for four to six hours before being attended to by a doctor (Stanley, 2008:5). Thus, overcrowding and long waiting times at the health facilities are obstacles to accessing health care for older persons.

The Ministry of Health and Family Welfare in India provides for separate queues for older persons at government hospitals and at geriatric clinics at some hospitals (Kumar & Bhargava, 2014:7). Such measures help to enhance access to health care for older persons. The experience of congestion and standing in long queues is inconsistent with the view of the Ministry of Health and Social Services of Namibia (MHSSN) 2014 plan titled Roadmap on the delivery of services in the country. It spells out the need to provide integrated, affordable and accessible quality health care and social services responsive to the needs of the people (MHSSN, 2014:7).

Subjecting older persons to waiting for a long time in queues to access health care and services is thus an affront to their dignity and wellbeing. Yet, as stipulated in the MIPAA of 2002 and the United Nations Principles for Older Persons Resolution 42/91 which Lesotho has ratified, older persons have an inalienable right to health care and services.

Shortage of doctors and medicines

The shortage of doctors and medicines were also highlighted as the major problems encountered by the participants. This was illustrated as follows:

> *I have already talked about health issues. We have serious challenges accessing the health services owing to the non-availability of doctors. The medicines are simply not there at the clinics and the hospital. It is also a nightmare getting medical attention because of congestion at health centres and when the doctor is not there you are told to come another day. To make matters worse, the medicine that I need* [medication for hypertension] *is not always available. So I am forced to buy from private pharmacies; where do I get that kind of money my son?* (F, 75 years)

> *I have suffered a lot, my feet and hands ache and it never gets better. You know my age-mates are unable to walk. So I am grateful that God is still protecting me as I can still walk somehow. Yes, I do seek medical attention for these health problems some of the times, but it does not seem to be helping. Sometimes you go to the clinic and they don't have the medication. I have now resigned to the pain and suffering. What else can I do?* (F, 90 years)

The findings on the shortage of doctors and medicines are similar to those of a study which revealed that there is an acute shortage of doctors and drugs at the health centres in Lesotho (Makoa, Mpemi, Tsekoa, Tlali, Ralejoane, Biesma, Brugha & Odonkor, 2009:125). However, an evaluation of the health sector reforms in 2012 showed that maladministration was the major cause of drug shortages in the country (Government of Lesotho, 2012:1).

Similarly, another study of Lesotho's health care system showed that the ratio of the health caregivers to the patients was very poor (Matlanyane, Makatjane & Lebuso, 2013:119). The storylines above are also consistent with the results of a survey in Bolivar, Venezuela, where 75% of the older persons reported that the health centres in the country did not have the drugs that they needed (HelpAge & Convite, 2019:1).

Thus, although access to health care is vital to the wellbeing of older persons, this is compromised by shortages of medicines and doctors at the public hospitals and clinics in Lesotho. This is also at a time when they need health care the most, given their proneness to diseases that are likely to affect their immune systems due to the ageing process.

- **Negative attitudes of members of the general public, nurses and the Ministry of Home Affairs officials**

Intergenerational relations, myths and beliefs about older persons result in negative attitudes towards this population group (Nelson, 2016:276; North & Fiske, 2016:128). Some participants (seven) in the current study were victims of negative attitudes from nurses, the general public and the Ministry of Home Affairs officials. This is demonstrated in the excerpts below:

> *In most cases older persons are mocked about their age even by members of the general public. You may also find that the nurses do not respect people of my age. They do not treat us well and so I take this as a challenge. There was this day when I went to the clinic and do you know what the nurse told me? She told me that I am old and should not expect to be healthy all the time. So, must I die because I am old? We are so disrespected, my son* [researcher]. *It's like we do not deserve the services that we get. Well, you just get the feeling that we are not viewed as people who have a future. We are not even given priority in accessing health care services so we also have to compete with everybody else, yet we are not as strong as we used to be.* (M, 71 years)

> *I am supposed to go for medical check-up for high blood pressure at Romeng* [a health centre] *once a month. But when you get to the clinic, the nurses just show you an attitude and you can tell that you are not welcome and will not get good service. It's like they are tired of seeing me. And so sometimes they do not give you the medication. They will tell you it's out of stock and yet I will have*

spent a lot of my money on transport. At one time I even thought of stopping to take the medication but then the doctor said my blood pressure must be checked regularly and that I must take the medication for life. I ended up requesting whether I could at least go once in three months because the transport costs are just unbearable. Fortunately, they agreed to this arrangement so sometimes I am able to get three months' supply of my medication. This helps to reduce the number of trips and the transport costs. I am also able to postpone the humiliating experience from the hostility of the nurses for at least two months. (F, 70 years)

Another participant who was a victim of a negative attitude commented:

You know, I still remember very well that I started receiving old age pension at the age of 71 years. When I turned 70 years [age at which old age pension is received in Lesotho] *I tried to register for the pension. They wanted either my ID* [National Identification Document], *or passport which I did not have. You know I went from office to office at Home Affairs* [Ministry of Home Affairs] *to try and get assistance with the identity documents. It was like they were now blaming me for not having applied for the document earlier. They would say things like "where were you all this time?" Yet they know very well that it is not everyone in Lesotho who has an ID. I also explained that the ID was required for purposes of processing my old age pension but they did not care at all. They still insisted on a letter from the chief and the witnesses. Hey, at my age, people still insist on witnesses. What is it they can witness when all these people are the ages of my children and grandchildren? I eventually got the ID but after going through a very hard time. Do you see how we are treated? It's like we do not know anything or what we are doing.* (F, 75 years).

From the storylines, it is evident that negative attitudes towards participants manifested in many ways including mocking, disrespect and lack of interest in helping them. The first narrative above resonates with the view that negativity towards older persons is a result of the myths and misconceptions associated with ageing (Cavanaugh & Blanchard-Fields, 2019:3).

In this respect, the findings of the current study are in line with those of a survey by WHO, involving more than 83.000 people in 57 countries. The study found that 60% of the participants had negative attitudes towards older people and that this was higher in developed countries (Schlein, 2016:1). Similarly, an analysis of the data from 58 countries by Peterson and Ralston (2017:748) showed that more people in sub-Saharan Africa than in developed countries had negative views about older persons. Older persons in African countries are likely to be less valued than their counterparts in the developed countries. This suggests the need for advocacy and awareness raising on the rights of older persons.

Additionally, the narratives above confirm the findings of a research study conducted in 2015 in Israel. The study showed that physicians are less interested in providing treatment to older persons with suicidal tendencies, compared to those who are younger and with similar ailments (Ben-Harush, Shiovitz-Ezra, Doron, Alon, Leibovitz, Golander, Haron & Ayalon, 2015:39). The afore-mentioned authors assert that the physicians viewed suicidal tendencies in old age as being logical and normal. The same research study also revealed that physicians are less likely to involve older patients in medical decisions, compared to patients who are younger. Such practices can be explained in terms of ageist attitudes driven from the disengagement school of thought. Disengagement theorists believe that older persons are no longer capable of making valuable contributions to society and thus, they are not worth investing in.

However, a doctoral study on the experiences of gerontology occupational therapists in Canada revealed that they enjoyed working with older persons and that they found this to be satisfying (Klein cited by Azulai, 2014:7). This was attributed to the therapists' positive attitude to the training that they received on issues of ageing and how to relate with older persons.

Thus, as a result of the fear of rejection, disrespect and scorn directed at them, older persons are likely to minimise their engagement with other people (Zelalem & Kotecho, 2020:902). Unfortunately, this leads to social exclusion and impacts negatively on their wellbeing. Furthermore, the finding on negative attitudes towards older persons confirms the existence of ageism in Lesotho.

- **Poor housing**

Decent housing refers to a structure that provides adequate space and privacy, and at the same time, offering basic protection from fire, cold weather and house breaking. It is both a human rights and a developmental issue as it sets the context for poor health and limited opportunities in old age (Martin & Brown, 2015:5). Thus, it is not only a basic physiological need, but also an inalienable human right for older persons enshrined in international instruments such as the MIPAA of 2002 and in the Lesotho's Policy for Older Persons of 2014. The problem of housing is demonstrated in the excerpts below.

> *Hey, just imagine how we sleep in one room with these grandchildren. We are living like rats. When we have a visitor who stays with us for a night or two, we have to shift to one side of the room to create space for the visitor. My grandchildren are growing up and it is not good that I am sharing one room with them. It is also embarrassing at times when you are under pressure to ease*

yourself. The children may laugh at me because I am no longer that strong to contain such things. So this is my plea. I would be very grateful if I can be assisted with housing. (F, 75 years)

My house did like this [pointing at part of the thatched grass roof that was blown away by the wind] *so the water gets through when it's raining. This happened sometime after* my husband *passed away. When it rains, we will be standing because we don't have anywhere to sleep. The water collects into the kitchen and then flows into the bedroom. So, if only I could be assisted with the repair of the house.* (F, 70 years)

These findings on the problem of housing are consistent with a HelpAge Global Network study of the members and partner organisations of 539 older people across the world. The study revealed that the majority of the participants were living in substandard housing as they could not afford the cost of repairs and maintenance of the houses (Sleap, 2019:8). Also comparable, are findings of a study showing that a quarter of households headed by older persons in the United Kingdom live in housing that is deficient in quality, access to amenities and services (Age UK, 2013:1).

Similarly, in South Africa, although many people have access to low-cost housing, the poor, including older persons do not have decent housing (Manomano, Tanga & Tanyi, 2016:111). Another study at Levela Old Age Centre in South Africa also revealed that some of the participants lived in one-roomed prefabricated houses where the planks were even falling off (Kang'ethe, 2018:289). Thus, the occupants were exposed to insecurity and the vagaries of the weather. Their living conditions were also worsened by the fact that many of them were still using pit latrines, which is a serious health hazard and an affront to human dignity and wellbeing.

Without adequate housing, the health and welfare of older persons will be compromised, which is unfortunate as it is a fundamental human right for all, older persons included. Hence, the provision of adequate housing for older persons is a right and not a privilege.

- **Loss of close family members, isolation and loneliness**

The loss or death of loved ones is one of life's most stressful experiences as it triggers emotional and practical problems. This is even worse for older persons who have to contend with the limitations of carrying out activities of daily living, as a result of the degenerative effects of ageing. Moreover, an understanding of the various psychosocial difficulties experienced by older persons is important in determining the services that they require (Walker,

Barmon, McGee, Engelhard, Sterk, Dilorio & Thompson, 2014:1554). Ten (nine female and one male) of the participants, indicated that they had lost not only their spouses, but their children as well.

> *I had eight children but now I am left with two. The pain is just unbearable, having your own children die before you. Now, who is going to take care of me, let alone bury me when I die?* (Fb, 73 years)

Related to the above are other interacting and reinforcing problems of loneliness and isolation as demonstrated in the following excerpt:

> *Hey ntate, being a widow is not a joke. You experience this loneliness and just not knowing what to do with your life. For example, just picture this; honestly who do I share my problems with? Who do I ask for assistance? Other people are too busy minding their own business. Mind you, I think we are just a forgotten lot and what we say does not matter to the younger generations. Yes, I talk to the grandchildren, but is that the kind of conversation that helps someone like me? Sometimes you just want to pour out your frustrations and fears but who cares to listen. So this is why sometimes I end up talking to myself. It's so lonely being a widow. Maybe if I drank alcohol I would probably pass time drinking and socialising. I would also probably not have problems getting to sleep at night. So, most of the time I just can't get to sleep. I just twist and turn the whole night worrying about this and that. But still that does not help to bring solutions to my worries.* (Fa, 73 years)

The afore-mentioned narratives amplify the painful experiences of isolation and loneliness, partly as a result of the loss of loved ones. These findings are consistent with the view that older persons are likely to experience an existential dilemma due to the perennial grief, isolation and loneliness (Janoff-Bulman, 2010:33). The isolation and loneliness observed in the current study also compare with those of a study which showed that approximately one-quarter (24%) of community dwelling older Americans are socially isolated (National Academics of Sciences, Engineering and Medicine, 2020:1). There is also consistency with the results of a study of older persons in residential care in Gweru, Zimbabwe, who reported that they felt lonely and isolated because they did not have visitors from outside the instutution (Hungwe 2010:340).

Though feelings of loss, loneliness and isolation are perhaps characteristic of all people in crisis situations, the effects can be demoralising to older persons. This can lead to despair, abandonment, discrimination and even self-exclusion. In this regard, the systems theory and the ecosystems and strengths perspectives provide useful frameworks for the comprehensive

understanding and analysis of the complex transactions between older persons and the social problems that they face.

- **Challenge of abuse**

As stipulated in the United Nations Principles for Older Persons 46/91 and MIPAA 2002 among other protocols, older persons have the right to protection from all forms of abuse. According to WHO (2021:1), one in six older persons globally experience one form of abuse or another within their communities (WHO, 2021:1). The rates of abuse of older persons also escalated during the COVID-19 pandemic (WHO, 2021:1).

The abuse of older persons is usually referred to as "elder abuse" and this is the term that is also used in the thesis. In addition, though elder abuse is defined differently to suit discipline-specific purposes (Chalise, 2017:1; Kail & Cavanaugh, 2019:532) it refers to any action or inaction of physical or psychological mistreatment of older persons which causes them harm or distress (Zastrow, 2014:190).

There are various forms of elder abuse including, physical, sexual, verbal, psychological, emotional and financial abuse (Habjanic & Lahe, 2012:262; Kumar & Bhargava, 2014:5). It should also be noted that elder abuse has serious long-term impacts as it puts victims at risk of death, hospitalisation, depression, post-traumatic stress, injury, pain and decreased quality of life (McGarry, Lombard & Lewis, 2011:3: Chalise, 2017:2).

The types of abuse experienced by participants are physical, psychological, sexual and financial abuse, including neglect and abandonment. These are discussed below, starting with physical abuse.

Physical abuse

Physical and psychological abuse are interrelated and to some extent reinforce each other as they rarely occur in isolation of the other (Wigglesworth, Mosqueda, Mulnard, Liaos, Gibbs & Fitzgerald, 2010:493). Physical abuse is however the infliction of bodily injury, physical pain or impairment (Kail & Cavanaugh, 2019:532). The only participant who indicated that she had been subjected to physical abuse had this to say;

> *There is this incident which happened sometime this year. It was at about six o'clock in the evening and these boys* [unemployed youths from the community] *gathered here by the door of my house and the whole place was just smelling*

dagga. So, I had just gone outside the house to ease [relieve] *myself this side* [pointing in the direction just behind the house]. *I didn't see them coming and so when I was empting my bowel they laughed at me and just walked away. They came back that same evening and they tried to break the door to get into the house. As they were forcing the door to open, this child cried shouting nkhono! nkhono!* [Grandmother]. *There are people at the door! I tried to push the door to stop them from entering but I was overpowered and the door opened. I lost balance and fell on the floor as the door opened with force. We all cried out loud for assistance and when we were all scrambling to come out of the room they ran away. This was just after I had collected my pension so I suspect that they wanted to take the money from me by force. Since that time my back pain is on and off because of the impact from falling. I have never experienced anything like this before.* (F, 90 years)

Though it may be concluded from the narrative that there was no physical harm inflicted on the participant when the door was forced open, the fact that the participant resisted by holding on to the door and was overpowered is a form of physical abuse. However, since only one participant indicated that she was a victim of such abuse suggests that it (physical abuse) is not common among older persons in Lesotho. In this respect, the finding is consistent with that of a study in Coimbatore, Tamil Nadu in India, where none of the 80 participants complained of physical abuse (Kumar, Girijakumari & Brindha, 2015:1).

On the contrary though, the South African Older Persons Forum (SAOPF) reports that during the period June to July 2012, 16 older persons were attacked physically, resulting in the death of six of them (SAOPF, 2012:1). It is also significant to note that the Forum laments the lack of action by the South African Police Service (SAPS) to respond to the many horrific and brutal attacks on older persons. The study finding of only one case of physical abuse, is also inconsistent with that on the prevalence of elder abuse in the Mafikeng Local Municipality in South Africa. The study established that out of a sample of 171 male and 335 female older persons, 64.3% and 60.3% respectively, experienced abuse (Bigala & Ayiga, 2014:470).

Nonetheless, notwithstanding that the rate of physical abuse was found to be negligible, older persons still have the right to protection from all forms of abuse due to their vulnerability owing to advanced age. Hence, in this regard, the existence of the Child and Gender Protection Unit (CGPU) in the Lesotho Mounted Police Service, mandated to promote awareness and to respond to the problem of abuse, inclusive of elder abuse is strategic.

Psychological (emotional) abuse

This form of abuse involves inflicting mental anguish, pain or distress through the use of intimidation, humiliation and threatening language (Kail & Cavanaugh, 2019:532). Experiences of psychological abuse are illustrated in the excerpts below:

> *I also have problems with some of my relatives. This was after my husband passed away in 2012. My late husband had a son from his first marriage. When he was sick, the son* [stepson] *never came to see him. So, when he eventually passed away, I sent him a message informing him that his father was no more, but he did not come that day. Again, I sent my daughter* [married] *to give him the same message and he did not bother to come home. When he eventually came, he proceeded to Ha Maketeng* [a nearby shopping centre in the community] *for beer drinking. When he was drinking his beer, I heard he was saying a lot of bad things about me and that I was the reason why he had delayed coming for the funeral. Then during the preparations for the burial, I am the one who gave the eulogy about the deceased. Uuu* (shaking her head)*, I regretted having done that. I was taken to task by the relatives for doing that when the elder son was present. Hey, they really gave me a hard time.*

> *And then, sometime after the burial, I was summoned to the police station because somebody had reported me there. So I went there, only to be told that it was my step-son who had reported me. We* [and the stepson] *were then invited into the office* [CGPU] *where he was asked to say his complaint. He responded saying "after my father's death, mme* [referring to the stepmother] *did not give me my father's clothes. I want his stick, tracksuits, under wares* [under clothes] *and everything that he used to wear." We then agreed that these things would be discussed and distributed at a family meeting during the Easter holidays. When the day arrived he* [stepson] *came and went to Ha Mokhachane to drink beer and never came for the meeting. It was then suggested that we write to the chief requesting that Matebele* [stepson's clan name] *be stopped from harassing me. This was done and from that day till now, he has been quiet.* (F, 70 years)

> *I would like to see the social workers assisting us with housing. Some of my grandchildren and the son I am staying with are grown up and it is not good that I share one room with them. There are times that I fart uncontrollably because I am no longer that strong to contain such situations. Kkkkkkkkk* [laughing]. *Now, when it happens, the children have a field day laughing at me. Kkkkkkk, sometimes they run out of the house complaining about the smell and saying all sorts of obscenities. It's so embarrassing, my son, and it makes me feel very bad.* (F, 75 years)

It is evident from the narratives that psychological abuse can be inflicted in many ways. The participants (eight) experienced psychological abuse involving the use of abusive language, teasing, disrespect and being undermined. These findings compare positively to those of a study

in Nepal, where reports of insults and teasing of older persons were mentioned by most of the participants (Speck 2017:425). Similarly, the findings of the current study on psychological abuse corroborate those of Bigala and Ayiga (2014:70). The findings showed that the problem of psychological abuse is common among older persons in the Mafikeng Local Municipality in South Africa.

Of major concern though is that psychological abuse can lead to death or physical and mental health problems. It is also likely to lead to the loss of self-esteem and dignity, which compromises the quality of life of older persons. Thus, the psychological abuse of older persons is a social and public health issue as it has an adverse impact on their health and social wellbeing.

Financial abuse

Financial abuse, which is the most common form of elder abuse refers to theft or mismanagement of money, property or assets of an older person (Kail & Cavanaugh, 2019:532; Zastrow et al., 2019:712). Experiences of financial abuse were demonstrated as follows:

> *But surprisingly, even though they* [has three adult children] *are not staying with me, they are always asking for money from me. And when I say I do not have any money, hey, it becomes a problem. They start making all sorts of threats including not doing anything for me. So even though they are not assisting me in any way, I end up giving them some of the money from my pension. One of them came about three months ago, when I was not around. He searched the whole house and stole some of the money that I was keeping in the house. When I confronted him, he denied ever taking the money and now we are not on talking terms.* (M, 76 years).

> *This older grandchild of mine is a problem. No matter how you emphasise the need to be honest and trustworthy, it does not seem to help. Whenever I sent him to the shops to buy something, he does not bring back change. All the time he tells me stories or he just keeps quiet so that I forget to ask him. I can't go to the shops myself, so he knows I have no choice but to send him on these errands. I also cannot send the younger ones when he is here. What will he say if I do not give him the money and instead I give it to his younger siblings when I send them to buy something from the shops?* [F, 75 years]

Another participant said:

> *Old people are experiencing many challenges indeed. Some of them live with children who steal their money. So you find them crying most of the time when their money gets stolen. It is sad that there is nothing that they can do as these are their children. Even other members of the community take advantage of*

their advanced age and steal their money. So when it is their children stealing from them, it is difficult to report your child to the police because it affects relations between the two. Even when other people in the village are involved, it is also a challenge because they will always threaten you with more harm if you report. So it is a big problem. (F, 65 years)

These storylines are consistent with a number of research findings across the globe, showing older persons as victims of financial abuse (Naughton et al., 2010:12; Bagshow, Wendt, Zannettino & Adams, 2013:86). According to WHO (2015:171) the financial abuse of older persons is considered to be one one of the fastest growing crimes in the United States of America. A study in Australia also showed that financial abuse was the most common form of abuse for older persons (Bagshaw et al., 2013:86). Another study in Ireland also revealed that financial abuse among those who were 70 years and above was double that of the 65 to 69 years of age (Naughton et al., 2010:11). Thus, if this finding is anything to go by, vulnerability to financial abuse increases with age. This implies that it is worse for the very, very old.

In addition, the three narratives above resonate with the findings of a study in Australia by Bagshaw et al. (2013:86) which showed that family members, especially adult children were the culprits in elder abuse. Similarly, a study in the United States of America on the financial abuse of older people found that the perpertrators were mainly family members (WHO, 2015:171).

In view of the finding that the financial abuse of older persons is a common occurrence and that family members are usually invoved, measures to counteract this problem are an imperative in the provision of services for older persons in Lesotho. This would help to ensure the financial wellbeing of older persons, as well as their physical and mental health.

Sexual abuse

Sexual abuse or rape refers to non-consensual sexual contact between people (Kail & Cavanaugh, 2019:532). Although none of the participants in this study indicated that they had been sexually abused, the researcher cannot ignore the fact that some participants indicated that this was a common occurrence.

> *You find that there are older persons living alone. After receiving this money some people come and threaten to steal it. Then, they do the work of old people with them* [rape them]. *And as if this is not enough, they then take their money and leave them with nothing.* (F, 75 years)

Notwithstanding that none of the participants confirmed to being a victim of sexual abuse, the narrative above corroborates the assertion that the sexual abuse of older women is widely viewed as being common in Lesotho (Ministry of Social Development, 2014:18; National University of Lesotho [NUL], 2015:3). Reports of the sexual abuse of older women in Lesotho, in both the print and electronic media are also common. For example, the Deputy Police Commander at Pitseng Police Station reported that an older woman had been abused both sexually and physically by her grandson, leading to her death (Lesotho Television News Bulletin, 9 April, 2015). In another incident, an older woman appeared on Lesotho Television crying after she had been raped (Lesotho Television News Bulletin, 19 April, 2020).

None of the participants indicated that they had been sexually abused, possibly because they were ashamed or afraid to report such cases. According to Jacobs (2020:1), elder abuse is considered to be a hidden problem, hence it is underreported globally. This is usually because of the need to preserve their (older persons) image as they are sometimes blamed for the abuse, as well as the fear of reprisals and damaging important relationships (Nyahuma 2017:12). A contributory factor to the underreporting in South Africa is the lack of action after the victims have reported to the South African Police Service (SAOPF, 2012:3). A study of abused women in South Africa established that women do not seek help from the police due to experiences of inappropriate responses that they receive (Rasool, 2013:2).

The consequences of sexual abuse can be devastating and traumatic as the victims can contract HIV or even be killed after the act (Nyahuma, 2017:12). Sexual abuse can also result in depression, suicidal behaviour, low self-esteem, mistrust of men and post-traumatic stress disorder (PTSD) (Evans, 2011:1). Hence, it is shocking that older persons spend their later years of life as victims of elder abuse.

Sexual abuse is thus a threat to the dignity, self-esteem and physical and mental health of older persons. Hence, the need for intervention to protect older persons from abuse. Moreover, this is in line with the expectations of the MIPAA of 2002 and the United Nations Principles for Older Persons 46/91 as well as Lesotho's Policy for Older Persons of 2014.

Neglect and abandonment

Neglect is the refusal or failure to provide the necessities of life to an older person, whereas abandonment refers to their desertion by people with the responsibility for their care (Zastrow, 2014:190; Age UK, 2019:7; Cavanaugh & Blanchard-Fields, 2019:315; Zastrow, Kirst-

Ashman & Hessenauer, 2019:712). Nine of the participants indicated that they were not getting any support from their adult children, which is a manifestation of neglect. However, only three of the participants specifically indicated that they felt abandoned and neglected by their children.

> *Their parents* [the grandchildren she looks after] *are not giving me any support. As you can see I am struggling to make a living. So this is stressing me a lot. To make matters worse, they just dump their children here claiming to go and look for work, but never to be seen again* [she shakes her head in anger]. *Now these children sometimes fall sick. The other day I had to carry this other one on my back to the clinic.* (F, 70 years)

> *This daughter of mine* [adult] *went to South Africa a long time ago. She used to visit but now she has not been in touch with us in the last four years. I don't even know whether she is alive or not. She is the elder one of my two children and is supposed to be looking after all of us. She left two of her children behind and I don't know if she found a husband in South Africa. Come to think of it, is this not madness? As the older child, even though she is a woman, she is supposed to be the father taking care of us. Now she behaves like we don't exist? This is animal behaviour, but even animals do care for their own. All this suffering, like I don't have any children.* (F, 64 years)

The narratives show that older persons in Lesotho are experiencing neglect and abandonment. The first narrative is in line with the assertion that older persons in South Africa are experiencing neglect (SAOPF, 2012:3). The second narrative also corresponds with the view that the migration of younger generations, domestically and internationally in search of employment, has contributed to the neglect of older persons (Ugiagbe, 2017:273; Korang-Okrah, Boateng, Naami & Addo, 2017:59; Khanal et al., 2018:2). Older persons are left behind with no one to care for them, thereby exposing them to vulnerability to poverty and abuse.

There is also consistency with another study on the implications of outmigration (of younger people) in Nepal. The study revealed indifference (neglect) towards older persons (Speck, 2017:425). The same study showed that caregivers were embarrassed to allow the researchers to meet and interview prospective participants (older persons) fearing this would put them and relatives to shame. Similarly, the second storyline is consistent with the findings of a study in Ethiopia, which showed that older persons felt devalued by their children. For instance, one of the participants said, they were *"treated like broken utensils"* (Zalaem, Kotecho & Adamek, 2021:226).

Thus, a multiplicity of factors including poverty, the influence of modernisation and urbanisation can be implicated in the weakening of the capacity of traditional social support systems to care for older members. Nonetheless, from a human rights perspective older persons have a right to be cared for in their families and communities.

- **Witchcraft accusations**

The belief in witchcraft and its impacts is a widespread phenomenon on the African continent (Machangu, 2015:274). It refers to the use of magical powers to inflict harm to another person's mind, body or even possessions (Malowany (2000) cited by Machangu, 2015:275). The challenge of witchraft accusations is illustrated in the excerpts below.

> *Ntate,* [sir] *I am called a witch in this village. It happened that some woman from this area insulted my son. So, a community gathering was called* [by the village chief] *and I told her that I cannot be insulted by a new comer* [to the village] *in this village. Well, I am a Motaung* [a lion] *by clan* [totem] *and I do not fear anyone. If you do something wrong to me I will say you will see me* [threat]. *But not because I threaten to do anything except this haaa, haaa, haaa* [raising her fists and laughing–meaning she can fight someone]. *So, because I said I will not accept to be despised by people from somewhere else, my chief became very angry with me asking why I referred to the woman as a foreigner* [from another village] *and yet she is a Mosotho. Then I told him that I was angry because that child* [the woman] *insulted me. Then, the chief also called me a witch and the whole community started calling me a witch. They even plotted to burn me inside my house saying why is this person so arrogant? What does she trust in? So, as soon as I heard the rumours that they were plotting to burn me in my house I said they should come but before I die, something will have happened to them* [a threat]. *I just wanted to instil some fear in them and so far they have not done anything.* (Fb, 73 years)

Another participant was also of the view that witchcraft accusations were rife in her community.

> *People who are old have so many problems. Their health gives them problems and most of them have no source of support. The worst part is that you will find that this old person is sick and staying alone. I have observed that they are labelled as witches in our communities. I don't even know why, but what I know is that they are not. And so you find some people not wanting to have anything to do with them. It is very sad I tell you.* (F, 69 years)

The narratives are consistent with HelpAge International's (HAI) (2010:1) assertion that more than 2,585 older women in Tanzania were reportedly killed between 2004 and 2009 following accusations of witchcraft. As a result, HAI provided paralegal assistance and community

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awareness campaigns to tackle accusations of witchcraft in Sukumaland, Tanzania. This helped to reduce the incidence of witchcraft accusations and the number of cases that were taken to the community courts. It was also reported by the Lesotho Television English News Bulletin on 26 May 2020 at 9:00 pm that a man from Mafeteng, in Lesotho, had stabbed his mother to death over accusations of witchcraft (Lesotho Television News Bulletin, 26 May, 2020).

A study by Eboiyeli (2017:247) in Nigeria found the practice of witchcraft accusations to be widespread and older women suspected of being witches were persecuted. The belief in witchcraft is also still strong in South Africa, especially in the rural areas (SAOPF, 2012:1). In this regard, SAOPF contends that those alleged to be witches can be subjected to "jungle justice" by way of extrajudicial killings, burning, beatings or forced disappearance.

Similarly, in Gusiiland in Kenya, about six older persons face accusations of witchraft every month (HelpAge 2021:1). Infact, the same source reveals that four older women were lynched and murdered in Gusiiland by members of their community. This was in a period of a week, in the month of October in the year 2021. In Uganda, older persons have also been shown to experience accusations of preventing rain in times of poor harvests, or causing the death of children in their communities (Namuddu, Barrett, Wandera, Okillan & Kasaija, 2014 cited by Wamara & Carvalho, 2022).

Thus, considering that the consequences of witchcraft accusations are demeaning and can lead to loss of life, older persons are likely to live in constant fear of being accused as witches. These potential risks heighten their vulnerability to abuse, neglect and abandonment, which calls for the protection of older persons against abuse. The section below focuses on the services required by older persons to address the challenges that they face.

4.3.3.2 Subtheme 3.2: Social work services required to address the challenges faced older persons
The services required from social service providers are demonstrated in the following excerpts:

> *It is important that they come here* [at her home] *where I stay, so that they understand my needs and how I am living. We are living in poverty, without any support from anyone. We should be given attention and the opportunity to share our views as older persons. Otherwise, without that, how do they* [social workers] *get to know what we are going through and what our needs are? Their offices are too far. So how can people like me, damaged goods as I am* [old and frail]*, be able to go to their offices to request for services.* (F, 83 years]

Though, we [and his spouse] *support each other in everything that we do, and are relatively okay financially, we want the social workers to visit us and to see how we are living. Just knowing that there are people who care about old people makes one to feel good. It makes you feel that you are a person of worth. Your* [researcher] *coming to talk to me today means quite a lot to me. It shows that you also take us* [older persons] *to be people who still know something. Besides, we can also get ideas from the social workers on how to solve some of the problems that we may be experiencing. Like I said, I am being denied old age pension because I am getting another pension from my former employer. I strongly feel that this is unfair and so these are some of the issues that the social workers can give us ideas on how we can get around them.* (M, 71 years)

They [social service providers] *should help those older persons who live alone with food assistance, personal care, agricultural inputs and protection. Yes ntate, they need very serious attention, care and security and housing as well, in order to ensure their safety. Older people staying alone often have fields that are not ploughed. Since they stay alone, you find that some people just come and plough these fields without their permission, thereby disposing them of their fields.* (F, 70 years)

It is evident from the narratives that older face many challenges. Resultantly, they have a multiplicity of needs. These are presented and discussed below.

4.3.3.2.1 Category 3.2.1: Personal care and support

With ageing, people experience losses not only in physical capabilities, but also in social support (Makore & Al-Maiyah, 2021:1). Older persons are likely to live their later years with a limiting long-term physical or mental condition. This increases their need for personal care and support. Although personal care and support are quite broad, generally they encompass personal hygiene, grooming and toileting.

Personal care is about developing and maintaining functional ability to carry out activities of daily living (ADL) for healthy ageing and wellbeing in old age (Michael, Dreux & Vacheron., 2016:298). This is mainly because ageing is linked with many physical and mental problems, inclusive of chronic conditions, which make it difficult for older persons to perform normal daily activities (Zastrow, 2014:460; Spitzer & Mabeyo, 2017:134). The older people who participated in the current study had health problems related to painful joints (arthritis), hypertension, diabetes, poor vision and hearing, back pain, mobility problems, heart disease, problems controlling bladder (incontinence), and strokes. Some of them had more than one health condition. The health conditions necessitating personal care and support were described as follows,

You know when you get old you have many health problems. Maybe that's what it means to be old. My feet are painful, my back aches and the knee joints ache all the time [arthritis]. *At night I just can't sleep. It's like I will be on fire. I am unable to do some of the things on my own. As a result I cannot work in the fields as much as I used to. Even cooking is a problem. One of the biggest challenges I have is when we go for pay* [to collect pension]. *It is the moment that I have difficulty climbing the steps to collect the money at the pay office. I can no longer stand in the queue for a long time. When we age, sometimes our mental functioning is affected and you would think that we are confused. Hey, these are the problems of ageing. In fact, they are other older people in the village who are in a worse condition* [hahahaha! she laughs aloud]. *For example, there is one nkhono* [older woman] *whom I usually visit. You find that she will be carrying water in a leaking bucket. This is because she is old and sometimes she will not be aware of the things she is doing.* (F, 83 years)

Another participant said:

Ntate [sir] *I have this high blood* [hypertension] *for years and I have to go for check up every month. Hey, honestly my life is difficult. There is no ways I can afford the transport costs and so whenever I am able to go to the clinic I ask for a three month supply of my medication so that I can only go for check-ups once in three months. It all started when I was diagnosed with depression which they failed to treat and then they said I should take medication for high blood for life if I wanted to live. Now I need someone to remind me to go for check-up when I am due and also to take my medication.* (F, 70 years)

Arthritis topped the list of the health conditions affecting the functional ability of the participants in the current study. In this regard, the first narrative corroborates the results of a study which showed that arthritis is a common problem among older persons in Lesotho (Mugomeri, Ranotsi, Thobeka, Nyandoro & Ruhanya, 2015:4).

Furthermore, five participants wanted somebody to keep checking on them in case they fell ill and needed to be taken to the clinic or if they were attacked. One mentioned that she needed assistance with bathing and going to the toilet sometimes, while five needed help with preparing meals and to be accompanied to the bank to collect their pension.

I was hurt. That child [her daughter who passed away] *acted like a man. She acted as if she were my father and my mother. She supported me with everything..uuuu* [tries to suppress her tears]. *She is the one who assisted me with the payment of my hospital bills. She was the one emptying my toilet chamber* [used when relieving oneself at night]. *Hey, how am I going to manage life without her? Am I going to wake up the grandchildren at midnight to empty the toilet chamber for me? It really pains me and when I think about these things I sometimes want to cry.* (F, 75 years)

Another participant also had the following to say concerning her grandchildren:

> *They* [grandchildren] *are very supportive to me because I consider them as my parents now that I am very old* [with a shaking voice]. *They take care of me when I am sick and they also work in the fields so that we can have some food. They cook, wash the dishes and run errands to the shops. I am also accompanied by one of them to collect my pension money* [during the time of data collection May to December 2016]. *They do almost everything. So it's a blessing in disguise that they have not been taken to an institution* [children's home] *as I am struggling. In spite of the difficulties of raising them at my age, I am sill staying with them. Otherwise it would have been a different story without them. I probably would be dead by now. I simply cannot do without them even though there is a limit to what they can do to assist me. At least they are also able to take care of me and to alert the neighbours when I am not feeling well.* (F, 90 years)

The last two narratives are in line with the findings of a study showing that nearly half of older persons in the United States of America require help with performing the basic self-care tasks such as personal hygiene, bathing, walking, eating, dressing, toileting, handling medications and preparing meals (Vicki & Spillman, 2014:509). In this regard, the narratives are also consistent with those of a 2019 study of older persons in Venezuela. The study showed that 21% of them were unable to cope with activities of daily living (HelpAge International & Convite, 2019:1).

Thus, the provision of personal care and support promotes better physical and mental health for older persons. It also prevents illness and improves their quality of life. Rehabilitative therapy or assistive devices also enhance the functional ability of older persons (Hooyman, 2012:540; Mackelprang, 2012:557: Dhemba & Marumo, 2017:55).

4.3.3.2.2 Category 3.2.2: Assistance with food, agricultural inputs and implements
Agriculture is one of the mainstays of Lesotho's economy. It is the main source of livelihood for the majority of the people particularly those residing in the rural areas and living off subsistence farming (Letsie, 2015:4). However, a number of interlocking factors, including periodic droughts, excessive soil erosion and limited availability of arable land have contributed to crop failure, chronic poverty and food insecurity in the country (Leduka, Crush, Frayne, McCordic, Matobo, Makoa, Mphale, Phaila & Letsie, 2015:8). The need for assistance with food, agricultural inputs and implements was illustrated in the excerpts below.

> *I have fields that I would like to be assisted to plough. We* [and grandchildren] *are crying of hunger ntate since we could not even plough our fields because of lack of draught power and maize seed. If they say here are the seeds, here are*

the inputs I would be very grateful. Oh yes, and the food assistance. Now just think of it, how do I cope with having to raise grandchildren? It's a miracle that we have survived this far but this will certainly push me to the grave. I also pity older persons in our community who live alone, because what is happening is very bad. You find that they have fields that are not ploughed and some people just come to plough the fields without their permission. In some cases, the fields of these widows are just taken by relatives. It is very sad, and so as old people we need food assistance. (F, 75 years)

Ntate, hunger is one other problem because I am unable to do some of the things on my own [physically demanding manual work]. *Since I am old and taking care of an orphaned grandchild, I wish I could be assisted with food. The social workers should help us with food, we are starving ntate. My request is for the social workers to come and see for themselves that we are struggling to survive.* [F, 65 years]

The findings show that the participants required food assistance, draught power and agricultural inputs, mainly maize seed. This is mainly for growing maize, which is the staple food in Lesotho. This finding mirrors the reports of studies in Eswatini (Mabuza et al, 2010:27) and in Lesotho (Mots'oene, 2014:320) where it was found that older persons require food assistance.

The finding that participants required food assistance (four) and agricultural inputs (three) demonstrates their desire and potential to become self-reliant and to enhance their wellbeing. This also shows the relevance of the strengths perspective in interventions to address the challenges faced by older persons. In this respect, older persons with fields can grow food crops and become food secure if given assistance with agricultural implements and maize seed. This is also understandable given that 10 of the 13 participants resided in the rural areas where the main source of livelihood is agricultural production. It also demonstrates that those unable to work for themselves deserve to be assisted with food relief.

Thus, services promoting food security (agricultural inputs) for older persons are consistent with the primary focus of the developmental approach on improving the wellbeing of the poor, through empowerment processes that are self-sustaining. Furthermore, the recognition of the need for food assistance for the poor, those living with disabilities and the frail ensures their food security and wellbeing.

4.3.3.2.3 Category 3.2.3: Repair and maintenance of houses

According to the World Report on Ageing and Health, older persons require housing that is safe and comefortable regardless of their socioeconomic status (WHO, 2015:165). The need

for assistance with the building, repair and maintenance of their houses was illustrated as follows:

> *I do not have my own house. This is somebody else's place* [the owner of the house stays somewhere else and is not my relative]. *This house is not in good shape. As you can see, it is dilapidated. The roof leaks, so when it rains the water pours into the house* [she pauses and becomes emotional]. *Like now* [it was just starting to rain at the time of the interview] *I have to put basins all over the house to collect water from the roof. We do not sleep at all when it rains at night. We have either to stand up the whole night or sit on a stool* [chair] *because the whole place will be flooded. I tell you we are suffering. Well, the house needs to be repaired. I also got a residential stand from the Community Council where I can build my own house. But now, the problem is that I do not have the money to develop the site or to have this house repaired. I would therefore appreciate it if I am given assistance to build my own house. That would really make a big difference in my life. Then, I will be somebody and life will be worth living.* (F, 75 years)

> *The other problem I have is that of water getting into the house when it rains. And, hey! In winter, we experience extreme coldness because of the snow. So whenever it rains, we stand here on this spot like this* [demonstrates where and how she will be standing] *to avoid being drenched with rain water leaking through the roof. If only I could get assistance with the repair and maintenance of this house. Surely, this is not acceptable.* (F, 65 years)

It is evident from the narratives that some of the participants lived in houses that impacted negatively on their quality of life. The housing exposes them to extreme weather conditions such as heat, cold, rainwater and lack of privacy. The requirement for assistance with the repair and maintenance of housing is consistent with the provisions of Lesotho's Policy for Older Persons of 2014, the Universal Declaration of Human Rights of 1948 and the United Nations Principles for Older Persons 46/91 among others. They emphasise access to safe and age-friendly housing for older persons, as a basic human right. Therefore, from a human rights perspective, which is embedded in the developmental approach, having adequate housing and a place they call their own is a critical aspect of personal identity and healthy ageing (Kail et al., 2019:502). The repair and maintenance of houses for older persons is essential for successful ageing and ageing in place.

However, the repair and maintenance of houses does not fall within the remit of social workers. Moreover, the provision of housing is not listed as one of the services offered to older persons by the MoSD (Addendum H)..

4.3.3.2.4 Category 3.2.4: Financial assistance

The right to social security is explicitly articulated in Article 9 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) as well as the ILO Social Protection Floors Recommendation 2012 (No. 2002), all of which have been endorsed by the Government of Lesotho. Lesotho's Policy for Older Persons of 2014 also emphasises the importance of upholding the rights of older persons in order to promote their welfare.

The need for financial assistance is illustrated in the excepts below.

> *You can't do anything without money. Everything we do depends on chelete* [money]. *The food we eat, going to the clinic and raising these grandchildren requires a lot of money. If you want something to be done for you like fixing the door or roof you need money to pay someone to do it for you. Even socialising with friends and others you need to be drinking and this is about money. So all our needs revolve around money and if I can get it, this will alleviate some of my problems. Now, this M550* [pension money] *I am getting, though I am better off than those who are not receiving the money, it is nothing when I consider my needs. If social welfare* [MoSD] *could top this up and probably make it three or four times more, that would be better as the cost of living is very high.* (M, 74 years)

> *Hey, look, my son. I do not have any living children who can take care of me. All of them passed away. My husband has also passed away. All I have in my life is this grandchild* [she wants to cry but suppresses the tears]. *She is the only reason I continue to live, otherwise there is no point in continuing to suffer like this. I just cannot take care of myself and the granddaughter. And so, I do not understand why the government is not assisting old people financially. I just do not know what sort of people they* [government] *assist. I am pleading with you ntate if you are in a position to talk to them* [government]. *We are suffering. Do they want us to die because of this poverty? At least if they can also give us some money like they are doing to other old people like me* [those who are 70 years of age and above who get old age pension]. (F, 65 years)

These narratives correspond with the view that older persons in Zimbabwe require financial assistance due to the absence of meaningful social protection measures in the country (Mhaka-Mutepfa, 2018:9). This is also in line with the view that older persons in Lesotho require financial assistance because of inadequate social protection and the added responsibility of caring for the grandchildren (ILO, 2016:2).

Thus, taking into account that there is widespread poverty in Lesotho, it should not be surprising that older persons require financial assistance to enable them to meet their basic needs. Moreover, from a rights-based perspective, older persons have a right to income

security. This is critical not only for their welfare, but also for their dignity and self-esteem. Furthermore, though the MoSD operates a public assistance programme, its major weakness is that it does not enable the beneficiaries to bounce out of poverty. In addition, not many older persons are able to benefit from this scheme.

4.3.3.2.5 Category 3.2.5 Counselling and psychosocial support
Many people require counselling and psychosocial support to cope with everyday life challenges. This is either because they may be having a problem that they cannot resolve or they are not living as well as they would want to (Egan, 2018:3). Thus, apart from their material and health needs, older persons are likely to need counselling and psychosocial support. They are also likely to be overwhelmed with the tasks associated with the care of orphaned grandchildren as a result of HIV and AIDS and additional economic efforts to sustain themselves and their households. They also have to contend with the loss of children and significant others due to the HIV and AIDS pandemic (Tayo & Makofane, 2015:483; Zastrow, Kirst-Ashman & Hessenauer, 2016:723). The need for counselling and psychosocial support is illustrated in the excerpts below.

> *I have gone through a lot of painful experiences, ntate. I lost two of my children and my husband as well. It is really difficult to come to terms with such losses. And you are always reminded of this when you fail to make ends meet and you start thinking that if your spouse was still around, we would be assisting each other. We need social welfare* [MoSD] *to help us to adjust to this new reality. I have also told you that I am raising grandchildren. At my age, this is so difficult as I do not know whether I am raising them properly. Sometimes they just do not listen to what I say to them. But who listens to old people these days?* (F, 75 years)

> *My biggest challenge with this child* [granddaughter] *is that she does not attend pre-school. These other things I try to meet from the meagre pension that I get. But the fact that I am unable to pay for her fees* [government does not pay for pre-school education] *really pains me. So she stays at home. For her to wear shoes, I have to deny myself certain things and buy her the shoes at Pep* [retail clothing and footwear shop]. *Coming to think of it, given our circumstances, I just do not know why government is not assisting old people caring for grandchildren. How are we expected to manage in this situation?* (Fb, 73 years)

The first storyline is consistent with the findings of a study that was conducted in China, which showed that older persons required psychosocial counselling to cope with the loss of children or spouses (Li, 2018:40). As such, the counselling should encompass loss and bereavement, therapy and stress management (Irish Association of Social Workers Special Interest Group on

Ageing, 2011:5). Without intervention, these traumatic experiences are likely to result in loneliness, increased sense of vulnerability, isolation and other psychological problems (Fuhri, 2013:18).

Similarly, the first narrative resonates with findings from another study of institutionalised older persons in Slovenia. The study found that institutionalised older persons required counselling and psychosocial support to cope with residential care (Mali, 2014:139). This was attributed to the loneliness and boredom experienced due to being uprooted from their homes. The resultant separation from their relatives and friends was also a contributory factor to the loneliness. It is probably because of this reason that an audit of residential care facilities for older persons in South Africa found that most of them provided counselling and psychosocial support to residents (Department of Social Development, 2010:36).

Furthermore, there is consistency with one of the provisions of the MoSD Service Charter (Addendum H) stating that counselling and psychosocial support are some of the services provided by social service providers in Lesotho. In this regard, the findings are in line with the functions of the Department of Social Development in South Africa. The beneficiaries of the counselling services include individuals experiencing personal crises and trauma as a result of physical, emotional or sexual abuse and dysfunctional relations among others (Department of Social Development, undated). Similarly, the current findings corroborate those of a study conducted in Tanzania. This study revealed that older women required counselling and psychosocial support because of their exposure to the risks of conflicts over inheritance rights and witchcraft accusations due to gender and age-related discrimination (Spitzer & Mabeyo, 2011:7).

Thus, counselling services for older persons are critical in the provision of social work services to individuals, families and groups. They are appropriate in addressing problems of a psychosocial nature. Hence, the systems and ecosystems perspectives are useful frameworks for comprehending the challenges faced by older persons and suggesting effective interventions.

4.3.3.2.6 Category 3.2.6: Protective services

The factors associated with the insecurity and abuse of older persons are complex and multifaceted. They include, *inter alia,* physical, psychological, social, environmental and legal issues (Kumar & Bhargava, 2014:5). General insecurity and elder abuse are thus problematic

domains for older persons. The need for protection from abuse and insecurity is illustrated in the excerpts below.

> *Well, at my age there is no way I can feel safe. To make matters worse my grandchild is very young and it is just the two of us. So I live in constant fear of being attacked and robbed of my money and belongings. I thank God that I have not experienced this problem so far. You see, by myself I have no way of protecting myself or fighting back. I am so vulnerable. Because of the poverty in our community when people get to know that I have collected my pension, there is always the risk of being attacked and robbed of the money. I have heard of many incidences of older persons being attacked and robbed of their money. Even when we go to collect the money from the pay points* [during the data collection phase from May to December 2016] *you find there are these conman* [tricksters] *who just want to rob us of our money. We are not safe at all. These children* [youths] *even steal the older persons' money right there at the pay point as they collect their pension. You know, sometimes thieves rob older persons in the presence of the soldiers* [security guards at the pay points]. *It's really scary. If only the police could do their work and protect us from these unemployed youths* [who take drugs] *who are a menace in the community. They are up to no good. They should do patrols in the community to flush them out so that we can live in peace. Our houses are also not secure. If something could be done to help us make our houses secure.* (F, 73b years)

> *These older people who stay on their own are sometimes attacked and robbed of their belongings. Anyone can plough their fields without permission. Well, you see, in the past there were no form Cs* [lease agreement] *and the chief would just say to you take that land over there and plough. However lately when these wise ones are involved* [youths] *they say where is the lease? The wise ones from the East* [referring to the Biblical wise men from the East] *say you should give them a form C. They come with troubles. So we really need people who can protect us old people from these people who are turning against us.* (Fb, 73 years)

This was corroborated by another participant saying:

> *These boys want money. It seemed like it was not the boys but her* [older woman known to participant] *in-laws. The in-laws wanted to take the fields that she inherited after the death of her husband. They broke into her house and beat her up, breaking her foot in the process. I tell you that mother was not a problem and I know that because she stayed with me here. In my view the chief and the Social Development* [social workers and ASWs] *and the police should work together so that old people are made to feel safe. Please, they should work together and make us feel safe. It is important that they should be involved because this nkhono* [older woman] *was afraid to go back to her home.* (F, 75 years)

From the narratives, insecurity and abuse are the major concerns for which older persons require protection. The common forms of abuse reflected in the narratives are financial and physical. There is also the dispossession of their fields. The narratives suggest the need for the police officers and the social service providers to be vigilant and alert, in order to prevent and respond to these challenges.

The need for protective services is consistent with the services stipulated in the MoSD Service Charter (Addendum H). Protective services are listed as some of the services provided by social workers. In this regard, there is consistency with the view that the social service providers should be involved in preventive, treatment and investigative activities into cases of elder abuse (Irish Association of Social Workers Special Interest Group on Ageing, 2011:6).

Although the establishment of the Child and Gender Protection Unit (CGPU) in the Lesotho Mounted Police Force in all the 10 districts of the country helps in dealing with the problem of both physical and sexual abuse, older persons are not usually forthcoming to report such cases (Jacobs, 2020:1). As such, this exposes older persons to continued abuse and humiliation, which is an affront to their dignity and self-esteem.

The LMPS piloted community policing forums in Leribe, Mafeteng, Maseru and Mokhotlong in 2001, with the aim of improving the agency's law-enforcement and crime prevention strategy. Though the intention was to roll out the programme throughout the country, implementation was constrained by the lack of resources to train the neighbourhood watch teams (Lesotho Times, 2017:1). In some cases, the members of these forums who had received training either relocated to other areas or were too busy with other activities and could not spare any time for the community policing tasks (Lesotho Times, 2017:1). As such, the policing forums are not functioning as effectively as it is expected (during data collection from May to December 2016).

It is also evident from the second narrative that there is a lack of appropriate policies and programmes to protect older persons from abuse and violation of their rights to inheritance. Thus, with the growing number of older persons, the prevalence of the problem of elder abuse is likely to increase. This is also likely to lead to major social and public health problems.

4.3.3.2.7 Category 3.2.7: Networking and mediation
Networking involves establishing the links or partnerships for service users to access the required resources from the community or other organisations (Patel, 2015:144). Mediation on

the other hand is intervention in disputes between parties to bring about mutual agreement (Petersen, 2015:217:230). The need for social workers to network with other organisations and professionals was illustrated as follows:

> *I live with orphans and I saw that other households with orphans in this village were built houses by World Vision. Surprisingly, we were left out and I do not know what the reason is. Now, I don't even know where to find this organisation. I do not even know how to approach them to request for assistance. They* [social service providers] *are the ones who know these organisations that help poor people. They are the ones who can be listened to as they are the government* [MoSD is a government ministry]. (F, 70 years)

> *Social welfare* [MoSD] *should continue working with Help Lesotho here in Leribe. This is helping us a lot because sometimes we get food packages and clothes from these organisations.* (F, 90 years)

These narratives demonstrate the need for interventions that respond to the needs of service users through establishing networks with other organisations. Thus, the need for establishing links or partnerships with other professionals and organisations is consistent with the view that social workers should have networking skills that bring about collaborative action between different projects and agencies (Zastrow, 2013:26). This also confirms the findings of a study on disaster responses in Thailand, China, Taiwan and Japan. The study found that social workers linked the victims with community resources and also provided information on a range of issues, including support services (Johnston, 2014:38).

The requirement for social service providers to be involved in networking activities also coincides with the social work goal of linking the service users with the resources, services and opportunities (Zastrow, 2013:26). Networking falls within the remit of social service providers, given that social work with older persons is a multi-disciplinary context involving a variety of agencies and professionals (Spitzer & Mabeyo, 2017:138). The collaboration of social workers with other professionals and organisations is critical in the provision of services to older persons.

The need for social workers to provide mediation for older persons is illustrated in the excerpts below.

> *I had problems getting an ID* (national identity document). *Because I didn't have this document, they could not register me for old age pension. The chief would write letters to the relevant offices but this did not help. So I used to go up and down without any luck and this created a lot of tension between me and*

the officials. I had reached the qualifying age for old age pension and now I was being denied my right just because I did not have an ID. All my age-mates are getting this money. I only started getting the money two months ago yet I should have started receiving it about six months ago. These are the issues we want the Social Welfare Department [MoSD] *to be on our side so that we do not encounter any problems. I do not have the energy anymore to be moving from place to place* [Ministry of Home Affairs Offices and the village chief's residence]. (F, 70 years)

In my view, the chief and the social development [MoSD] *should intervene to make sure that old people are not dispossessed of their fields. It is important that they should be involved.* (F, 75 years)

The narratives are in line with the assertion that mediation skills are essential for social workers, as this ensures cooperation between the different stakeholders involved in the provision of services (Midgley, 2010:20). Similarly, there is consistency with the view that social workers must partner with other professionals and organisations (Irish Association of Social Workers Special Interest Group on Ageing, 2011:5) which provide services to older persons.

Networking and mediation are therefore complementary roles expected of social service providers to ensure the delivery of services required by older persons. Moreover, the service users expect service providers to "fix" their problems (Black-Hughes & Strunk, 2010:116). Furthermore, networking and mediation are in line with the developmental approach strategy of mobilising the local (community) and external resources to change adverse conditions within the environment of service users. Hence, it is critical that social workers perform these roles in the delivery of services to older persons.

4.3.3.2.8 Category 3.2.8: Advocacy for older persons

Advocacy is basically about promoting the interests of the service users. It involves dealing with profoundly vulnerable populations, overwhelmed by oppressive circumstances that they are powerless to control (Gitterman & Sideriadis, 2014:1). It also involves social workers lobbying on behalf of their service users (Petersen, 2015:228) while on the other hand representing or defending others (Kirst-Ashman & Hull, 2010:130). All participants had one challenge or another, which required the intervention of social service providers.

Ntate, my concern is that Motlotlehi's [King Letsie 111] *initial plan for this old age pension was that every person who is 70 years and above would at least get something. Since the politicians* [the political leadership -the country was unstable politically during the time of data gathering May to December 2016] *are liars, I do not like them. Initially this pension was meant for everyone seventy years and above and was not selective like now. As I told you, I am*

getting pension from my previous employment and now I am told I cannot get this old age pension because I am on another pension. Everyone else is getting the old age pension and so why am I denied the pension? The programme was introduced and implemented fairly by the government known by the King. But today this has become the biggest challenge for me because we worked very hard for the development of this country and now I am denied my right to receive this old age pension. I am hurting ntate because of that. Because even those who receive their retirement pension [occupational pension] *should be entitled to this old age pension as it is the right of every Mosotho who is seventy and above. I believe if they give us our pension that will bring back the peace that is lost in this country. If they do not give us this pension, there will be no peace in this country. Yes, but I trust this office* [MoSD] *because it works a lot. I think they will take up our issues especially because it works with older persons.* (M, 71 years)

There are these older persons who live by themselves. Their situation is very bad. Their housing is in a bad state and they are sometimes attacked and harassed. If they get injured or they get sick, they are not likely to get any medical attention because the clinic is far away. Worse still they will not have any money for transport and the M15 [consultation fee during data collection May to December 2016] *that the clinic charges before the workers can even attend to you. Their situation is just pathetic. And then, there are some people who view them as witches because they don't understand how someone can live alone and how they survive. I don't know whether the government is not aware that there are old people who stay by themselves or it is just that they do not care about what happens to them. I think they should just find a secure and safe place for them since they are staying alone and they have no one taking care of them.* (F, 69 years)

The narratives show that the participants wanted social service providers to intercede on their behalf, with other stakeholders, in order to facilitate access to services for older persons. Understandably, the MoSD is the government ministry responsible for promoting the welfare of older persons. Thus, relating to access to health care, the second narrative resonates with the view that advocacy is required for the provision of age-friendly and efficient geriatric health-care services (Han, 2012:28).

There is also consistency with the recommendation of another study on social work in primary health care in South Africa. The study found that social workers should ensure fair and equitable treatment and a voice for their service users (Petersen, 2013:229). Furthermore, the storylines correspond with the view that advocacy is one of the key roles that social workers should perform (Midgley, 2010:20; Black-Hughes & Strunk, 2010:116).

Thus, in performing the advocacy role, social service providers link people with resources and also engage in activities that advance people's causes. They serve as intermediaries in fighting for social justice and mobilising people for social action (Wairire & Kiboro, 2014:229). To this end, they also advocate for sufficient resources and their fair and transparent distribution (Reyneke, 2010:243). This is important for purposes of changing adverse conditions and to ensure social justice.

Furthermore, it is through advocacy that service providers promote the awareness and consciousness of the marginalised, comprising of older persons and the general public. Also significant is the fact that advocacy helps social workers to breakdown prejudice against older persons. It demystifies the view that they are "parasites" on social welfare and therefore a liability to society. Nonetheless, from a developmental perspective, advocacy is not just about doing things "for" service users, but "with" them, as they also need to be empowered to do things for themselves. Hence, advocacy is a critical service, especially in serving disenfranchised people such as older persons.

4.3.4. Theme 4: Suggestions for the provision of social work services for older persons

Given social work's emphasis on the participation of service users, it was critical for older persons to tell their own experiences in relation to how they wanted to be served by social service providers. According to Martin (2010:17), there is a danger of a 'them and us' approach and perceptions of power where provision of services is based only on the knowledge and skills of the social service provider. Moreover, practice of this nature is inherently oppressive. It disempowers service users into believing that they are at the mercy of social workers and that they have no contribution to bring about change to their situation. Therefore, to guard against oppressive practice, the researcher sought for the suggestions of participants on how they wanted to be serviced by the social workers. Hence, this study was executed in an endeavour to understand the delivery of social work services for older persons in Lesotho and to develop guidelines (Chapter Six) for working with this population group.

4.3.4.1: Subtheme 4.1: Description of how social workers should render services to older persons

The current study revealed that participants wanted social service providers to visit older persons for assessment of their needs, provision of counselling and psychosocial support, networking and mediation, as well as for advocacy. These findings are discussed below.

4.3.4.1.1 Category 4.1.1: Reaching out to older persons for assessment of their needs

Eight participants indicated that they wanted social service providers to visit them at their homes to assess their needs. This was portrayed as follows:

> *Even if we go to their offices you just come back empty handed. They are always saying sorry we do not have money. So it would be best if they come to our homes to do the assessments rather than us wasting money on transport that they will not reimburse us. Moreover, it's a struggle to go to their offices. If you look at me and also consider my age, do you think I have the energy to be going up and down to their offices. What if I am attacked on the way to their offices? We are very vulnerable as old people and they* [social service providers] *should know this. These welfare people* (social service providers) *should do the right thing and come to our homes to help us. No one else is in a position to help us. So, if they are also not concerned about our wellbeing, it means we are just going to die.* (F, 65 years)

> *Yes, the social welfare people sometimes address us at the pitsos* [community meeting called by the chief]. *They say we should form support groups. Although I have no problem with that, why don't they come to us* [to their homes] *to find out our needs? In my case, I do not have a husband* [separated for many years]. *No one cares about whether I have food or how I am surviving. I am also looking after grandchildren and I am not getting assistance from anyone. I feel ashamed of even going to church because of this situation I find myself in. They do not even give us an opportunity to ask any questions at the pitso. I wanted to ask why some people of my age are getting financial assistance* [public assistance] *when some of us are not. But now some of us are afraid to ask questions at the pitsos, in case we may be perceived as being troublesome. So how will a support group address my problems? How can that be? I am also not the only one having problems, so I am pleading that they* [social service providers] *come to our homes to talk to us about our problems.* (F, 64 years)

The narratives are in line with the view that assessment of needs is an essential starting point in the helping process with service users of any age, but more especially older persons (Martin, 2010:2). The findings align with the assertion that it is important, for both physical and psychological reasons (their security and protection), to engage older service users at their homes than at their offices (Matthews & Ross, 2010:77). Furthermore, the narratives confirm the view that assessment helps to underpin the targeted and needs-based interventions for service users (AASW, 2015:5).

This helps to ensure the provision of comprehensive services, thereby avoiding interventions that are not based on a full exploration of the circumstances and views of service users.

Furthermore, from a human rights perspective, assessment of the needs of older persons at their homes promotes their right to dignity and self-esteem. It also allows for their participation in determining the interventions that they require.

Thus, assessment is a critical stage in the helping process. Visiting older persons to assess their challenges and needs is therefore a prerequisite in the provision of social work services for this population group. Furthermore, this facilitates the application of the systems and ecosystems approaches as assessment involves examining the whole interface between service users and their social environment. This helps to avoid a misdiagnosis and misperceptions of their needs.

4.3.4.1.2 Category 4.1.2: Collaboration with other stakeholders

Collaboration is basically about working with another person, group or agency with a common objective. It is also more about establishing a durable relationship with the aim of improving the provision of services. Given the diversity of the needs and challenges faced by older persons, service provision for this population group is inevitably a multidisciplinary context which requires collaboration (Spitzer & Mabeyo, 2017:138). The need for social service providers to collaborate with other stakeholders to ensure the provision of services for older persons is demonstrated in the excerpts below.

> *As I told you, I participated in training sessions for income generating projects, organised by the social workers. So I have skills and knowledge about many things. As I said, the social workers do not support us with the finances to embark on the projects that can give us some income. I think they should approach other organisations that can assist with the money that we need. I am even prepared to pay back the money if they come up with such an arrangement. They may not have the money* [MoSD] *themselves, but there must be some donors out there whom they can link us to. Otherwise what is the point of giving us this training and we are not assisted to come up with something? To start a project, you need money. Even for a poultry or piggery project you need a lot of resources and this requires money.* (F, 65 years)

> *This arrangement between Help Lesotho and the people from social welfare has helped in that we sometimes get food assistance. Had it not been for this, we would not be getting anything at all.* (F, 90 years)

> *They also educate us on healthy living. I have participated in community gatherings where the social workers, the police and the nurses come to address us concerning various issues that affect us. They talk to us about forming support groups, the importance of exercising and the need for eating traditional foods, eggs and fruits and our security as well. They also talk to us about growing vegetables and eating them, beans and meat, if we can get them. They say these foods are nutritious and good for our health, the body and mind*

[physical and mental health]. *I am also on medication for high blood pressure* [hypertension] *so they told me that I should take it as prescribed by the nurse. So, we get lots of information when they come as a group to address us at these community gatherings.* (F, 83 years)

The three storylines show that social service providers do not have the capacity to provide all the services required by older persons. This suggests the need for collaboration with other professionals and agencies. Furthermore, the narratives are in line with the HelpAge International project in Skumaland, Tanzania, that was intended to reduce the incidence of witchcraft accusations in the country. The project involved collaborative efforts with various stakeholders, including the police, the social workers, the lawyers, the churches and community leaders, to change people's attitudes and beliefs about witchcraft (Stanley, 2008:3). This helped to reduce the incidence of witchcraft accusations in the community (Skumaland) and is in synch with the developmental approach's emphasis on collaborative efforts to address social problems.

The first narrative also shows that some participants wanted social service providers to collaborate with donors, finance houses and microfinance institutions. However, this demonstrates that the participants were not aware of the policies that inform the job description of social workers as such issues are handled by the MoSD (administrative staff).

In addition, the findings of the current study on the need for collaboration concur with the view that assessments in social work should be collaborative in nature. In this regard, Davies, Harries, Cains, Stanley, Gilhooly, Gilhooly, Notely, Gilbert, Penhale and Hennessy (2011:407) posit that the diversity and complex nature of problems experienced by older persons necessitate collaboration across disciplines. This contributes towards a holistic and comprehensive assessment of their needs, which guarantees appropriate responses. Moreover, a collaborative approach is developmental as it cuts across sectors such as health, social security and welfare services. It also draws on the various insights and inputs from other professionals and organisations in coming up with services for older persons. This is also important, as an exclusive focus on any one area of need is likely to be ineffective (Midgley, 2012:99).

Although collaboration in the provision of services to older persons is essential, there is a risk that the relationship with service users ceases to be one to one and confidentiality becomes difficult to guarantee. Furthermore, the right to self-determination cannot be guaranteed as

other professionals may view themselves as the experts, unlike in social work where service users are considered as experts of their own lives (Martin, 2010:10). This implies that social service providers should sensitise other stakeholders on the importance of upholding the principles of confidentiality and self-determination, among others, for effective service delivery.

4.3.4.2: Subtheme 4.2: Description of how social service providers should relate to older persons

According to Zastrow (2013:61) human beings are unique in terms of their value systems, needs and challenges, as well as personal experiences. On this basis, it was necessary for the researcher to have an understanding and knowledge of how older persons want social service providers to relate with them. This was also done with a view to developing guidelines for social work practice with older persons (Chapter Six).

The study revealed that participants wanted social service providers to respect and accept them, be honest and reliable, and to respond timeously to their requests. These findings are discussed below.

4.3.4.2.1 Category 4.2.1: Showing respect to older persons

From a social work perspective, all human beings have a right to be treated with respect (Hornby, 2015:1277). The need for social service providers to be respectful to older persons is illustrated in the excerpts below.

> *In most cases old people are mocked about their age. You may find that people in general, do not respect people of my age. They do not treat us well, and so I take this as a challenge. Well, you just get the feeling that we are not viewed as people who have a future. So I am saying that social workers should treat us as human beings, with respect.* (M, 71 years)

> *I even tried Social Welfare* [MoSD] *to ask to be assisted with the M450 required for my daughter to secure a place for teacher's training. But because I am getting pension, they think I am too demanding. They just told me they didn't have the money and that was all. I expected the social workers to be sympathetic to the plight of old people and at least show me some respect, even if they were not going to give me the assistance.* (Fb, 73 years)

The narratives are consistent with the view that all helping interventions should be based on a foundation of respect (Egan, 2018:34). This is also in line with the Kantian principle of respect for persons as cited by Martin (2011:66). The principle states that every person, regardless of his or her circumstances, is intrinsically worthy of respect by virtue of being human. In this

regard, older persons feel respected if they are involved in the assessment of their needs and are fully informed about the social worker's responsibilities and limitations (Martin, 2011:67). They also want to feel respected by being allowed to make choices and decisions concerning their lives.

As such, older persons do not want to be discriminated against on account of their age. They also do not want to be judged. This is consistent with their rights to human dignity, self-esteem and protection from abuse.

4.3.4.2.2 Category 4.2.2: Acceptance of older persons

Acceptance requires that service users be treated as people with dignity and worth, deserving of respect, no matter their appearance, age, behaviour or circumstances (Black-Hughes & Strunk, 2010:106). The need for social service providers to accept older persons as they are is demonstrated in the excerpts below.

> *The social workers must be interested in working with old people. You see, these young ones* [social service providers], *half the time they are on their phones yet we want a conversation with them, so that they may understand our situation. Does this mean that we are not worth listening to? This is not the way to treat old people like us.* (F, 83 years)

> *It is like they do not want to help us. If you are not able to go to their offices, then you won't see them* [social service providers]. *And yet they know very well that because of our health conditions sometimes we cannot go to their offices. These are also the people who are supposed to help us, but it looks like they do not have any interest.* (Fb, 73 years)

It is evident from the narratives that acceptance is demonstrated in a number of ways, including showing interest in helping and being considerate of the circumstances of people asking for assistance. This is consitent with the view that service users expect social service providers to accept them as they are (Black-Hughes & Strunk, 2010:106). Thus, acceptance occurs when the social service providers treat service users "as they are" regardless of their strengths or weaknesses.

Another way of demonstrating acceptance is for social service providers to be non-judgmental. By accepting older persons as they are, social workers demonstrate that they are not judgemental (Black-Hughes & Strunk, 2010:106). Also embedded in acceptance is the expectation that the social workers individualise service users (Reyneke, 2010:238). This is particularly important given that all human beings have unique needs and wishes, as well as experiences and challenges (Zastrow, 2013:61).

Acceptance of older persons guarantees their right to dignity, which is a central value in the MIPAA of 2002, as well as the Lesotho Policy for Older Persons of 2014. Thus, it demonstrates recognition of the right of older persons to human dignity and the inherent worth and humanity of the human being.

4.3.4.2.3 Category 4.2.3: Honesty, reliability and timeous responses to requests for assistance

A bond of trust must exist between a client and a social worker. Thus, the establishment of a professional relationship based on mutual trust between the client and social worker is critical in the helping process (Reyneke, 2010:240). Participants (four) expressed the need for service providers to be professional when working with older persons. They wanted social service providers to be honest, reliable and to provide services for older persons in a timely manner.

> *I wanted to request for assistance from Social Welfare* [MoSD]*, but since that social worker promised to come to my home for an assessment of my situation, she still has not come* up to now. *She is always saying that she will come. "Nkhono* [grandmother]*, I am coming"* [she imitates the social worker]. *Even when we meet somewhere else, she still says she will come. I told you I have many grandchildren. Honestly, where can I get the food to feed them? They should tell us the truth instead of always making these empty promises.* (F, 70 years)

> *I mean, how can the social worker take such a long time without even coming to assess my situation? When she told me that the names of my grandchildren, that I had requested assistance for were not on the list of successful applicants, I just looked at her* [social worker] *and did not say anything to her.* (Fb, 73 years)

The first narrative is in line with the view that social workers should be honest at all times in their dealings with service users (Reyneke, 2010:236). This is also consistent with the basic values and principles governing the South African Council for Social Service Professions (SACSSP). This includes ensuring transparency through the provision of timely, accessible and correct information to service users (Rautenbach & Chiba, 2010:14). This makes service users happier and motivated to participate in efforts to improve their situation. It gives them hope, which is a precondition for them to invest in the present and their future (Transform, 2017:14).

Thus, older persons expect social service providers to be professional in performing their responsibilities. They should have an honest, reliable and transparent relationship with them.

4.4 Conclusion

This chapter presented and discussed the findings from the analysis of data collected from older persons, one of the population groups of participants in the current study. Although participants

had mixed feelings on their contentment with the services that they received from social service providers, they described the services as inadequate and limited in scope. The study also found that older persons in Lesotho face a myriad of challenges, the major ones being poverty, food insecurity and financial abuse. The services that they require are also many. They include financial and food assistance, personal care and support, agricultural inputs, repair and maintenance of their houses and counselling and psychosocial support. Hence, given the diversity of the challenges and the needs of older persons, this necessitates multi-stakeholder collaboration to ensure the provision of holistic and comprehensive social work services. The next chapter focuses on the presentation and discussion of the findings that emerged from the analysis of data from social workers and SAWs who comprised part of the study population for the current study.

CHAPTER FIVE

THE FINDINGS FROM SOCIAL WORKERS AND SOCIAL AUXILIARY WORKERS

5.1 Introduction

Although ageing should be celebrated as a triumph of development, older persons face a myriad of social and economic challenges. There is thus an expansive need for social workers in this area, as greater numbers of older persons will require their services in addressing their problems (Azulai, 2014:11).

The goal of this study was to explore and describe social work services for older persons in Lesotho and to develop guidelines for the provision of these services (Chapter Six). Pursuant to the afore-mentioned goal, the study not only involved older persons as the participants but social workers and SAWs as well. Equally important is the fact that a detailed description of the qualitative approach utilised for the study is presented in Chapter Three.

The findings from older persons are presented in Chapter Four. This chapter presents and discusses the findings from 11 social workers and 10 SAWs, since they are both involved in the delivery of services to older persons in Lesotho. Data from the social workers and the SAWs (social service providers[1]) at Berea, Leribe and Maseru District Welfare Offices in Lesotho, were obtained using semi-structured interviews. The presentation and discussion of the findings makes use of verbatim storylines expressed by the participants as a way of lending credence to the results of the study (Makofane, 2015:26).

5.2 Presentation and discussion of findings

The four themes that emerged from the analysis of data are the description of social work services provided to older persons, promotion of the rights and welfare of older persons and suggestions for the provision of social work services for older persons in Lesotho. The section below begins with a presentation of the demographic characteristics of participants.

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[1] The term social service provider is used throughout the chapter to refer to social workers and social auxiliary workers (SAWs).

5.2.1 Demographic pofiles of the participants

These include age, gender, district where employed, qualification, where the qualification was obtained and the length of employment as a social worker or SAW in the MoSD. These are presented in Table 5.1 (social workers) and 5.2 (SAWs) and discussed thereafter.

Table 5.1 Biographic data of the social workers

Participant	Age (years)	Gender F=Female M=Male	District	Qualification	Duration (years)	University attended	Experience (years)
1	26	F	Berea	BSW[2]	4	NUL[3]	2
2	29	F	Maseru	BSW	4	NUL	2
3	29	F	Leribe	BSW	4	NUL	3
4	30	F	Leribe	BSW	4	NUL	3
5	33	M	Leribe	BSW	4	NUL	2
6	35	M	Maseru	BSW	4	NUL	5
7	35	Fa[4]	Leribe	BSW	4	NUL	8
8	35	Fb[5]	Leribe	BSW	4	NUL	7
9	45	F	Berea	BSW	4	Fort Hare	9
10	47	F	Leribe	Diploma and Advanced Diploma in Social Work	4	Institute of Social Work Tanzania	16
11	54	F	Maseru	BSW & Masters in Gerontology	5	University of Zimbabwe and University of Southampton (UK)	14

Table 5.2 Biographic data of social auxiliary workers

Participant	Age (years)	Gender F=Female M=Male	District	Qualification Certificate	Institution	Year of completion	Experience (years)
1	22	F	Berea	SAW	NHTC	2012	3
2	23	Fm[6]	Maseru	SAW	NHTC	2013	2
3	23	Fb[7]	Berea	SAW	NHTC	2012	3
4	24	F	Leribe	SAW	NHTC	2013	2
5	28	F	Maseru	SAW	NHTC	2012	3
6	30	F	Maseru	SAW	NHTC	2013	2
7	31	F	Leribe	SAW	NHTC	2013	2
8	38	F	Berea	SAW	NHTC	2012	3

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[2] BSW refers to Bachelor of Social Work Degree.
[3] NHTC refers to National Health Training College in Lesotho.
[4] Fa refers to female participant from Leribe with eight years of experience as a social worker.
[5] Fb refers to female participant from Leribe with seven years of experience as a social worker.
[6] Fm refers to a female SAW from Maseru.
[7] Fb refers to a female SAW from Berea.

| 9 | 40 | F | Berea | Community Work | UKZ-N[8] | 2010 | 3 |
| 10 | 40 | F | Berea | SAW | NHTC | 2014 | 2 |

The findings on the demographic profiles of the participants are discussed in more detail below starting with their qualifications.

5.2.1.1 Qualifications of the participants

The social workers received their degrees and an Advanced Diploma in social work from different institutions. Eight obtained their social work qualification from the National University of Lesotho (NUL), the only social work degree awarding institution in the country. Thus, except for one participant with specialised training in gerontology (Masters in Gerontology), the rest were generalist social work practitioners. Although training at undergraduate level (BSW) is broad-based and prepares graduates to work in a variety of social work settings and client groups, work with older persons requires specialised training in this area.

Meanwhile, SAWs who are another category of social welfare personnel in the MoSD in Lesotho are holders of a one-year certificate in Social Auxiliary Work (Jhpiego, 2013:7). The SAWs are based at Community Councils and nine of them obtained their qualification from the National Health Training College in Maseru, Lesotho.

The MoSD established positions on the staff establishment for the SAW cadre in 2010, to boost the numbers of the social welfare workforce and to decentralise services to the community level (Jhpiego, 2013:6). It was only then, that the training of SAWs was initiated at the National Health Training College in the country. The first cohort of the SAWs graduated in 2012.

Notwithstanding that the SAWs operate at community level to ensure that social work services reach the people, their training is generalist and of a shorter duration. This suggests the need for specialised training on older persons issues and the developmental approach for effective service delivery.

5.2.1.2 Gender of participants

Nine females and two male social workers, including ten female SAWs participated in the study. This gender composition of more females than males is attributed to the fact that demographically women in Lesotho outnumber their male counterparts (MoSD, 2014:4). This

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[8] UKZ-N refers to University of KwaZulu-Natal in South Africa.

finding is consistent with the view that internationally women dominate the social work profession and other caring professions (Khunou, Pillay & Nethonanda's 2012:125). The Statistics from the South African Council for Social Service Professions (SACSSP) also portrays that women constituted the majority of the social workers registered with the Council from 2007 to 2010 (Khunou et al., 2012:123). This finding is also in line with findings of studies in East Africa, which show that the majority of social work practitioners in these countries are female (Twikirize, Spitzer, Wairire, Mabeyo & Rutikanga, 2014:190).

However, on the contrary, a study in Zambia by Muleya in 2006 found that there were mainly male social workers in the country (Moonga, 2017:80). The findings of the current study are also inconsistent with the assertion that more than half of the social work practitioners in Uganda are male (Twikirize, Spitzer, Wairire, Mabeyo & Rutikanga, 2014:190). The same researchers attribute this to the history of social work training in Uganda whereby enrolment into the programme was biased towards male students. They also ascribe this to the patriarchal nature of the society and the preference for educating males ahead of their female counterparts.

Of significance though, is the fact that the gender of the service provider and service user also has a bearing on the delivery of services. According to Zastrow (2013:397) female clients may not be comfortable discussing some topics with a social worker of the opposite gender. Nonetheless, though the gender of the social worker and the service user should not be an impediment in service delivery, this should not be overlooked in the provision of the services to older persons.

5.2.1.3 Distribution of the participants' age
On average, the age of the social workers was 33 years while that of the SAWs was 30 years. Both groups consisted of a relatively young workforce when compared to the service users. This compares with the findings of a study showing that most of the social workers in Kenya and Uganda were aged below 30 years (Twikirize et al., 2014:191). The youthful workforce in Lesotho can be attributed to the relatively recent introduction of the social work training programme at the National University of Lesotho in 2001 (Social Work Unit, 2017:2). The training of SAWs at the NHCT in Lesotho was only introduced in 2011 (Jhpiego, 2013:9).

Though a younger workforce is associated with higher productivity, innovativeness, an uptake of new technologies, the existence of a generation gap may be a hindrance to the effective delivery of services for older persons. Aspects of age may act as a barrier to communication and the utilisation of services by older persons. In this regard, societal devaluation of old age

may make it difficult for younger people to understand the experiences of older persons and the need for intervention (Ross, 2010:336). Transference reactions may also occur where the interface between a younger service provider and an older person evokes reverberations of a parent-child relationship (Ross, 2010:336).

This compromises the efficacy of the helping relationship, as the generation gap is likely to interfere with the receipt and provision of services. The social workers are also not immune from prejudicial beliefs and attitudes, which can seep into their practice with older persons (Azulai, 2014:8). Hence, it is important for service providers to have a well-developed sense of self-awareness and to understand their own cultural values and bias and to appreciate the worldview of consumers of their services (Egan, 2018:41).

5.2.1.4 District of the participants' employment and work experience
The study was conducted in three districts, namely Berea, Leribe and Maseru. These districts have both rural and urban areas. Six of the social work participants were based at the Leribe district office, which had a larger complement of social workers compared to the other two offices. Three were selected from Maseru, while two came from Berea. Five SAWs were from Berea, three from Maseru and two from Leribe. Six social workers had two to six years working experience in the MoSD and five had seven to 16 years. On average, social workers had 6.4 years of work experience while SAWs had 2.5 years.

5.3 Discussion of the findings from social workers and SAWs
From the process of data analysis, four major themes emerged. In addition, eight sub-themes and 36 categories were generated on the perceptions and experiences of the social service providers on the delivery of the services to the older persons. The themes and their related sub-themes and categories are presented in Table 5.3 and discussed thereafter.

5.3 Themes, subthemes and categories

Themes	Subthemes	Categories
1: Description of social work services for older persons	1.1: Description of services for older persons prior to the adoption of the developmental approach (MoSD)	1.1.1: Public assistance in cash and in kind
		1.1.2: Referrals to other service providers
		1.1.3: Counselling and psychosocial support
		1.1.4: Placement in residential care
	1.2: Description of services for older persons initiated after the adoption of the developmental approach	1.2.1: Facilitating self-help groups through establishing social clubs, mutual aid and support groups
		1.2.2: Promoting gardening, occupational and income generation projects
		1.2.3: Health promotion
		1.2.4: Advocacy for the rights of older persons
	1.3: Description of the nature of social work services for older persons in Lesotho	1.3.1: Services welfare in nature
		1.3.2: Services developmental in nature
		1.3.3: Services both welfare and developmental
2. Socioeconomic and health status of older persons in Lesotho		
3: Promoting the rights and welfare of older persons in Lesotho	3.1: Social work services required by older persons in Lesotho	3.1.1: Financial and food assistance

		3.1.2: Assistance with repair and maintenance of houses
		3.1.3: Protection from abuse
		3.1.4: Advocacy for the rights of older persons
		3.1.5: Legal assistance and advice
		3.1.6: Counselling and psychosocial support
		3.1.7: Placement in residential settings
		3.1.8: Assisting older persons to obtain national identity documents
		3.1.9: Education on issues of ageing and rights of older persons
	3.2: Challenges faced by social service providers in promoting the rights and welfare of older persons in Lesotho	3.2.1: Inadequate resources
		3.2.2: Lack of cooperation from other service providers and low opinion of social workers
		3.2.3: Shortage of residential settings
		3.2.4: Reluctance of older persons to be placed in residential settings
		3.2.5: Conflict between political and traditional governance structures at community level
		3.2.6: Lack of training on social work with older persons and implementing the developmental approach
		3.2.7: Lack of knowledge on how to render services to older persons suffering from dementia
		3.2.8: Attitude of older persons
4: Suggestions for the provision of social work services to older persons	4.1: Suggestions for enhancing the effectiveness of social service providers in rendering services to older persons	4.1.1: Receive in-house training on social work with older persons

		4.1.2: Receive in-house training on the implementation of the developmental approach with older persons
	4.2: Suggestions on how social service providers should work with older persons	4.2.1: Demonstrating acceptance, respect, empathy, patience and non-judgemental attitude
		4.2.2: Upholding the principle of self-determination
	4.3: Suggestions on what should be done by social service providers to promote the wellbeing of older persons	4.3.1: Reach out to older persons for assessment of their needs
		4.3.2: Engage in interagency and multidisciplinary collaboration and partnerships
		4.3.3: Compiling of data base of older persons
		4.3.4: Engage in awareness campaigns and advocacy for the rights and welfare of older persons

5.3.1 Theme 1: Description of social work services for older persons

The Lesotho Ministry of Social Development has a wide-reaching mandate to provide social work services in four critical areas, namely rehabilitation services for people with disabilities, child welfare, clinical welfare and older persons (Jhpiego, 2013:4). Although this underscores the diversity of client groups that the Lesotho Ministry of Social Development caters for, it is also significant that older persons constitute one of its focus areas.

Social work has always embraced the service of helping people (Arnold, 2014:vii). It is therefore no wonder that from its early beginnings it has always advocated for social justice and the alleviation of poverty (Sewpaul, 2014:37). Although social work has evolved greatly since its inception in the late 19th century, it is confronted with a number of challenges including the need to adopt more appropriate services because of the shift of interest towards service-user involvement and the rise of evidence-based practice (Gray, Midgley & Webb, 2012:2). Thus, social workers provide a broad range of services, including the preservation and improvement of psychosocial functioning (AASW, 2015:4).

In this regard, the policy shift of the MoSD from welfare to a developmental thrust in 2012 was a major milestone in the provision of social welfare services in Lesotho (GoL, 2013:18). This is significant in that the MoSD was mandated to develop policies and programmes to promote the welfare of the general population, including older persons, through implementing the developmental approach (GoL, 2013:18). Hence, it was necessary to get an understanding of the provision of services for older persons in Lesotho and to develop guidelines for practice (Chapter Six), given the new dispensation.

The description of social work services for older persons in Lesotho is best done by categorising them into those provided by social service providers (MoSD) prior to and after the adoption of the developmental approach. This helps to comprehend the extend of transformation, or lack thereof, in the provision of social work services to older persons in Lesotho. The current study revealed that traditional social work services continue to be delivered by social service workers, in spite of the adoption of the developmental approach in the provision of social welfare services. These services are discussed below.

5.3.1.1 Subtheme 1.1: Description of the services for older persons prior to the adoption of the developmental approach

Participants indicated that social work services provided for older persons prior to the adoption of the developmental approach in Lesotho were; public assistance in cash and in kind, counselling and psychosocial support, referrals and placement into old people's homes. These services continue to be offered by social workers, following the adoption of the developmental approach by the MoSD in 2012. They are discussed in more detail below.

5.3.1.1.1 Category 1.1.1: Public assistance in cash and in kind

Public assistance, which is also known as social assistance, is one of the services that has always been provided by social workers in Lesotho. This is illustrated in the excerpts below.

> *Public assistance is one of the programmes that the Department of Social Welfare has always provided to destitute people* [previously the MoSD was the Department of of Social Welfare]. *We are still providing it under the new MoSD. Public assistance is an allowance that is given to anyone who is classified as destitute but most of the people who are recipients of this are older persons, those who are aged 60 to 69 years. Those who are not employed and have no children who can support them. It is given to those who have completely nothing, but as I said, it is not only for older persons. It is for everyone who is poor and vulnerable and it just happens that most of the recipients are older persons. Those who do not receive old age pension and are aged between 60 and 69 years can be enrolled for public assistance if they pass a means-test. Public assistance is either in cash or in kind. Currently, the assistance in cash is 250 maloti* [at the time of data collection in May to December 2016] *a month. The assistance in-kind can be food assistance, assistive technological devices* [hearing aids, spectacles, walking frames and wheelchairs] *and others.* (SW, F, 54 years)

> *This Department* [MoSD] *has always provided public assistance to those who do not have anyone to care for them. It is a service that we are still providing to the poor. We provide public assistance* (means-tested) *to older persons from 60 to 69 years of age, among other vulnerable populations in the country. Assistance in-kind is in the form of food handouts, hygiene kits, free medical exemptions and assistive devices such as spectacles, wheelchairs and crutches. One also finds that some older people eventually wet their* beds *and we offer them the pampers. Even the husbands report when their wives wet their beds and we give them the pampers. We also offer them assistive technological devices such as walking frames.* (SW, F, 45 years)

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I understand that this service has always been provided to the poor from the time the Department of Social Welfare [now MoSD] *was established. Currently, public assistance is provided to people who are 69 years and below.* (SAW, F, 28 years)

The narratives show that public assistance, in the form of cash allowances, food assistance, clothing and assistive technological devices, is one of the traditional social work services provided to deserving older persons. This is consistent with the findings of a study by Mupedziswa (2018:43), which showed that public assistance in Zimbabwe is means-tested. It is also not only for older persons, but for everyone assessed to be poor or destitute. It also has a long history, dating back to the colonial era before the attainment of its independence in 1980.

Also in line with the findings of the current study is the situation obtaining in South Africa, where the Department of Social Development provides means-tested public assistance as well as assistance in kind to older persons (Department of Social Development, 2015:42). However, the difference is that public assistance in South Africa caters for all older persons 60 years and above, provided they pass a means-test. In Lesotho, anyone can qualify for public assistance if they are below 69 years and they pass the means-test.

The Lesotho situation is however inconsistent with that in Namibia (Ananias, Salonika, Black & Strydom, 2017:148) and Eswatini (CANGO Swaziland, 2014:12) where older persons, 60 years and above, receive universal old age pension. Old age pension in both Eswatini and Namibia, is also not means-tested. Another difference is that pensioners in Namibia receive a funeral benefit. (Ananias et al., 2017:148).

Thus, in Lesotho, older persons aged between 60 and 69 do not have an automatic entitlement to public assistance, as it is means-tested. This, inevitably minimises their chances of qualifying for benefits as funding for public assistance programmes is perennially inadequate (Mosito, 2014:35). It is therefore not surprising that only one of the four participants (older persons) in the current study, aged between 60 and 69 years benefited from public assistance. Thus, in its present form, the public assistance programme in Lesotho cannot be relied upon as a source of income security for older persons.

Furthermore, the monthly cash allowance for those who manage to pass the eligibility test was only M250 (during the time of data collection, May to December 2016). This amount cannot be

expected to meet the basic needs of older persons for food, housing, clothing and health care. It also falls short of meeting the public assistance objective of alleviating poverty among the recipients. Furthermore, it fails to meet the test if assessed on the basis of the principles of adequacy as enshrined in the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the United Nations official poverty line of US$1.25 a day. Therefore, the public assistance allowance that recipients get monthly is lower than the poverty line of US$1.25, which translates to US$37.50 per month.

Thus, the provision of public assistance is not a sufficient condition for the alleviation of poverty in old age. This is because it is selective and also inadequate. It is also based on a minimalist approach and therefore still remains residual in orientation. This intervention is therefore akin to addressing the symptoms of poverty and not its causes. It also creates a dependency syndrome among recipients as it fails to make them self-reliant. Given this state of affairs, public assistance provided from a developmental perspective would empower older persons, their households and communities to participate in productive economic activities to enhance their livelihoods.

5.3.1.1.2 Category 1.1.2: Referrals to other service providers and professionals
Referrals are interventions which link clients to resources from an agency, a programme or a professional person that can provide the required services (Dykes, 2010:320). It is appropriate in cases where an agency cannot provide the services required by a service user and also when the social worker lacks competence in dealing with particular social problems or clients (Dykes, 2010:320). The referrals of service users to other people and organisations for certain services were illustrated as follows:

> *We also refer those* [older persons] *to old age homes. This is how we* [the MoSD] *has always handled the elderly who have no one to care for them. The MoSD depends on the care facilities run by private organisations as it does not have its own residential care homes. The same applies to other social services such as health care as we do not have medical doctors here. So we refer them* [older persons who are sick] *to doctors and the clinics. We refer those who have turned 70 to the pensions office* [Department of Pensions in the Ministry of Finance]. *The social workers have been referring them to the Department of Pensions since the time this scheme* [old age pension] *was introduced, way back in 2004. There are also* older persons *who require legal advice and I usually refer them to the providers of such services. We refer them to other NGOs or government ministries that offer the services that we do not provide.* (SW, Fa, 35 years)

We refer those who live alone and without anyone to care for them to places of safety. There are not many of these homes in this country though. It is possible that there are two or three of them. I know there is an old age home at Mazenod, in the Maseru District and another one somewhere in Leribe, though I am not sure of the exact location. (SAW, F, 38 years)

The narratives are consistent with the social work objective of linking people with the relevant systems, resources, services and opportunities that they require (Zastrow, 2013:26). They also resonate with the findings of a study on social work in primary health care in South Africa. The study shows that social workers performed the role of the broker by linking service users to different resources and systems (Petersen, 2015:230).

Thus social service providers should be resourceful, if they are to fulfill their role of helping people through making referrals to sources of assistance (Fook, 2012:4). This suggests the need for collaborative efforts involving stakeholders, inclusive of professionals, government departments and non-profit organisations. It also helps to link older persons to the required services. Moreover, social service providers may be the only resource for accessing information and assistance.

5.3.1.1.3 Category 1.1.3: Counselling and psychosocial support

Older people need counselling and psychosocial support because of the many challenges they are likely to face. These include, but they are not limited to poverty, loss of significant others, abuse, chronic health conditions and the responsibility of raising grandchildren (Zastrow, Kirst-Ashman & Hessenauer, 2016:723). The provision of counselling and psychosocial support (social service providers) to older persons is demonstrated in the excerpts below:

Because they are confronted with so many issues, they are left alone after the deaths of their spouses and children. They are also left with grandchildren whom they are supposed to support. If they do not receive pension and they are not yet 70 years of age, they struggle to support the grandchildren. They become emotionally affected and fear that the worst can happen to them and their grandchildren. Therefore we sit down with them and talk to them. We give them advice and also provide training where necessary for them to deal with these kinds of things and for them to be able to cope. This is something that I have been doing ever since I joined this ministry. It was the Department of Social Welfare, under the Ministry of Health then. (SW, F, 54 years*)*

I normally advise them [older persons] *to draw a will. A simple will where you just write something such as: "I* [her name] *give ntate* [Mr] *Dhemba my car, my fields and so on and so forth" and they get a witness to sign. They then go to the local*

chief to certify the will. Sometimes they do not have any problems but they just want someone to talk to, someone they can off-load their burdens to. In addition, whenever they have problems with the children that they are raising, we intervene by providing material support to the family. (SW, Fb, 35 years)

We provide them with information on how they can use their money [public assistance and also those receiving old age pension from the Department of Pensions]. (SAW, Fn, 23 years)

What is emerging from the narratives is that counselling and psychosocial support are essential services that social service providers offer to older persons. This is mainly because of their experiences of the loss of their loved ones and challenges associated with poverty and raising grandchildren. The findings resonate with those of a study of older Syrian refugees in 2016 in Lebanon. It revealed that the refugees required counselling related to grief and loss of family members, relatives and friends, adjustment to a new environment and conditions, as well as the changes in lifestyle (Dorcas Relief and Development Regional Office, 2016:4). The same study showed that counselling enhances inter-family relationships and dynamics, which are critical for the wellbeing of older persons.

The first narrative above also confirms the assertion that counselling and psychosocial support are critical social work roles in residential care institutions for older persons in Slovenia (Mali 2014:139). The current study validates findings of an audit of residential care facilities for older persons in South Africa. The audit showed that the majority of the institutions provided counselling and psychosocial support to their residents (Department of Social Development, 2010:36). Another study in the USA also bears resonance with findings of the current study. It revealed that older African American grandparents feared the threat of sudden deterioration in their health and the lack of alternative care options for their grandchildren (Peterson, 2018:70). Thus, they required counselling and psychosocial support to enable them to cope with their situation.

Also consistent with the findings of the current study on the provision of counselling and psychosocial support are the results of a study in China which showed that childless older persons suffered from depression and were at high risk of heart diseases and hypertension (Li, 2018:40). The same study also revealed that the loss of children or spouse in old age resulted in loneliness, increased sense of vulnerability, isolation and other psychological issues. Without the provision of

counselling and psychosocial support, such problems can lead to strokes, long hospitalisation or even death (Li, 2018:40).

However, although these services are required by older persons, of concern is the sole focus on the individual. This is particularly so, as in the African setting, individuals are a part of family and community structures which play an essential role in their wellness (Kalinganire, Gilkey & Haas, 2017:319; Mabvurira, 2018:2). As such, this suggests the need to embrace indigenous, culturally competent and developmental approaches to social problems (Korang-Okrah, Boateng, Naomi & Addo, 2017:68; Mabvurira, 2018:2). It also requires taking into account the African worldview of traditional healing, ancestral worship and other rituals considered to be critical for one's wellbeing and adequate social functioning (Rwomire, 2011:115; Ugiagbe, 2017:272; Mabvurira, 2018:4).

5.3.1.1.4 Category 1.1.4: Placement of older persons into residential settings

There are various categories of residential care institutions for older persons and these include, *inter alia,* nursing homes, care homes, assisted living residences, homes for people with dementia and facilities for older people who can live independent lives (Mali, 2014:134). Although institutional care for older persons does not have a very long history in Lesotho, it is a service that has been facilitated by the MoSD over the years.

> *One of the services offered to older persons is shelter. There are homeless older persons and we arrange for their placement in old people's homes. We have one such institution in Pitseng where older persons who do not have anyone to care for them can be placed.* (SW, F, 29 years)

> *Some of these old people live on their own. They need places where they can be taken care of. When they live on their own, some boys take advantage of them and rape them. Sometimes they are even killed. If we are able to secure a place for them at an old people's home, we take them there.* (SAW, F, 40 years)

The narratives are consistent with the results of a study conducted in 2017 in Eswatini. It shows that the government is building two such centres for older persons at Mankanyane and Mantjonga (Mkhwanazi, 2017:37). However, the difference is that the care homes for older persons in Eswatini are being developed by the Department of Social Welfare, whereas in Lesotho they are privately owned. Furthermore, residential care for older persons in Eswatini is a new development, with construction of the first old people's home having started around 2016 (Mkhwanazi,

2017:37). In Lesotho, residential settings for older persons have been in existence for a relatively longer time.

These narratives also corroborate the provisions of the Aged Persons Act of 1967 of Namibia (Ananias et al., 2017:149) and the Older Persons Act No. 13 of 2006 of South Africa (Department of Social Development, 2010:16) which provide for residential care for destitute older persons. In Namibia, residential settings for older persons are run by registered private organisations with support from subsidies provided by the government (Ananias et al., 2017:148). There is also a similar arrangement in Lesotho as the Ministry of Social Development relies on private residential settings for the older persons. The government does not have its own old age homes.

However, older persons in the African context prefer to age in place (Hungwe, 2011:37). In this regard, there is overwhelming evidence pointing to the need for older persons to age in their communities and to be cared for by their family members (Van Huysteen, & Van der Merwe, 2014:425; Mkhwanazi, 2017:36). Thus, although institutional care is inevitable for some older persons, it is important to prioritise options that promote ageing in place. This helps to promote their sense of dignity, identity, inclusion and wellbeing.

5.3.1.2 Subtheme 1.2: Services for older persons initiated after the adoption of the developmental approach

Following the adoption of the developmental approach in 2012, the MoSD provides ostensibly transformed traditional social work services in line with this focus. Nonetheless, the MoSD continues to provide the traditional social work services discussed in the section above. Thus, the presentation and discussion in this section focuses on the social work services initiated following the transition of the MoSD from welfare to the developmental approach in the provision of the services.

Also significant, was the establishment of the Department for Elderly Care Services within the MoSD in 2013. This department was meant to pave the way for the expanded provision of the services and to give direction for the development and implementation of the services for older persons. However, during the data collection for the study in May to December 2016, the Department of Elderly Care Services was still being constituted and only the Director was in place. The MoSD and HelpAge (2014:11) assert that the Department of Elderly Care Services does not

have programmes of its own for older persons. Thus, the old structures of the MoSD are still being used for the provision of social work services for older persons. Another major development was the adoption of the Policy for Older Persons in Lesotho in 2014, the first of its kind in the history of the country.

The social work services initiated following the adoption of the developmental approach are the facilitation of self-help groups (savings and support groups, as well as gardening, occupational and income generating projects), health promotion and advocacy on the rights of older persons. These findings are discussed in more detail below.

5.3.1.2.1 Category 1.2.1: Facilitating self-help groups

The group approach is an effective way of addressing problems of a common nature. Being in a group with others with similar life challenges can be empowering and validating (Knight & Gitterman, 2014:7). The social clubs, mutual aid and support groups provide opportunities for the members to support each other, share information and to discover new ways of coping and managing their situation (Smith, Williamson, Miller & Schulz, 2011:589). The facilitation of self-help groups is demonstrated in the excerpts below.

> *I am involved in the process of forming social clubs and support groups and this is a programme that has been rolled out nationally. If I may explain, social clubs are different from support groups. A support group includes both older persons and the youths. However, the social clubs constitute older persons only. This is where they support each other, where they de-brief, where they share problems and where they feel comfortable with each other. They support each other in terms of security because older persons are attacked in the communities where they live. They are killed; they are sexually abused. In the support groups, we mix them with the younger ones* [youths] *so that they can also understand that ageing is not only for the older people, but that they will also age. When we mix the older people with the younger ones, we encourage the younger people to take responsibility for making sure that the older prople, especially those who live on their own, are safe. The younger members also assist the older members to access services. The older people sometimes do not know where to access the services that they require. We also encourage the younger ones to establish what the older persons need. If they need public assistance, then they inform us at our district or community councils. Thereafter, it will be up to the social workers or ASWs to make an assessment and provide the services required, instead of the grandmother or grandfather having to move around, to go to the chief's place to get a referral letter and to take it to our offices. Sometimes they are told that their referral letters are not clear or authentic.*

Then they have to go back where they started. This is an unpleasant experience. By enrolling young members from their community, we are trying to ensure that the elderly are assisted to access service. (SW, F, 54 years)

We form social groups so that older persons can be assited with their daily needs such as fetching water, sweeping their houses and other things around their homes. This also helps them to avoid loneliness. They do not feel isolated. They have a platform where they share their challenges and they get some form of therapy. These groups are led by older persons. They form support networks and mutual aid groups, which is a good thing. (SW, Fa, 35 years)

We also work with the community health promoters to establish health support groups for everyone and to cater mainly for the needs of the elderly. The members of these support groups clean the houses and the yards of old people in the community and they also check on them to ensure that they are well. Because the health promoters are also involved, they ensure that the elderly have access to health education and information. This helps them to take care of their health issues to promotes their own healthy ageing. This is another important factor. (SAW, F, 31 years)

These storylines are consistent with the assertion that membership in social clubs and support groups relieves stress and develops people's coping mechanisms to deal with difficult situations (Knight & Gitterman, 2014:7). Furthermore, the narratives, especially the first and second ones, confirm the view that membership in support groups facilitates access to services and to overcome social isolation and feelings of alienation (Strydom & Strydom, 2010:124).

There is also consistency with Patel and Hochfeld's (2012:693) assertion that the NGOs in South Africa collaborate with the government to form support and mutual aid groups to improve the lives of the poor. Similarly, the narratives resonate with the view that support groups are a common type of service for vulnerable populations (Lee & Yim, 2013:13). They provide members with material assistance and moral support, thereby enhancing their wellbeing. Furthermore, the self-help initiatives are in line with the developmental approach's emphasis on self-reliance, especially in poorly resourced communities.

However, although such interventions have the potential to promote the wellbeing of older persons, they should not be expected to take away the responsibility of the state to provide the requisite support for the integration of older persons into mainstream societal activities. Furthermore, the forces that perpetuate poverty and inequality transcend individual, group and community levels and are often a function of structural socio-political systems obtaining in a particular country. This

suggests the need for the government to be involved in supporting such initiatives to bring about sustainability and to improve the livelihood of older persons.

5.3.1.2.2 Category 1.2.2: Promoting gardening income generation projects
There is increasing awareness that effective interventions that addresses problems of service users are those that recognise their ability to overcome the challenges they face and help them to unleash their potential (Mizrahi & Davis, 2011:178). The promotion of gardening, occupational and income generating projects by social service providers is illustrated in the excerpts below.

> *We are also encouraging those who receive pension and public assistance to form groups so that they can start income generating projects. We are trying to help those who graduated from public assistance* [those 70 years and above receiving old age pension] *to venture into small projects such as poultry, piggery and gardening that will help them to develop their lives. They will be able to supplement whatever amount they get to improve their lives. We are then able to enroll other people for public assistance* [new applicants for public assistance can only be registered when a recipient exits from the programme on account of becoming self-reliant, death or he or she begins to receive old age pension]. *By so doing we are able to give public assistance only to those who are unable to do things on their own, like the severely disabled.* (SW, F, 26 years)

> *We form support groups and members come together to share their skills and knowledge. For example, if they are skilled in knitting and/or sewing they teach others to knit or to sew. If they are skilled in making beads they teach others how to do so. So these are things that they make with their own hands and then they sell to other people. Thus, they are able to get some money from selling these items. This improves their lives.* (SAW, F, 22 years)

> *We have different programmes and we normally encourage the programme participants to engage in small agricultural production activities or any other projects that take place in the community. This means the older person is still able to do things; it's just that the employment sector can no longer take him or her. So we are not giving some of them hand-outs, but we develop them to become better citizens in the community. We engage them in certain projects such as rearing chickens which they then sell. This helps them to gain financial freedom and to buy assets such as ox-drawn ploughs and livestock such as sheep and goats. In such cases, even if they stop receiving public assistance, they will be able to manage their own lives through such projects. We also encourage them to do gardening and grow vegetables which they sell and use for their own consumption. This helps some of them a lot as they do not have to buy vegetables any more. They just harvest them from their gardens.* (SW, Fb, 35 years)

The storylines are in line with the recommendations of a study on the survival of older persons in Maseru, Lesotho. The study recommends that older persons be encouraged to embark on self-help projects, as this empowers them to transform their situation (Mots'oene, 2014:321). Similarly, there is consistency with the recommendation of a study by Tanga and Manyeli (2012:362) that the MoSD should encourage beneficiaries of cash transfers to invest in income-generating projects. The narratives also support the view that self-employment opportunities such as agricultural production and assert building improve the livelihoods of older persons (Spitzer & Mabeyo, 2017:140). This is particularly significant as it enables the poor to raise some income from projects and to produce food crops for their own consumption, thereby promoting their food security.

The facilitation of self-help projects is also in line with the results of a viability assessment study of a revolving goat loan project initiated by Chawali, an NGO in southern Tanzania. It established that the goat project had the potential to improve the livelihoods of the beneficiaries (Spitzer & Mabeyo, 2011:11). The promotion of self-help projects is also consistent with the activity theory of ageing, which is based on the view that older persons can continue to be productive if they are given the opportunity (Wiesel, 2012:146).

Thus, promoting projects and microenterprises, which are key features of the developmental approach, helps to leverage the participation of the poor and marginalised populations to improve their wellbeing. This is particularly because self-help projects are likely to involve productive economic activities aimed at meeting the needs of older persons.

However, notwithstanding the centrality of self-help initiatives in the form of mutual aid, support and savings groups, they have been criticised for failing to live up to the promise of poverty alleviation (Hudon & Sandburg, 2013:561). It is argued that focusing on self-help projects among the poor obscures its own structural underpinnings of poverty (Friedly, 2011:18). The social conditions that perpetuate marginalisation and social exclusion are not addressed. Furthermore, without financial and technical assistance from the state, the viability and sustainability of self-help initiatives is likely to be compromised.

5.3.1.2.3 Category 1.2.3: Health promotion

Health is a major concern as people age. This makes it imperative for social services providers to reflect on their corresponding roles and functions in this field (Spitzer & Mabeyo 2017:140).

Health promotion is about measures to enhance healthy ageing and lifestyles to ensure the wellbeing of older persons (Michael, Dreux & Vacheron, 2016:299). The involvement of social service providers in health promotion activities was explained as follows:

> *We* [SAWs] *then visit them or give them training on how to take care of themselves through eating healthy foods such as beans and eggs. We also involve them in fitness exercises and provide training workshops for them on how they should take care of themselves. Sometimes we even use our boardroom to give them education on self-care and healthy lifestyles. We also provide this training in their communities and invite our colleagues from the Ministry of Health to assist us with the training. It all depends on the issues to be covered in the training. We want them to understand the ageing process and how they can protect and care for themselves. The focus is on healthy living, fitness and what they can do for themselves through forming clubs and starting projects.* (SAW, F, 28 years)

> *We also provide fitness training and sporting activities so that the programme participants stay fit if they engage in physical activities on a regular basis. I have also introduced sporting activities for different categories of older persons, just for their fitness. They play soccer in order to maintain a fitness programme. We have realised that if the elderly people are inactive, they get wasted because of idleness and worrying a lot about their problems. As a result, their health is likely to deteriorate. These activities help them to maintain active lives and we now see an improvement in their health since we started this programme. They partake a positive attitude towards living and health. We also have mokhibo* [Sotho dance played by women kneeling down and moving their shoulders in accordance with the rhythms of a song] *for grandmothers. Men are involved in ndlamo* [African dance for men by playing their feet in agreement with the song] *for the grandfathers. These activities are for those who are able-bodied. For those with disabilities, such as those who have suffered a stroke, we have different activities for them on how they can keep fit. I also give them lectures on nutrition and how they can keep themselves healthy. I also talk to them about HIV and AIDS issues* (SW, Fb, 35 years)

The fitness training, education on healthy habits and lifestyles, and recreation are in line with the health promotion activities outlined in the MoSD Service Charter (Addendum H). There is also resonance with the view that investment in health and physical fitness is a valuable service to counteract the health challenges faced by older persons (Zastrow, 2014:460). Moreover, the studies carried out in South Africa (Gomez-Olive, Thorogood, Clark, Khan & Tollman, 2010), Kenya (Kyobutungi et al., 2010), Burkina Faso (Onadja, Atchessi, Soura, Rossier & Zunzunegui, 2013) and Nigeria (Balogun & Guntupalli, 2016) showed a deterioration in health status with age. On

the same note, the narratives are also consistent with the view that regular physical exercises and a healthy life-style help to counteract declining health in old age (Bartlett & Huffman, 2017:169; Parrela & Vormittag, 2017:107).

Health promotion through encouraging regular physical exercises and the provision of education and information on good nutrition boosts the immune system, thereby counteracting the incidence of disease, as well as the physical and mental degeneration associated with ageing. According to Aro, Agbo and Omole (2018:1), regular exercises reduce the risks of cardiovascular diseases through the lowering of blood pressure and low-density lipoprotein.

Thus, health promotion is an essential social work service, not only for healthy ageing but also for improving the living standards of older persons. Moreover, one's state of physical and mental health influences the quality of life inclusive of wellbeing and life satisfaction (Cavanaugh & Blanchard-Fields, 2019:409). The health of older persons is also a human rights and social justice issue. Its promotion is at the core of the developmental approach as it promotes human capital development, which is essential for economic development (Midgley, 2012:102; Larson, 2013:276).

However, though health promotion is critical for the welfare of older persons, not all participants indicated that they had benefitted from this programme. This can be attributed to the lack of collaboration with other stakeholders such as the Ministry of Health. It may also have been as a result of the shortages of staff and transport for outreach activities.

5.3.1.2.4 Category 1.2.4: Advocacy on the rights of older persons

Advocacy involves taking action to advance the cause of marginalised and socially excluded population groups at micro, messo and macro levels (Hoefer, 2012:2; Zastrow, Kirst-Ashman & Hessenauer, 2016:37). It is born out of social work's commitment to equality, human rights and the principles of social justice, which are also central to the developmental approach (Lombard, 2014:47). In this regard, the involvement of social service providers in advocacy on the rights of older persons was demonstrated as follows:

> *I usually visit business entities such as banks and supermarkets and ask them to give older people priority when serving them. I also go to the organisations such as the Ministry of Home Affairs where they issue identity and other documents. I explain to them that older people need to be served first. They should not join the*

queue like other people who are still young and strong. That is what I normally do. I try to visit all the organisations that provide services to older persons in this district, including the Post Office [bank] *so that they know that old people have a right to be served first.* (SW, F, 45 years).

I advocate for them. What do I mean by that? I hold pitsos [public gatherings] *and awareness campaigns with different communities and educate people at various levels that older persons are part of us. For example, we have what we call DCPT* [District Child Protection Team] *which focuses on child welfare issues only. But if possible, at any time when they have their workshops I always say, can you please give me time to say something about older persons? I use different forums including church gatherings to convey my message about older persons. We have the International Day for the Elderly in October* [2016] *which is to be celebrated here in Leribe. We use the occasion to make people aware of older persons* [their situation, plight, needs and rights]. *We also meet the community at large and the chief. That is how we tackle advocacy so that older persons are well protected even in their homesteads. We used to hear of many cases of elderly people being raped but such cases are now rare because of these educational campaigns and advocacy.* (SW, Fb, 35 years)

Yes, I also go to the clinics. There are these people [she pauses in order to remember what they are known as] *who look after the patients in the communities but are attached to the clinics* [community health workers]. *Yes, we* [ASWs] *go to them* [community health workers] *when they are in the community talking to the patients. We also use that opportunity to talk about our services for the vulnerable people including the elderly. There are health promoters working in the community and they also form health support groups for sharing information on how to maintain physical and mental health.* (SAW, F, 31 years)

The above-mentioned narratives resonate with the view that social work with older persons involves the watchdog and monitoring role in protecting older persons from the violation of their rights (Spitzer & Mabeyo, 2017:138). The findings are consistent with the assertion that advocating for older persons involves public education campaigns on the rights of older persons and universal and equal access to health care (Hokenstad & Roberts, 2011:334). Similarly, the narratives corroborate the view that advocacy in human rights is an emerging field of practice (Republic of Uganda, 2010:2).

Thus, advocacy is instrumental in bringing about the implementation of programmes that promote the welfare of vulnerable populations. In this regard, the adoption of the developmental approach which employs advocacy, among other empowerment-based strategies, helps to foster the social

and economic inclusion of marginalised populations, including older persons. Advocacy is therefore critical for changing the profile of older persons.

5.3.1.3 Subtheme 1.3: The nature of social work services for older persons in Lesotho

Though it is claimed that Western approaches and models are inappropriate to social work in Africa, there is lack of clarity on how they can be adapted or indigenised to fit the African practice context (Gray, 2017:1). Moreover, social work practice in the African context is caught between the Scylla of colonial welfare as well as the Charybdis of Western social work (Gray, 2017:1). The implication of the policy shift of the MoSD from welfare to developmental social social work is that the nature of the services provided would change in line with the new orientation of the ministry. Social work services for older persons were described by the participants as welfare oriented, developmental, as well as providing a balance of both welfare and developmental aspects. These findings are presented and discussed in more detail below.

5.3.1.3.1 Category 1.3.1: Services welfare in nature

Owing to advanced age, older persons are generally perceived as lacking the capacity to make any meaningful contributions to society (Iwamasa & Iwasaki, 2011:263). They are thus considered not worth investing in as what they need are palliative services to meet their immediate needs (Arnold, 2014:xi). Seven social workers and an equal number of SAWs viewed the services for older persons as welfare oriented. This is illustrated in the excerpts below.

> *We only help those who are vulnerable in terms of their livelihood. That is, those who are not able to live on their own and cannot get assistance from anywhere else. These are the poorest of the poor. So we take into account the fact that there is no one to help them. It is that thing of the residual model whereby we say the state will only intervene where the family and the market have failed to provide for the individual. Then we can enroll them for public assistance if they pass a means-test. I call it welfare because we just help them for that day and we do not know what is going to happen to them the next day. The assistance that we give them is not something that sustains them for the rest of their lives. Moreover, it is very little* [M250] *and does not in any way meet their needs.* (SW, M, 33 years).

> *As of now, actually it is just welfare because they keep coming to get food packages and some of them are still on our public assistance list. Those who get assistance in cash are taken off the list* [public assistance register] *when they reach the age of 70 years and they qualify for old age pension which is provided by the Department of Pensions under the Ministry of Finance.* (SW, F, 29 years)

From their physical and mental state, it is not easy for us to develop the elderly in their old age. They are tired, and so giving them services *such as public assistance and helping them to know how to care for themselves is what is required. The services that we provide for them are welfare because the older persons are just receiving and they are not necessarily expected to do anything with that money except to meet their day to day needs.* (SAW, Fb, 23 years).

The narratives show that services provided by social service providers for older persons focus mainly on relief assistance. This suggests that older persons are not in a position to engage in the activities meant to improve their wellbeing and to become self-reliant owing to their advanced age. Thus, what they require are emergency responses, inclusive of public assistance in cash or in kind. In this view, the narratives are consistent with the assertion that the focus of social work intervention is to maintain the minimum living standards and to satisfy the immediate needs of vulnerable people (Patel & Selipsky, 2010:51).

The storylines also corroborate the view that the social services delivered by the NGOs in South Africa remain largely remedial in focus (Patel & Hochfeld 2012:698). This resonates with the assertion that the social work services in South Africa involve the provision of relief assistance (Surender, Noble, Wright & Ntshongwana, 2010:203). Similarly, the finding that services provided by social service providers are welfare in nature is consistent with the view that the Department of Social Welfare in Zambia offers strictly welfare services, including public assistance (Moonga, 2017:18). As Moonga observes, this is in spite of the shift in social work education and practice in that country from remedial casework to community development.

There is also consistency with the findings of a study which shows that public assistance in Eswatini lacks the capacity to bring about a balance between the imperative of emergency relief and empowering recipients to improve their wellbeing (Dlamini, 2007:34). Thus, recipients of public assistance remain perpetually dependent on state assistance.

Thus, it is no wonder that social workers spend much of their professional time giving out welfare assistance (Badwall & Razack, 2012:136; Midgley, 2014:vii). This position is also supported by research in Tanzania, showing that the majority of social workers in that country practice remedial social work (Twikirize, et al., 2014:194).

Thus, services offered to older persons in Lesotho, especially public assistance in cash and in kind, are viewed as being welfare oriented. This view is based on the argument that there is not much sustenance in public assistance, either in cash or in kind. It is also inadequate and therefore cannot be expected to meet even the most basic of the needs of those who manage to qualify for assistance. Moreover, public assistance only offers temporary relief rather than long-term solutions to the problems of social exclusion bedeviling many older persons.

Furthermore, the provision of public assistance is micro focused, using casework as the dominant method. The provision of welfare assistance in this form leads to dependency on assistance from the state. Thus, the assistance is not a sustainable solution to the problems faced by recipients. This also implies that the beneficiaries are not viewed as active participants, but rather as passive recipients of assistance, which is the antithesis of the developmental approach. As such, the provision of relief assistance without creating opportunities for long-term social security programmes for older persons is not an effective way of addressing the social problems that they face.

5.3.1.3.2 Category 1.3.2: Services developmental in nature
Old age should be viewed as a developmental stage, thereby necessitating the provision of developmental services to empower older persons. Thus, interventions to promote the wellbieng of older persons should take into account their strengths and the potential to lead healthy lives and to contribute to mainstream societal activities (Davies, Harries, Cains, Stanely, Gilhooly, Gilhooly, Notely, Gilbert, Penhale & Hennessy, 2011:418; Sewpaul, 2014:2). The developmental nature of services for older persons is illustrated in the excepts below.

> *We encourage them to form income generating groups, support groups and also to form social clubs. We are partnering with NGOs to carry out these activities. In Leribe for example, we are working with Help Lesotho. We also work with other organisations that focus on older persons like Maseru Women Senior Citizens Club and LENASO. We are also focusing mainly on older people in rural areas, which is where most of them reside. In this way, I see these activities as being developmental because we are helping them with ways of helping themselves also. As a ministry* [MoSD] *we have been implementing the developmental approach since 2012, so we have been doing this for about five years now.* (SW, F, 54 years)

> *It is not always that we are giving them hand-outs, but most of the time we are encouraging them to engage in activities that improve their livelihoods. Things like*

gardening to grow vegetables and rearing of chickens for their own consumption and even for sale. These are things they can do at their homesteads and it improves their nutritional intake and at the same time it enables them to get some money from selling such produce. We also educate members of the community on the rights of older persons, the challenges they experience and issues of ageing in general. Talking about this, I have also noticed that our educational awareness campaigns are bearing fruits. The myths that older persons are witches and that they no longer have any meaningful contribution to make to society are changing. The members of the community now understand that they are not witches. Also, from the information and education we give to members of the community, they now understand what dementia is, and how those suffering from this disease behave. At the same time, the self-help activities we encourage them to engage in can improve their livelihoods. The information and education on ageing issues also helps to promote positive images of ageing. So, this is why I see the services we provide for older persons as being developmental. (SW, F, 29 years)

I think the services are developmental because they assist a beneficiary [especially public assistance] *to move from a state of having absolutely nothing to a better life. Because you find that if you visit them after they get their public assistance their life is changed. They can now provide for their basic needs for food and other things and they can also buy hygiene materials. And again, they can use that money to engage in income generating activities which can change their lives for the better. So, in a way, the service is developmental as it has potential to improve their wellbeing.* (SAW, F, 28 years)

These narratives confirm the findings of a study in Kenya and Uganda which showed that social workers in these countries described their services as developmental in nature (Twikirize, et al., 2014:194). There is also consistency with the services provided for in the Service Delivery Charter (Addendum H) of the MoSD. It states that the MoSD provides for entrepreneurship development, facilitation of support and income generating groups and community mobilisation. Also resonating with the narratives is the assertion that NGOs in South Africa have a collaborative partnership arrangement with the government, aimed at improving the living standards of rural people. This is done by promoting income generation and micro-enterprises (Patel & Hochfeld, 2012:693).

The findings also show that the facilitation of support groups and income generating projects was made possible through a collaborative partnership arrangement between the MoSD and other stakeholders. Although partnership with other stakeholders is necessary to ensure provision of developmental services to older persons, dependence on donors is likely to compromise their sustainability.

Furthermore, although public assistance only provides for temporary relief, it is nonetheless developmental as recipients are able to meet some of their basic needs, even though it may be for a limited period. This state of affairs was perceived as being better than having nothing at all. In addition, self-help initiatives such as mutual aid groups and income generating projects are developmental. They are pro-poor and focus primarily on alleviating poverty, meeting social needs and addressing social problems (Midgley, 2012:100; Jonson, 2017:252). Hence, the developmental approach's emphasis on community support and naturally occurring social networks which are critical in resource constrained contexts.

5.3.1.3.3 Category 1.3.3: The services are both welfare and developmental in nature

Older persons are not a homogeneous group as they constitute males and females, the young-old, the old-old and the very old. They are also unique in many ways, they are just like any other human beings (Bertelsen, Ryg, Masud, Nielsen, 2019:1105). Their needs and the challenges that they face are also likely to be varied, thereby necessitating a combination of services to address them. The descrption of services provided by social service providers as being welfare oriented and developmental as well, is demonstrated in the excerpts below.

Most of our services are welfare based because we deal with people who are disabled and cannot engage in any activity, so we just have to assist them. However, for those who can engage in some activity, even if it is a self-help project, there is now a move towards developmental social welfarel services. We try to bring them [older persons receiving public assistance and pension] *together, as a group and encourage them to start savings or income generating projects. I have seen that with time, these groups eventually engage in activities such as gardening and poultry projects which improve their food security.* (SW, F, 26 years)

I think they are both welfare and developmental. The welfare aspect is mainly because what we give them is not enough at all. The public assistance that they get, which amounts to M250 a month only, does not make a difference in their lives. Similarly, the food assistance we give them sometimes is also not adequate. There is nothing else that we can do besides giving this assistance whenever we can, particularly for those who are very old and the disabled who cannot do anything for themselves. In such cases, the assistance that we give is just welfare. But I can also say some services are developmental. For example, when we take an elderly person to a residential care facility, their life changes. They will get the care they need, food, accommodation and the company of their age-mates. Some elderly people who are unable to carry-out activities of daily living are trained to do some work, such as their own laundry and sweeping where they sleep. This helps to keep

them active and to meet their needs for food and shelter among others. So, I think
this intervention is developmental. (SAW, F, 30 years)

From these narratives, it is important to address the immediate and long-term needs of older persons and to deal with some of the unique circumstances and challenges that they face. In this regard, the narratives resonate with Mhiribidi (2010) on promoting developmental social work in Zimbabwe. Mhiribidi (2010:142) asserts that the categories of social work service users are mainly people living with disabilities and the chronically ill, who cannot be expected to engage in meaningful self-reliance activities. Hence, the need to provide welfare services alongside developmental programmes (Mhiribidi, 2010:142). People who are unable to engage in developmental activities are catered for through the provision of welfare assistance.

Notwithstanding the slow shift, social work services for older persons in Lesotho's public welfare system remain largely remedial. Nonetheless, both the welfare and developmental services are, to some extent, implemented. It is also significant that the developmental approach goes beyond emergency situations to ensure long term and sustainable livelihoods. Its focus on both the immediate and long term needs ensures the realisation of human dignity and social justice for all, inclusive of older persons.

5.3.2 Theme 2: Socioecomic and health status of older persons in Lesotho

Although in the African context, cultural factors determine the social status and roles of an older person (Spitzer & Mabeyo, 2017:136), lower socioeconomic status is associated with overall poor health (Zhang, Chung, Zhang & Schuz, 2019:1). It is also significant to understand the health profile of older persons as this helps in the development of policies and programmes to promote healthy ageing and quality of life.

> *Older people are experiencing a lot of problems. Their adult children abandon them. They*
> *are left alone at their homes. Members of the community are also not giving them any*
> *support. Worse still, older persons, especially older women, are accused of bewitching*
> *other people in their families and in the community as well. It is often alleged that people*
> *in the villages do not have luck because of them. But, these are just negative attitudes*
> *towards older persons. So, their problems are many. Like now, we provide old age pension*
> *to older persons who are 70 years and above, but sometimes their own children, relatives*
> *and some people in the community fraudulently or forcibly take this money from them.*

Some older women are raped or even killed. In some cases, their houses are burnt. So many bad things happen to them. Yes, it is true that older persons want to stay at their homes, where they will be in the company of people they know and are related to.. But, I still think that they should not be abandoned and left to stay alone. If they are left alone, they are better off being placed in residential settings. At least, their food requirements, shelter and protection will be addressed. Older persons need special care and protection. (SW, F, 47 years)

Some of the older persons are really suffering. They do not have enough food. Some are living alone, and they have no one to provide them with care and support. So, their situation is bad. I get depressed when I think about their situation. They are not respected anymore. Sometimes, they are even dispossessed of their fields in the event that their spouse dies. They are accused of practicing witchcraft, and some are even killed. So, older persons are living in extremely difficult circumstances. (SAW, F, 22 years)

The narratives above show that old age in Lesotho is characterised by poverty, neglect, witchcraft accusations, vulnerability and abuse. With respect to poverty, this compares with the findings of the National Statistics Agency, cited by Chingono (2021:2), showing that 80% of the older persons in Zimbabwe were living in abject poverty. Similarly, the finding relating to witchcraft accusations is consistent with the assertion by the Ministry of Health and Child Care (MoHCC), WHO and Age International (2017:3), that old age in Zimbabwe is associated with witchcraft.

Nevertheless, the first three sentences about neglect, in the first narrative above, are at variance with the situation obtaining in Malaysia. According to Ahmad, Zini, Ismail, Yurnis, Meng and Ismael (2017:19), older persons in Malaysia have many children, and most of them are cared for by their adult children. Similarly, Eswatini's Household Income and Expenditure Survey (HIES) 2018 cited by Khumalo, et al (2019:19), reveals that older people in the country live in their homes, with family or relatives, and that it is rare for them to stay alone.

Pertaining to the health status of older persons, with increasing age, objectively measured health and functional status decline (Chalise, 2012:154). Nevertheless, given that people are living longer than previously, it is important to promote healthy ageing. Moreover, health and wellbeing are interrelated (Chalise, 2012:154).

Some older persons are living with disabilities and they are really struggling to survive without assistance. Others have chronic conditions such as hypertension and diabetes, and they have to visit the clinic regularly for check-up and their medication. Dementia and visual impairment, are also common ailments for older persons. (SW, F, 35 years)

Incontinence is also a problem for some older persons. This condition makes it difficult for them to access the services they require from outside their homes. There is generally a lack of ablution facilities at paypoints for their pension, and other public places like retail shops and supermarkets [during the time of data collection from May to December 2017]. (SAW, F, 23 years)

The first narrative is in line with the findings of a study by the MoHCC, WHO and Age International (2017:1), showing that 20% of all people with disabilities in Zimbabwe comprise of older persons. However, though there is consistency with the finding of the current study, that hypertension and diabetes are prevalent among older persons, the difference is that, in the case of Zimbabwe, cancers of the prostate and cervix are the most common (MoHCC, WHO & Age International, 2017:1).

Thus, the health status of older persons is generally poor. Nevertheless, it should be understandable that the onset of some of the ailments can be delayed or even prevented, with timely intervention. This is important as diseases afflicting older persons affect their functional capacity, thereby exposing them vulnerability and dependency on other people for their survival. Hence, intervention to enhance and maintain the fuctional capacity of older persons is a crucial component in promoting healthy and successful ageing.

5.3.3 Theme 3: Promoting the rights and welfare of older persons in Lesotho

Social work, as a profession, has always embraced the service of helping people. It is therefore no wonder that from its early beginnings it has also advocated for social justice and the alleviation of poverty (Sewpaul, 2014:37). However, the exponential growth in the number of people living into old age raises major challenges in promoting their rights and welfare as their needs also become larger. Moreover, these demographic changes tend to increase the demand for health care, social security, affordable housing, personal care needs and other basic social welfare services for older persons (MoSD & Help Age, 2014:1).

Given that older persons are some of the most marginalised and vulnerable populations, social workers should endeavour to promote their wellbeing. This is particularly important as social workers are agents of change in environments that are structurally unjust. Moreover, the purpose of social work is to transform the social environment to make it more just, inclusive and receptive (Gonzalez & Puelles, 2019:1). It is therefore logical that social service providers have a comprehensive understanding of the services required by older persons in order to promote their rights and welfare.

5.3.3.1 Subtheme 3.1: Social work services required by older persons in Lesotho
With advancing age, older people are likely to require support to remain independent and to live in their homes and community (HSE Midlands, 2012:10). Accordingly, older persons require services that improve their quality of life and wellbeing to enhance autonomy, independence and dignity. These are likely to be their needs for survival, good health, constant interaction with their families and significant others, personal care, encouragement, belongingness, love and respect (Dorcas Relief & Development Regional Office, 2016:3; Bertelsen, Ryg, Masud, & Nielsen, 2019:1105), among others.

The Madrid International Plan of Action on Ageing of 2002, endorsed by all the member states of the United Nations including Lesotho, prioritises three areas for promoting the rights and welfare of older persons. These services focus on older persons and development, advancing wellbeing into old age and ensuring supportive environments (South African Government, 2018:8). The services required by older persons are illustrated below.

> *Hey, the services that they require are many. They need financial assistance, they need counselling and they need food. They need assistance maintaining their houses and those staying alone need places of safety. In addition, they also need to be assisted with caring for their grandchildren. You know, ntate* [Mr] *Dhemba, they have many needs. But most of the time they need food, and, like anybody else, they need shelter. Those are their primary needs. However, some of them are brought here* [social welfare office] *because they are now old and they are being neglected. Nobody will look after them. Most of the time it is either they need shelter* [placement into an old people's home] *or food. Some of them, like any other person, have high blood pressure or diabetes and so they need exemption from the payment of consultation fees and medication at hospital. Some of them require legal advice concerning issues of inheritance and I usually refer them to the providers of such services.* (SW, F, 35 years)

What I know is that most elderly people come to ask for help to support their grandchildren. Though some of them require assistance with getting national identity documents for themselves and their grandchildren, it is rare to see a seventy-year-old woman or man coming here to request for his or her own assistance. This is because they already have their own pension. Most of the time when they come here they seek assistance for their grandchildren, to help them get a bursary [assistance with the payment of school fees for high school education] *or child grants. Some of them also need assistive devices such as spectacles and walking frames and to be exempted from paying for health care services at the hospitals and clinics.* (SAW, Fn, 23 years)

The narratives show that the services required by older persons are for financial and food assistance, repair and maintenance of their houses, protection from abuse and advocacy. They also require counselling and psychosocial support, legal assistance and advice, placement in residential care, assistance to obtain national identity documents and education on issues of ageing and rights of older persons. These findings are discussed in more detail below.

5.3.3.1.1 Category 3.1.1: Financial and food assistance
Poverty, food insecurity and nutritional vulnerability are serious problems that impair the quality of life of older persons (Oketch, Paterson, Maunder & Rollins, 2011:270). The need for financial and food assistance is illustrated in the excerpts below.

Well, financial assistance covers a lot of other basic needs of older persons. They need money to buy food, water, clothing and lots of other things such as transport and caring for other members of the household like grandchildren where their parents are no more. But all their needs can be catered for with financial assistance. For example, one cannot manage to go to the clinic without money. One cannot manage to buy enough food without money. An adequate amount of food is important to ensure good nutrition and this is even more critical in old age because the immune system becomes weaker with age. Therefore, the health needs, nutritional needs and all of them depend on adequate financial resources. (SW, F, 45 years)

You know, most of the elderly people in this country, especially women, were never employed when they were still young and of a working age. Thus, they do not have any pension or savings. They also do not have assets such as livestock. Many of them are so poor that they cannot survive without financial and food assistance. Without assistance, it would be a big challenge to survive. Most of them can't work in their fields anymore because of old age. To make matters worse, their adult children may also be struggling to survive as unemployment is high in this country. As far as I am concerned, all the elderly people in Lesotho want financial and food

assistance if we are to be objective and to take into consideration the prevailing socioeconomic situation in the country. [SAW, F, 28 years]

The narratives demonstrate that older persons require financial and food assistance, to enable them to meet their food requirements and other basic needs. These findings also confirm those of a study by the ILO showing that 56.2% of the population in Lesotho live on less than US$1.25 per day (ILO 2016:2). The same study also revealed that the situation was worse for older persons as they experience higher food shortage at 39.3 per cent compared to 34.2 per cent for the general population (ILO, 2016:2).

Also resonating with the findings of the current study is the assertion by Mabuza, Poggenpaul and Myburgh (2010:26) that older persons in Eswatini are poverty stricken and food insecure. The observation by Mwanaka (2014:2) and Ncube and Nhapi (2022:163) that older persons in Zimbabwe are financially insecure, also compare with the findings of the present study. In this regard, Maslow's (1908-70) basic physiological needs, which include food and shelter are also consistent with the narratives above. Food is fundamental to human existence, hence older persons require financial and food assistance.

The demise of the traditional extended family support system and high levels of poverty, compounded by the lack of viable social protection (MoSD & Help Age, 2014:1) have contributed to the plight of older persons in the country. Yet, as spelt out in the Older Persons Policy of 2014, older persons in Lesotho have a right to financial assistance from the state.

In this regard, the argument often advanced to justify the lack of, or inadequate social protection is the lack of fiscal space. And yet, the provision of adequate fiscal space should be determined by the requirement to uphold and respect the human rights of older persons to financial security. Thus, upholding human rights such as income maintenance should not be subject to the availability of fiscal space (Alim, 2020:2). Rather, it should be the starting point in creating fiscal space and not the other way round. Moreover, from a human rights perspective, the right to financial support is an inalienable human right for older persons as articulated in the United Nations Principles for Older Persons 46/91 and the MIPAA of 2002.

5.3.3.1.2 Category 3.1.2: Assistance with the repair and maintenance of houses

Research evidence shows a link between the availability of suitable housing with improvements in physical and mental health, wellbeing, social life and independence of the individual (House of Commons Communities and Local Government Committee 2018:3). In this regard, the majority of the social service providers indicated that older persons were in desperate need of assistance with the repair and maintenance of their houses.

> *Their shelter* [housing] *is generally a sorry sight as they are living in derelict housing structures. You can't believe that a human being lives in these houses; they are more like make-shift houses. What makes the housing problem even worse, as I said, is that the houses are small and yet most older persons live with orphans. So their housing is generally poor and insecure and the roofs leak when it rains.* (SW, F, 45 years)

> *Some of the houses are too small and they either do not have any windows or the windows are broken. The doors are also not in good condition. Hey, they live in very bad conditions and some of them do not have anything. Their housing really needs attention.* (SAW, F, 30 years)

There is consistency of the narratives with the findings of a study carried out by the South African Human Rights Commission (SAHRC, 2017), which revealed that older persons in many African countries lacked adequate housing. The same study also showed that the Department of Social Development in South Africa did not have a budget for the repair and maintenance of residential care homes for older persons (SAHRC, 2017:15).

The need for decent housing, specifically the repair and maintenance of houses for older persons is in line with the basic human rights for all, enshrined in the Universal Declaration of Human Rights. The narratives above are also consistent with the United Nations Principles for Older Persons 46/91 statement that safe and age-friendly housing is a basic human right for older persons.

Thus, adequate housing is a basic need for all, including older persons because it is the major determinant of health and wellbeing. Moreover, poor housing has a detrimental effect on an individual's quality of life which can result in shortened life expectancies (Reimer-Kirkham, Stajdubar, Pauly, Giesbrecht, Mollison, McNeil & Wallace, 2016:293). There is also a link between exposure to cold and chronic diseases such as respiratory and cardiovascular diseases and poor mental health (House of Commons Communities and Local Government Committee,

2018:10). Hence, assistance with the repair and maintenance of the houses of older persons is essential in the endeavours to promote their physical and mental wellbeing.

5.3.3.1.3 Category 3.1.3: Protection from abuse

The Madrid International Plan of Action on Ageing and the United Nations Principles for Older Persons 46/91 among other regional and national policies and conventions spell out the right of older persons to protection from abuse. According to Ambrosino, Hefferman, Shuttleworth and Ambrosino (2012:423), some of the risk factors implicated in elder abuse are: social isolation, mental illnesses such as dementia or Alzheimer's disease and a history of domestic violence as well. Some of the warning signs of abuse include physical injuries, behaviour changes and bruises around the breasts or genital area (National Centre on Elder Abuse cited by Ambrosino et al., 2012:423). They also include bedsores, unattended medical needs, poor hygiene and unusual weight loss, belittling, threats, strained and tense relationships between the caregiver and the older person. Older persons require protection from physical, sexual and financial abuse as illustrated in the excerpts below:

> *The rate of abuse of the elderly is very high. Some of them are mocked by members of the public when they also want to access the services. You hear some people asking them to stay at home and look after their grandchildren instead of competing with younger people for employment or engaging in informal sector activities. They are also sometimes mistreated by their caregivers who scold and shout at them whenever they do something that they consider to be wrong. It's like we also do not make mistakes as younger people. I also heard of a case where an elderly woman was raped. Others are raped before they are killed. Even grandfathers are raped by these young girls especially after they* [older males] *get their pension. These girls entice them to go drinking and it is usually after they have had some drinks that these girls rape the older men to rob them of their money. You should see how these prostitutes swing and dance in front of the male pensioners. Then you also have cases of elderly women who are accused of witchcraft. They are also at risk of being disowned by their relatives who sometimes leave them on their own. All these are problems that the elderly face. Because they are vulnerable, they need protection.* (SW, Fb, 35years)

> *Some elderly women have no one to to run some errands for them, such as going to the shops or to fetch firewood for cooking. They are waylaid and raped if they are alone because other people in the community know their circumstances. Sometimes they are even killed. They need protection from the police and members*

of the public as well. We also involve the police in such cases and provide counselling where this is necessary. (SAW, F, 40 years)

It is evident from the narratives that older persons are vulnerable to physical and sexual abuse, witchcraft accusations, and abandonment and neglect. Both storylines are in line with the view that the abuse of older women is a common occurrence in Zimbabwe (Nyahuma, 2017:12). Also resonating with the narratives above, is the finding of a study conducted in Eswatini. The study showed that grandmothers were often sexually abused, even by their own grandchildren (Mabuza et al., 2010:29). Similarly, these findings coincide with those of a 2017 study by SAHRC. The study revealed that older persons in South Africa experience sexual, physical, psychological and financial abuse, and witchcraft accusations (SAHRC, 2017:32). As such, older persons require protection from abuse.

The findings relating to sexual abuse are however inconsistent with the experiences of older persons in the current study.None of them indicated that he or she had experienced this problem. Nonetheless, although they indicated that they had not been victims of sexual abuse themselves, reports from some of them and in the media portrayed this as a common occurrence (Lesotho News Bulletin 9 April 2015 and 19 April 2020).

Thus, on the basis of the foregoing and also from a human rights perspective, older persons require protection from all forms of abuse. This is also in line with the United Nations Principles for Older Persons 46/91 and the MIPAA 2002, which emphasise the protection of older persons from abuse, to promote their wellbeing.

5.3.3.1.4 Category 3.1.4: Advocacy on the rights of older persons

Advocacy involves providing leadership to promote the rights and decisions of service users (Borst, 2010:67: Patel 2010:149). It is of critical importance especially for older persons as it enables them to access the services that they may be denied. This maybe for reasons including ageist attitudes and stereotypes associated with ageing. Advocacy involves fighting for the rights of service users and challenging decisions of service providers who deny services to deserving applicants (Zastrow, 2013:16). The areas of advocacy required by older persons that the participants indicated were: to enable them to get fields for farming, to access health services, to be given priority in accessing services such as obtaining national identity documents, and having public toilets at service points. These findings are discussed in more detail below.

Advocacy for fields for farming

The services required by older persons are context specific and can therefore vary within global, regional and even national contexts (Crampton, 2011:324). The need for advocacy for fields to grow food crops is illustrated in the excerpts below.

> *Some do not have fields where they can grow crops to meet their food requirements. Their fields have either been taken by relatives or other people in their community. There are cases where they are perceived to be too old to do any farming and their fields are taken by other people. Sometimes they may not have been allocated any fields by the chief. You know, there is a shortage of land in some communities and some of these chiefs are corrupt. If you do not have money for bribing the chief, sometimes you may not be allocated land for farming. Worse still, some of them do not have relatives staying close by and so they are forced to do part time jobs for other people to meet their food needs.* (SAW, F, 38 years)

> *Older persons are discriminated against in their communities. Elderly women, especially, are denied rights to their property upon the death of their spouse. In some cases their property, their money, their fields and even their houses are taken away from them. So they need someone to help them. They are human beings too and so there is need to ensure that this does not happen to them. The chiefs must be educated on what the law says about such practices. They should also be fair in the way they deal with such issues. There is thus the need to protect old people from such evil practices.* (SW, F, 30 years)

The aforementioned narratives show that older persons in Lesotho require fields as a source of livelihood and empowerment. The narratives also show that landlessness among older persons, particularly women, can be as a result of disinheritance upon the death of their spouses. Therefore, without fields they are excluded from participation in productive economic activities. As such, this leaves them destitute.

The storylines are also in line with the view that social workers should advocate for people who experience marginalisation and discrimination (IFSW, 2012:1). This also resonates with the view that advocacy is one of the important roles that should be performed by social workers to fight social injustice (Black-Hughes & Strunk, 2010:116). Advocacy is necessary to promote social inclusion as well as social and economic justice.

In relation to access to fields and agricultural land, it is necessary to advocate for the removal of the barriers to the economic participation of older persons, which is a feature of the developmental

approach to social welfare. Ownership of fields for ploughing and growing of food crops is essential in combating the poverty afflicting many people in their old age (Hokenstad & Roberts, 2011:337).

Hence, advocacy for older persons to have fields and agricultural land promotes food security, self-reliance, independence and their wellbeing. Moreover, Lesotho is predominantly an agro-based economy and the majority of the people are dependent on subsistence agriculture for their livelihood.

Advocacy for greater access to health care

Being healthy is everyone's wish and therefore health is a valuable asset (Brizay, Ross & Lutz, 2015:9). This is not only for the sake of good health, but also for healthy ageing. Although no one is immune to ill-health, older persons face a myriad of health challenges as a result of the ageing process and the interaction of lifestyle and genetics (Kail & Cavanaugh, 2019:475). In this regard, research internationally shows that old age is generally spent in ill-health (Hussein & Ismail, 2017:278). Thus, given their health related needs, greater access to health care is essential for older persons (Atchessi, Ridde, Abimbola & Zunzinegui, 2018:3). The storylines below demonstrate the need for advocacy to enable older persons to access health care and services.

> *The elderly have a variety of needs but for me the needs that should be given the highest priority are their health needs. This is because of the health issues that they are confronted with in old age. Sometimes the hospitals and clinics do not have the medication for them. There is also a shortage of staff at some of these health facilities. So you find that old people are going through hell because they have no options. They cannot afford to go to private hospitals so what do you expect them to do ntate? They need support in the form of people who can engage the doctors and nurses at the clinics and hospitals to enable them to access health care services without going through too many hassles. This includes problems of having to pay consultation fees and shortages of drugs and medical personnel. Because they are now old, some of them are living with disabilities and have challenges in accessing medical facilities which are far away. The transport costs are also prohitive and older persons end up not seeking medical attention yet they need health care more than they did before, when they were younger.* (SW, F, 54 years)

> *Yes, they also have health issues. The money that they get from pension is not adequate to take care of their health needs especially those with chronic diseases who have to go for check-up now and again. Unfortunately, when they go to the*

clinic, they have to wake up early so that by 4:00 or 5:00 am they are there. They then have to wait for two to three hours before the clinic opens. Also unfortunate is that the clinic is only open for a few hours and it closes before all the patients are attended to. The elderly person is therefore forced to go back home without seeing the doctor because of the long queues at the clinics. Honestly, this is a big problem and something needs to be done. There is need to highlight these challenges faced by old people. I mean advocacy to enable old people to access the health services without going through all the suffering [waiting for a long time in queues]. (SAW, F, 28 years)*

The narratives correspond with the experiences of older persons in the current study (Chapter Four Section 4.3.2.1 Subtheme 2.1). It was established that the shortage of doctors and medicines, long waiting queues at the clinics and hospitals, and prohibitive transport costs to the health centres were the major obstacles to accessing health care. There is also consistency with the findings of a study on the barriers to accessing healthcare services among older persons from Langa and Khayelitsha, on the outskirts of Cape Town, South Africa. The study found that participants struggled to get to the nearest clinic, because of the long distances and travel costs involved (Knight, Schatz & Mukumbang, 2018:5).

The narratives are also in line with the activities of Dementia Lesotho, an NGO operating in Lesotho. It is involved in advocacy activities to support and protect older persons suffering from dementia. The organisation achieves this through the provision of knowledge and information to dementia patients, their caregivers and the public at large, on how to manage and cope with the condition (MoSD & HelpAge, 2014:18).

Furthermore, the above-stated narratives resonate with the view that older persons require advocacy for the provision of age-friendly health systems as well as efficient geriatric health-care services (Han, 2012:28). This is particularly important given that many people are now living longer into old age, which inevitably increases demand for health care services. It is also perhaps the reason why the MoSD and HelpAge (2014:18) recommend the training of professionals specialising in geriatric health, to enhance access to health care for older persons.

In this regard, although access to curative medical care is important, equally important is advocacy on health promotion, particularly primary health care, which is easily accessible and affordable

(Patel, 2015:179). Advocacy is also consistent with the developmental approach's emphasis on community health, with a focus on primary health care to promote access to health.

Advocacy for older persons not to stand in long waiting queues to access services

Given their advanced age and health conditions, older persons are likely to experience physical and psychological discomfort if they are subjected to a long waiting time standing in queues to access services (Cavaugh & Blanchard-Fields, 2019:120). Generally, older persons suffer from diseases such as arthritis and hypertension which make it difficult for them to stand for a long a time in queues waiting to be served. The need for older persons to be prioritised when accessing services is illustrated in the excerpts below.

> *So it is still a challenge. Old people are not yet prioritised at the banks, clinics and hospitals. We still need to urge the service providers to prioritise them in the provision of services. As social workers, we should make institutions, professionals and other organisations providing services to older persons aware of the health conditions of older persons and that they cannot stand in the queues for a long time waiting to be served. Some of them have chronic conditions and can faint or fall as a result of exhaustion from standing and waiting for a long time. At least those organisations providing services to older persons should provide them with chairs to sit. At the Ministry of Home Affairs this is no longer a problem as the older persons are now given chairs to sit down while waiting to be served. They are also no longer required to join the queue when they apply for identity documents. But they still have to stand in the queue to access services at the clinics, hospitals, supermarkets and other places. Some people do not understand that older persons are just like pregnant women who cannot stand in the queue for a long time. So there is need for social workers to engage those providing services and members of the public on these issues, for the elderly to get preferential treatment when accessing services. It is really a punishment to subject them to such conditions and I feel it is being disrespectful to older people. It is disrespect and abuse of older persons of the worst kind and our culture forbids such practices. This is a big problem that the elderly face. The social workers must be seen to be doing something about this because it is not right. We are also the ministry* [MoSD] *that looks into the welfare of the elderly. So, if we do not do anything about advocacy for older persons to be prioritised so that they may have easy access to services, then I don't know who else can do it for them.* (SW, Fa, 35 years)

> *Hey, there is this elderly client whom I visited last month. She stays within walking distance from here but has not been well for some time. I encouraged her to go to the clinic for medical attention, but she was adamant and complained about the*

long waiting queues for consulting the doctor. She said even waking up early does not help as there will always be patients waiting in the queue to get medical attention. It is unfortunate that we do not have transport at the Community Council office, otherwise I would have taken her to the clinic. It is important to sensitise the health personnel on the need to prioritise the elderly patients as they cannot manage to stand in the queue for a long time because of old age. (SAW, F, 40 years)

These narratives resonate with the recommendations of a study by the MoSD and HelpAge in Lesotho, in 2014. The study recommended that the government of Lesotho should adopt a 'no queuing policy or legislation for older persons' to access the services that they require (MoSD & HelpAge in 2014:42). The narratives are also in line with the assertion that inaccessible health care services are some of the major health-related problems for older persons in Southern Africa (Chipfupa, 2016:4).

Thus, besides the fact that it is demeaning, and an affront to the dignity and self-esteem of older persons, standing in queues for a long time in order to access services endangers the health of older persons. As reported in the first narrative above, an attendant risk of waiting for a long time standing in queues is fainting and experiencing falls. Moreover, the old-old and very-old are likely to experience mobility challenges and standing in queues for a long time worsens their plight. They are likely to give up and thus fail to access the health services that they require.

Furthermore, with the advent of COVID-19, such conditions predispose older persons to contracting the Coronavirus. It has also become clear that older persons are at greater risk of contracting the virus and that they are prone to getting very ill from COVID-19 (Zhou, Yu, Du, Fan, Liu, Xiang, Wang, Song, Gu, Guan, Wei, Li, Wu, Xu, Tu, Zhang, Chen & Cao, 2020:1054). In addition, although the complete landscape of the COVID-19 clinical presentation is still to be fully understood, indications so far show that it has a disproportionate impact on older persons (Landry, Burgh, Hjelle, Jalovcic & Tuntland, 2020:688).

Thus, advocacy is necessary to ensure that older persons are prioritised when accessing services. Without such intervention, older persons are likely to be denied access to the services that they require.

Advocacy for public toilets at pay points and service centres

One of the health conditions experienced by older persons in the current study is incontinence (Cavanaugh & Blanchard-Fields, 2019:109) which refers to the loss of the ability to control the passing out of urine or feces. As such, advocacy for public toilets at service points is critical as portrayed in the following storyline:

> *There are no public toilets at the pay points where they collect their pension. Even at most of the places such as banks or shops, there are no public toilets. As I said, older persons have illnesses that are unique to them. For example, their grip strength is now weak and they can no longer hold urine even for five minutes. When they go to collect their pension sometimes they stand in the queue for hours* [at the time of data collection from May to December 2016]. *Honestly, so what are they expected to do? Sometimes they have no choice but to just squat in the open and they relieve themselves in public after searching the whole place without luck for any toilet. This is dehumanising. We should understand that they need to be going to the toilet frequently and so this is a big problem. I do not know which government ministry is responsible for that, but it's a problem that the elderly need advocacy for.* (SW, Fb, 35 years)

This narrative resonates with the MIPAA of 2002 and the United Nations Policy on Older Persons 46/91 provision that older persons have a right to dignity and privacy. There is also consistency with the view that incontinence is a source of concern and embarrassment to the older persons and those around them (Cavanaugh & Blanchard-Fields, 2019:109). This condition creates serious inconveniences when older persons leave their homes to access services outside their community.

The lack of, or inadequate public health facilities is therefore an affront to the human rights of older persons to dignity and a decent livelihood. Furthermore, the absence of public toilets may also prevent older persons from accessing the pay points and other service centres for fear of undignified experiences like having to pass urine in public view. Hence, advocacy for public toilets at service points and centres ensures that older persons are able to access the services that they require, without incurring inconveniences and humiliation.

5.3.3.1.5 Category 3.1.5: Legal assistance and advice
According to the MoSD's Service Delivery Charter (Addendum H), one of the services offered by social service providers is that of referrals to relevant organisations, inclusive of those that provide legal assistance and advice. The stereotyping of the elderly, particularly older women as witches

is a problem in many parts of the developing world. Thus it requires attention (Landry, Van den Bergh, Hjelle, Jalovcic & Tuntland, 2020:688). Older persons need legal assistance and advice, as illustrated in the excerpts below.

> *They are also some who require legal advice, for example those who are labeled as witches. Of major concern is that in some cases, these allegations result in fights and sometimes even killing of the alleged witches as they may not be able to protect themselves. So we do come across such cases and I usually refer them* [those accused as witches] *to lawyers for legal assistance and advice. Witchcraft accusations also cause a lot of tension among members of the community. So, I also talk about these issues whenever I address public gatherings in the community to explain that they are just myths. I also explain that in terms of the law it is a criminal offence to accuse another person of being a witch. However, the need for legal advice is not just about issues of witchcraft accusations. There are also other laws which protect them, which they may not be aware of. As an example there is the Sexual Offences Act of 2003 which requires that victims report cases of sexual abuse to the police. But, because they lack awareness of these legal provisions* [older persons]*, their rights are violated and they do not even report such cases.* (SW, Fa, 35 years)

> *There is a problem of property grabbing mainly from the widows. Their property is taken away from them by the relatives. Sometimes they are even removed* [evicted] *from their homes without their consent. These are the cases where we have to intervene by assisting them to get legal advice.* (SAW, F, 22 years)

The narratives correspond with the view that witchcraft accusations are a common phenomenon in South Africa (SAOPF, 2012:1), Congo, Ghana and Zimbabwe (Hayes, 2009:1) and Kenya (HelpAge, 2021:1). From a human rights and social justice perspective, social service providers have an obligation to advocate for the rights of older persons, given the stereotypes and myths associated with old age.

In this regard, it is important for the social service providers to be aware of the provisions of the relevant policies and legislation that protect older persons. They include the Sexual Offences Act (in Lesotho), which criminalises rape and other forms of sexual abuse in Lesotho (Help Lesotho, 2015:17). There is also the Land Act of 2010 which provides for equal property ownership rights to both men and women. It is illegal in terms of this Act to disposes anyone of their landholdings (Help Lesotho, 2015:21). Hence, given the existence of policy and legistlation to protect older

persons, the provision of legal assistance and advice helps to ensure their rights to dignity and protection from abuse.

5.3.3.1.6 Category 3.1.6: Counselling and psychosocial support

According to Li (2018:40), the cumulative loss of relatives, close friends, children and spouses can result in loneliness, vulnerability, isolation and other psychological dilemmas for older persons. They are therefore likely to require counselling and psychosocial support services to enable them to cope with their situation. This is illustrated in the excerpts below.

> *Older people need counselling more than anything else because the people who are supposed to be close to them, even their relatives, tend to ignore them. They need to be surrounded by people who can at least give them attention and listen to them. This applies even to me and other members of the public. On my part, if I had not been raised by an elderly person, I doubt if I would have been able to work with old people. Some people think that giving food or shelter to the elderly is all that they require. They forget that they also need someone who can listen to them. They need someone to talk to, just to release the pain they feel and the tension they have. It is about the feelings of loneliness, neglect and everything. Most of them have gone through a lot, including seeing their spouses and children dying, losing employment which may have been their only source of income and sometimes even the loss of their functional abilities. All these are traumatic experiences for the elderly and they naturally have difficulties coming to terms with their situation without outside assistance. They need counselling and psychosocial support and to be shown love like any other person. So, for old people, one of the things they want is someone they can just talk to and who also listens to them.* (SW, Fb, 35years)*

> *The elderly expect us to talk to them whenever they have problems. In some cases, they are abandoned by their adult children. They are sometimes also left with grandchildren whom they have to look after. This is a very difficult situation to be in. How does an elderly person cope with all this? What is depressing is that in most cases the elderly person does not have anything* [food, money and anything of value] *at all. It's unfortunate that we are not able to reach out to some of them because of problems with transport, otherwise they want social service providers to talk to them about their problems and to give them assistance.* (SAW, F, 40 years)*

These narratives resonate with those of a study of older Syrian refugees in 2016 in Lebanon. It showed that the refugees required counselling related to grief and loss of family members, relatives and friends, adjustment to a new environment and conditions, as well as the changes in lifestyle (Dorcas Relief and Development Regional Office, 2016:4). The same study showed that

counselling enhances interfamily relationships and dynamics which are critical for the wellbeing of older persons. Similarly, the narratives coincide with the view that older persons are overwhelmed with having to cope with the care of orphaned grandchildren (Spitzer & Mabeyo, 2017:141).

The emotions and concerns of older persons requires that they get support and guidance to assist them in resolving their problems, as well as managing the changes associated with ageing. This is critical for their physical, social and mental wellbeing and to enable them to cope with their situation. In this regard, the developmental approach encourages the employment of a variety of intervention strategies inclusive of one-to-one counselling with individuals and families, as well as group treatment and support services (Patel, 2015:130). It involves among others, empowerment of client systems through the mobilisation of communities to deliver services through peer and lay counselling, self-help groups, home-based and community care.

5.3.3.1.7 Category 3.1.7: Placement in residential settings for older persons
Though older persons in African countries have been cared for within the extended family support system, this has changed due to the destabilising effects of modernisation and urbanisation, compounded by high and rising levels of poverty (Apt, 2012:96; Motšoene, 2014:316; Mhaka-Mutepfa, 2018:1). These developments have also rendered the extended family support system ineffective in supporting older relatives, thereby exposing them to abandonment and neglect. Owing to these circumstances, some older persons find themselves in need of care and support from outsiders.

> *Their children desert them just like that. There is one old woman who was left alone by her children in one of the villages in this district. This elderly woman didn't even have firewood and I do not understand how she cooked her food. Everything was just a mess and the house she lived in was dilapidated and in a state of disrepair. Just about everything was not right. Yes, she was alone and she is still living alone. When we wanted to take her to an old people's home, her daughter who is married somewhere in the district came to take her, but now I heard that she has gone back. So, most of the time they are brought here because they are now old, neglected and abandoned. No one is looking after them. In such cases, the only option we have is to place them in an old age home.* (SW, F, 47 years)

> *Though, it is culturally unacceptable to take the elderly to old people's homes, I think those without anyone to care for them should be taken to such facilities, where they can be looked after. This is because most of them are living in very bad*

conditions. Their children have died probably because of this HIV and AIDS pandemic. So they are left alone with nobody to take care of them. Some people in the community steal from them and because they are old, they is nothing they can do to protect themselves. So these elderly people are better off in residential care homes where their needs are likely to be provided for. Even their security will be taken care of at the residential home. For me, this is one of the priority needs of elderly people without anyone to care for them. (SAW, Fm, 23years)

The storylines are consistent with the findings of the studies in Namibia (Ananias et al., 2017:148), South Africa (Lombard & Kruger, 2009:122), Slovenia (Mali, 2014:123) and Zimbabwe (Ncube, 2017:44) which show that residential care is provided for the older persons without anyone looking after them. The narratives also coincides with the view that some older persons in South Africa require institutional care to be able to meet their basic needs (Umhlaba Development Services, 2010:4). The findings on the need to place destitute older persons into residential care corroborate the view that living longer inevitably means more people will need care and support as they live into older ages (Alzheimer Disease International, 2011:3).

Similarly, this finding is in line with the rights of older persons to shelter and food, among other basic needs enshrined in the United Nations Principles of Older Persons 46/91 and MIPAA of 2002, as well as Lesotho's Policy for Older Persons of 2014. Importantly, residential care facilities provide care and accommodation to older persons around the clock, thereby ensuring their protection and social, physical and mental wellbeing. Thus, the placement of destitute older persons in residential care helps to ensure that their physical, social and psychological needs are met.

Both narratives above, show that some older persons are unwilling to be placed in institutional care, preferring instead, to age in place (their homes and community). This implies that social service providers should explore other alternatives of care besides institutionalisation. Developmental social workers discourage the use of residential care for older persons, because it involves uprooting them from their people and communities. Instead, the developmental approach emphasises ageing in place, as opposed to institutional care which creates dependency on outsiders for meeting their needs. Moreover, ageing in place promotes community-based care and fosters a sense of dignity and independence, which are inalienable human rights for older persons.

5.3.3.1.8 Category 3.1.8: Assistance to obtain national identity documents

Possession of a national identity document is a requirement for one to register for most services including cash transfer benefits (Livingstone, 2018:27). It is usually required for purposes of verifying the applicant's age to determine eligibility for services. In this regard, applicants for old age pension in Lesotho are required to provide proof of identity, age and citizenship (ILO, 2016:2). Similarly, access to other services such as public assistance and opening of bank accounts require proof in the form of national identity documents.

The need for assistance to obtain birth certificates is illustrated in the excerpts below.

> *We have many challenges. Sometimes one needs to assist an elderly person, but he or she does not have the required documents such a passport or national identity document. Without these documents they should just forget about getting financial assistance from the government. Sometimes it also happens that there is no relative or anybody who can assist the elderly person. Then, as a social worker I have to assist him or her to get the required documents. In order to help an elderly person to find these documents it is very difficult because sometimes they need the chief's referral letter or other relatives to provide information about them. Unfortunately, these people stay far away. This makes it difficult for us to get to them due to the constraints of transport on our part.* (SAW, F, 31 years)

> *As I have already explained, some of these old people need a lot of support. They are now old and they are unable to do some of the things such as ploughing their fields and travelling long distances. They virtually become young mothers because their adult children have gone to South Africa in search of employment. Unfortunately they leave their own children with older persons. It is also unfortunate that these grandparents sometimes struggle to get identity documents for themselves and their grandchildren when they want to apply for child grants* [grandchildren] *and also for their own pension. This is a problem that some of the older persons want assistance for when they come here to our offices.* (SW, F, 29 years)

There is consistency in these narratives with the findings of studies carried out in several African countries, including Uganda in 2018. In Uganda, the study revealed that many older persons who qualified for the Senior Citizens Grant were denied benefits because they did not have national identification documents (Livingstone 2018:27). Similarly, there is resonance with the findings of studies in Kenya, Mozambique, Uganda and Zanzibar which show the lack of identity documents as the most common problem experienced by older persons in the four countries. In the case of

Mozambique, it was found that this problem is a result of the long, complex and costly process that one has to go through to secure identity documents (Livingstone, 2018:27).

Thus, surprisingly, lack of identity documents seems to be a problem typical of cash transfer schemes (CTS), and yet they are the only potential sources of income for the poor in many developing countries (Transform, 2017a:25). This is also unfortunate, as a national identity document is a basic human right for all the citizens in any given country, in terms of the Universal Declaration of Human Rights of 1948.

The lack of identity documents for proof of age and citizenship is thus a major obstacle to accessing services such as public assistance and old age pension. This accentuates the need for social service providers to carry out their advocacy role to ensure the issuance of national identity documents by the relevant government department, as a basic human right. Hence, social service providers should collaborate with the Ministry of Home Affairs officials to ensure that older persons are able to get the national identity documents for themselves and their grandchildren.

5.3.3.1.9 Category 3.1.9: Education on issues of ageing and the rights of older persons
According to Nelson Mandela quoted in Help Lesotho (2015:6) knowledge about human rights in general, is an essential source of empowerment, the respect of which promotes human dignity and self-fulfillment. The requirement for education on issues of ageing and the rights of older persons is demonstrated in the storylines below.

> *I think they need to be taught or reminded more about their rights which are infringed because they seem not to be aware that they have a right to health and protection from abuse. When it comes to health issues, it seems that they don't know how to take care of themselves. I think they need to be taught more and more about these issues and healthy lifestyles. And when there are new policies aimed at promoting their welfare, they should be made aware of their provisions. They should also get information on where to report sexual abuse and how such cases are handled by the police and the courts. It is also important that they are made aware of their rights to health and what this means when they go to hospitals and clinics.* (SAW, F, 22 years)*

> *I would say the elderly need to be made aware of their rights and how to address the challenges that they meet in their villages. The general public should also be educated on these issues so that there are no cases of accusing old people as witches and seeing them as worthless people. In addition, they should be given*

information on how to deal with the problems that arise in their day to day living
and services that are available for them from the MoSD. (SW, M, 33 years)

The storylines are consistent with the view that widespread knowledge and understanding on the rights of older persons and how they can be defended is essential for the protection of their human rights (Boutros-Ghali, former Secretary General of the United Nations quoted by Help Lesotho, 2015:4). Thus, the narratives are also in line with the right to information enshrined in all human rights policies and legislation, including the Universal Declaration of Human Rights. Hence, social service providers should promote education and awareness on the rights of older persons to ensure that they are upheld and respected.

5.3.3.2 Subtheme 3.2: The challenges faced by social service providers in promoting the rights of older persons

Lesotho's Ministry of Social Development is responsible for promoting the rights and welfare of all Basotho including older persons. It is imperative to protect the most vulnerable people in the country through the delivery and commissioning of services which enhance their wellbeing (GoL, 2013:18). This is particularly important as social service providers pay particular attention to social change and development, empowerment and social inclusion (Patel, 2015:127). Nonetheless, they are faced with numerous challenges in the pursuit of this mandate, due to several interacting factors.

The challenges mentioned by the participants include inadequate human and material resources, lack of specialised training on social work with older persons and lack of cooperation from some service providers. Furthermore, they indicated the shortage of residential care facilities for older persons, reluctance of some older persons to be placed in residential care, conflict between political and traditional governance structures at community level and the lack of training on the application of the developmental approach as some of the challenges that they faced. In addition, the lack of knowledge on how to handle older persons suffering from dementia, as well as the uncooperative attitude of some older persons were also given as the major challenges encountered by social service providers. These findings are examined in more detail below.

5.3.3.2 Category 3.2.1: Inadequate human and material resources

Inadequate human and material resources related to the shortage of staff, office accommodation and transport, inadequate funding for the public assistance programme and non-provision of

airtime to contact service users, when using cell phones. These challenges are discussed in the section below.

- **Shortage of office accommodation**

Six social workers and eight SAWs indicated that they experienced some challenges with regard to office accommodation.

> *Actually, in all districts including this one* [Leribe]*, we do not have enough offices and we are all crammed in this one big office. So. when a client comes and we are many like this, he or she doesn't open up. As social workers, we are supposed to uphold confidentiality. The clients just feels like everyone will get to know that she has social problems and is a social welfare case. They feel that they will be the talk of the whole village, just because I will have served him or her in the presence of other people. Honestly, this environment takes away their dignity, but because they need our services, they have no other option besides coming here to our offices.* (SW, Fb, 35 years)

> *I have a problem of suitable office space as I am sharing with someone who is not even an SAW or social worker. It is difficult to operate in this environment. So how can one focus when there are disturbances most of the time? It does not inspire confidence in us at all. This also makes us very uncomfortable as sometimes there are issues that can only be discussed between two people. An example is an issue where an elderly person has been raped. They would not want to talk about this in public. They would also not want to discuss their domestic affairs in a public space. So this is a major challenge, but as it is, the Ministry* [MoSD] *does not have its own offices at the Community Councils. As you can see, we depend on what the community council can provide and, as you can imagine, they also have a shortage of offices.* (SAW, Fn, 23 years)

These narratives are in line with the outcomes of a study on the challenges related to the working conditions of social workers in South Africa. All the participants (32) in the study indicated that inadequate office space was a major problem for them (Alpaslan & Schenck, 2012:374). Similarly, there is consistency with the findings of a study by Tayo (2014:74) which shows that office space is one of the challenges faced in the delivery of the services to people living with HIV/AIDS in South Africa. Also resonating with the findings of the current study is another study carried out in South Africa in 2016. The study established that most non-governmental organisations providing services to older persons in this country did not have their own offices and had to resort to using community and church halls (Tshebede & Strydom, 2016:13).

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Thus, the lack of or inadequate office accommodation is of concern given the ethical obligation of social workers to individualise service users and to treat them with dignity. They are expected to protect service users' confidentiality and dignity, as these are the cardinal principles of social work. Moreover, services for older persons should be delivered in a caring and systematic manner for the establishment of an effective helping relationship (Bungane, 2012:45). Furthermore, with the unrelending COVID-19 pandemic, inadequate office accommodation creates serious health risks for social service providers and their clients. It compromises the effectiveness of the helping relationship between the client and the social service provider. It also exposes them to the risk of contracting coronavirus. Thus, the provision of adequate offices helps social service providers not only to prevent the risk of spreading the coronavirus, but also to ensure that the principle of confidentiality between the client and the service provider is upheld.

However, while there is need to put in place infrastructure that is conducive to upholding confidentiality, the modus operandi of the MoSD shows that service provision is predominantly office based and statutory. This, unfortunately is to the neglect of those who cannot access social welfare offices, particularly those in the distant rural areas and those who are physically disabled (Korang –Okrah et al., 2017:68; Mpedi, 2018:93). In this regard, social service providers should not spend most of their time in offices, but in the communities where people reside. Thus, while the provision of adequate office accommodation is central in the provision of services for older persons, equally important is taking these services to the people in their communities. Moreover, developmental social work demands that the social workers spend more of their time helping people in their communities to resolve their problems.

- **Inadequate funding for public assistance**

Public assistance is one of the fundamental pillars of social protection for the poor in developing countries (Devereaux & Getu, 2013:3). It is a non-contributory scheme which is funded from public revenue. The benefits are provided in cash or in kind in the form of food parcels, clothing, laundry soap, free medical exemption treatment orders and assistive devices (MoSD, 2015a:1). Nine social workers and four SAWs indicated that the budgetary allocation for public assistance was not enough to cater for all the applicants.

> *Even the public assistance that we are giving to the elderly who are assessed to be in need and qualify to get assistance is actually nothing. It is not helping them that much. It is just*

too little because some of them stay with grandchildren whose parents have passed on. Some of their parents *have died because of HIV and AIDS while others have left for South Africa and never came back. Even when they get child grants for the grandchildren in their care, it is still not enough. The public assistance is only M250* [at the time of data collection May to December 2016) *and this is too little for those people who depend on it.* (SW, F, 47 years)

Older persons need food assistance and most of the time we don't have the food. It takes very long before we get the food packages for distribution to the poor. I think if the Ministry had adequate funding for its programmes, we would just buy the food packages in bulk. We would then be able to distribute the food packages to them at their villages, maybe on a monthly basis. Now, we go for months without getting any supplies because there is no money to buy the maize meal. Sometimes there is also no money or the budget is cut and the ministry is not able to buy assistive devices, crutches and spectacles. This makes me feel very bad because it will appear to our clients as if I am the one who is failing to assist them. (SAW, 40 years)

Another participant also expressed dissatisfaction with the public assistance programme saying:

And even when they qualify for the public assistance, they do not get it there and then. When they apply for public assistance their names are placed on a waiting list and it can take more than two years before they start to receive any assistance. It is only when they replace somebody who is removed from the public assistance register after they die. Thus, it is only then that another person can be registered to start receiving assistance. We are told that this is because the budget that is allocated for public assistance is not enough. So, this puts us in a very difficult situation as we have to explain to the applicants why things are like this. It is also difficult for the applicants to understand why they are not getting assistance under the programme. This is a difficult situation for us ntate. We do not have enough resources to cater for those who need our assistance. (SAW, Fn, 23 years)

The narratives show that it is difficult for older persons to benefit from public assistance on account of inadequate funding. This compares positively with the findings of a study on the funding of developmental activities in South Africa, which established that the budgetary allocation for social development (inclusive of all welfare services and developmental programmes) was reduced from 11% in 1994 to only 5% in 2005 (Earle, 2008:24).

Also resonating with the findings of the present study is the view that non-governmental organisations involved in community-based care and support services are failing to provide high quality services because of poor funding (South African Older Persons Forum, 2010:7). Similarly, the narratives above also confirm the findings of a study on social workers in South Africa,

showing that they lacked adequate funding for their rural development programmes and projects (Alpaslan & Schenck 2012:375).

In addition, the findings of the present study (financing of the public assistance programme) are consistent with the view that the overall coverage of the social protection system, inclusive of public assistance in Ethiopia is limited mainly because of poor funding (Mupedziswa, 2018:31). The findings of a study in Zimbabwe also showed that the public assistance scheme, which is also means-tested, is poorly funded (Mushunje, 2017:110). Resultantly, only a few needy older persons manage to get assistance.

Also problematic in this scheme of things, is the fact that the public assistance allowance (M250) is minimal and therefore inadequate. It is not enough to meet the needs of older persons for food, housing and other basic needs. What also makes the situation of older persons dire is having to care for orphans whose parents have died or who have been abandoned. Hence, from a human rights framework, the underfunding of the public assistance programme denies many older persons of their right to income support and a decent livelihood.

However, another point to keep in mind is that continued funding of the public assistance programme has been criticised for encouraging laziness. It is argued that it fosters a culture of dependence among recipients (Surender, Noble, Wright, & Ntshongwana, 2010:203). Nonetheless, increased funding and embedding exit strategies from the public assistance programmes, which is in line with the developmental approach, empowers beneficiaries to improve their livelihoods.

- **Shortage of transport and communication facilities**

The social service providers should carry out home visits to be able to assess the needs of service users and to provide them with the services that they require. They need transport to enable them to reach out to their service users. However, one of the challenges that they face in this regard is the shortage of transport. This is illustrated in the excerpts below.

> *The other challenge is the transport when I am going to see them* [older persons]. *We do not have adequate transport. Sometimes even when we want to give them food parcels we are unable to do so. This is because we do not have transport to deliver the food parcels. This is a problem and surely we cannot be expected to use our own resources as working tools that are supposed to be provided by the*

employer. You know, it makes us look very bad and probably heartless if an older person is in a crisis situation and we cannot respond because of lack of transport. We are supposed to be in a caring profession and if we cannot reach them when they need us, then that is a big problem. As a result, we end up losing the confidence and trust of our service users. (SAW, F, 40 years)

No, it is just that on my part sometimes I feel useless at the Community Council office [where SAWs are based]. *This is because I am in the office doing nothing, instead of using the time to reach-out to people in the community to provide them with the services. Even if I get a message that there is an old woman who has been raped, there is nothing that I can do because I do not have transport. We only have one vehicle per district. As you may be aware, these districts are vast, and also have a large population. In addition, we have five departments in the* MoSD, *the children, the elderly, disability/rehabilitation, social protection and community development and I have to service all of them* [there is only one SAW at a community council office who handles all the cases brought to the office]. *You will know that there are old people out there wanting your services, but there is nothing that I can do because I do not have transport. I go for assessment visits in the community only once in a week and I find bad situations of desperate cases of people in need of social work services.* (SAW, F, 40 years)

These narratives are consistent with the findings of a study on the challenges faced by social workers in the Child Protection Services in South Africa. The study showed that the use of vehicles to carry out their duties was restricted because of the shortage of vehicles in the department (Sibanda, 2013:72). The narratives also confirm findings of a study on the challenges experienced by the social workers in the rural areas of South Africa. All the 32 participants in the study mentioned the shortage of vehicles as a major challenge in executing their work (Alpaslan & Schenck, 2012:374).

Also resonating with the narratives are the findings of a study by Nhedzi in 2014 in the Ekurhuleni Metropolitan area, in the Gauteng Province of South Africa. The study showed that the shortage of cars hampered the provision of the family preservation services in the municipality (Nhedzi, 2014:136). Similarly, a study of the Victim Friendly-System in Zimbabwe revealed that the lack of transport compromised service delivery, which is also consistent with the findings of the current study (Muridzo, Chikadzi & Kaseke, 2018:461).

The availability of transport is thus critical for the effective delivery of services for older persons. This is especially because older persons prefer to be served at their homes due to the mobility

constraints that they experience, owing to their advanced age. Importantly, home-visits are developmental as they involve the service users in the assessment of their needs and the services that they require. Such intervention is also empowering as it is based on the belief that service users have the potential and strength to change their circumstances to improve their wellbeing.

However, on the contrary, an SAW based at a Community Council commented:

> *I do not really have a problem of transport for home-visits. If I need to visit clients in the community, the district office provides me with transport. I have transport for home assessment visits. I also have transport to go to the community gatherings or I can talk to someone from the community or business entities such as Melesi Lodge* (a guest lodge located in the community) *and sometimes they assist. Sometimes I just link up with other government departments such as health and the police when they are going out into the community. So far, this has worked out for me without any major problems.* (SAW, F, 28 years)

This narrative suggests that social service providers should be resourceful in addressing the problem of transport shortages. It also demonstrates that networking and collaborating with other government ministries and departments helps in mobilising the resources to ensure the delivery of services to older persons.

In addition, one participant indicated that communication with service users including older persons is sometimes a challenge. This is partly because the MoSD does not provide allowances for social service providers to buy air-time for their mobile phones as illustrated in the following excerpt.

> *Um, we also require access to convenient means of communication with our clients and other stakeholders. When we are out there in the community and even at the office, we are forced to communicate with our clients and other service providers using our personal mobile phones. But now, it's not all the time that we are able to do so because these gadgets need air-time which our employer is not paying for. We need air-time because we need to communicate with the chiefs and the local councillors and others. It is more convenient if we are able to communicate with them on the mobile phone.* (SAW, F, 31 years)

Communication is important in the provision of social work services, as evidenced in the storyline above. Thus, it is important for social service providers to have easy access to communication if they are to respond timeously and effectively to the needs of service users.

- **Shortage of staff**

Spitzer and Mabeyo (2017:138) posit that the social workers are well positioned to work with older persons because of the broad based nature of their training and cultural competence. Social service providers can play an important role in facilitating access to services needed by older persons and their families. However, the shortage of staff is one of the major challenges encountered by social service providers in their work, as illustrated in the excerpt below:

> *Ntate we have a big problem here. We do not have enough staff and because there are so many people out there wanting our services, the workload is huge. Imagine, new problems emerge every day and the numbers of people wanting assistance from us keep on rising. So, as for staffing, the numbers are actually decreasing because it takes forever to replace those who resign. Also compounding the problem is that as of now I have to deal with all the client groups and problems brought to our attention* [during the time of data collection from May to December 2016]. *There are not enough social workers at this office, given the diversity of the clients and problems that we have to deal with. This affects the quality of our work as we are not able to address all the problems brought to our attention. Even though we would want to help all the people who need our services, there is a limit to what we are able to do. A lot is also expected from us by both the employer and our clients. Unfortunately, we cannot do much, given that we are short-staffed.* (SW, Fa, 35 years)

> *You know, we would want to meet the needs of the elderly people. But the main challenge is that we are very thin on the ground. I am the only ASW here at this Community Council office. I am required to attend to child welfare cases, the elderly, people with disabilities and everyone who wants assistance from us. So it is difficult for me to cope with the workload, because I am the only one covering such a big population.* (ASW, F, 26 years)

From the narratives, there is resonance with the assertion by the Lesotho Human Resources for Health that "*there are too few social workers and auxiliary social workers working in the system..*" (MoSD) (Jhpiego, 2013:4). The same source estimates that the coverage is one social service provider per 10,000 people. Also resonating with the narratives are the findings of a study in Namibia, which revealed an acute shortage of social workers in the country (Legal Assistance Centre, 2012:10). The study also showed that there was one social worker to 13,519 people. The narratives are also consistent with the assertion that there is a lack of qualified social workers in the Department of Social Welfare in Eswatini (University of Swaziland, 2017:3).

Similarly, the narratives in this study confirm the findings of the research studies carried out in South Africa (Proudlock & Debbie, 2011:2; South African Institute of Race Relations (SAIRR), 2012:1; Waters, 2013; Sibanda, 2013:27; Calitz, Roux & Strydom, 2014:1; Nhedzi, 2014:136) which show that that there is a serious shortage of social workers in the country. Furthermore, the findings compare with those of a study in Zimbabwe which shows that its Department of Social Services is extremely under-staffed (Wyatt, Mupedziswa & Rayment, 2010:iv). This state of affairs is attributed to the massive exodus of social workers from Zimbabwe, in search of greener pastures in neighboring countries and other far flung places such as the United Kingdom (Mushunje, 2017:111).

Also resonating with the findings of the present study on the shortage of social workers are those of studies in Tanzania by Omari, Linsky and Mason (2017:355) and Manyama (2018:49). These studies focused on the capacity of social workers to provide services to vulnerable people and it was found that this was compromised by the shortage of staff at ward and village levels. This finding also corroborates the view that social workers in Uganda are overwhelmed with the demand for their services due to staff shortages (Bukuluki, Mukuye, Mubiru & Namuddu, 2017:265).

Thus, it is ironic that social service providers are overstretched with the range of responsibilities that keep growing while there is no corresponding increase in the number of staff employed (McHaelen cited in Unconn Communications, 2011:1). The shortage of social workers has been attributed to a number of factors including lack of resources and support, a high staff turnover due to poor salaries and working conditions, heavy workloads and lack of funding for the social services (National Planning Commission (NPC), 2012:377; Jhpiego, 2013:4; Caritz, Roux & Strydom, 2014;1). The shortage of staff impacts negatively on service delivery as the available staff are often overworked and are likely to experience a burnout. Staff shortages can also lead to demoralisation, poor job satisfaction and diminished staff performance, leading to poor service delivery (Muridzo, Chikadzi & Kaseke, 2018:458). Adequate staffing enables social service providers to respond effectively to the needs of service users.

5.3.3.2 Category 3.2.2: Lack of cooperation from other service providers and the low opinion of social workers

One of the goals of social work is to link people with the systems that provide them with resources, services and opportunities to enhance their wellbeing (Harper, 2011:17: Zastrow, 2013:26). In this regard, interprofessional collaboration is an important factor in the provision of social work services (Ambrose-Miller & Ashcroft 2016:101). As illustrated in the excerpts below, social service providers experience the lack of cooperation from other stakeholders in doing their work.

> *We need to have a memorandum of understanding* [MoU] *of how we work with organisations that provide services to the elderly. This should be done even with the Ministry of Finance that provides old age pension to the elderly. This is because, sometimes the way they treat us is not good. I expect the two ministries* [Finance & MoSD] *to collaborate with each other as they both provide services to the same population group. As I said, we have old people who have problems of payment of their old age pension with the Ministry of Finance. Now, when we try to intervene as the social workers and we go to the Ministry of Finance, they do not work smoothly with us. I do not know why. For example, when I try to find out the status of an elderly person's application for old age pension, they ask me a lot of questions. Sometimes they even say that they want to talk to the elderly person concerned and not to me. This is not the proper way to handle such issues because both ministries* [MoSD and Ministry of Finance] *provide services to the elderly, so we are supposed to work together for the benefit of the people that we serve.* (SW, F, 48 years*)*

> *I think the challenge is that the auxiliary social workers are not known and also we don't have name badges or uniforms that show that we are the auxiliary social workers. We are not known by other service providers. For example, when I go to a hospital and request to talk to a nurse or doctor about an elderly patient, sometimes they do not even treat me as a person who is also responsible for the welfare of the patient. They interrogate me, ask who I am and whether I am a medical doctor who knows that the elderly person is sick. The nurse or doctor asks questions like, are you a medical doctor? Why do you say the elderly person is sick? So, sometimes we are even afraid to accompany our service users to clinics and hospitals because the workers there do not have any respect for us at all. The same applies when I try to assist an elderly man or woman to get documents from the Ministry of Home Affairs. Sometimes I do not get the cooperation that I expect* (SAW, F, 38 years).

The storylines are in line with the view that social work is not well acknowledged in the South African health care system (Petersen, 2015:225). This opinion is attributed to the attitudes and stereotypes of some medical personnel and issues around the competence of the social workers to

do their work (Petersen, 2015:225). The narratives are also consistent with the findings of a study on the experiences of social workers in the provision of family preservation services in Erkuhuleni Metropolitan in South Africa in 2014. The study showed that there was lack of cooperation from other practitioners, particularly for those who were in the health sector and the judiciary (Nhedzi, 2014:136). The finding on the low opinion of social workers is consistent with the assertion that the social workers in Uganda have a low status when compared to other professionals (Bukuluki et al., 2017:265).

The low opinion of social workers, which in a way contributes to the lack of cooperation, has also been attributed to the lack of any tangible impacts of their interventions (Lombard & Wairire, 2010:106). Hence, social service providers should establish their credibility by demonstrating their worth. Furthermore, the findings suggest the need for clarity of their roles and responsibilities in the provision of the services to older persons, to ensure optimum interdisciplinary collaboration.

5.3.3.2 Category 3.2.3: Shortage of residential settings for older persons
There are various forms of care and services for older persons across the world, including residential care, which has assumed an increasingly important role (Mali, 2014:135). In this regard, the provision of residential care services for some older persons unable to care for themselves is inevitable (Marx, 2016:15).

The shortage of residential care instiitutions for older persons without anyone to care for them is illustrated below.

> *I tried to place an older woman who was staying alone and did not have anyone to care for her at the Pitseng facility* [for the care of older persons run by the Catholic Church] *in Leribe. I was looking for a residential care facility where she could be taken care of and they said no, we can't take nkhono* [grandmother] *here. I had to travel to Maseru with her. That means she was then my problem because I incurred personal costs as I had to provide food for her from my own resources. The Ministry of Social Development does not have provision for meals for clients.* (ASW, F, 28 years)

> *As I have said, we only have two* [now three, with a relatively new one opened in 2019 in Butha-Buthe] *homes in Lesotho. This is a problem because we have many elderly people who live on their own and are in need of residential care. The other problem we have is that these facilities are private and therefore have their own criteria for admission. So, when we have an elderly person who requires placement in these homes, if they say they are full or they cannot admit the elderly person for whatever reason, I cannot force them.*

For example, if the older person is visually impaired or has some other disability, they will not admit him or her. This is inspite of the fact that I will be looking for a place of safety to prevent the elderly persons from further abuse where she/he lives. This means that the elderly man or woman will continue to experience abuse as I have no authority to force the institutions to admit the destitute older persons. (SW, Fa, 35 years)

These narratives are in line with the findings of a 2017 study conducted in Namibia, which established that there are only a few registered residential settings for older persons in the country (Ananias, Black & Strydom, 2017:148). This finding is however inconsistent with that of a study of old people's homes in South Africa, which revealed that there are more than 405 residential care homes in the country. They consist of private, public (those subsidised by the state) and others which do not benefit from state subsidies (Umhlaba Development Services, 2010:31). In this regard, although Lesotho is a small country (perhaps the size of a province in South Africa), compared to South Africa, the situation remains worse in this country.

Residential care homes for older persons are particularly appropriate for the frail and those who are destitute and live on their own. Thus, residential care should only be considered as a last resort. However, the establishment of more residential care homes for destitute older persons would go a long way in promoting their welfare. It helps to promote the right of older persons to care, to shelter and to the provision of other basic needs spelt out in the MIPAA and United Nations Principles for Older Persons 46/91. Furthermore, the shortage of residential care facilities for older persons suggests the need for social service providers to explore other alternatives of care, besides institutionalisation.

5.3.3.2 Category 3.2.4: Reluctance of older persons to be placed in residential settings
There is overwhelming evidence pointing to the need for and the wish of older persons to age in their communities and to be cared for by their family members (Van Huysteen, & Van der Merwe, 2014:425; Mkhwanazi, 2017:36). They are thus usually reluctant to be uprooted from their homes and communities. One of the challenges experienced by social service providers was the unwillingness of some older persons to be placed in residential care homes. This is illustrated below:

Hey, those people [older persons] *are suffering I tell you. Some of them are just staying on their own in housing conditions that are not acceptable at all. They are helpless and sometimes they are raped. They experience all sorts of hardships. I*

don't know what to say, but sometimes it is challenging to work with these old people as they can be difficult. They do not accept some of the services that we want to provide to them. I often come across elderly people who no longer have children staying with them. It so happens that their own adult children do not want their children to be raised by their grandparents who stay in the rural areas. Such elderly people are vulnerable because they are just by themselves. Such people need to be taken to old people's homes, but they do not want to go there. Some of them say that they cannot leave the graves of their ancestors, others say they will be mocked as this is something like being ostracised while others do not want to be put in a place where they are surrounded by strangers all the time. This makes it difficult for us and it pains me a lot when they refuse. They are raped and they are abused because they stay alone, by themselves. For me this is hurting as all these things happen to them. However, we don't give up when they refuse. Sometimes we ask the neighbours to take care of them and we do follow-ups to check whether they are still okay. If we have the resources, we provide food packages and some help, like we can ask unemployed women in the community to assist with cooking and cleaning their homes, so that they have some support and care. (SAW, F, 24 years).

Sometimes the elderly person says, "you can't take me away from here. I will die in my house. or "I do not want to go and stay with people I do not know." In some cases, even the children and other relatives who neglect them do not like the idea of them being taken to a residential care institution because our parents, especially here in Lesotho, do not want to leave their homes. No amount of persuasion will make them want to leave their homes. It's a culture thing. (SW, F, 47 years)

Resonating with the narratives, are the results of a 2012 research study in Myanmar, which revealed that even caregivers to older persons do not approve of their placement in residential care (Han, 2012:24). The same author attributes this state of affairs to the desire to maintain the tradition of the care of older persons within the family. The narratives also correspond to the findings of a study in six Arab countries, namely Algeria, Kuwait, Libya, Morocco, Tunisia and the United Arab Emirates. It showed that care of older persons in residential facilities is stigmatised because of the existence of deep-rooted religious and cultural norms, as well as the requirement that younger generations care for their elders (Hussein & Ismael, 2016:279).

The narratives above also bear resonance to the findings of the studies in South Africa (Van Huysteen, & Van der Merwe, 2014:425), Eswatini (Mkhwanazi, 2017:36) and Zimbabwe (Hungwe, 2010:39) showing that older persons want to age in their communities and to be cared for by their family members. They also confirm the view that residential care is shunned by some older persons (Mkhwanazi, 2017:36). This is because it is perceived as symbolising neglect,

rejection and failure of the conventional social support systems for older persons (Mkhwanazi, 2017:36).

However, though residential care for older persons is probably the only option available for some older persons who are destitute and frail, it violates their right to dignity and care within their families and communities. Hence, all efforts should be made to ensure the care of older persons in their homes, families and communities. This is also in line with the developmental approach, which not only embraces a human rights focus, but also emphasises community care and ageing in place.

5.3.3.2 Category 3.2.5: Conflict between political and traditional governance structures at community level

Ethically and also for the benefit of service users, social service providers are expected to network and collaborate with the leadership in the communities where they operate (Spitzer, 2014:24). This helps to avoid working at cross-purposes and undermining each other in the process. One participant indicated that conflict between community leaders was a challenge in promoting the rights and welfare of older persons.

> *The other challenge is about political interference in our work. The councillors are not on good terms with the chiefs, but we still have to work with them. The problem is that if you give information about community gatherings and distribution of relief food assistance to the councillor to pass on to the chief, they distort the message to suit their own personal interests. They present the message the way it suits them and not the community. Now, the problem is that the intended beneficiaries of our services sometimes end up not accessing the services because of misinformation and the confusion that is created by these community leaders.* (SW, F, 30 years)

This confirms the view that there is usually conflict between the elected local government councillors and the customary chiefs in many African countries (Kovar, 2013:31). This negativity affects the response to the needs of older persons, leading to lack of or poor delivery of the services. Also consistent with the narrative above is the assertion that politicians in Zimbabwe spend their energy on undermining each other, at the expense of vulnerable people in their constituencies (Mupedziswa, 2018:46).

The vulnerable people, including older persons in the communities become the victims as access to and the quality of services are likely to be compromised. In this regard, the building of good working relationships and trust, between the community leaders and members of the community

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enhance the effectiveness of service delivery (Spitzer & Twikirize, 2014:356). This is particularly important where the relationships are nonexistent or have broken down.

5.3.3.2 Category 3.2.6: Lack of training in developmental social work
Most social work practitioners are trapped in routine administrative and supervisory functions which do not provide much scope for professional development and skills (Manzanera-Ruiz & Lizarraga, 2015:4). Lack of training on the implementation of the developmental approach in social work with older persons was said to be a challenge in rendering services to this population group. This challenge is illustrated in the excerpts below.

> *I have another challenge I want to say. We* [social workers] *are challenged because the Ministry* [MoSD] *does not provide training to staff* [during the time of data collection in May to December 2016]. *In my case, I was trained as a generic social worker* [BSW] *and was not oriented with regard to elderly care issues and the developmental approach. Yet, this is critical for understanding older persons, their needs and what we can do for them. In the absence of specialised training, it means that I am not always sure whether I am doing the right thing or not. Because of lack of training on the developmental approach, most of the time I am just involved in assessing whether* the *older persons that we serve qualify for public assistance. I probably should be doing much more.* (SW, M, 33 years)

> *Though all of us at this district office are dealing with issues of the elderly, we are not adequately trained. We didn't learn about the developmental approach at college during our social work training. We are just employed as generic social workers. It's also not for us to choose the cases that we can or would like to handle. You can just be assigned to work with older persons* [during the time of data collection May to December 2016]. *Some social workers do not even like working with the elderly, and yet they are assigned such cases.* (SW, F, 47 years)

> *I am relatively new in the Ministry of Social Development, but the challenge that I see is the lack of training on working with older persons. As I told you, I have a certificate in Auxiliary Social Work and I am only learning about the elderly on the job now. Even the developmental approach which we are supposed to be implementing we are yet to be trained on* [during data collection from May to December 2016]. *I am just using my general social work knowledge and so I still have a lot to learn. Fortunately, so far no one has told me that I am not doing the work correctly. However, I am not as confident in coming up with solutions to the challenges faced by older persons* (SAW, F, 31 years).

The two storylines confirm the view that the a key foundation for practice with older persons is specialised knowledge of gerontology (McDonald, 2010:3). This finding resonates with that of a

study at Ekurhuleni in the Gauteng Province in South Africa, which revealed the lack of regular training and guidance on family preservation services for the social workers (Nhedzi, 2014:136). The narratives are also consistent with the assertion that the majority of the social workers in East Africa graduated without the requisite skills, knowledge and understanding of social work practice with older persons (Spitzer & Mabeyo, 2017:140).

Thus, lack of specialised training on social work practice with older persons and the developmental approach is likely to affect the delivery of services for older persons. It is also likely to affect the transition (MoSD) from welfare to a developmental focus. This points to the need for specialised training to enhance the competence of the social service providers.

5.3.3.2 Category 3.2.7: Lack of knowledge on how to render services to older persons suffering from dementia

According to Cavanaugh and Blanchard- Fields (2019:285), dementia is a family of diseases that involves some form of damage to the brain. It causes cognitive and behavioural dysfunction and it usually occurs in old age. It can also lead to wondering, disorganisation and confusion (Downes, Fealy, Phelan, Donnelly & Lafferty, 2013:17). Three social workers and two ASWs indicated that they experienced some challenges when rendering services to older persons they perceived as having dementia. This is illustrated in the excerpts below:

> *Uhh! It can be tough sometimes because most elderly people seem to have dementia. So you talk about this problem and the next minute they have forgotten all about it. This means that you have to start again. It is difficult to understand what they say and to propose some solutions to their problems. It is as if they have lost their minds. Sometimes we end up looking at each other not knowing what to do or say. The people who are supposed to take care of them sometimes also get impatient with them. They end up treating them badly because they fail to understand their behaviour and some of the things that they do. They forget a lot and sometimes they can even walk naked. Unfortunately, in our culture, a person who behaves like that is called a witch. So the elderly people who behave in ways that other people do not understand can even be accused of being witches. Yeah, we do get such cases and sometimes they are accompanied by their relatives who also want us to assist them in whatever way we can.   [SAW, F, 22 years]*

> *We have a problem of older people with dementia. Sometimes they are just left alone. Their adult children abandon them. Some relatives even insist that we must take them and find a place where they can be looked after. The members of the community do not care about them and they are often accused of bewitching other*

people. It is also said that people in the villages do not have good luck because of them. So, they experience all sorts of problems, especially if they live by themselves. We are not sure of how best to assist them. (SW, F, 47 years)

There is consistency of the narratives above with the assertion that dementia is a common disease among older Basotho (MoSD, 2015:2). The narratives also confirm the findings of a study in Nepal, which shows a higher prevalence of dementia among older persons in that country (Thapa, Visentin, Kornhaber & Cleary, 2018:182).

Thus, given that people now live longer than before, many older persons are likely to suffer from dementia and are likely to require the services of social service providers. This suggests that social service providers should be knowledgeable about how it can be prevented, treated and managed. Possession of such knowledge and skills helps to ensure that social service providers respond to the needs of older persons with dementia, to promote their wellbeing.

5.3.3.2 Category 3.2.8: Uncooperative attitude of some older persons
Owing to the exponential growth in the number of older persons and the attendant social problems of population ageing, older persons are increasingly in need of social work services (Duyan, Sahin-Kara, Duyan, Ozdemir & Megahead, 2016:366). However, a challenge that the social service workers experience in this regard is lack of cooperation from some older persons. This makes it difficult to promote their rights and welfare.

> *The problem is that they already have an attitude when I am assigned to assist them. They even say, "what can I talk about with this child? What does this child know about the problems of the elderly." I also do not understand some of the things that they talk about, for example, they want to talk about how life was like back in the old days. They give you a lot of information about how things were done in the past. They expect you to give them the assistance they want even when you explain to them that you do not have the resources. Some of them even cry when you fail to assist them.* (SW, Fb, 35 years)

> *Sometimes they are cheeky* [rude]. *They make you repeat and repeat what you have said until they understand what you are saying. They tell you in your face that you do not understand. They tell you that you don't know anything and that they want to talk to your boss. When you try to explain the procedures and the services that we provide or the services that we do not offer, they do not want to listen. They insist on seeing those in higher authority. Sometimes this makes it difficult for me to help them because I cannot refer the older person to the district manager when in fact the manager has allocated this case to me. Moreover, I am here at the Community Council and my boss is at the district council office in town, which is far away from here. So it is difficult to refer them to my*

supervisor. In any case, the supervisors do not want us to refer clients to them. Such clients are difficult to work with. (SAW, Fn, 23 years).

Corroborating the problem of the attitude of older persons, an ASW remarked:

The main challenge as I pointed out earlier is that they do not want to tell us the truth about the children that they live with. They still have this thing of saying the children are their own. When you fill in the application form for public assistance and you ask them about the children they are staying with, they say "the child is mine". But when you say to them, but the child is too young to be yours sometimes they even start crying, hihii, hihii… [imitates the crying]. *They say "this is my child". They cry because if the child is not theirs, then I need to know the real biological parents because they may still be young and able to take care for their children. And if the parents of the children are still living I insist on counselling them so that they can also assist in raising their children. They fear that they may be denied assistance in cases where the parents of the grandchildren that they live with are still living. Some of them cheat by telling lies about the number of their children so that they can get assistance.* (SAW, F, 28 years)

The first and second storylines confirm the findings of a study carried out in the United States of America in 2009. It established that older persons preferred to be served by mature social service providers rather than younger ones, mainly due to the generation gap (Sung & Dunkie, 2009:250).

Although the effects of the generation gap can be counteracted by the training of social service providers for gerontological practice, the narratives suggest the need for employing mature professionals to provide services to older persons. Although older persons may also have their own weaknesses, just like other people, perceptions of them as problematic can also be as a result of ageist attitudes (Cavanaugh & Blanchard Fields, 2019:3). Nonetheless, social service providers should be ethical, anti-ageist and culturally competent in their practice with older persons. Moreover, the narratives also suggests the need for specialised training for social service providers on social work with older persons. This helps to equip them with the requisite knowledge and skills for competent gerontological practice.

5.3.4 Theme 4: Suggestions for the provision of social work services to older persons
The social work workforce helps service users to meet their various needs, including physical, mental, social and societal needs. Thus social work can be viewed as a group of practical interventions to improve situations in people's lives (Gray & Webb, 2012:1). It deals with profoundly vulnerable populations; including older persons who find themselves overwhelmed with the circumstances that they are powerless to control (Gitterman & Sideriadis, 2014:1). Thus

social work practice is a dynamic process involving assessment, treatment and evaluation of interventions (Johnston, 2014:31).

From a social justice and developmental perspective, the new orientation of Lesotho's MoSD requires a deliberate shift in intervention methods and approaches. This should involve, among others, social change and a commitment to human rights and social justice in the provision of social work services. Thus, social workers are expected to provide services in line with the objectives of the profession. This entails making a difference in people's lives by enhancing their problem solving, coping and developmental capacities so that they may become self–reliant. In addition, social service providers are also expected to link service users to resources, as well as to promote their human and community wellbeing (Zastrow, 2013:26).

Thus, given the developmental thrust of the MoSD, it was necessary for social service providers to suggest ways of rendering services to older persons in Lesotho. Through this study the perceptions and insights of social service providers on how they should render services to older persons were identified. It was also useful in the development of guidelines for practice in Chapter Six. The findings relate to suggestions on enhancing the effectiveness of social service providers in rendering services to older persons. They also relate to suggestions on what social service providers should do to enhance service delivery for older persons, as well as on how they should work with them to promote their welfare. These sub-themes are discussed below.

5.3.4.1 Subtheme 4.1: Suggestions for enhancing effectiveness of SSPs in rendering services to older persons

Social work practice with older persons is not only intended to minimise the risks that they are exposed to, but it also ensures the maintenance of the highest possible level of health and functional ability, autonomy and wellbeing. The suggestions on how the social workers should render services to older persons should be integrated and mainstreamed into practice and the guidelines for practice with this population group. The participants suggested the need for in-house training on working with older persons and the implementation of the developmental approach in the provision of social work services. These findings are presented and discussed in the section below:

5.3.4.1.1 Category 4.1.1: Specialised in-house training on social work with older persons

According to Spitzer and Mabeyo (2017:141), most social work graduates in East Africa lack understanding and knowledge of social work with older persons. The need for training was highlighted as follows:

> *Our* [the social workers] *challenge is that we are not trained in* working specifically with older persons. *We are just learning on the job. I am employed as a social worker serving all people who come for social welfare* [MoSD] *and I am also assigned cases of elderly people when they come to this office. But hey, working with older persons can be challenging sometimes. Actually an elderly person can come to the office and I find that sometimes I am not able to provide the assistance that they need. So I think with training on how to work with them, I will be able to handle all their issues competently.* (SW, F, 29 years)

> *We have not been trained to work specifically with the elderly. As such, we need this training and we should also be given the guidelines for working with them. Without this training and the guidelines on how we should do our work, who knows, we may even be doing more harm than good to the elderly unknowingly.* (SW, Fb, 35 years)

> *We should be trained so that we can handle the elderly in an effective manner. We need training on the problems faced by the elderly. These could be social, psychological, including mental illness and other medical conditions. Training on the rights of the elderly, in fact everything to do with old people, is important as well. You know, we are also supposed to place the elderly people without anyone looking after them in old age homes and yet we do not even know whether this is the right thing or not. So, sometimes we do things that we do not understand because of lack of training on issues of the elderly. They keep promising to train us but they haven't done so yet* [during the time of data collection May to December 2016]. *Training would help to improve the way we work.* (SAW, F, 38 years)

In this regard, the narratives show that an understanding of the experience of ageing and the possession of relevant knowledge and skills is required. This will enable social service providers to respond effectively to the needs of older persons. There is also resonance with the IAFSW and IASSW's statement of the principles of social work, emphasising the need for social workers to develop and maintain the required skills to do their work (IAFSW & IASSW, 2015:1). Similarly, there is consistency with the contention that social service providers should be highly skilled and knowledgeable, given the complex nature of the problems that they are often required to attend to (Trevithick, 2012:3).

Thus, practice with older persons requires social service providers to have knowledge and skills in working with this population group. Moreover, social workers have an ethical obligation to develop and maintain the requisite skills and competencies to respond to the needs of the services users (Zastrow, 2013:34). Hence, they should always endeavour to upgrade their skills for effective practice.

5.3.4.1.2 Category 4.1.2: In-house training on the developmental approach
The developmental approach is increasingly gaining support within the sphere of social work practice as the panacea for social problems confronting vulnerable populations, inclusive of older persons. The approach aims to achieve social and economic justice through the enhancement of the livelihood capabilities of individuals and communities (Midgley, 2014:66). Thus, in an endeavour to promote the welfare of older persons, among other vulnerable populations, Lesotho's MoSD adopted the developmental approach in the provision of social welfare services in 2012. Social service providers in the MoSD are thus expected to embed the developmental approach in their practice with older persons.

The majority of the SSPs (six social workers and seven SAWs) indicated that they required training on the implementation of the developmental approach in the provision of services for older persons. This is illustrated below as follows:

> *Unfortunately, not much is happening because of the lack of clarity on what needs to be done in applying this developmental approach in our work with the elderly. There isn't much that has changed in the way we work with older persons. It's what we have been doing all along, mainly assisting them to apply for public assistance. Yes, we have started to promote self-help activities such as mutual aid and support groups, but we do not know if this is what the new approach involves. This is because we have not been educated on these things to be able to understand what the approach entails. Therefore, training on the developmental approach is important for us to be able to put into practice what we will have learnt, in our work and interaction with the elderly.* (SW, F, 47 years)

> *It would be a good thing if they were to send us for advanced training on working with older persons and applying the developmental approach. Alternatively, the MoSD can engage experts who can train us on the job, while we are doing our work.* (ASW, F, 22 years)

The aforementioned narratives are consistent with the findings of a study on the workforce in organisations affiliated to the National Council for Social Services (NACOSS) in South Africa. It

revealed that there is a limited understanding of the developmental approach and its application by workers in member organisations of NACOSS (Patel & Hochfeld, 2012:697). The narratives are also consistent with the assertion by Kaseke (2017:475) that social workers in South Africa have a limited understanding of the developmental approach.

As the developmental approach requires a paradigm shift from social work's institutionalised ways of operating, this suggests the need for training opportunities to enable social service providers in Lesotho's MoSD to improve their practice and to assume developmental roles. Hence, training is important, not only for the provision of social work services, but for the social service providers to demonstrate competence in the implemention of the developmental approach as well.

5.3.4.2 Subtheme 4.2: Suggestions on how the SSPs should work with older persons

Given their commitment to the aims, values and principles of the profession, social workers must be professional in their engagement with the clients (Zastrow, 2013:33). They are thus expected to practise a personal reflection and self-correction as part of the process of professional growth and development (Patel, 2015:289). Furthermore, it is important that they demonstrate a professional demeanor in their behaviour, conduct and communication (Zastrow, 2013:33).

The suggestion that the social service practitioners should be professional and apply the principles of social work in working with older persons is illustrated in the excerpts below.

> *I don't know ntate Dhemba, but like I said, sometimes we do not even think about our principles of social work. I mean applying the social work principles when assisting the elderly. The guiding principles such as empathy, individualisation, acceptance and so on, should be applied in helping the elderly. But, I also think even if we treat them as unique individuals we should try to put ourselves in their shoes in order to understand their needs and challenges. At the same time, I think we should also try to establish a rapport with the elderly to really get to know them.* (SW, Fb, 35 years)

> *Um, I think most of us tend to forget the guiding principles of social work because we tend to sympathise instead of empathising with the elderly. We have to follow our guiding principles. We should accept our clients as they are. Yeah, we shouldn't judge them when they come to request for our services. We should not judge them on the way they are dressed. We have to serve them with respect. All these principles are relevant in our work and we should ensure that we apply them.* (SW, F, 30 years)

> *Basically, we should uphold confidentiality, patience, empathy and a lot of knowledge about the elderly. We should try as much as possible to at least give them some assistance*

even though we may not be able to give them all the assistance that they require. [SAW, Fm, 23 years]

The narratives confirm that social service providers should apply the social work principles of acceptance, patience and respect. They should also uphold the principle of self-determination in their work with older persons. These findings are discussed below:

5.3.4.2.1 Category 4.2.1: Demonstrating acceptance and a non-judgmental attitude
All human beings are unique and important in their own right irrespective of the circumstances they find themselves in (Zastrow, 2013:61). They deserve to be treated humanely. The need for social service providers to apply the principles of social work was demonstrated as follows:

> *Because some of their characteristics, oh you feel like nkhono* [grandmother] *is hard of hearing. Nkhono is not talking or she will just dismiss you. So we have to calm down and be patient.* (SW, Fa, 35 years)

> *What I can say is that we need to be patient with them and listen to what they say. We should not jump to the conclusion that they are crazy or anything like that. One should also not be confrontational with them. When I was still a student, we were taught that clients should not be judged because when you do that they will think you do not want to help them. So, not judging them enables us to get the correct information from them. It is important to establish a good working relationship with them so that they can trust you. We just have to like our job. We also have to know our job.* (SAW, F, 40 years).

These narratives confirm the view that the service users deserve to be treated with dignity, respect, patience and understanding (Black-Hughes & Strunk, 2010:106). All this translates to an atmosphere of acceptance which is critical in a helping relationship with older persons. This helps to motivate them to participate in the resolution of their problems. It also motivates the service users to learn to resolve the challenges confronting them, rather than focusing on self defense, which can be counterproductive in the search for solutions to their problems (Kadushin & Harkness, 2014:131).

Thus, embracing the principle of acceptance helps the social service providers to promote the dignity and worth of older persons. In addition, upholding the principle of acceptance and its related attributes is the *sine qua non* for effective social work practice with older persons.

5.3.4.2.2 Category 4.2.2: Upholding the principle of self-determination
According to Johnson and Bird (2012:217) self-determination is the ability of service users to make their own choices and decisions concerning their lives. Six social workers and one SAW indicated that, it is important to uphold the principle of self-determination in social work practice with older persons. This is illustrated in the excerpts below:

> *I do not think the way we work with the elderly should be different from other clients. The principles that should be applied should be the same. For example, it is important to show warmth to clients so that they feel welcome and accepted. The issue of self-determination is also important. Clients have to feel free to talk and to participate in making decisions about their life. We should also not be judgemental. So if we do our work according to our code of ethics we will be able to promote the welfare of the elderly.* (SW, Fa, 35 years)

> *Patience, patience, patience is what is required. Their walking, thinking, hearing and vision may be affected as a result of the ageing process, and so we need to take all this into account. We should also not make decisions for our clients because once we do that, they will always come back to us for solutions to their problems. However, this is difficult with people who are very old as they are likely to want us to make decisions for them because of the desperate situation they find themselves in. In spite of this, we should still try to go through the process of enabling them to make decisions on what they want to do with their lives.* (SAW, F, 22 years)

Both narratives are in line with the profession of social work's desire to enable service users to realise their democratic right to self-determination (Haynes, 2012:274). Furthermore, there is consistency with Omona's (2014:349) assertion with reference to marginalised women, that it should include participation in decision making and the right to own property and access to land. In this case, older persons should be allowed to retain control, to make choices and to maintain their independence. The narratives also correspond with the declaration by people living with disabilities (disability culture) that, *"they prize, not self-sufficiency but self-determination"* (Longmore, 2003:122). Thus, upholding the principle of self-determination enables service users to participate in the process of resolving the challenges that they face.

Although upholding the principle of self-determination is critical for enhancing self-esteem, dignity and independence, this principle is not absolute (Zastrow 2013:55). Hence, according to Johnson and Bird (2012:217), the principle should be re-examined due to the existence, in some contexts, of environmental and cultural factors that perpetuate social injustice. Furthermore, the

prominent social work codes of ethics require that social service providers override the service users' right to self-determination, in instances where there are risks of either harming themselves or others (Reamer, 2012:309).

Allowing for self-determination without addressing the root causes of the social problems faced by service users is not likely to bring about a break from the *status quo.* In addition, upholding the principle of self-determination presupposes that service users are capable of making rational decisions, which may not necessarily be the case (Mackelprang, 2012:557). It is also meaningless to uphold the principle of self-determination in situations where service users do not have any access to services. Thus, it is necessary for social services providers, not only to uphold the principle of self-determination, but also to facilitate access to adequate resources.

In this regard, the high standards of personal and professional conduct, which are the hallmarks of the social work profession, are thus expected of social service providers. Hence, it is critical that the principles and values of acceptance, non-judgemental attitude, the right of service users to self-determination and commitment to practice are embedded in practice with older persons. Furthermore, issues of human rights and social justice, participation and self-determination are the central themes of the developmental approach (Midgley, 2014:110). This ensures that social work services are provided in a manner that ensures the rights of older persons as enshrined in MIPAA 2002 and the United Nations Principles on Older Persons Resolution 46/91, among others, are respected.

5.3.4.3 Subtheme 4.3: Suggestions on promoting the wellbeing of older persons
Given that one of the objectives of the current study was to develop guidelines for practice with older persons, it was necessary to solicit suggestions from the participants on what they needed to do to promote the rights and welfare of older persons. The participants suggested reaching out to older persons at their homes, promoting interagency and multidisciplinary collaboration, compiling a data base of older persons, engagement in awareness raising campaigns on the rights and welfare of older persons and advocacy on the same. These are discussed in more detail below.

5.3.4.3.1 Category 4.3.1: Reach-out to older persons for assessment of their needs
Eight social workers and six ASWs indicated that social service providers should reach out to older persons for assessment of their needs. Assessment in social work is necessary for purposes of

gathering accurate information and correct interpretation of the same (Martin, 2010:68). This is illustrated in the excerpts below.

> *I think we should not only consider their age but we should also consider other aspects. Many other things should be considered when assessing their situation. For example, we should consider whether they are living alone, whether they take care of any grandchildren or not, and to find out their financial status. You know, the elderly experience a lot of trauma. Elderly women are raped and they are discriminated against in a lot of things. They are even denied the right to property when their husbands die. So we should assess all these things in order to respond as per their requirements. This requires that we go to their homes to see for ourselves what their situation is. There is no way's one can get a good understanding of their situation by asking them to come to the office. We are doing this just because we do not have adequate transport at the office. Otherwise, ideally we should be going to the communities where they live.* (SW, F, 26 years)

> *It is critical that social workers make an assessment of the needs of their elderly clients. Without that, it would be difficult to know the kind of assistance that they require. It is also necessary to establish the potential sources of support within the family and community. It should only be on the basis of an assessment that a social worker can develop an intervention plan and a timeframe on what needs to be done.* (SW, F, 54 years)

> *Some older persons are so old that they cannot go to the office. So, the only way we can assist them is for us to go where they live and talk to them about their problems. However, for us to be able to do that, transport should be provided as I am serving a diverse population and not only the elderly. What also complicates matters is that the settlements are scattered. If one has to move from place to place, one definitely needs transport.* (SAW, Fm, 23 years)

The narratives above corroborate the view that older persons prefer being served at their homes (Matthews & Ross, 2010:77). This is particularly significant because it takes into account considerations of their safety and vulnerability owing to their advanced age.

Thus, it is important to assess the needs of older persons prior to any interventions. This ensures that older persons participate in the process of determining the services that they need. The scope of practice with older persons therefore involves visiting them at their homes in order to make comprehensive assessments of their needs and challenges. In this regard, assessment is likely to include psychosocial assessments, risk assessments, their functioning capacity and needs assessment, all of which have a bearing on the wellbeing of older persons.

5.3.4.3.2 Category 4.3.2: Engage in interagency and multidisciplinary collaboration

Older persons are not a homogeneous group and therefore their needs are many and varied (Spitzer & Mabeyo, 2017:138). The services that they require are unlikely to be met by a single service provider but rather with a diversity of agencies and professionals. The need for social service providers to collaborate with other stakeholders in the provision of services for older persons is portrayed in the excerpts below.

> *Elderly people expect me to link them with other service providers. There are many agencies that provide services to vulnerable people in the country. These include agencies such as the CGPU* [Child and Gender Protection Unit within the Lesotho Mounted Police Service]. *Yes, police services and referrals to the Ministry of Finance for the payment of old age pension. We also refer the elderly to the Ministry of Home Affairs where they apply for identity documents and clinics and hospitals as well, for medical attention. We also work hand in hand with the community councillors and the police to ensure that their welfare is okay and that they are safe. Thus, we need to work together with other service providers including the Ministry of Health. They can help in health promotion activities. Collaboration with other stakeholders is important if we are expected to provide the services required by the elderly. As I have already told you, we* [MoSD] *have serious challenges in terms of financial and human resources. We are thus unable to provide for all the needs of our clients.* (SAW, F, 31 years)

> *Ntate, the elderly need assistance with maintaining their houses and also to find places of safety for those without anyone to care for them. I have also told you that they need financial assistance, counselling and food assistance. In addition, they also need to be assisted with caring for their grandchildren. Their needs are many. Unfortunately, the ministry* [MoSD] *does not have adequate resources to cater for everyone. Moreover, it is not only the elderly that we are concerned with, but all the vulnerable people in this country are our responsibility. For us to be of help to our clients, it is important that we collaborate with other agencies in providing these services. In fact, some of the services required by our clients are not even what we provide. So far we are working very well with Help Lesotho* [an NGO in Leribe supporting grandmothers]*, the police and an old people's home at Pitseng, among other organisations, to provide services to older persons.* (SW, F, 47 years)

The above-mentioned narratives are consistent with the view that social workers should partner with other professionals and organisations if they are to provide appropriate and comprehensive services to older persons (Irish Association of Social Workers Special Interest Group on Ageing, 2011:5). This is also in line with the view by Spitzer and Mabeyo (2017:138) that work with older persons is a multidisciplinary context of service provision, as it involves a close cooperation with

multiple stakeholders. These include, *inter alia,* health professionals, Help Lesotho, the police and other agencies which provide services outside the remit of the MoSD.

Thus, given the shortage of both human and financial resources faced by the MoSD, collaborative efforts with other stakeholders are likely to ensure a holistic and comprehensive provision of the social work services for older persons. Moreover, from a developmental perspective, social workers should work collaboratively with service users, the government, NGOs and the private sector, for effective service delivery (Patel, 2015:128).

5.3.4.3.3 Category 4.3.3: Compiling data base of older persons
The development of policies for older persons in developing countries has been hampered by the paucity of data on the population of older persons (Nyirenda, 2014:10). This is important as their number keeps on increasing.

> *I think what should be done is that since we have ASWs at community councils in the communities where people live, they should furnish us with information about the elderly in these communities. We should have information on who the elderly are, where they stay and the conditions in which they live. Yes, these specific things, so that we will be able to know that in a certain village we have such a number of elderly people and their needs. By so doing it becomes easy for the ministry* [MoSD] *to plan and provide for their welfare needs. The SAWs working at community councils should give us this information. They should know the elderly in the communities that they serve.* (SW, F, 47 years)

> *Uuu, I cannot really say we are effective in promoting the welfare of the elderly in this district. As of now, maybe what I can say is that we try to make presentations at community gatherings, on the services that we offer, including those for older persons. However, the challenge that we have is that we do not keep a record of all the elderly in the community, yet we know that their number is increasing. As you can see, this office is just bare, there is no office equipment. I do not even have a computer, so compiling this information manually is a problem. It would help a great deal if we could have a record of older persons in the communities that we serve. We would have information on their physical addresses, their contact details and their circumstances. This is useful information for purposes of promoting their welfare. We hope that, with time, this will be in place.* (SAW, Fn, 23 years)

The finding on the need for a database is in line with the guidelines for mainstreaming the needs of older persons in disaster situations in the Caribbean. The guidelines emphasise the need to

compile databases for vulnerable older persons in the country (PAHO, 2012:14). This helps to ensure a timely and appropriate intervention for the provision of social work services to older persons.

Thus, a database is useful for the planning and delivery of services for older persons. Compiling databases of older persons in the different communities is critical for successful social work practice with this population group.

5.3.4.3.4 Category 4.3.4: Engage in awareness raising on the rights of older persons

The Madrid International Plan of Action on Ageing (MIPAA) of 2002, among other international, regional and local policy instruments, attests to the rights of older persons to income security, dignity, protection from abuse and exploitation, health, non-discrimination and participation, among others. However, the main reason associated with the incidence of the violation of the human rights of older persons is the lack of awareness of these rights (Shbhakumar, Suresh & D'Cunha, 2018:320). The need for social service providers to engage in awareness raising campaigns on the rights of older persons is illustrated in the storylines below.

> *Social workers should go to the villages to address public gatherings to make the elderly and members of the community aware of the rights of old people. This is because during the public gatherings the chief is there, the people in the community are there and the community councillors are also there. These are the first people whom the elderly should go to for assistance. With the knowledge and information on the rights of the elderly, the community leaders and the members of the community can guide older persons and refer them to the relevant offices. The awareness campaigns can also be carried out during the celebrations for the United Nations International Day for Older Persons in October. This is an occasion for advocacy campaigns for the rights of the elderly to health, dignity, inheritance, land, as well as protection from abuse. The social workers should also use this opportunity to promote public awareness on the challenges faced by the elderly and their needs. On my part, I normally go to one village in the district to make people know about the importance of celebrating the International Day for Older Persons.* (SW, F, 47 years)

> *The elderly, who are 70 years and above, should be encouraged* [through awareness raising campaigns]*, to apply for old age pension from the Department of Pensions, in the Ministry of Finance. They should also know the places where they can get help. For example, if an elderly person is raped they should know that they are supposed to report to the police and also to go to hospital. The elderly and members of the community should also know that they can get help from ASWs and the social*

workers at their nearest community council or district office respectively. So they need to know about all these things and the illnesses such as forgetfulness [dementia] *and sleep walking that affect the elderly. The SAWs should explain such conditions for people to know so that they can be the first to protect the elderly before they even report such cases. This is important because one cannot talk of intervention or promoting the rights and welfare of the elderly if they themselves and members of the public are not aware of these rights.* (SAW, F, 38 years)

This state of affairs reflected in the narratives above is consistent with the findings of a study in 2014 in Tanzania. It showed that some older persons in that country were not accessing social work services due to lack of knowledge about their rights and the available social work services (Mabeyo, 2014:131). On the same note, there is resonance with Tshesebe & Strydom's (2016:9) view that service delivery for older persons in South Africa is limited and unevenly distributed, due to ignorance about their availability. Similarly, Shbhakumar, et al (2018:320) posits that more than 80% and 70% of the older persons in rural and urban areas respectively, are not aware of the rights of older persons.

Focusing on the awareness of the human rights of the older persons themselves and the public at large is critical in protecting and promoting their rights. This helps older persons to know about available social work services and how to access them.

Although awareness raising campaigns on the rights of older persons is of primary importance in the provision of the services to older persons, this is constrained by problems of inadequate number of staff and transport. The absence of adequate infrastructure (poor roads and communication networks) is also a hindrance to the dissemination of information on the rights of older persons. Furthermore, the provision of public assistance to older persons is also a challenge, owing to the inadequate budgetary allocation to the MoSD (Mosito, 2014:35). Nonetheless, awareness raising and advocacy on the rights of older persons plays an instrumental role in ensuring the realisation of their human rights.

5.4 Conclusion
This chapter presented and discussed the research findings from the collection and analysis of data from social workers and ASWs who constituted part of the population that was sampled for the study. The others were older persons whose findings are presented in chapter four.

Although some progress has been made in the transition from welfare to the developmental approach in the provision of social work services for older persons in Lesotho, they remain largely residual and welfare oriented. This is mainly because the *modus operandi* of social service providers remains largely statutory and office-based. Service delivery, including the provision of public assistance has not been transformed to empower recipients to become independent and self-reliant. Furthermore, the lack of financial and technical support towards self-help initiatives is a major impediment to the sustainability and viability of these projects. This compromises efforts to transform services for older persons from welfare to a developmental orientation. It is also important to note that the political instability in Lesotho, following the 2012 elections to the present, led to hung parliaments and coalition governments which have minimal parliamentary majorities (Weisfelder, 2020:50). This impacts negatively on the implementation of the developmental approach owing to the lack of continuity due to the frequent changes in government.

CHAPTER SIX

GUIDELINES FOR SOCIAL WORK PRACTICE

6.1 Introduction

The Lesotho MoSD took a deliberate decision in 2012 to adopt and refocus its services from welfare to a developmental approach, in pursuit of its national agenda for social and human development. Though this was a laudable initiative, the MoSD adopted the developmental approach in the absence of guidelines on how social workers should implement this new orientation in rendering services to older persons. Furthermore, lack of training on developmental social work with older persons was a major challenge for social workers at the time of data collection from May to December 2016.

The lack of relevant knowledge inevitably leads to interventions that do not address the needs of older persons effectively. Thus, it can be deduced from the findings that understanding of the developmental approach and its application to practice with older persons amongst social workers is limited. This suggests the need to fill in the knowledge gap on social work practice with older persons and the application of the developmental approach. The developmental approach is an emerging field, which started in South Africa in the 1990s and subsequently moved northwards (Patel, 2015:122). Thus, given its relatively recent adoption by Lesotho's MoSD, there is a need for guidelines for its implementation.

Guidelines for practice are critical to ensuring that social workers render competent and effective services to older persons. Hence, the guidelines presented in this chapter were developed to capacitate social workers on how to address the social problems experienced by older persons and to render the necessary social work services.

6.1.1 The goal and objectives of practice guidelines for social workers

In light of the upsurge in the population of people aged 60 years and older, the main objective of the guidelines is to position social workers for effective delivery of social work services to older persons. Hence, the objectives of the guidelines are to capacitate social workers to be able to:

- facilitate a process of empowerment with older persons, in order to deal with the psychosocial problems and challenges that they face;

- enhance the capacity (strengths) of older persons to maintain good relations with their family, and positive spiritual relationships (Gao, Pieczkiewicz, Kerr, Lindiquist, Chi, Maganti, Austin, Kreitzer, Todd & Monsen, 2018:1267);

- guide older persons to independence and self-reliance;

- build, foster and sustain the wellbeing of older persons;

- promote the awareness and respect of the fundamental principles of human rights of older persons to economic and social justice, inclusive of dignity, financial security, health, care, housing and participation among others;

- contribute towards the development of social policies and programmes for older persons.

6.1.2 Focus areas of the guidelines for the social workers

Older persons face a myriad of social problems including the risk of income insecurity, neglect, loneliness and isolation, dependency and unmet health needs. Also problematic is the growing inadequacy of customary support, discrimination and vulnerability to all forms of abuse, be it physical, sexual, emotional, financial or neglect and abandonment. Furthermore, the situation of older persons in the African context is desperate because of poor prioritisation and policy neglect which are characteristic of this part of the world.

Given this state of affairs, provision of preventive, rehabilitative, protective and developmental services is critical. In addition, focusing on interagency and multidisciplinary collaboration and ensuring the participation of older persons in mainstream economic and societal activities is important. Equally important is the focus on promoting family and community care, counselling and psychosocial support and the human rights of older persons.

In this regard, social workers employ both primary and secondary social work methods to address social problems. The primary social work methods are practised at three levels, namely micro, messo and macro-levels. The micro-level involves working on a one-to-one basis with individuals, whereas the messo-level is about working with families and other small groups. Macro-level practice involves working at a broader community and national level with organisations and communities as well as activities towards the development and reform of social policies and programmes.

The secondary methods of social work are social welfare administration and social work research. The utilisation of these methods helps social workers to work with a diversity of agencies, professionals and service users. Also significant is that the first set of the guidelines are grounded in empirical findings of the current study presented in chapters four and five, and the review of relevant literature. The second set of guidelines relates to the process of reaching-out to older persons, assessment and plans of action.

6.1.3 Findings that guided the development of guidelines for practice
The study came up with a number of findings as follows: social services workers in Lesotho's MoSD lack knowledge on the application of the developmental approach in rendering services to older persons. Thus, understanding of the implementation of the developmental approach in rendering social work services to older persons has not yet taken root among the social workers in the MoSD, Lesotho.

The study also found that older persons live in poverty and that they are food insecure. Poor housing, elder abuse, loneliness, negative attitudes of the general public, nurses and the Ministry of Home Affairs officers, as well as the responsibility of caring for the grandchildren are some of the challenges experienced by older persons. In addition, the study found that older persons lacked support from their adult children and members of the community. It was also established that inadequate financial and human resources (MoSD) derail the implementation of the developmental approach in rendering social work services to older persons.

The findings on the challenges faced by older persons and suggestions by the participants on how they can be addressed are summarised in Table 6.1.

Table 6.1 Summarised findings and suggestions on interventions required

Challenges	Suggestion from older persons	Suggestion from social service providers
Financial and food insecurity	Social workers should: • Promote awareness of services available for older persons • Reach out to older persons to assess their situations • Show acceptance and respect • Demonstrate honesty, reliability and responding timely to requests for assistance	Provision of public assistance in cash and in kind Referrals to other service providers such as Help Lesotho, FAO, Red Cross, World Vision Lesotho and Maseru Women Senior Citizens Association (MWSCA) Facilitating the formation of social clubs, mutual aid and support groups
Poor housing conditions	Need assistance with repair and maintenance of houses	Establish partnerships with organisations such as Habitat Lesotho
Elder abuse	Require protection from abuse and witchcraft accusations .	Advocacy and awareness campaigns on the rights of older persons Referrals to organisations such as the Child and Gender Protection Unit (CGPU), MWSCA and LENASO (issues of HIV & AIDS) Protection from abuse and neglect by adult children, extended family members and the community
Violation of the rights of older persons to dignity, protection and access to social services	Advocacy for older persons to be given priority when accessing services	Advocacy and awareness campaigns on the rights of older persons. Collaborate with MWSCA, Transformation Resource Centre (TRC) (human rights and social justice) and CGPU among others.

Challenges	Suggestion from older persons	Suggestion from social service providers
Raising grandchildren	Assistance to enable grandparents to raise orphaned grandchildren Assistance with payment of school fees, child grants, financial and food assistance Provision of counselling and psychosocial support	Offer counselling and psychosocial support to older persons on how to cope with challenges they face when raising grandchildren Referral to organisatios such as Help Lesotho and MWSCA which provide assistance to grandmothers (counselling, school fees and school uniforms, and food) taking care of grandchildren
Loneliness and bereavement	Reaching-out to older persons Provision of counselling and psychosocial support	Counselling older persons to cope with challenges of loneliness and isolation
Personal care	Social workers should check on older persons to establish their functional capacity and personal care needs Grandchildren playing an important role in meeting their personal care needs-errands to the shops, cooking, attending to them when sick and accompanying them to hospital or paypoints to collect their pension	Promote functional ability and healthy lifestyles such as non-smoking, having a balanced and nutritious diet, regular exercises and participation in social clubs.
Challenges pertaining to accessibility of services	Social workers must reach-out to older persons to assess their needs and the challenges they face	Raise awareness on available services (MoSD) for older persons and the eligibility criteria Advocacy for older persons to be prioritised in accessing services such as health care, transport, banks and shops

Challenges	Suggestion from older persons	Suggestion from social service providers
		Advocacy for the development of older persons-friendly policies and programmes
Inability to grow their own food	Require assistance with agricultural inputs and implements Require food assistance	Promote gardening, occupational and income generating projects encouraging older persons to participate in self-help groups Referral to other organisations such as Help Lesotho

6.2 Guidelines on addressing the challenges identified in the study

The developmental framework was used to develop the guidelines for social work practice with older persons. This approach represents an attempt to respond to poverty in all its manifestations, inclusive of food insecurity, economic disparities, health inequalities as well as poor service delivery. It recognises the link between social and economic development and thus construes welfare in terms of investment in human capital and not as wasteful expenditure. Thus, it is a type of non-remedial social work that focuses on multisectoral, planned and people-centered development strategies like the systems, strengths-based and empowerment approaches, rather than the residual service oriented approach.

The guidelines, which are statements of the recommended activities in rendering social work services, are premised on the findings of the present study and a review of the relevant literature. Table 6.2 is a summary of the guidelines for social work practice with older persons.

Table 6.2 Summary of the guidelines based on the developmental framework

Developmental social work approach (principles)	Assessment of needs	Poverty eradication/agricultural activities	Provision of shelter	Care of grand children	Psychosocial support	Financial and food assistance	Health care	Capacity building of social workers
Human rights	Ensure the participation of older persons in the assessment process.

Reach out to older persons and assess them at their homes. | Promote the realisation of the right to human dignity, income and food security.

Promote social justice | Promote the realisation of the right to dignity and shelter

Ensure provision of adequate shelter.

Collaborate with other stakeholders. | Ensure the right of grandchildren to education, health and care within the family. | Ensure physical and mental health. | Ensure provision of social assistance and food assistance, advocacy and awareness raising on rights to financial and food assistance. | Ensure access to health care through advocacy, awareness raising on rights, health promotion and education.

Collaborate with medical personnel | Acquire knowledge and skills on the protection and promotion of the rights of older persons |

Developmental social work approach (principles)	Assessment of needs	Poverty eradication/agricultural activities	Provision of shelter	Care of grand children	Psychosocial support	Financial and food assistance	Health care	Capacity building of social workers
Interrelations between social and economic development	Assess challenges faced using a collaborative approach

Assess individual strengths and resources.

Assess resources available from the family.

Assess resources available from the community.

Assess available opportunities. | Promote entrepreneurship

Promote self-help activities

Promote micro-enterprises

Facilitate provision of financial and technical support

Facilitate formation of savings schemes

Encourage asset building | Network and collaborate with stakeholders (NGOs and private sector). | Support family strengthening and community care. | Provide social relief and social assistance. | Provide social relief and social assistance. | Encourage collaborative efforts in health promotion efforts. | Acquire knowledge and skills on promoting self-help projects, including micro-projects, savings schemes and asset building. |

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Developmental social work approach (principles)	Assessment of needs	Poverty eradication/agricultural activities	Provision of shelter	Care of grand children	Psychosocial support	Financial and food assistance	Health care	Capacity building of social workers
Participation and strength- based and empowerment approach	Ensure participation in the assessment process Reach out and assess persons at their homes Identify their strengths, resources and opportunities	Identify strengths Promote engagement in self-help activities including micro-projects Facilitate provision of financial and technical support Collaborate with other stakeholders	Promote self-help through mobilisation of individual, family and community resources.	Support family strengthening and community care.	Ensure culturally competent practice.	Collaborate with other stakeholders.	Encourage collaborative efforts in primary and community health care.	Acquire knowledge and skills on the application of strength-based and empowerment approaches
Integration	Involve the older person, family and significant others in the assessment and intervention process	Identify strengths Promote engagement in self-help activities including micro-projects	Network and collaborate with other agencies such as Habitat for Humanity Lesotho.	Facilitate the provision of educational assistance and child grants Provide counselling and	Provide counselling and psychosocial support Collaborate with other	Identify strengths Promote engagement in self-help activities	Promote access to health care Collaborate with health	Acquire knowledge and skills on promoting the inclusion of older persons

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Developmental social work approach (principles)	Assessment of needs	Poverty eradication/agricultural activities	Provision of shelter	Care of grand children	Psychosocial support	Financial and food assistance	Health care	Capacity building of social workers
		Facilitate provision of financial and technical support Collaborate with other stakeholders Link older persons with resources		psychosocial support Collaborate with other agencies and professionals	agencies and professionals Facilitate formation of support and mutual aid groups and burial societies	including micro-projects Facilitate provision of financial and technical support Collaborate with other stakeholders	care providers Engage in health promotion activities including community -based care	
Systems' approach	Assess quality of care and availability of support from care givers, the family, neighbours and the community	Collaborate with other stakeholders such as the private sector and MWSCA that provides seed and support for self-help initiatives.	Network and collaborate with other agencies such as Habitat for Humanity Lesotho.	Support family strengthening initiatives and collaborate with stakeholders such as Help Lesotho and MWSCA.	Support family initiatives, financial and food assistance, home-based and	Support family strengthening initiatives, financial and food assistance.	Encourage primary and community health care with health officials (nurses and	Acquire knowledge and skills on the application of the systems approach in the assessment of needs and provision of services

Developmental social work approach (principles)	Assessment of needs	Poverty eradication/agricultural activities	Provision of shelter	Care of grand children	Psychosocial support	Financial and food assistance	Health care	Capacity building of social workers
	Involve caregivers, the family and significant others in the assessment and intervention process. Incorporate knowledge of values, beliefs and traditions into social work assessment and intervention.				community care	Support self-help efforts. Collaborate with NGOs such as Help Lesotho and MWSCA to support self-help initiatives and to provide financial and food assistance.	community health workers)	
Pluralistic approach/ Intersectoral and civil society engagement	Involve the individual, caregivers, family members and other professionals such as	Encourage community development activities and intersectoral collaboration	Encourage and support self-help and community initiatives.	Support family strengthening initiatives and collaborate with stakeholders such as Help	Encourage volunteerism and civic service.	Encourage community development activities and	Enlist retired nurses who may volunteer their	Acquire knowledge and skills on community development Acquire knowledge and skills on civil society

Developmental social work approach (principles)	Assessment of needs	Poverty eradication/agricultural activities	Provision of shelter	Care of grand children	Psychosocial support	Financial and food assistance	Health care	Capacity building of social workers
	physiotherapists and psychiatrists in the assessment process.		Collaborate with other stakeholders.	Lesotho and MWSCA.	Promote community-based care. Enlist support of community leaders, including religious leaders and teachers who may adopt older persons and volunteer their services.	intersectoral collaboration	services to provide health care and promotion.	engagement, intersectoral and multidisciplinary collaboration.

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These guidelines are expounded on below, starting with those which are based on findings of the study.

6.2.1 Guideline 1: Social workers should acquire and upgrade their knowledge, values and skills on developmental social work practice with older persons

Social work is a profession characterised by diversity, inclusive of the fields of practice, the methods used and the clients served. Although generalist social work practitioners are found serving in different fields and client groups, developmental social work is a relatively new concept and area of practice which requires knowledge and skills. Given the finding that the social workers in the study did not have sufficient knowledge on the implementation of the developmental approach, they should acquire and upgrade their knowledge and skills in this area.

Lack of knowledge and expertise on developmental social work can be a hindrance to the effective delivery of services to older persons. Thus, social workers should acquire knowledge and skills on promoting and protecting the rights of older persons and the applicable international, continental (African Union) and national policies, conventions and instruments. The rights of older persons in Lesotho are guaranteed in the Policy for Older Persons of 2014 backed up by the international and continental conventions on human rights. This is particularly significant as the developmental approach is rights-based.

In addition, social workers should enhance their capabilities through the acquisition of knowledge and skills on promoting social and economic development. Such knowledge and skills includes entrepreneurship development, mobilising older persons to engage in micro-projects and the employment of strengths, empowerment and systems approaches. In this regard, they should be informed about identifying the strengths of older persons, the process of selecting potentially viable projects, starting and running income generating projects, as well as the factors that determine the success or failure of such initiatives. The acquisition of knowledge and skills on community development and civic service, as well as multidisciplinary collaboration is also critical in rendering services to older persons.

Furthermore, given the continued growth in the population of older persons, social workers should also focus on their mental health. They should be well versed on the ageing process, normal and pathological ageing, and the mental, physical and emotional aspects of ageing, as well as societal

attitudes towards older persons. Knowledge and skills on the implementation of the developmental approach can be acquired through attending workshops and conferences relevant to social work with older persons. One of the ethics of social work is that social workers must always endeavour to upgrade their skills and knowledge. In this regard, the MoSD has an obligation to provide on the job training or in-service courses for social workers on developmental social work with older persons.

This can be done through a combination of teaching and learning methods such as online learning, residential training, workshops and seminars. The social workers from the MoSD should also go on study tours to similar organisations, especially the Department of Social Development in South Africa, which has a relatively long history of implementing the developmental approach. Furthermore, since the MoSD does not have social workers with expertise in developmental social work with older persons (time of data collection from May to December 2016) there is need to hire consultants in this area of practice from the Department of Social Development.

Alternatively, the MoSD can partner with the National University of Lesotho (NUL), Department of Sociology, Anthropology and Social Work to provide on the job training or short courses on developmental social work with older persons. The NUL Social Work programme introduced the social development and social work with adults courses in its revised BSW programme in 2017/2018. Thus, it has the capacity to provide such training.

It would also be necessary to rope in the Departments of Nursing, Pharmacy and Enviromental Health, also available at NUL to enable the social workers to acquire knowledge and information on the health needs and challenges faced by older persons. The Department of Agriculture at NUL and the Ministry of Agriculture should also be involved in order to impart agricultural knowledge and skills to social workers. In addition, the MWSCA would also be an important resource for knowledge and understanding of ageing issues, including the services required by older persons and the challenges that they face. Similarly, the Transformation Resource Centre (TRC), a non-governmental organisation active in the area of human rights, social justice and good governance could also be roped in to provide taining on the human rights of older persons.

Furthermore, social workers should learn more about the needs and challenges, as well as how to render services to older persons by doing internships at any of the old people's homes in Lesotho (for at least a month). This is particularly important as knowledge about ageing is the best defence against all forms of bias against them and against ageism (Cavanaugh & Blanchard-Fields, 2019:277). Such exposure and experiences enhance the social workers' knowledge base and understanding of older persons, which is critical for competent practice with this population group.

Thus, to effectively implement the developmental approach with older persons, social workers should acquire knowledge, values and skills that enable them to: challenge the root causes of poverty, inequality, discrimination and exclusion. They should also equip themselves with knowledge and skills to enhance the adequate social functioning of older persons at the individual, family, group and community level, as well as their problem solving capacities. In addition, they should be able to apply knowledge on human rights and social justice and to render social work services to vulnerable older persons.

6.2.2 Guideline 2: Social workers must link older persons with resource systems
In order to address the problem of poverty, social workers should link older persons with the resources they need. This is important as they may not be aware of the total service network within and outside their community. In this regard, the social workers should collaborate and refer older persons to the resource systems and agencies such as MWSCA, World Food Programme, Red Cross Lesotho, World Vision Lesotho and the Ministry of Finance (Department of Pension). Thus, the social workers should be knowledgeable about the resource systems within the communities and organisations that provide the services to older persons.

6.2.3 Guideline 3: Social workers should safeguard and promote the human rights of older persons
This guideline enables social workers to respond to the observation relating to the negative attitude of the officials from the Ministries of Health, Home Affairs and the general public, thus leading to the violation of the human rights of older persons. Experiences of hostility from the afore-mentioned were found to be an impediment to accessing social work services by older persons in the current study.

The protection of the rights of older persons should occupy a central position in the agenda to promote their wellbeing. This is because human rights impose an obligation on the state to ensure that the basic needs of all citizens, including older persons are met. Thus, social workers should create an awareness of human rights among the older persons themselves. Moreover, everyone without distinction is entitled to the enjoyment of human rights by virtue of being human. Human rights provide social work with global and contemporary standards and guidelines for promoting human wellbeing and an improved quality of life, especially for the poor. From a developmental perspective, human rights should underpin the provision of social work services for vulnerable populations, including older persons.

In this regard, social workers should initiate community dialogues and engage in public awareness campaigns on the rights of older persons. Awareness raising for practitioners offering any type of service to older persons on their rights and needs debunks the myths associated with ageing. They should address community gatherings, including church meetings and at schools on the rights of older persons. These initiatives are likely to lead to positive attitudes and more understanding of the rights of older persons.

Furthermore, social workers must engage in collaborative efforts with other stakeholders to ensure the provision of existing services outlined in the MoSD Service Charter (Addendum H). This should involve collaboration with the health personnel, among others, for the delivery of health promotion services, including dementia care. Inter-agency collaboration between the MoSD and the Ministry of Finance for referrals for old age pension is also important. Similarly, social workers should engage in collaborative efforts with Help Lesotho, FAO and Maseru Women Senior Citizens Association among others in order to ensure the provision of food assistance. They should also collaborate with the Police Officers from the Child and Gender Protection Unit, community home-based caregivers and volunteers from various non-governmental organisations, to protect older persons from abuse.

Thus, social workers should collaborate with officials from the Ministry of Health, the Ministry of Home Affairs, the Ministry of Finance (Department of Pensions), the Ministry of Gender, Youth, Sports and Recreation and other private and public organisations, to ensure that the rights of older persons to dignity, protection and health are upheld.

6.2.4 Guideline 4: Write and distribute leaflets in Sesotho on the services available for older persons from the MoSD

From a human rights perspective, older persons have a right to information about the availability of services, the eligibility criteria as well as the application process. Thus, social workers should prepare some leaflets on the social work services available for older persons and distribute them to members of the communities that they serve. It is important that the leaflets should also have the contact details of the district office concerned (in case of emergency). The social workers should also utilise the mass media, including radio and television to publicise services available for older persons, from the MoSD.

6.2.5 Guideline 5: Facilitate engagement in income generation activities

This guideline should enable the social workers to respond to the challenges of poverty and the social exclusion of older persons. Given the finding that eleven of the 13 older persons in the current study were living in poverty, social workers should promote social investment. This is a key principle of the developmental approach, especially among the poor. Moreover, most of the challenges faced by older persons are dominated by poverty. Thus, overcoming poverty in this context requires transformational self-help strategies espoused in the developmental approach to welfare. The social workers should promote micro-enterprises and income generation as strategies for improving the livelihoods of older persons.

Thus, social workers should engage in community work, utilising naturally occurring networks to mobilise older persons and communities to engage in micro-enterprises and income generating projects. In this regard, older persons receiving old age pension and public assistance should be encouraged and supported to embark on income generating projects.

These micro-enterprises and income generation activities should however be for older persons in a position to help themselves and are physically and mentally fit. It should be those in the 'young old' and 'old' age categories and not those living with severe disabilities and the 'very old' who need welfare assistance. The facilitation should also involve securing financial and technical support from the government and NGOs as this is a pivotal feature of the developmental approach. Moreover, sustainable projects are those that are economically viable, which get support from the government and the donors.

Importantly, the engagement of older persons in micro-enterprises and income generation promotes social inclusion. It also promotes their participation in mainstream societal activities, which is also key feature of the developmental approach. Though the MoSD Service Charter (Addendum H) indicates that it promotes income generating projects, the current study did not find any viable income-generating projects facilitated by the social workers. This can be attributed to the lack of financial and technical support from the government and the donor community towards such projects.

Thus, social workers should collaborate with practitioners and professionals in micro-enterprise development to promote the engagement of older persons in income generating projects. Such projects include poultry, piggery and market gardening. This is significant because real empowerment comes with economic independence and autonomy. It is also consistent with the activity theory's view of optimising ageing by ensuring people's on-going social activity.

6.2.6 Guideline 6: Collaborate with other stakeholders to provide vocational skills training to older persons

Social workers should collaborate with organisations that facilitate vocational skills training and knowledge for older persons who are physically and mentally fit. These include Maseru Women Senior Citizens Association which facilitates skills training in handicraft, knitting and sewing. This empowers older persons to participate in self-help and income generating projects to address the problem of poverty and self-exclusion. It is also critical for sustained employment and social wellbeing throughout the life cycle. However, social workers should go beyond collaboration with other stakeholders by ensuring that those who are trained receive financial and technical support to enable them to utilise the skills acquired.

Such interventions build on human capabilities as this involves skills development and investment in programmes that promote life-long learning. Moreover, vocational skills training and knowledge are empowering. They involve life-long learning, thereby enhancing sustainable income earnings as well as independent living and improved quality of life. Furthermore, life-long learning is not only in line with the activity and continuity theories, but it is also a key feature of the developmental approach.

6.2.7 Guideline 7: The social worker should mobilise support from other stakeholders for the provision of agricultural inputs to older persons

Notwithstanding that one of the services provided by social workers (MoSD) is food assistance; this is not enough to cater for all the needy older persons in Lesotho. Furthermore, food relief assistance is not a sustainable way of ensuring an end to hunger and food insecurity.

Thus, social workers should work in multi-profesional teams and partnerships to provide the services required by older persons. They should collaborate with organisations such as the Maseru Women Senior Citizens Association, which provides seeds to older persons and the Department of Agriculture at NUL for agricultural extension services to this population group. The government of Lesotho also adopted a food security policy in an endeavour to improve food production in the country. In this regard, the World Bank, International Fund for Agricultural Development (IFAD), Food and Agricultural Organisation (FAO) and the Global Fund partnered with the Ministry of Agriculture to finance this programme. This arrangement provides for subsidies for inputs such as fertilisers, seeds and farming implements to farmers.

However, older persons are often excluded under such schemes because of the erroneous assumption that they are no longer productive and that they get support from their adult children. Thus, social workers should advocate for older persons to be prioritised and targeted in the provision of the farming inputs by the government. They should also lobby parliamentarians and the Ministry of Agriculture, through the MoSD, on the need for older persons to benefit from the agricultural inputs scheme, implemented by the government.

Thus, collaboration with other organisations and professionals to provide agricultural inputs to older persons is likely to enable them to engage in farming and to become food secure and self-reliant. Such assistance is developmental as it harnesses the strengths, labour, the desire to do things for themselves and resources such as fields that they have access to. This is also a more sustainable way of promoting food security among older persons, as opposed to food handouts which have the potential to create dependency on the state and donor agencies.

6.2.8 Guideline 8: Develop the collective capabilities of community members to organise themselves

Given the African cultural values of sharing and reciprocity, social workers should promote the collective philosophy to enable people to come together and support each other both socially and

economically. To address the problem of social exclusion and to promote integration, social workers should encourage and facilitate the formation of support, the savings and mutual aid groups as well as *Letsema* (traditional Basotho practice) where people in a village come together to assist each other in the fields in planting, cultivating and harvesting crops. This addresses the problems of food insecurity and social exclusion experienced by older persons.

Support groups offer counselling and emotional support to members in times of crisis, loneliness or bereavement. Rabie and Klopper (2015:34) also postulate that support groups can reduce or eliminate unintentional self-neglect thereby improving older persons' quality of life. In addition, the savings and mutual aid groups in the form of rotating savings and credit associations (RoSCAs) and burial societies also provide emotional and financial support to members in the event of emergencies, death or misfortune.

Though social workers are involved in mobilising older persons and other members of the community to form support, savings and mutual aid groups, support to ensure the viability and sustainability of these groups is lacking. Thus, social workers should capacitate these self-help groups through the provision of training and support on leadership and starting self-help projects. In addition, social workers should collaborate with community health workers and nurses to facilitate the establishment of self-care support groups of older persons. This involves training and support to the members of support groups on self-care, which is critical for independent living and improved quality of life.

6.2.9 Guideline 9: The social workers should facilitate the provision of counselling and psychosocial support to grandparents and their grandchildren

The current study found that the wellbeing of older persons is compromised due to poverty, the burden of having to raise grandchildren without adequate support and the experience of grief and loss from the cumulative loss of close family members and friends through death. Such crises can lead to depression, suicide, death and other life-threatening behaviours and conditions if left unattended. Social workers should thus provide older persons with counselling and psychosocial support to promote healthy ageing. However, this must be preceded by a thorough assessment of an older person's needs.

Both individual and group counselling can be used depending on the circumstances and needs of older persons. Though there are different counselling techniques, the counselling approach used by the social worker should be based on a foundation of respect, empathy and support. Person-centred therapy, previously known as client-centred therapy is one of the approaches that the social workers can use to counsel older persons.

This approach promotes a safe climate in which counselling takes place. The social worker in this case is empathetic and non-judgemental in the provision of counselling and guidance to clients. As a reult, the client experiences a sense of acceptance, openness, encouragement, trust as well as unconditional positive regard which augurs well for the establishment of rapport and effective counselling.

The benefits of counselling for older persons are many. They include the reduction of stress at home or in relationships and feeling of being more connected to others, especially spouse, family or best friends. It also helps in working through the problems with a skilled professional social worker and learning new behaviours or responses that help one to achieve one's goals. Furthermore, counselling helps the client to understand his or her thoughts, feelings and responses and working towards greater self-fulfilment.

Thus the social worker should begin the counselling process with the establishment of a relationship and taking the older person into confidence. This requires the social worker to create an atmosphere that is non-threatening. It is also important to establish a comfortable environment where older persons feel accepted and safe to discuss their problems without being judged. Allowing for self-determination also helps to find lasting solutions to the problems that the clients face. Furthermore, this demonstrates confidence in the ability of the clients to participate in the process of resolving their problems, which is empowering.

Counselling should also be done in culturally grounded ways and environments that older persons are comfortable with, preferably at their place of residence. According to Muzenda and Kesma (2017:7), Lesotho is predominatly rural and entrenched in religious and cultural beliefs. Thus, social workers should demonstrate cultural competence and sensitivity. They should seek to

understand the values and beliefs, as well as traditions of their older clients in order to incorporate them into practice.

Furthermore, social workers should apply effective counselling skills for fruitful engagements in therapeutic relationships with older persons. The core counselling skills that should be applied in social work practice with older persons include attending, listening, reflecting and paraphrasing, clarifying and the use of questions, building rapport and summarising (Counsellor Tutor, 2021:1).

Thus counselling involves building a relationship, an in-depth exploration of the problem/s and exploring alternative solutions together with the client, as well as suggesting a course of action. In building a relationship, the social worker should pay attention to what the client says or does, as well as value him or her as a worthy human being. This helps to build a rapport and to develop a sense of connection with the client, for the provision of on-going supportive counselling.

6.2.10 Guideline 10: Social workers should engage in activities aimed at protecting older persons from abuse

Owing to advanced age and because some of them stay alone, older persons are vulnerable to abuse and neglect. As social work is a human rights profession, the social workers should safeguard the right of older persons to protection from abuse.

Social workers should therefore encourage older persons experiencing abuse to report to the CGPU in the Lesotho Mounted Police Service. The CGPU is charged with the responsibility of protecting women and children from abuse through the enforcement of the Sexual Offences Act of 2003 and the provision of counselling to victims of abuse.

In this regard, social workers should collaborate with the CGPU to ensure the protection of older persons from abuse. This is in line with the interagency and interdisciplinary collaboration emphasised in the developmental approach. Similarly, social workers should collaborate with the medical staff at the clinics and hospitals, in cases of sexual and physical abuse to ensure that the victims get medical care and attention.

6.2.11 Guideline 11: Collaborate with other organisations to ensure the repair and maintenance of houses of older persons

Adequate housing is a basic need and fundamental human right. Inadequate housing not only represents a violation of the right of older persons to decent shelter, but it also compromises their quality of life and wellbeing.

Although assistance with the repair and maintenance of houses is not provided by social workers, they should collaborate with the organisations such as Habitat for Humanity Lesotho, Standard Bank Lesotho and the Ministry of Local Government and Chieftainship Affairs to mobilise resources for the provision of decent housing for older persons. Similarly, social workers should advocate for the establishment of a housing fund for the repair and maintenance of housing for older persons.

6.2.12: Guideline 12: Encourage civic service and volunteering to support older persons

Although the principle of service (*Botho* in Sesotho) has deep historical, cultural and religious roots in the African context, the current study established that eight of the 13 older persons in the study were not getting any support from the members of the community. This shows that the tradition of caring embedded in many African societies is no longer strong, owing to the dominance of the values of individualism, characteristic of the modern era.

This suggests that social workers should promote active citizenship and civic engagement to bring about human development. They should encourage volunteerism and engagement in civic service such as offering home-help, assistance with personal care needs and with the repair and maintenance of houses of older persons. This is particularly important as it contributes towards preservation of traditional values and norms of collectiveness and helping each other to prevent cultural breakdown and exposure to vulnerability for older persons.

Thus, social workers should collaborate with traditional leaders, including chiefs, to revitalise and promote the values of service to other people. This can be achieved through the provision of education on civic service and volunteering at community gatherings and other forums that attract huge gatherings and audiences. Similarly, they should engage in civic education and programmes that promote youth development and action.

In addition, social workers should promote civic service and volunteering among healthy and active older persons. They should encourage the utilisation of the experiences and expertise of older persons within their families, the community and the society at large. In this regard, they should keep a register of older persons in the community or district that they serve. They should also encourage the members of the community and the corporate sector to engage them in activities related to their knowledge, skills and experience. This helps to: enhance their wellbeing, provide service to others, maintain social interactions, contribute to the improvement of their families and communities and, more importantly, to keep active (Ajrouch, Antonucci & Webster, 2014:309).
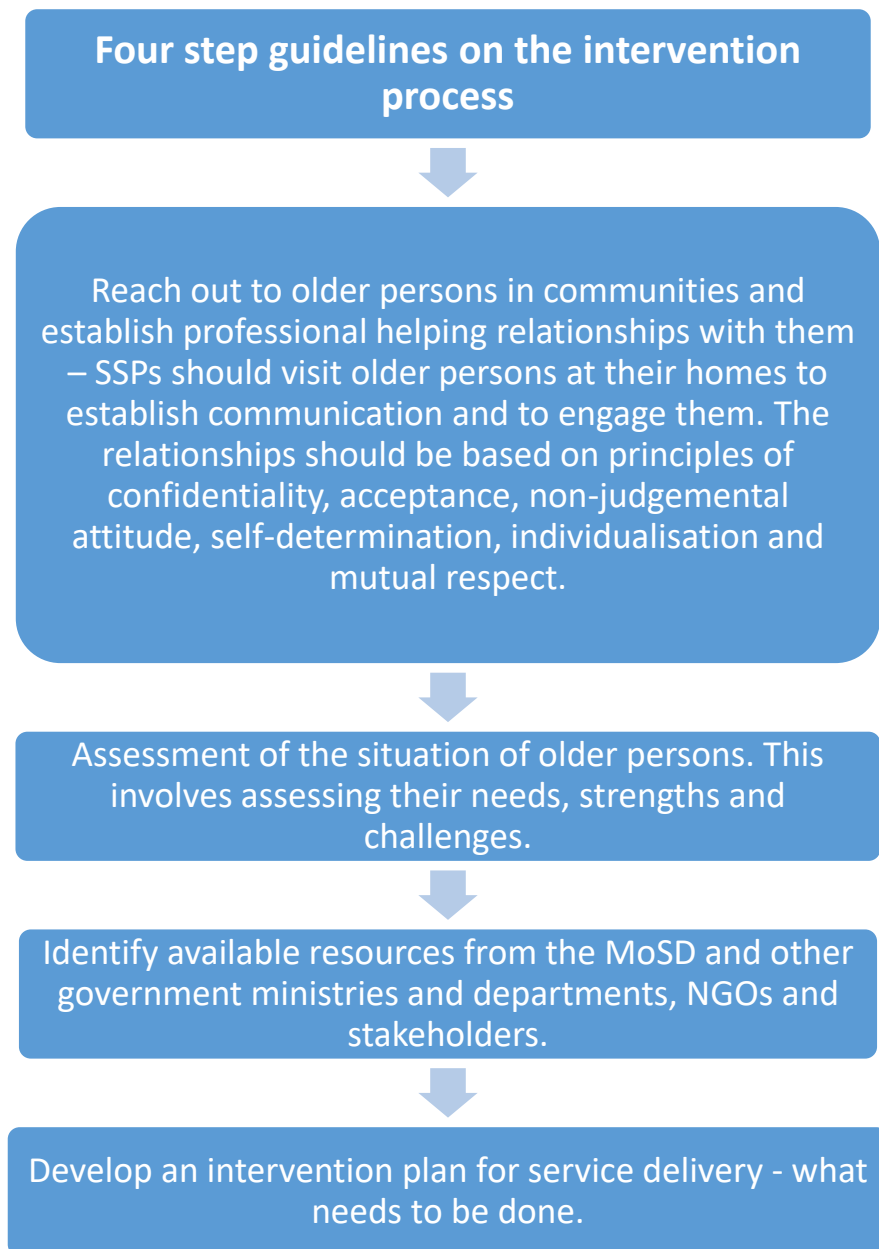
It is also by knowing that they are still useful, that older persons find meaning in life's circumstances. Moreover, encouraging volunteerism and civic service is developmental as it has the potential to yield positive returns on social investment, including the benefits not only to older persons themselves, but to their communities and society as well. This also helps to promote the social inclusion of older persons, which is one of the key objectives of the developmental approach.

It is also important to point out that the guidelines above deal with intervention. The ones that follow address the guidelines relating to reaching out to older persons, assessment and action plans.

6.3 Guidelines based on the service delivery process for social work services
The guidelines below are based on the service delivery process for services to older persons. Figure 6.1 depicts this process as reaching out to older persons and establishing professional relationships, assessment and developing plans of action. The process also involves identifying resouces that are available for older persons from the MoSD and from other organisations, as well as developing intervention plans as shown in figure 6.1.

Figure 6.1 Four step guideline summary on the service delivery process for older persons

Four step guidelines on the intervention process

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Reach out to older persons in communities and establish professional helping relationships with them – SSPs should visit older persons at their homes to establish communication and to engage them. The relationships should be based on principles of confidentiality, acceptance, non-judgemental attitude, self-determination, individualisation and mutual respect.

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Assessment of the situation of older persons. This involves assessing their needs, strengths and challenges.

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Identify available resources from the MoSD and other government ministries and departments, NGOs and stakeholders.

↓

Develop an intervention plan for service delivery - what needs to be done.

The aforementioned guidelines (figure 6.1) relating to the service delivery process for older persons are presented and discussed in more detail below.

6.3.1 Guideline 1: Social workers should reach out to older persons in their communities
Older persons have challenges in accessing services from social workers due to the problems of mobility and the transport costs involved. Thus, given that the Madrid International Plan of Action on Ageing of 2002 and Lesotho's own Policy for Older Persons of 2014 attest to the inalienable right of older persons to social services, social workers should reach out to older persons in their communities. They should establish communication and professional helping relationships with them. In this regard, social workers should take into account the social work principles of acceptance, respect, self-determination, confidentiality and being non-judgemental in order to sustain the helping relationships.

6.3.2 Guideline 2: Social workers should visit older persons at their homes for assessment
A primary step that should be undertaken by social workers in the helping process in social work is that of assessment. Provision of social work services for older persons is dependent on it. The assessment of older persons at their homes also enhances their dignity, self-esteem and wellbeing, all of which are key features of the developmental approach. Moreover, social workers have an ethical obligation to embed the principles of social work in their practice including individualisation and acceptance of older persons. Furthermore, assessment helps the social workers to understand the environment of their service users and to guide them on aspects that should be focused on during the problem solving process. Thus, assessment of the situation of older persons should be done as a prerequisite to planning and responding to the needs of older persons. Below are the areas of assessment that social workers should focus on.

Table 6.3 Focus areas of the social work assessment

1. Individual factors	2. Family factors	3. Environmental factors
- Demographic details such as age, gender, marital status, whether living alone or with others, number of children and grandchildren, employment status, level of education and source of income. - Availability of basic necessities such as food, clothing and adequate housing. - Ability to carry out activities of daily living. - Health status. - Availability of support from adult children, family, neighbours, members of the community, NGOs, government and churches. - Emotional support from members of the family. - Availability of caregiver. - How the older person feels about his or her situation. - Coping strategies. - Skills and strengths the older person has. - Participation in social activities, such as religious and cultural activities. - Risks to self and others. - Challenges experienced by the older person. - How the older person views the challenges. - What are the causes of the challenges faced? - What the older person has done to overcome the challenges. - Existence of and risk of elder abuse. - Unmet needs of the older person. - Nature of assistance and support required.	- Family structure and composition. - Details of each and every family member. - Nature of relations of family members with older person-healthy or unhealthy? - Nature of assistance and support given to older person by adult children. - Nature of support and assistance required by the family to care for older parent/s or relative. - Challenges experienced in caring for older parent or relative.	- Availability of employment opportunities (those able to work). - Services available for older persons from government. - Services available for older persons from voluntary organisations, NGOs and Faith Based Organisations (FBOs). - Services available for older persons at community level. - Existing policies for older persons. - Community resources that are available for older persons. - Access to quality health care and services. - Access to recreational services. - Access to financial services. - Access to housing. - Availability of police and fire protection. - Cultural beliefs on the care of older persons.

The assessment of older persons should involve the identification and exploration of their unmet needs, their eligibility for social work services and establishing their strengths and the challenges that they face. It should also involve an assessment of the risks that they pose to others and themselves, their functioning capacity, and the possibilities of abuse. Thus, the crucial systems for older persons include spouse, family, extended family, as well as social support from the neighbours and members of the community. They also include the wider cultural and socio-economic systems. The social workers should therefore make an assessment of both internal (the individual) and external (environment) factors that contribute to social problems.

Importantly, social workers should conduct an ecologically informed needs assessment of grandparents raising grandchildren, and their grandchildren as well. This should include: the age of grandparent/s, gender, marital status, location (urban or rural) and number of own children the older person is responsible for. It should also include the functional abilities, survival strategies and source of income, availability of support from adult children, government, churches, neighbours and members of the community. In addition, an assessment of their strengths, resources and assets which can be used to improve their circumstances is also important. Furthermore, the assessment should also take into account the cultural expectations of grandparent-care and the larger social and political context.

Similarly, the assessment of grandchildren should focus on age, gender, schooling, available sources of support, other relatives, their wishes, the assistance and the support that they need. This is critical for coming up with an appropriate and holistic intervention to enhance the wellbeing of older persons and the grandchildren in their care.

As such, the social worker should start the assessment process at the time of engagement with the older person as this is critical for purposes of facilitating the understanding of the problem of the client (Kadushin & Kadushin, 2013:189). It enables the social worker to undertake a variety of tasks aimed at resolving the problems experienced by older persons.

Assessing older persons at their homes helps the social workers to avoid prescribing solutions to problems and challenges faced by older persons. Moreover, service users should have the final say in what they want to do with their life. Thus, it is critical, especially in the initial interview to

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obtain the older person's view of the problem and how they want it to be addressed. The social worker should also not judge older persons for the situation that they find themselves in. Judging them or being contemptuous negatively affects the relationship of trust that is supposed to exist between them and their service users. It is also important to uphold the principle of self-determination, at the same time helping them to explore the various alternatives of resolving their problems.

In order to undertake an accurate assessment and to identify the problems of older persons, a social worker should utilise the ecological and systems perspectives which consider the adaptive fit of the individual to his or her environment. This is appropriate and relevant, as it represents the natural environment on which all life ultimately depends. The ecological and systems approaches are also applicable when assessing the causes of the problems faced by older persons. This is especially because the interplay between strengths and vulnerabilities within the various settings in which people live determine their developmental outcomes (Jack, 2012:130).

Thus, in order to fully comprehend the situation of older persons, social workers should assess both their physical and social environments (Germain cited by Besthorn, 2013:173). The assessments of older persons should be holistic, taking into account their individual circumstances and environmental factors. This also places the individual, the family and the community in an interdependent and interconnected relationship to one another, which is critical in identifying the factors associated with the challenges faced by older persons.

Furthermore, the assessment of older persons at their homes is developmental as it is allows for their participation in the process of resolving their problems. Participation is not only about upholding this human right, but it also serves as a safeguard to ensure that older persons get the services that they require. Hence, the social workers should assess the broad array of potential support services for older persons. Equally important is an assessment of their needs, the services that they require and the risks of physical, sexual or emotional abuse and neglect.

In addition, social workers should establish efforts made by older persons to resolve their social problems. This can reveal valuable information about their coping and problem solving skills, which helps in the determination of appropriate interventions. It also helps to reveal their strengths which can be harnessed in interventions to address their problems. Accordingly, social workers

should also identify the strengths of older persons. These can be used as the building blocks in the planning and delivery of services for this population.

Thus, the strengths-based approach can be used in the development of older persons as they have an enormous repertoire of knowledge, practice wisdom and a wide range of skills. These strengths can be tapped to enable them to contribute to socioeconomic development and to bring about healthy ageing, self-reliance and independence. Identifying strengths and building on them is also developmental, and also a sustainable way of providing services. Hence, assessment is not just about what is wrong with a client, but it is also about positive factors such as their resources and strengths that can be developed to enhance their functioning and to bring about personal growth and development.

6.3.3 Guideline 3: Social workers should identify available resources from the MoSD and other stakeholders

The social workers should establish the resources that are available from the MoSD as well as other government ministries and departments, NGOs and other stakeholders. Though an integral part of the assessment process is to establish the challenges and needs of older persons, it is also critical to assess the resources that are available to address them. This is important for purposes of linking older persons with appropriate resource systems, services and opportunities. Moreover, given the heterogeneity of older persons in terms of age, gender and the challenges that they face, among other differences, no sector or agency can foster their functional ability single-handedly.

Notwithstanding that there are not many organisations focusing on addressing the needs of older persons in Lesotho, it is important for social workers to take stock of services provided by the existing stakeholders (MoSD & Help Age International, 2014:12). In this regard, apart from the MoSD, other governmental organisations are the Ministry of Finance (Department of Pensions), the Ministry of Health and the Lesotho Mounted Police Service. The NGOs include Habitat for Humanity Lesotho, Lesotho Council of NGOs (LCN), Help Lesotho, Maseru Women's Senior Citizens Association (MWSCA), Pitseng old age home and the Reitumetse Church Project. The Lesotho Standard Bank, which is a private organisation, also supports welfare initiatives to assist older persons. The services offered by these organisations are shown below.

Table 6.4: Organisations providing services for older persons in Lesotho

Name of organisation	Whether government, private or NGO	Services offered to older persons
MoSD	Government	Psychosocial support, health promotion, protective services, home-help, dementia care, referral to relevant services, formation of support groups, placement in residential care homes, promoting awareness on the rights of older persons and public assistance (Addendum H)
Ministry of Finance (Department of Pensions)	Government	Old age pension for older persons 70 years or above
Ministry of Health	Government	Health care and services
Lesotho Mounted Police Service-Child and Gender Protection Unit	Government	Provides education and awareness of domestic and gender based violence and protection against physical and sexual abuse. It also implements the Sexual Offences Act of 2003
Habitat for Humanity Lesotho	NGO	Assists with housing for vulnerable people, including older persons
Lesotho Council for NGOs	NGO	Registers NGOs operating in Lesotho, including those providing services to older persons
Lesotho Network of AIDS Service Organisations (LENASO)	NGO	Involved in capacity building of community based organisations. It also facilitates knowledge sharing on food security and health issues. They also provde home-based care for older persons and training of caregivers on issues of HIV and AIDS.
Help Lesotho	NGO	Involved in programmes to strengthen households and communities, provision of psychosocial support to grandmothers, assists with repairs of damaged huts, food parcels, blankets, shoes,

Name of organisation	Whether government, private or NGO	Services offered to older persons
		keyhole gardens, plant seeds and facilitation of income of income generating projects (Help Lesotho, 2017:1).
Skillshare	NGO	Works in collaboration with development partners to provide savings and loan schemes to grandmothers (MoSD & Help Age International, 2014:11).
Maseru Women Senior Citizens Associations	NGO	Provides social support to members, advocacy for older persons and education on ageing issues. They also provide support with payment of school fees and purchase of school uniforms. In addition, they provide food parcels and seeds to older persons raising children
Pitseng old age home	NGO (voluntary organisation)	Residential care home for destitute older persons
Reitumetse Church Project	NGO (voluntary organisation)	Residential care home for destitute older persons
Red Cross (Lesotho)	NGO	Provides food parcels, blankets and wheelchairs
Standard Lesotho Bank	Private organisation	Has partnered with organisations like Habitat for Humanity to provide housing to vulnerable older persons

Social workers should therefore be knowledgeable about governmental and non-governmental agencies that provide services to older persons in Lesotho, as well as the services that they offer. They should also facilitate interagency and multidisciplinary collaboration to ensure comprehensive service delivery for older persons. This helps to facilitate the referral of older persons to relevant organisations for services.

6.3.4 Guideline 4: Social workers should develop an intervention plan

Social workers should develop and implement an intervention plan to enhance the wellbeing of older persons. In this regard, they should adopt an integrated service delivery model to provide services for older persons. This is critical as the current study found that the delivery of services for older persons in Lesotho is fragmented. An intervention plan that provides for an integrated model of service delivery enables older persons to receive a continuum of protective, preventive and transformative services depending on their needs. It has the advantage that it focuses on continuity and increased efficacy and efficiency of service delivery for older persons.

The integrated service delivery model has a variety of components, three of which are assessment, linkages with other service providers and coordination (Fallon, 2017:4). Coordination involves the use of structures and mechanisms to manage the provision of services to older persons in a coordinated manner. Table 6.5 shows the elements of an integrated service delivery model for older persons and what social workers should do.

Table 6.5 Elements of integrated service delivery for older persons

Assessment	Linkages with other services providers and professionals	Coordination
Social workers should: • Collaborate with other professionals and practitioners to conduct assessments, including functional ability of older persons. • Identify sources of support. • Identify needs of the older person. • Assess the abilities of significant others, including spouse or partner, carers and family members, to provide support to the older person in their charge. • Develop a service plan for each older person. • Develop service plans in collaboration with each older person, their family. and caregivers and other service providers.	Social workers should: • Advocate for and facilitate the establishment of Memorandums of Understanding (MoUs) and protocols with the Ministry of Health (prioritising older persons in the provision of health services), Ministry of Home Affairs (national identity documents) and Ministry of Finance (referrals for old age pension). • Collaborate with Ministries of Finance, Health, Agriculture and Help Lesotho, Maseru Women Senior Citizens Association, Skillshare and other NGOs in the provision of services to older persons. • Have an awareness of their interprofessional colleagues. • Have good interpersonal communication skills.	Social workers should: • Facilitate early assessment and intervention to promote the independence and wellbeing of older persons. • Collaborate with existing structures at district and community level (district, ward and village development committees as well as community health workers). • Identify the most appropriate and effective interventions based on assessment of needs and views of stakeholders. • Eliminate duplication of services. • Reduce poor outcomes of intervention as a result of delayed service provision. • Facilitate collaboration with other stakeholders, including Help Lesotho and Maseru Women Senior Citizens Association that provide services to older persons. • Ensure clarity of roles and responsibilities of collaborating partners for optimum team function.

Thus, social workers should first make an assessment of the situation and needs of older persons and use the information to make decisions on a plan of action. Assessment/s should therefore be located within the developmental, human rights and ecological frameworks focusing on the interrelationship between interpersonal and the wider environmental factors. This helps to understand problems faced by older persons and their causes, as well as to determine appropriate interventions. The process should involve consultation and discussions with older persons themselves and their significant others, including the caregivers and other stakeholders.

Furthermore, as the populations in Lesotho and around the world are rapidly ageing, intervention plans should focus on promoting healthy ageing and instituting social protection systems that respond to the needs of older persons. Moreover, the Sustainable Development Goals (SDGs) for 2030, an integrated set of global priorities for sustainable development, emphasise the need for inclusive societies, that do not leave anyone behind in the development process.

Similarly, the MIPAA of 2002, which is an action plan for handling the issues of ageing, prioritises interventions focusing on promoting participation, healthy ageing and the wellbeing of older persons. It also emphasises the need to create an enabling and supportive environment for the realisation of the rights of older persons. Thus, on the basis of the foregoing, the intervention plan should focus on the provision of protective, preventive and transformative services for older persons.

In this regard, social workers should ensure the provision of social assistance to older persons to enable them to cope with their immediate survival needs. This is important as social security is a basic human right enshrined in the Universal Declaration of Human Rights. Hence, social workers should promote the realisation of basic human rights and social justice, including the right to financial assistance, to prevent older persons from falling into poverty. In addition, social workers should empower older persons through engaging them in economic activities such as income generating projects. Such interventions lead to social and economic outcomes that contribute to the reduction of poverty and inequality, as well as social cohesion, thereby laying the base for sustainable social and economic development.

Furthermore, it is after a holistic assessment of the client system's social situation and identification of the problem/s, that the type and levels of intervention are decided. From a developmental perspective, integrated social work services for older persons should be offered at all levels of practice, namely the micro, messo and macro levels. This helps to ensure a holistic and comprehensive delivery of services for older persons. Table 6.6 presents a summary of what social workers should do in the provision of integrated social work services for older persons at micro, messo and macro levels.

Table 6.6: Integrated service delivery at micro, messo and macro-level with older persons

1. What social workers should do at micro level:	2. What social workers should do at mezzo level:	3. What social workers should do for older persons at macro level:
• Assess the situation and needs of older persons. • Develop care plans for those in need of assistance and support and or at risk. • Network and collaborate with other agencies and professionals in assessment and service delivery. • Facilitate engagement of older persons in economic activities through social investment, provision of public assistance and promoting income generating projects. • Foster autonomy and participation through skills training, provision of public assistance and tailored supports (assistive devices like walkers, wheelchairs and hearing aids) and promoting income generating projects. • Referrals to relevant organisations for support and follow-up to ensure that clients have benefitted. • Counselling and psychosocial support.	• Mobilise and facilitate self-help support groups, mutual aid, and income generating projects. • Multidisciplinary and interagency collaboration. • Network with other stakeholders for the provision of services for older persons. • Advocacy and raising awareness on the rights and services available for older persons.	• Advocacy and awareness raising on the rights of older persons to income, dignity, health, education, survival, protection, housing, inheritance, fields, participation and autonomy. • Facilitation of associations for older persons. • Network with other stakeholders for the provision of services for older persons. • Collaborate and facilitate community dialogue on issues of older persons, including their rights to promote positive attitudes towards them. • Multidisciplinary and interagency collaboration with the Ministry of Health staff (nurses) and community health workers and Ministry of Finance among others, as well as NGOs.

As micro-level social work involves direct intervention with individuals, families and small informal groups, its focus of intervention is usually restricted to both the local sphere of action and interaction. The plan of action in direct social work with older persons should involve assessment and development of care plans for those in need of assistance and support, and promoting multidisciplinary and interagency collaboration.

Interagency and multidisciplinary collaboration are critical defining features of the developmental approach, which lead to integrated and comprehensive service delivery. Thus, social workers should use their networking and communication skills to ensure that these collaborative efforts are a success. Micro-level intervention also involves empowerment through social investment and fostering the autonomy or independence of older persons. This is critical for advancing their participation in economic activities in order to enhance their wellbeing. In addition, it entails referrals and the provision of counselling and psychosocial support.

Messo level interventions focus on the local community, district or national activities. This mainly involves mobilisation and facilitation of self-help, support and mutual aid groups. In addition, messo-level interventions entail facilitation of income generating groups and multidisciplinary and interagency collaboration in the provision of services to older persons. On the other hand, macro-level interventions involve advocacy, raising awareness on available services and the rights of older persons, facilitation of the formation of associations for older persons and collaboration with other stakeholders to provide services to older persons.

6.4 Conclusion

Considering the diversity and special needs of older persons, social workers should acquaint themselves with issues of ageing, the needs of older persons and the application of the developmental approach. They should carry out assessments of the situation of older persons; promote self-help, social investment and human capital development with the collaboration of other stakeholders. They should also ensure adequate social protection, as well as synergies to complement these services with other interventions. If implemented and coordinated, the guidelines for social work practice with older persons have the potential to generate a broad range of positive impacts on poor and vulnerable older persons.

However, it is significant to point out that effective implementation of the guidelines is dependent upon the availability of resources, including adequate funding of the public assistance programme. Also critical is the availability of transport to enable social workers to reach out to older persons at their homes. Furthermore, social workers should refocus their *modus operandi* of serving older persons from their offices, and reach out to them at their homes and communities.

CHAPTER SEVEN

SUMMARIES, CONCLUSIONS, AND RECOMMENDATIONS

7.1 Introduction

This final chapter focuses on summaries of the research endeavour, conclusions and recommendations on the study topic. The findings of this study emerged from the collection and analysis of data from older persons and social service providers. They were presented in Chapters Four and Five in terms of the themes, sub-themes and categories. In this regard, the presentation of findings is supported by the storylines of participants and complemented by a literature control. This is important for purposes of comparison and contrasting the findings with the existing body of knowledge on the subject of study. Chapter Four and Five also happen to be the largest sections. This is typical of the sections dedicated to the presentation of findings in most reports and dissertations (Carey, 2012:237).

The chapter provides summaries of the six previous chapters. This is followed by conclusions based on the qualitative research process adopted for the study and the research findings. The recommendations on the qualitative research process, as well as the research findings and suggestions for future research are addressed in the next section. Thus, the chapter completes the research process for the study and is an equally important part of the report as it demonstrates how the goals and objectives of the study were attained.

7.2 Summary of the previous chapters

The report constitutes of a total of seven chapters and the summaries of the six previous chapters are as follows:

Chapter One sets the scene by providing a general orientation to the study, the statement of the problem and motivation for the study. These aspects are expounded upon and described with the support of the relevant literature. This is followed by the research questions and research goals derived from the topic. Thereafter, the presentation focuses on the objectives that guided the inquiry and helped to give focus to the study. This is followed by a brief introduction of the research methods used.

The research paradigm informing the study is also briefly introduced, and then a presentation of the ethical considerations that guided the conduct of the research during the study follows. These include obtaining approval from the UNISA Ethics Review Committee, protection of participants from harm, voluntary informed consent, confidentiality and anonymity and management of information. In addition, clarification of the key concepts used in the study is also done. The key terms used are, ageism, guidelines for practice, human rights, older person, social auxiliary worker, social work, social work services and social worker.

Chapter Two is divided into two sections, namely the theories of ageing and the theoretical framework of the study. The chapter provides an overview of the theories of ageing and the importance of the theory on gerontology, particularly because of the increasing numbers of older persons. Although the theories of ageing, including biological, psychological and sociological theories are many, this section focused on biological, disengagement, activity, continuity, and modernisation theories. The section also articulates the assumptions and features of each theory and the implications for social work practice with older persons.

It also exposes the main weakness of the five theories of ageing, which is that they have been framed in a narrow and binary ways. That is either as a decline narrative, or to portray positive and successful ageing (Sandberg, 2013:11). This points to the need for comprehensive theories of ageing, which are able to strike a balance by going beyond the binaries of decline and success in order to ensure holistic provision of services for older persons. Nonetheless, this section also shows that the five theories of ageing provide useful frameworks for social work practice with older persons.

The developmental approach, which is the theoretical framework that was adopted for this study is also part of this chapter. It is defined with its key features. This includes the fact that it integrates the various theories and approaches including the rights-based, and strengths-based systems and ecosystems approaches. Other features are that it emphasises self-help, social investment and involvement of the state in facilitating the participation and engagement of vulnerable people in productive economic activities. The weaknesses of the developmental approach are also highlighted, including its use of multiple approaches, which makes its implementation difficult. In

addition, its strengths are also highlighted, the major one being that it comprises of an eclectic variety of interventions designed to ensure effective responses to social problems.

Chapter Three provides a comprehensive description of how the qualitative research for this study was applied. It also orientates the reader with regard to the research paradigm of choice as well as justifying the choice of the qualitative research method over quantitative and mixed methods. This is followed by a discussion on the application of the research designs, population and sampling, data collection, data analysis and verification, as well as ethical considerations.

Chapter Four presents findings from the analysis of qualitative data obtained from 13 older persons. The findings are supported by storylines of the participants and literature control. The biographical profile of the participants relating to their age, gender, marital status and whether they had grandchildren in their care is addressed first. The participants comprised 10 females and three males. All the age categories of older persons were represented in the study: the "young old" (60-69 years), the "middle aged old" (70-79 years), the "old, old" (80 years) and the "very old" category (90 years). The majority (nine) of the participants were widowed (eight females and one male) and this status has implications on their personal care needs, as this would be easier with the presence of one's spouse.

Four themes are presented, starting with the participants' detailed descriptions of the social work services provided to older persons in Lesotho. This section is followed by the participants' narratives of the socioeconomic and health status of older persons, social work services required by older persons, and the suggestions for the provision of social work services to older persons.

Chapter Five summarises the findings from the analysis of qualitative data obtained from 11 social workers and 10 SAWs, as they are both involved in the delivery of services to older persons in Lesotho. Their biographic data is presented based on age, gender and duration of employment in the MoSD. Eight social workers were 35 years of age and below and seven SAWs were 31 years old and below. This makes it a relatively young workforce when compared to the older persons that they work with. The participants comprised nine female and two male social workers, whereas all the SAWs were female.

The presentation of the demographic profiles of participants is followed by that of the four themes that emerged from the analysis of the findings from social workers and SAWs. The first theme presented is that of the description of social work services rendered by social workers. The second is that of the socioeconomic and health status of older persons, followed by a description of social work services required by older persons. The fourth is about suggestions for the provision of social work services to older persons.

Chapter Six is on the guidelines for practice with older persons. The chapter presents 16 guidelines which the social workers should implement when rendering services to older persons. Twelve of them are based on the findings of the study as well as the review of literature, while the other four relate to the service delivery process. They suggest that the social workers should reach out to older persons in the community, assess their situation and needs, identify available resources and develop an intervention plan.

7.3 Conclusions based on the research process
This section presents the conclusions derived from the application of the qualitative research process, as well as the ethical considerations for the study. These are provided in the subsections below.

7.3.1 Research questions
One of the research questions for the current study was:

- What is the nature of social work services provided to older persons in Lesotho?

The study concludes that the services provided to older persons were public assistance in cash and in kind, counselling and psychosocial support, as well as advocacy. They also include awareness raising on the rights of older persons, health promotion, referrals and promotion of gardening, occupational and income generating projects. In addition, they include facilitation of savings, mutual aid and support groups.

Older persons are expected to apply for public assistance, which is given in both cash and in kind. It is meant for applicants who are destitute and pass a means-test administered by social workers. The assistance is a monthly allowance of 250 maloti. However, given the high levels of poverty

among older persons in Lesotho and that many of them are caring for grandchildren, the public assistance allowance is considered to be too little.

The public assistance programme in Lesotho is only developmental to a limited extent, as it does not enable the beneficiaries to become self-reliant. Assistance in kind is in the form of food packages, toiletries and clothing. The public assistance programme also pays for free medical treatment exemption orders for destitute people who qualify for the assistance.

However, although the facilitation of mutual aid, savings, support and income-generating projects is developmental, progress in this regard is hamstrung by the lack of financial and technical support from the social workers and other stakeholders. Sustainability of self-help initiatives by the poor and vulnerable people can only be guaranteed if there is financial and technical support from the state.

Health promotion, counselling and psychosocial support are also some of the services for older persons in Lesotho. However, not all participants were able to access them. This situation can be attributed to the fact that the social workers are usually office-based and do not reach out to older persons in their communities.

Furthermore, the fragmentation of services militates against comprehensive service delivery for older persons. This is further worsened by the absence of multidisciplinary and interagency collaboration among the social workers, nurses, MoSD and Ministry of Finance as well as MoSD and Ministry of Home Affairs. Similarly, lack of coordination among the various stakeholders is a major hindrance to accessing services for older persons. This also affects the referrals of older persons to other agencies.

Social services for older persons in Lesotho are therefore constricted because their coverage is selective and the benefits are limited. Furthermore, the efficacy of social work services for older persons is undermined by lack of synergies with other social protection programmes in the country. Hence, the efficacy of social work services for older persons should be interrogated from a multidiscidisciplinary perspective as well.

The second research question was:

- What are the challenges faced by older persons in Lesotho?

The major challenges faced by older persons in Lesotho are poverty, food insecurity and poor housing. Some of them also have challenges visiting social welfare offices to request for assistance, owing to inability to afford the transport costs involved and mobility challenges due to advanced age. Hence, the need for poverty alleviation initiatives among older persons and for social service providers to visit them at their homes.

The third research question was:

- What type of social work services are necessary to promote the wellbeing of older persons in Lesotho?

The study concludes that social work services required by older persons to promote their wellbeing are: financial and food assistance, home-based care and assistance with building, repair and maintenance of their houses. They also require counselling and psychosocial support, legal assistance and advice, protection from abuse and advocacy for the realisation of their rights, as well as to be prioritised in accessing social work services.

The conclusions arrived at in relation to the research questions are that the questions were appropriate and relevant. This is because the questions yielded the responses that helped to fill in the identified gaps in knowledge and understanding of social work services for older persons in Lesotho, and the services that they require. Furthermore, the research questions were researchable, specific and concise in relation to the study's focus on social work services for older persons and the development of guidelines for practice. Thus, the research questions were addressed adequately as the collected data enhanced the researcher's understanding of social work services for older persons in Lesotho and the services that they require. Importantly, this was useful in the development of the guidelines for social work practice by the researcher.

7.3.2 Research goals and objectives
 The research goals of this study were informed by the research questions. The goals were two-fold, namely:

- to develop an in-depth understanding of social work services provided to older persons

- to proffer practice guidelines for the provision of social work services to older persons in Lesotho.

The study achieved both research goals. In relation to the first goal, the participants' accounts show that public assistance is not easily accessible to older persons because of the means-test that is applied to determine eligibility for benefits. Furthermore, its benefits are inadequate and limited in scope. Food assistance supplies are erratic and inadequate to the extent that the service is not reliable. As such, this compromises the wellbeing of older persons. Though there are benefits from other services such as health promotion activities and membership in self-help groups (emotional and financial support), the participants' narratives lead to the conclusion that these have not resulted in meaningful improvements in the quality of life of older persons. Thus, social work services for older persons in Lesotho remain largely welfare oriented and not developmental.

With regards to the second goal, this was achieved by developing the guidelines for social work practice with older persons (Chapter Six), based on the findings of the study, the service delivery process for social work services to older persons and the literature.

This inquiry accomplished the research objectives expounded below as follows:

- To explore and describe the social work services for older persons in Lesotho. Interviews with older persons, the social workers and SAWs provided an in-depth understanding of social work services for older persons in Lesotho. The participants' narratives presented in Chapters Four and Five led to the conclusion that social work services for older persons include public assistance in cash and in kind, food assistance and toiletries, counselling and psychosocial support. Other services include education on human rights and membership in savings, mutual aid and savings groups. Older persons also benefit from health promotion through fitness training, health education and referrals to relevant organisations for assistance.
- To explore and describe the social work services required by older persons in Lesotho. This objective was achieved as the study was able to suggest descriptions of social work services required by older persons from the perspective and experiences of social service providers and the older persons themselves. The narratives of the participants as presented in

Chapters Four and Five show that older persons require, financial and food assistance, as well as agricultural inputs such as maize seed. This shows that older persons need the services that enable them to become self-reliant. Older persons also require assistance with the repair and maintenance of their houses, counselling and psychosocial support, assistance to raise their grandchildren and advocacy to enable them to realise their human rights. Concerning the need for assistance with the repair and maintenance of their houses, older persons expect social workers to address all their social problems, even though some of them fall outside their remit. It also suggests that social workers should link-up with other organisations to ensure that the services required by older persons are met.

- To draw conclusions, provide guidelines for social work practice and to make recommendations on the provision of social work services for older persons in Lesotho. The conclusions and recommendations of this study are presented in this chapter. The guidelines were presented in Chapter Six and summarised in section 7.2 above.

7.3.3 Research approach

Given that qualitative research offers reflections and perspectives on people's experiences, it was employed in this study to obtain the participants' valuable and unique lived experiences on the social work services for older persons in Lesotho. Moreover, qualitative research allows people to talk as human beings. This enabled the researcher to understand the social work services for older persons and the older persons themselves, as well as the social and cultural context within which they live. Although challenging initially, as the researcher had to content with the cyclical process of qualitative research due to its flexibility, this was beneficial in the long run. In addition, reflexivity helped the researcher to keep his personal views under check, thereby mitigating the potential contamination of the narratives of participants in the presentation, analysis of the data and in the interpretation of findings.

7.3.4 Research design

The study employed the phenomenological, exploratory, descriptive and contextual research designs. These were applied in the following manner:

The application of the phenomenological research design involved long, in-depth interviews with older persons and social service providers. This facilitated an exploration of the participants' subjective meaning and understanding of social work services for older persons. It also enabled

the researcher to get a full picture of the older persons' experiences in accessing the social work services. Thus, the focus was on the meaning that the lived experiences hold for older persons, the social workers and the SAWs in Lesotho, in the context of demographic population ageing.

Because of the increasing numbers of older persons internationally, the use of the exploratory research design was instrumental in gaining an insight on the social work services for this population group in Lesotho. It also uncovered the social work services required by older persons.

With the employment of the descriptive research design, the researcher was able to gather thick discriptions of the participants' experiences, as shown in Chapters Four and Five. The description was based on the thematic areas explored during the research process. Importantly, the descriptions of the participants' lived experiences were compared and contrasted with the existing literature.

The use of the contextual research design made it possible for the participants to share their experiences, taking into account the social, religious, economic, personal, political, as well as cultural factors obtaining in Lesotho. Politically, the country has not been stable since 2012, the year in which the MoSD adopted the developmental approach (Jitsing, Brey, Mvundla & Venter, 2017:14). As such, these contextual factors have a bearing on the provision of social work services for older persons in the country.

7.3.5 Ethical considerations

The researcher observed the prescribed ethical considerations for this study. These are the voluntary informed consent, protection of participants from harm, confidentiality and anonymity, as well as the management of data. All the participants gave their consent to participate in the study, following the researcher's assurances of confidentiality and anonymity. To protect the older persons from potential harm, interviews with them, on the one hand, and with the social service providers on the other hand, were carried out at their places of residence and work respectively. Nonetheless, although some measures were put in place to conceal the identities of the participants, it is difficult to guarantee anonymity because of the snowball sampling technique that the researcher used for older persons. A request for permission was also made to the District Managers to interview the social service providers. This to some extent, can compromise anonymity because some of the participants may be known to the gatekeepers, and lead to them knowing the sources of certain information revealed in the study.

7.4 Conclusions based on the research findings

The findings from older persons were presented in Chapter Four, while those from the social service providers are in Chapter Five. The conclusions drawn from the findings presented in these chapters are presented below. First to be presented are the conclusions based on research findings from older persons, followed by those from social service providers.

7.4.1 Conclusions based on the research findings: older persons

Thirteen older persons comprising of ten females and three males participated in the study. The conclusions based on the findings from the older persons relating to the themes and subthemes that emerged from the analysis of data are presented below.

Conclusions based on the findings on social work services for older persons

- Older persons' accounts of the services that they received from the social service providers demonstrate that only a few of them accessed social work services. With respect to public assistance, many older persons do not even bother to apply because of the knowledge that they are not likely to qualify for this service owing to the stringent means-testing that is applied. However, the focus on self-help initiatives, as a result of the shift from a welfare to a developmental approach helps to enhance the livelihoods and wellbeing of older persons.

- The monthly public assistance amount of M250 (during data collection in May to December 2016) that older persons who manage to pass the means-test get is too little to make any significant difference in their lives. It is also inadequate to promote their wellbeing.

- Some of the older persons' shared experiences show that the services provided by social service providers focus only on the presenting problems, neglecting the other problems that they may be experiencing. The sole focus on addressing one aspect of an older person's problems is ineffective as he or she is likely to require assistance in other areas as well.

- The provision of social work services for older persons in Lesotho is also characterised by fragmentation. This is because there are two ministries responsible for the provision of services for older persons, namely the MoSD and the Ministry of Finance, Department of Pensions. In the absence of coordination between the two ministries, the implementation of the developmental approach, which requires interagency and multidisciplinary

collaboration, is problematic. This compromises the effectiveness of interventions to address the needs of older persons. Thus, given that the diverse needs of older persons are best viewed as a continuum of functioning, they should be addressed in a comprehensive and integrated manner.

- One of the services that older persons in Lesotho benefit from the social workers is advocacy and raising awareness of their rights. Although it is important for older persons and the general public to know the rights of older persons, the absence of legislation for enforcement leads to the continued violation of these rights.

- Ten of the 13 older persons in the study did not get any support from their adult children. This may be attributed to the migration of younger members of the family to urban areas as well as to neighbouring South Africa in search of employment. It is also because of the high levels of unemployment and poverty in Lesotho, which makes it difficult for adult children and members of the extended family to provide support beyond the nuclear family. However, in spite of the diminishing support from adult children, as well as the family, adult children still remain a source of support for some older persons. Thus, without adult children, support from the extended family is likely to be hard to come by. This shows the erosion of the traditional African values of *Ubuntu,* which ensured social protection for older persons within the extended family system and the wider community. It is thus erroneous to assume that older parents are taken care of by their adult children or within the extended family. The obtaining values of individualism have replaced those of collectivism which promoted solidarity and support for each other. The pervasiveness of poverty in Lesotho also inhibits people from assisting the less fortunate and vulnerable in society due to lack of the means to do so.

- Out of the 13 participants, ten were heads of households, who also cared for their grandchildren. Thus, given their vulnerability due to the ageing process, older persons require assistance with raising grandchildren as they lack the wherewithal to support them. Older persons in Lesotho therefore have the additional responsibility of raising their grandchildren, and yet they also need care and support themselves.

- The study contributes to the limited body of literature on social work services for older persons.

Conclusions on the findings on contentment with services from social service providers

- Although the participants appreciated the facilitation of savings, mutual aid, burial societies and support groups by social service providers, they wanted to be consulted about the services that they require. This suggests that older persons want to participate in the process of determining the services that they need.

Conclusions based on findings on the socioeconomic and health status of older persons

- The socioeconomic status of older persons in Lesotho is low, because the old age pension that they get is not enough to meet their needs for food, housing and medical care, among others. The situation is more dire for older persons in the age category of 60 to 69 years who are excluded from getting old age pension, and yet they do not have any other source of income. Moreover, the traditional social support sytem of the extended family has been weakened by poverty, modernisation and urbanisation, which has exposed older persons to vulnerability and neglect.

- The health profile of older persons in Lesotho is also poor, mainly because of limited or no access to health care services. Moreover, the majority of older persons suffer from chronic diseases, whose onset can be delayed or prevented. This suggests the need for health promotion activities and the provision of assistive devices to promote the wellbeing of older persons.

Conclusions based on findings on social work services required by older persons

- The older persons' accounts (Chapter Four) of the challenges that they face show that the majority of them were poor and not in a position to meet their basic needs. Furthermore, the review of literature showed that poverty is one of the major challenges facing Basotho and that older persons are the poorest of the poor in the country. For these reasons, older persons in Lesotho require financial assistance from the social service providers, to enable them to meet their needs.

- Considering that Lesotho is a mountainous country with only about 20% of its land being arable and suitable for agriculture, it is difficult for the country as a whole to be food secure. Moreover, Lesotho experiences frequent droughts. This makes it difficult for older persons,

given their vulnerability, to be food secure without assistance from external sources. Hence, older persons need assistance in the form of agricultural inputs such as maize seed and fertilizers, to empower them to become food secure.

- Although the majority of the older persons indicated that they required food assistance, some of them were of the view that if they were to be assisted with agricultural inputs, particularly maize seed, they would become food secure. Based on this finding, it is clear that older persons want services that empower them to become independent and self-reliant, as opposed to those which make them dependent on the state, or other organisations.

- Some of the older persons' narratives in Chapter Four demonstrate violation of their rights to income, dignity and independence due to negative societal values, beliefs, as well as stereotypes. Thus, it is necessary for social workers to engage in advocacy to enable older persons to realise their rights.

- Older persons experience financial, physical, verbal and psychological abuse, neglect and abandonment. Thus they are vulnerable to many forms of abuse, because of their advanced age and dependence on others to meet their needs. As such, they require protection from potential abuse, owing to their vulnerability.

Conclusions on suggestions for the provision of social work services to older persons

- The *modus operandi* of social service providers in the MoSD is that people wanting social welfare assistance go to apply at their offices. However, the narratives of some of the older persons show that they were unable to visit the social welfare offices on account of mobility challenges, while others could not afford the transport costs.

- Some older persons questioned the basis of providing services to older persons without visiting them to assess their needs. It is on this basis that an assessment of the needs of older persons is a prerequisite in interventions to ensure provision of approriate services.

7.4.2 Conclusions based on research findings: social workers and SAWs

The sample for social workers comprised nine females and two males, giving a total of 11 participants. SAWs were 10 and all of them were females. The conclusions based on the findings from social service providers in relation to the themes and subthemes that emerged from the analysis of data are presented below.

Conclusions based on the description of services for older persons prior to the adoption of the developmental approach

The services rendered by social workers to older persons prior to the adoption of the developmental approach were: public assistance in cash and in kind, counselling and psychosocial support, referrals and placement in residential care institutions. The social work services for older persons prior to the adoption of the developmental approach were relief oriented and exclusively for those who had been assessed to be destitute. The services only provided temporary relief from economic and social hardships. Thus, social services for older persons then, and, to some extent, even now, were based on a deficit narrative, which casts old age as a period characterised by vulnerability. Disengagement and increasing irrelevance were thus viewed as an inevitable occurrence in the ageing process, hence the lack of investment in the wellbeing of older persons.

Conclusions based on the description of services for older persons following the adoption of the developmental approach

The findings of the current study show that, in spite of the shift from welfare to the developmental approach by the MoSD in 2012, social service providers still offer the same services provided prior to the new orientation of the ministry. The provision of public assistance and other traditional social work services for older persons remains largely the same. There is still a dominance of casework, which is an individualised approach focusing on immediate, rather than long-term needs of older persons. Public assistance is means-tested and therefore only a few older persons manage to meet the eligibility criteria for the service. Furthermore, the public assistance scheme also lacks the exit strategies to enable the recipients to graduate into self-reliance.

However, there has been an expansion of the range of services offered by the social workers. The expanded services include facilitation of self-help initiatives through the establishment of the savings, mutual aid, burial societies, and support groups. They also promote gardening and occupational projects. The viability and sustainability of self-help initiatives is compromised by lack of financial and technical assistance from the state and other stakeholders including NGOs. In addition, social service providers are involved in facilitating health promotion activities including fitness training, skills training for income generating projects and advocacy and awareness raising on the rights of older persons.

Conclusions based on the socioeconomic status of older persons

- Poverty, cultural factors and ageist societal attitudes contribute towards the low socioeconomic status of older persons in Lesotho.

- There is a deterioration in the functional capacity of older persons. As such, their health status is generally poor, which suggests the need for measures to enhance their functional capacity and to promote their wellbeing.

Conclusions based on the participants' description of social work services required by older persons

- The current study found that older persons in Lesotho are poor and they struggle to meet their financial, nutritional and food requirements. As such, they require interventions that address their financial and food insecurity.

- Although none of the older persons had experienced sexual abuse, reports by some of them point to the fact that it is a common occurrence in their communities. This was also confirmed by some social service providers. The review of literature also showed that elder sexual abuse is a major problem in Lesotho. However, the fact that none of the older women in the study did not disclose that they had been sexually abused shows that it is a problem that is usually not reported. This was probably because of the fear of repraisals following disclosure of the abuse. This observation leads to the conclusion that sexual abuse of older women is a hidden problem in Lesotho.

- The findings that some older persons were dispossessed of their fields upon the death of their spouses and that others experienced some challenges in accessing health care services showed that they are powerless to change their situation. Also of concern are the manifestations of the conceptualisation and casting of older age as a period of disengagement and irrelevance. Hence, it is concluded that the challenges faced by older persons are difficult to address without the advocacy of social service providers. Moreover, the developmental approach requires that social workers commit themselves to social reform by promoting social justice, human rights and the eradication of poverty.

- The current study also shows that older persons require counselling and psychosocial support for a variety of reasons, which include, grief and the cumulative loss of spouses,

children, relatives and close friends. These situations lead to vulnerability, loneliness as well as isolation. Raising grandchildren is also an added challenge as they need care and support. Thus older persons in Lesotho experience a myriad social problems that need to be addressed, for them to cope with their situation.

Conclusions based on the challenges faced by social service providers in promoting the wellbeing of older persons

- A major challenge in the provision of services for older persons in Lesotho is that the public assistance scheme which is supposed to cater for the financial needs of the poor, and older persons is poorly funded. Thus, the public assistance scheme does not provide universal coverage of all older persons in Lesotho. Furthermore, because the public assistance scheme caters for all the poor in Lesotho, this makes it even more difficult for older persons to qualify for assistance. This is mainly because they have to compete with other population groups such as the children, who are usually given priority in the provision of social welfare services.

- The shortage of transport for social workers in the MoSD also leads to their failure to visit older persons for assessment and delivery of services. This also leads to the exclusion of older persons who are unable to go to their offices to access social work services. Furthermore, the shortages of transport compromise the efficacy of social work services for older persons due to the likely delays in attending to the needs of older persons, thereby jeopardizing their wellbeing.

- Understaffing in the MoSD also contributes to the high caseloads for social workers. This leads to low morale, burnout, delays in responding to requests for assistance and inability to serve all the people who need their services.

- The efficacy of interventions to enhance the wellbeing of older persons in Lesotho is compromised by lack of interagency and multidisciplinary collaboration and coordination in the provision of social work services. This study established that some social service providers were not getting cooperation from other stakeholders, mainly the Ministry of Finance concerning referrals for old age pension. In this regard, an integrated service

delivery model involving interagency and multidisciplinary collaboration would ensure the provision of services for older persons, which guarantees their wellbeing (Fallon, 2017:4).

- Though the shortage of residential care facilities for older persons is one of the challenges faced by the social workers in Lesotho, older persons do not want to be institutionalised. Instead, they prefer ageing in their families and communities, with and among their relatives and friends. However, residential care for older persons without anyone to care for them helps in meeting some of their basic needs.

- The current study also found that social workers in the MoSD are ill-equiped to provide developmental social work services to older persons. Thus, it is concluded that the MoSD adopted the developmental approach without adequate planning to prepare for this move.

- In spite of birth and national registration documents being a basic human right, it was found that some older persons could not access services such as old age pension due to lack of this documentation. Lack of national registration identity documents is a common problem in many developing countries because of poor registration systems. The need to reform the social protection system in Lesotho cannot be overemphasised, as it denies older persons access to cash transfer benefits on account of lack of national identity documents. It should also not be used as an excuse for denying older persons access to social work services.

- The findings also show that social service providers experience the problem of office accommodation, which sometimes forces them to share. This compromises the privacy and confidentiality expected in a casework relationship. Furthermore, it violates the right of older persons to dignity when sharing their problems in the presence of other people. Resultantly, some potential beneficiaries may not request for services that they are entitled to, for fear of the embarrassment of disclosing their problems in the presence of other people.

Conclusions on suggestions for the provision of social work services for older persons

The suggestions made by the social service providers on the provision of social work services for older persons were in three areas. These are namely: suggestions for repositioning social workers for developmental practice with older persons; how social workers should work with older persons

and what should be done by social workers to promote the wellbeing of older persons. The conclusions on these suggestions are presented below.

Conclusions on the suggestions for repositioning social workers for developmental practice with older persons

In spite of having Bachelor of Social Work degrees, some of the social workers expressed the need for training on developmental social work with older persons. The implication of this is that generic social work training does not adequately prepare graduates for the implementation of the developmental approach in the provision of the services for older persons. Thus, social service providers in the MoSD require training on developmental social work with older persons.

Conclusions on how the social service providers should work with older persons

The majority of the social service providers were of the view that they should apply the ethics, values and principles of social work in their practice with older persons. On this basis, it can be concluded that the principles and values of acceptance, respect, individualisation, non-judgmental attitude, the right to self-determination and to be of service to the poor are fundamental in social work with older persons. The application or lack thereof, of these principles determines the success or failure of the helping relationship with older persons. Hence, the application of social work principles and values in practice with older persons is important, especially because the developmental approach emphasises the participation of service users in efforts to enhance their wellbeing.

Conclusions on the suggestions on what should be done by the social workers to promote the wellbeing of older persons

The study established that social workers should reach-out to older persons in their communities, make assessment of their needs, and engage in advocacy in order to promote their wellbeing. In addition, they should promote interagency and multidisciplinary collaboration as well as raising people's awareness on the rights of older persons among the service providers, the general public and the older persons themselves.

7.5 Limitations of the study

The major limitation of the study is that it focused only on older persons who had received services from social service providers employed in the MoSD. The exclusion of older persons who had not received any services from the MoSD, to some extent, limited the researcher's understanding of social work services in Lesotho. Their inclusion in the study would have enhanced the understanding of their experiences, the services available for older persons in Lesotho, as well as the eligibility criteria for the existing services. Nonetheless, the findings are valid and reliable in relation to the specific population sampled for the study.

Another limitation emanates from the multidisciplinary context of service provision for older persons, as it involves medical practioners, psychiatrists, psychologists, anthropologists, sociologists, social workers and other practicioners. Understandably, this study focused on services for older persons from a social work perspective, with the objective of enriching the body of knowledge in this discipline. Therefore, the findings cannot be generalised to other disciplines.

Another limitation pertains to the limited literature on social work services for older persons that is available. As a result, the researcher had to make use of old literature in some cases, as well as literature from other disciplines.

The recommendations for this study are presented in the following section.

7.6 Recommendations

The recommendations for the current study are a product of the research findings, the conclusions thereof, as well as the theoretical orientation underpinning the study. They are presented in terms of the recommendations for social work intervention, social welfare policy, social work education and training, as well as further research.

7.6.1 Recommendations for social work intervention

The presentation of the recommendations for social work intervention focuses on the practice guidelines for the services to older persons, and the intervention process.

7.6.1.1 Practice guidelines for addressing the challenges faced by older persons

- In view of the high levels of poverty and social exclusion of older persons in Lesotho, social workers should encourage and facilitate the engagement of the functionally able older persons in microenterprises and income generating projects. Such activities include

skills training for income generating projects, which is central in enhancing their participation in economic activities. However, this should be done in collaboration with NGOs such as Help Lesotho, Skillshare and Maseru Women Senior Citizens Association. The private sector organisations such as Standard Lesotho Bank should also be approached to support these initiatives.

- The social workers should facilitate the formation of mutual aid, savings and other self-help initiatives. Such interventions are particularly important in the case of Lesotho where resources are limited. Of critical importance is the need to embed developmental aspects in all these interventions in order to ensure "ageing in place" as required by older persons. In this regard, social workers need to collaborate with other stakeholders to mobilise older persons in the communities to form self-help groups aimed at addressing their common problems. Thus, in spite of the meagre amounts of public assistance and old age pension that some older persons get, social workers should encourage them to form savings and income generating groups to empower them to improve their livelihoods and wellbeing.

- Given the myriad social and economic problems experienced by older persons, social workers should provide them and their grandchildren with counselling and psychosocial support. This should focus on the development of problem-solving skills and attitudes and a positive sense of self, to help them to deal with their problems. Furthermore, the counselling and psychosocial support should be provided either on an individual basis or through group work, depending on what is deemed appropriate in the considered opinion of the social worker. Hence, it is important for the social workers to reach-out to older persons at their homes and communities for easy access to psychosocial support services.

- Related to the above, social workers should facilitate the establishment of support groups, burial societies, savings and mutual aid groups for older persons. Though the social workers are already providing these services it is important that they provide financial and technical support to these groups. This helps to enhance the viability and sustainability of such initiatives.

- The social workers should engage in awareness campaigns focusing on the rights of older persons and the services that are available for them from the MoSD. Though they are currently doing this by addressing community gatherings, they should also develop leaflets

outlining services for older persons provided by MoSD. The leaflets should explain the role of social workers and the functions of the MoSD. Thus, social workers should impart the necessary information regarding the rights of older persons to dignity, health, care, housing, social security and protection, as well as protection from abuse. The campaigns should be carried out in collaboration with other stakeholders such as the Transformation Resource Centre which is a human rights organisation and MWSCA. They should also involve the chiefs and councillors, the nurses and the officials from the Police Child and Gender Protection Unit.

- Social workers have an ethical obligation to promote social justice and social inclusion. In this regard they should safeguard and promote the rights of older persons to dignity, social security and protection, health and housing, among others. Hence, they should engage in advocacy to ensure that these rights are respected. Such advocacy should include: activities aimed at ensuring that older persons receive financial assistance and that they are prioritised in accesing services. They should also advocate for their access to social welfare services. In this regard, social workers should work collaboratively with Help Lesotho, MWSCA and TRC.

- The multiplicity and diversity of the needs of oder persons requires that the social workers engage in multidisciplinary collaboration to ensure the provision of integrated services to them. This comes from the realisation that no single discipline or agency will be able to provide for all the needs of older persons. Thus, collaboration with other stakeholders helps to ensure a holistic and comprensive provision of services to older persons. Such collaboration can be with the Ministry of Finance, Department of Pensions and the Ministry of Agriculture, for agricultural extension services and inputs for older persons. The social workers should also collaborate with NGOs for assistance and support for developmental projects. Thus, the social workers should facilitate the coordination and provision of the services to older persons to ensure that all the role players are clear about their roles and that they respond within their specific areas of expertise.

- Given that volunteering and civic engagement in old age leads to positive health outcomes that can be sustained over a long term, social workers should encourage volunteerism and civic engagement for functionally able and active older persons. This helps to link

volunteerism with civic engagement and social mobilisation for older persons to remain active and productive in their communities. This volunteering framework fosters empowerment among the older persons, thereby contributing to their wellbeing and that of their communities.

- Social workers should advocate for and collaborate with the Ministry of Health to ensure the provision of old age comprehensive mobile clinics in communities where older persons live.

- Social workers should facilitate and advocate for the establishment of older persons' protection forums to safeguard them against all forms of abuse and neglect. The forums should constitute of community leaders such as the chiefs and religious leaders, the police, the representatives of the government ministries at district level, community-based organizations as well as representatives of the older persons themselves. Considering that the MoSD has the responsibility for the welfare of older persons in Lesotho, social workers should play a lead role in facilitating and coordinating the forums. The mandate of the older persons' protection forums would be to share information on cases of elder abuse, protection and interventions thereof.

7.6.1.2 Practice guidelines based on the intervention process

- Social workers should reach out to older persons at their homes and communities to establish a helping relationship. From a strengths perspective, it is imperative that social workers establish a good working relationship with older persons if their intervention is to be effective. Similarly, it is incumbent upon social workers, using the ecosystems perspective to establish a collaborative and good working relationship with older persons. This helps to understand the dynamics of the person-in-situation environment and the contextual factors of the older person. Hence, it is critical that social workers visit older persons at their homes to get a richer understanding of their situation.

- The findings from the data for older persons show that the provision of social work services should be based on an assessment of their needs. Thus, social workers should assess the situation of older persons at their homes to ensure that they receive appropriate services. Also significant is that the assessment should be collaborative, involving the older persons, their caregivers and other family members. Importantly, the assessment should focus on

their functional ability, needs and challenges as well as availability of support from the family, neighbours and the community, and governmental and non-governmental organisations.

- Assessment enables the social workers to determine the needs of the clients and the appropriate intervention methods. In this regard, and following the identification of their needs, the social worker should identify the available resources. Such resources can be from the MoSD, the Ministry of Finance, the NGOs and private organisations and professionals including psychologists, physiotherapists and nutritionists.

- After the identification of needs and available resources, the social workers should develop a comprehensive intervention plan that is implemented and monitored to ensure an effective response to the challenges faced by older persons. This should involve collaboration with the aforementioned professionals and organisations to ensure a holistic and comprehensive provision of services to older persons.

- The final stage of the intervention process involves evaluation. At this stage, the social worker, with the involvement of the older person/s themselves should assess the changes in their wellbeing brought about by the intervention. This can be done by means of reflecting on the older persons' experiences, the changes and the impact of the intervention process to change their circumstances.

- The social workers should demonstrate an interest in working with older persons through the application of social work ethics, principles and values. They should exercise patience with older persons and work with them at their pace. Importantly, they should apply ethical principles including respect, individualisation and self-determination, acceptance of diversity, a non-judgmental attitude and above all, a commitment to serving older persons. This is important for restoring their dignity and self-esteem, thereby empowering them to take charge of their lives.

The recommendations for social work education and training are presented in the section below.

7.6.2 Recommendations for social work education and training

Taking cognisance of the irreversible demographic trends of population ageing and that older persons increasingly constitute the bulk of the population groups requiring the services of social workers, it is recommended that:

- Tertiary institutions offering social work programmes, including the National University of Lesotho, should respond to this unfolding social problem. They should review their curriculum to incorporate developmental social work with older persons as a stand-alone course or module at the Bachelor of Social Work level. The course should cover, among others, the dynamics and implications of population ageing, the ageing process, the theories of ageing, the rights of older persons, their needs and the challenges they face. In addition, the curriculum should also cover the care of older persons, and social work services for older persons. Also critical is the need to incorporate the guidelines for practice with older persons in the curriculum.

- Given that some of the social workers in the study were not confident in their work and required specialised training on social work with older persons and the developmental approach, the MoSD should develop a comprehensive in-service training programme which covers this field. The Department of Sociology, Anthropology and Social Work at NUL can be contracted to provide the training. The training programmes can be in the form of two-week training workshops (mornings only) every two months and on the job assignments over a period of a year. Such an arrangement enables the social workers to continue providing services to older persons even during their on the job training.

- Considering that population ageing is increasingly becoming a social problem, it is recommended that social work academics and practitioners be encouraged to do research on issues pertaining to older persons. This would help the practioners to keep abreast with new developments in this field.

7.6.3 Recommendations for social welfare policy

Based on the findings from the participants' data, it is recommended that:

- Social workers in the MoSD should collaborate with the Maseru Women Senior Citizens Association to advocate for the adoption and implementation of older persons-friendly policies and legislation. With respect to the old age pension, they should work with the Maseru Women Senior Citizens Association to lobby the parliamentarians for the lowering of the qualifying age threshold from 70 years to 60 years. This would enable all older persons as defined by Lesotho's Policy for Older Persons of 2014 to receive the benefits under the scheme. The reason for this is that the public assistance, which those aged 60 to 69 years can apply for, caters for all the destitute people regardless of age and it is means-tested. It is also difficult for applicants to qualify for assistance because the budgetary allocation towards this programme is inadequate. Furthermore, there is also a contradiction if one considers that Lesotho's Policy for Older persons defines older persons as those aged 60 years and above and yet the 60 to 69 year olds are denied old age pension.

- Related to the above, it is recommended that the MoSD lobbies parliamentarians for the transfer of the administration of the old age pension programme from the Ministry of Finance, Department of Pensions. The MoSD is the right place for the administration of old age pensions as it is the responsible ministry for implementing the welfare programmes for all Basotho. Furthermore, it would also be convenient for older persons to get their services from one agency for purposes of comprehensiveness of interventions. With the current arrangement, older persons have to navigate access to services from different organisations. In addition, if the MoSD were to take over the responsibility for administering the old age pension, this would enable recipients to benefit from counselling by the social workers on how to use their money.

- The public assistance amount of 250 maloti (during data collection from May to December 2016) is inadequate and cannot be expected to meet even the most basic of the needs of the beneficiaries. Furthermore, given that only a few poor people benefit from the public assistance programme, it is recommended that the government increase funding for this scheme. This would help to increase the

coverage of the programme, with more older persons being able to receive the benefits. However, without substantial economic growth and political will, it is likely to be difficult to expand the coverage of older persons with the public assistance scheme.

- Considering their advanced age and chronic health conditions, it is recommended that social workers should collaborate with the health professionals in the Ministry of Health and MWSCA to advocate for a "no queuing" policy for older persons. Older persons have a right to health care, transport, national identity documents, social security and protection, social services and dignity. Thus, a no queuing policy will help them to access all types of the services that they require.

- Given their advanced age and the multiple challenges that they face, it is recommended that social workers collaborate with the Ministry of Health officials, MWSCA, Help Lesotho, the chiefs and councillors to advocate for the establishment of multi-purpose community centres. This helps to ensure easy access to health and social services for older persons and to facilitate ageing in the community. Social workers should play a lead role in coordinating and facilitating the establishment of the community centres. They should collaborate with other stakeholders to mobilise the resources required for the establishment of the multi-purpose community centres.

7.6.4 Recommendations for further research

- Although further research is necessary on the topic of the current study to inform social workers about the development of services for older persons, it is recommended that the efficacy of the existing services should also be investigated. This is because it is not enough to develop and provide social work services for older persons without evaluating their impact and effectiveness in responding to their needs.

- The current study established that public assistance for those aged 60 to 69 years is an exception rather than the norm in Lesotho, as only a few manage to qualify for this allowance. Therefore, on this basis, it is recommended that social work

practitioners and academics undertatake research to establish the survival strategies of older persons in the 60 to 69 years age category, who are not receiving public assistance. This will be helpful in identifying the opportunities, strengths and resources at the disposal of older persons in this age group. It should also be with a view to coming up with interventions that harness these attributes in order to promote the wellbeing of older persons.

- In view of the high number of older persons raising grandchildren, it is recommended that social work academics and practitioners collaborate with sociologists, psychologists and demographers to do research on the experiences of grandparents in carrying out this role. This is important as it has a bearing on the quality of life of older persons and interventions to enhance coping, given that they are performing this role at a time when they also need care themselves.

- The study also found that some older parents needed counselling and psychosocial support in raising their grandchildren. Thus, it is recommended that research be carried out on the experiences of adolescents who were brought up by grandparents. This is important because adolescents struggle with developing a sense of identity yet this is critical in making the major decisions about their careers, marriage and where to live, among others (Zastrow, Kirst-Ashman & Hessenauer, 2019:325).

- The current study focused on older persons who were deemed fit to to participate in the study. Frail older persons were excluded from the study, yet they are likely to need social work services the most. It is therefore important to do research on social work services for for frail older persons in Lesotho.

7.7 Conclusion

This chapter presents the summaries and conclusions, based on the outcome of the study. A thorough reflection on the findings was done leading to the conclusions made. The majority of the older persons in Lesotho live in poverty. They are unable to meet their basic needs for food, income, housing and health, yet these are essential for their wellbeing. It is also unfortunate that in spite of the shift of the MoSD to a developmental orientation, social work services offered to older persons are not addressing the needs of older persons in Lesotho comprehensively and

holistically. The services are of limited effectiveness in addressing the problem of poverty and social exclusion among older persons. Furthermore, notwithstanding that some older persons cannot be expected to engage in self-help activities on account of disability and old age, services provided by social workers are of limited effectiveness in promoting their self-reliance. This is particularly because the services, especially public assistance, remain largely welfare oriented.

The effectiveness of the interventions to promote the wellbeing of older persons in Lesotho is constrained by the shortage of both human and material resources and the fragmentation of policies and legislation on older persons. The lack of cooperation and coordination among the stakeholders that provide the services to older persons is also a major problem. It is therefore recommended that social workers engage in interagency and multidisciplinary collaboration, as well as advocacy, among other interventions, in order to ensure that older persons get the services they require. Older persons require financial and food assistance, as well as assistance with agricultural inputs to promote self-sufficiency.

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LIST OF ADDENDUMS
ADDENDUM A: SOCIAL WORK SERVICES FOR OLDER PERSONS IN LESOTHO
SEMI-STRUCTURED INTERVIEW GUIDE FOR SOCIAL WORKERS

BIOGRAPHICAL DATA

Age

Gender

Highest qualification

Where was the qualification (s) acquired?

How long have you been employed as a social worker?

How long have you been rendering developmental social work services in Lesotho?

From your experience can you describe the situation of older persons in Lesotho?

QUESTIONS RELATED TO THE TOPIC

1. Tell me how it is for you to provide social work services for older persons in Lesotho?
2. What type of services does your organisation provide to older persons?
3. Can you please explain the services that the MOSD has always provided for older persons?
4. Would you like to explain the new services that the MOSD is providing older persons?
5. How would you describe the services that you provide to older persons in terms of their nature (whether developmental or welfare).
6. As a social worker how do you promote the rights and welfare of older persons in Lesotho?
7. What are the unmet needs of older persons?
8. From your experience, describe the social work services needed by older persons in Lesotho.
9. What challenges are faced by the social workers in responding to the needs of older persons in Lesotho?
10. What suggestions do you have on how social workers should assist older persons (probe how and by doing what can social workers provide services to older persons?)
11. How would you implement these guidelines in the context of your organisation?
12. What skills are required by the social workers for effective practice with older persons?

ADDENDUM B: SEMI-STRUCTURED INTERVIEW GUIDE FOR OLDER PERSONS BIOGRAPHICAL DATA

Age

Gender

District

Marital status

Number of children and their ages

Where do you live?

With whom do you live?

QUESTIONS RELATED TO THE TOPIC

1. What type of support do you receive from the people you live with?

2. What type of support do you receive from other people in your community (probes: churches, community members, community leaders and welfare organisations)?

3. What type of challenges do you experience as an older person in Lesotho (probes-relationships, safety and security, health, housing including financial)?

4. Please describe your current state of health.

5. Would you like to explain any health problems you are experiencing?

6. If you have requested for assistance from the social workers and auxiliary social workers what was the nature of your request?

7. How were you assisted by the social worker or auxiliary social worker?

8. What are the services provided by the MOSD in Lesotho?

9. How do you view the role of a social worker or auxiliary social worker?

10. What type of services would you like the social workers and or auxiliary social workers to offer to you to protect and promote your wellbeing?

11 How do you want the social workers and auxiliary social workers to provide the services to older persons (probe how and by doing what?)

ADDENDUM C: SEMI-STRUCTURED INTERVIEW GUIDE FOR AUXILIARY SOCIAL WORKERS
BIOGRAPHICAL DATA

- Age

- Gender

- Highest qualification

- Where was the qualification obtained?

- How long have you been employed as an auxiliary social worker?

- How long have you been rendering developmental social work services in Lesotho?

QUESTIONS RELATED TO THE TOPIC

- Tell me, how it is for you to provide social work services for older persons in Lesotho?
- What type of services does your organisation provide to older persons?
- Would you like to explain what your role as an auxiliary social worker involves?

- From your experience can you describe the situation of older persons in Lesotho?

- Would you like to explain the services that have always been provided to older persons in Lesotho?
- Can you please explain the new services for older persons in Lesotho?
- How would you describe the services that you provide to older persons in terms of their nature (whether developmental or welfare).
- As an auxiliary social worker how do you promote the rights and welfare of older persons in Lesotho?
- What are the unmet needs of older persons?
- From your experience, describe the social work services needed by older persons in Lesotho.

- What challenges are faced by the auxiliary social workers in responding to the needs of older persons in Lesotho?

- What skills and knowledge should auxiliary social workers have for competent social work practice with older persons?

- What suggestions do you have in order to enhance the effectiveness of the auxiliary social workers in the delivery of the services for older persons (probe how and by doing what they can they provide the services to older persons?)

- How would you implement these guidelines in the context of your organisation?

ADDENDUM D:

Dear Participant

I, Jotham Dhemba, the undersigned, am a Lecturer at the National University of Lesotho in the Department of Sociology, Anthropology and Social Work and also a part-time doctorate student in the Department of Social Work at the University of South Africa. In fulfillment of the requirements for the doctoral degree, I have to undertake a research project and have consequently decided to focus on the following research topic:

Social Work Services for Older Persons in Lesotho: Guidelines for Practice.

In view of the fact that you are well-informed about the topic, I hereby approach you with the 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 study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or 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 need to develop an in-depth understanding of the social work services rendered to older persons in Lesotho and the services they require. The study is intended to explore and describe the social work services for older persons in Lesotho and the services that they need. The ultimate goal is to develop practice guidelines for social work with older persons.

Should you agree to participate, you will be requested to participate in one face-to-face interview that will be conducted at your place of work at a mutually agreed time for one hour. During the interview the following questions will be directed to you:

- Tell me how it is for you to provide social work services for older persons in Lesotho?

- From your experience, what are the needs of older persons in Lesotho?

- What type of services does your organisation provide to older persons?

- How would you describe the services that you provide to older persons in terms of their nature (whether developmental or welfare).

- As a social worker how do you promote the rights and welfare of older persons in Lesotho?

- What are the unmet needs of older persons?

- From your experience, describe the social work services needed by older persons in Lesotho.

- What challenges are faced by the social workers in responding to the needs of older persons in Lesotho?

- How and by doing what do social the workers provide the services to older persons?

- What practice guidelines would you suggest for the social workers and auxiliary social welfare officers when providing the services to older persons?

- How would you implement these guidelines in the context of your organisation?

With your permission, the interview(s) will be audio-recorded. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both the recorded and the transcribed versions) will be kept strictly confidential. The audiotape(s) will be coded to disguise any identifying information. The tapes will be stored in a locked office at the National University of Lesotho and only I will have access to them. The transcripts (without any identifying information) will be made available to my research supervisor(s)/promoter(s), a translator (if they need to be translated into English), and an independent coder[9] with the sole purpose of assisting and guiding me with this research undertaking. My research supervisor(s)/promoter(s), the translator and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner. The audio-recordings 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.

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[9]The independent coder is well versed and experienced in analysing information collected by means of interviews and is appointed to analyse the transcripts of the interviews independently of the researcher to ensure that the researcher will report the participants' accounts of what has been researched.

Please note that participation in the research is completely voluntary. You are not obliged to take part. 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 the 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 upsets 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 at this number: +266 59528662.

Please note that this study has been approved by the Research and Ethics Committee[10] 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

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[10]This is a group of independent experts whose responsibility it is to help ensure that the rights and welfare of participants in research are protected and the study is carried out in an ethical manner.

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

_____

Signature of researcher
Contact details: +26659528662

(Email) jotham_dhemba@yahoo.com

ADDENDUM E:

<div style="background-color: #999;">

INFORMATION AND INFORMED CONSENT DOCUMENT

</div>

TITLE OF THE RESEARCH PROJECT: Social Work Services for Older Persons in Lesotho: Guidelines for Practice.

REFERENCE NUMBER: _____

PRINCIPAL INVESTIGATOR/RESEARCHER: Mr. Jotham Dhemba

CONTACT ADDRESS: National University of Lesotho, Roma Campus

TELEPHONE NUMBER: +26659528662

DECLARATION BY OR ON BEHALF OF THE PARTICIPANT:	Initial
I, THE UNDERSIGNED, _____ (name), [ID No: _____] the participant or in my capacity as _____ of the participant [ID No _____] of _____ _____ _____(address) **A. HEREBY CONFIRM AS FOLLOWS:** 1. I was invited to participate in the above mentioned research project which is being undertaken by Jotham Dhemba of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.	
	Initial

2. The following aspects have been explained to me. Aim: The researcher is studying social work services for older persons in Lesotho and the information will be used to develop practice guidelines for social work practitioners.	
2.1 I understand that the interview will be face-to-face and will be taking place at work for the duration of an hour. Interviews will be audio-taped and the recorded interviews will be transcribed word-for-word. The responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape(s)/videotape(s) will be coded to disguise any identifying information. Participation is voluntary and I reserve the right to discontinue.	Initial
2.2 Risks: I am obliged to refer you to a counsellor for debriefing or counselling should the information I divulge leave me feeling emotionally upset, or perturbed.	Initial
Possible benefits: As a result of my participation in this study I'll recognise and enhance families as partners in the provision of mental health services to their members.	Initial
Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the researchers.	Initial
Access to the findings: Any new information/benefit that develops during the course of the study will be shared with me.	Initial
Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.	Initial
3. The information above was explained to me……………………….. by Jotham Dhemba in English (social workers and ASWs) and Retselisitsoe Setleli (older person) in Sesotho and I am in command of this language. I was given the opportunity to ask questions and all these questions were answered satisfactorily.	Initial

4. No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage from the study without any penalty.	<u>Initial</u>
5. Participation in this study will not result in any additional cost for me.	<u>Initial</u>
B. **I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT** Signed/confirmed at _____ on _____2012 _____ _____ Signature or right thumbprint of participant Signature of witness	

ADDENDUM F: Letter requesting permission to interview social workers and ASWs from the Lesotho MoSD

THE NATIONAL UNIVERSITY OF LESOTHO
Faculty of Social Sciences
Department of Social Anthropology and Sociology
P.O. Roma 180
Lesotho.

Telephone: (+266) 22340601/22213668
Fax: (+266) 22340000
Website: http//www.nul.ls

8 April, 2016

The Principal Secretary
Ministry of Social Development
Maseru
Lesotho

The Principal Secretary

Re: Permission to Carry-out Study on Social Work Services for Older Persons at your District Social Welfare Offices

I am a Lecturer at the National University of Lesotho in the Department of Sociology, Anthropology and Social Work and also a part-time doctoral student in the Department of Social Work at the University of South Africa (UNISA). As a fulfilment of the requirements for this programme I am required to undertake a research study. My research study focuses on the topic: **Social work services for older persons in Lesotho: Guidelines for social work practice.**

This study has been approved by the Research and Ethics Review Committee of the Department of Social Work (UNISA) reference number DR& EC_2015_007. The goal of the study is to develop an in-depth understanding of the services rendered to older persons in Lesotho and the social services that they require. The study is intended to explore and describe these issues with the goal of developing practice guidelines for social work practitioners in Lesotho.

The purpose of this letter, therefore, is to request permission to conduct a research study at your Head Office and District Social Welfare Offices. The study data will be collected from the social workers and auxiliary social welfare officers at selected District Offices, specifically Maseru,

Leribe and Beria. Additional data will be collected from older persons served by these offices. It will be appreciated if permission is granted on the following:
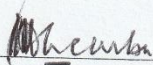
1. Interviewing of social workers and auxiliary social welfare officers operating in the selected districts.

2. Assistance from social workers and social welfare officers in the selected Districts in identifying older persons accessing services from the Ministry of Social Development.

Participants in the study will therefore be drawn from the selected districts and their consent to be involved in the study will be sought before the start of the research. Face-to-face interviews will be conducted with the social workers, auxiliary social welfare officers and older persons during the data collection process.

Attached please find the preamble to an information and informed consent document for participants in the research study.

It is envisaged to start carrying out the study within a month. It would therefore be appreciated if you are able to provide a written response at your earliest convenience.

Yours faithfully

Jotham Dhemba
Office phone: +26652213752
Cell: +26659528662
E-mail:jotham_dhemba@yahoo.com

ADDENDUM G: Letter granting permission to interview social workers and ASWs

LESOTHO

SD/ADMIN/A/5   12ᵗʰ April, 2016

Mr. Jotham Dhemba
The National University of Lesotho
Faculty of Social Sciences
Department of Social Anthropology and Sociology

Dear Sir,

RE: PERMISSION TO CARRY-OUT A STUDY ON SOCIAL WORK SERVICES FOR OLDER OERSONS

Reference is made to your letter dated 08 April 2016, regarding permission to carry-out a study on the above shown topic.

The ministry acknowledges the appropriate stages that you have gone through to embark on the study. It has also been noted that the participants will be engaged on voluntary basis.

Upon the satisfactory explanation you have given on your request, the ministry has notified the managers of the selected districts to cooperate with you and provide the information that is needed.

This letter therefore, serves to inform you that the ministry permits you to conduct the said study with all the proposed participants from the Ministry of Social Development. We hope that the report of the study will be shared with us as well.

Yours sincerely,

R. Pakela (Mr.)
Acting Principal Secretary- Ministry of Social Development

The Office of the Principal Secretary – Ministry of Social Development, Corner Constitution and Parliament Road. Maseru 100.
Tel: 266-22314099/266-22226172   Fax: 266-22314103.

Lesotho Government
Ministry of Social Development

SERVICE DELIVERY CHARTER

In collaboration with other public, private sector and international development partners, we provide the following relevant services, to the chronically poor, economically vulnerable and the socially excluded.

You have the right to...

- Know the name of a person serving you
- Apply for the services we provide aimed at promoting and protecting your rights and well-being
- Be treated with dignity, fairness, respect by responsible and competent officials
- See your personal file and insist on respect for privacy of your information
- Ask for a full and fair investigation on every complaint you lodge
- Speak up about circumstances you find unusual
- Insist that wrong or unfair practices be corrected
- Call a review of the decision if you disagree with it
- Receive protection for whistle-blowing on any form of abuse, fraud, malpractices, corruption, etc. and demand feedback on outcome of investigations

Help us serve you better by...

- Knowing your rights
- Providing us with accurate, correct and relevant information
- Pointing out our mistakes in an open and constructive manner
- Giving us feedback on our performance, good or bad
- Taking time to understand the procedures involved in accessing our services
- Reporting fraud, misuse of resource, abuse of office and corrupt practices
- Respecting and cooperating with service providers
- lodging a complaint either verbally or in writing to the Auxiliary Social Worker at community level, head of District Office, Director Operations or Principal Secretary at headquarters using our contact details provided

We further commit ourselves to...

- Educate you about types of services we offer, who qualifies and and how, where to apply
- Provide you with both verbal and written feedback on status of your application
- Provide you with current, accurate and reliable information
- Listen to you carefully and jointly define your needs
- Where necessary provide you with written reference
- Declare conflict of interest

Destitutes, abandoned, abused. etc.

- Family re-unification
- Protective services
- Referrals to relevant services
- Public Assistance (Cash and In-Kind)
- Social rehabilitation
- Psycho-social Support
- Empowerment (survival and livelihood skills)

Household

- Empowerment (survival, livelihood and asset building)
- Capacity building (Knowledge, skills and care practices)
- Public Assistance (Cash and In-Kind)
- Child Grant
- Referral to relevant services

Children services

- Psycho-social Support
- Placement in places of safety
- Foster care and Adoptions
- Family re-unification
- Access to education (OVC Bursary and material support)
- Access to essential documents
- Awareness (children's rights, HIV and AIDS)
- Protective services
- Referral to relevant services

People with Disability

- Community-based rehabilitation
- Empowerment (survival and livelihood skills)
- Psyhco-social Support
- Assistive devices
- Public Assistance (Cash and In-Kind)

Elderly Care Services

- Health promotion
- Psycho-social Support
- Home help
- Dementia care
- Protective services
- Formation of support groups
- Formation of recreational groups
- Public Assistance (Cash and In-Kind)
- Placement in places of safety
- Referral to relevant services
- Awareness on the rights of elderly

Community Groups

- Support group formation (Care Givers and livelihood groups)
- Capacity building (entrepreneurship)
- Linkages and partnerships
- Community mobilisation (community-based responses)
- Awareness creation (rights, care, support and legal framework)

Our Contacts: Corner Constitution / Linare Road,
Private Bag A222, Maseru.
Email: info.mosd@gov.ls
Tel: +266 22 314 099 / +266 22 326 371

www.mosd.gov.ls

If you are not satisfied with the outcome, you are encouraged to report to Ombudsman,
2nd Floor, Moposo House, Kingsway,
P.O Box 12810, Maseru, 100
Tel: +265 22 314 825

ADDENDUM I: Ethical approval

UNISA

DEPARTMENT OF SOCIAL WORK RESEARCH AND ETHICS REVIEW
COMMITTEE

18 January 2016

Ref#: DR&EC_2015_007[1]
Name of Applicant: Dhemba, J
Student#: 55772854

Dear Mr Dhemba

DECISION: ETHICAL APPROVAL

Name: Mr J Dhemba

Address & contact details: Department of Sociology, Anthropology and
Social Work, National University of Lesotho, PO. Box 180, Maseru,
Lesotho
Phone: +266 52213752 (office)
            +266 59528662 (mobile)

Supervisor: Dr M Mabetoa
Co-supervisor: Prof MDM Makofane

Title of Proposal: SOCIAL WORK SERVICES FOR OLDER PERSONS IN
LESOTHO: GUIDELINES FOR PRACTICE

Qualification: Doctor in Social Work

Thank you for the application for research ethics clearance by the Department
Of Social Work Research And Ethics Review Committee.

The application was reviewed in compliance with the UNISA Policy on
Research Ethics by the abovementioned Committee at a meeting conducted
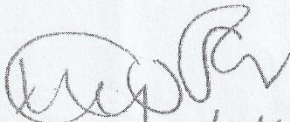on 19 November 2016.

[1] Note: The reference number [top right corner of this communiqué] should be clearly indicated on all
forms of communication (i.e. Webmail, E-mail messages and letters) with the intended participants as
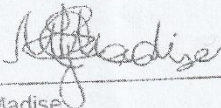well as with the Department of Social Work Research and Ethics Review Committee.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

Final approval is granted for the duration of the project.

The proposed research may now commence with the proviso that:

1) The researcher will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.

2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Department of Social Work's Research and Ethics Review Committee. An amended application could be requested of there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the participants.

3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

Kind regards,

Signed by: _____

Professor AH Alpaslan 18/07/16

Chair: Department of Social Work Research and Ethics Review Committee

alpasah@unisa.ac.za

Signed by: _____

Prof MPJ Madise

Manager Postgraduate Studies: College of Human Sciences

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NOTICE TO POSTGRADUATE QUALIFICATIONS SECTION (M&D)
RESULT: MODULE IN RESEARCH METHODOLOGY

STUDENT NAME	DHEMBA, J	STUDENT NUMBER	55772854
DEGREE	DSW	Specialisation	Social Work

Please indicate the relevant option with an x:

A. The above student <u>did not comply</u> with the requirements for the module in Research Methodology and may reregister for the module	
B. The above student <u>did not comply</u> with the requirements for the module in Research Methodology and <u>may not continue with his studies</u> for the .... degree. *Please provide reasons* ...	
C. I confirm that the above student complied with the requirements for the module in Research Methodology (DPCHS02). The candidate submitted an acceptable research proposal which was approved by the Departmental Research and Ethics Committee and may now proceed to register for the research component. *Please provide details below*	X

Title: SOCIAL WORK SERVICES FOR OLDER PERSONS IN LESOTHO: GUIDELINES FOR PRACTICE

Supervisor: Dr M Mabetoa   Personnel Number: 90225082

Highest Qualification: D Phil

Co-supervisor: Prof MDM Makofane   Personnel Number: 90098412
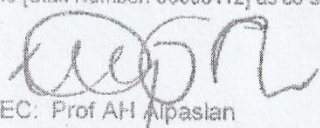
Highest Qualification: D Phil

Address, if external : N/A
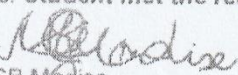(including email)

Additional comments:
Approval (CoD) Yes

COMMENTS: The student complies with the requirement of the RPM and is allowed to register for the dissertation component of the qualification.

"This serves to notify that the Departmental Research and Ethics Committee of the Department Social Work at their meeting held on 19 November 2015 accepted the research proposal of Mr J Dhemba, Doctoral Candidate [Student number: 55772854] and approved the dissertation's title to read as follows: Social Work services for older persons in Lesotho: Guidelines for practice. Dr M Mabetoa [Staff Number: 90225082] was appointed as supervisor and Prof MDM Makofane [Staff Number: 90098412] as co-supervisor

Signature:
Chair: DR&EC: Prof AH Alpaslan
Date: 15 January 2016

Comments: *Student met the requirements for the RPM*

Signature:
Prof MPJSB Madise
Manager: Postgraduate Studies CHS
On behalf of College/School Executive Committee   Date: 18 January 2016

FOR OFFICE USE ONLY BY SECTION: PG QUALIFICATIONS	
Result captured (F375)	

375

ADDENDUM J: Confirmation from independent coder

Summary of independent coding

Dr M.A. van der Westhuizen
(DPhil in Social Work)

Date: 9 May 2017

Box 16
Huguenot College
Wellington
7656
Tel: 021-8731181
E-mail: mvdw@hugenote.com

Regarding: Independent coding: Social work services for older persons in Lesotho: guidelines for practice by Mr J. Dhemba

I hereby confirm that I acted as independent coder for the qualitative data obtained from the abovementioned research study. I made use of the framework for qualitative research by Tesch (1990) as described by Creswell (2009). I identified themes, sub-themes and categories and placed the verbatim quotations from participants under each.

Please note that the data obtained from the different sample groups were analysed separately. However, in an effort to integrate the data into a collective storyline, I combined the verbatim quotations under the relevant themes, sub-themes and categories. This was done to utilise triangulation as part of data verification, to protect the privacy of participants and to ensure that the different responses from different groups can be compared. The responses were indicated in the text as follows:

- From social workers are indicated in black,
- From social auxiliary workers in red and
- From older persons in green.

I also placed the data under themes, sub-themes and categories under specific headings to indicate a possible storyline for each.

Please note that some of the data overlap between themes, sub-themes and categories (for instance the needs of older persons and the challenges faced by older persons, as well as focus areas for guidelines). In my opinion is confirms consistency and the repetition of information under different themes points to specific focus areas to be included in the guidelines.

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ADDENDUM K: Confirmation from editor

The National University of Lesotho
Department of English

Prof. Francina L. Moloi
PO Roma 180
Lesotho
Africa

cell: +26658460369

E-mail: moloifrancina@gmail.com

15 October 2021

Dr Mabetoa
Department of Social Work
University of South Africa
Pretoria
RSA

Dear Dr M. Mabetoa

Re: Editing of DPHIL Social Work Thesis

I hereby confirm that I have edited **Jotham Dhemba's DPHIL Social work thesis titled:**

Social Work Services for Older Persons in Lesotho: Guidelines for Practice

Sincerely,

Francina L. Moloi (Professor)