# RESPONSE TO ABUSE OF OLDER PERSONS IN THE ZONKEZIZWE AREA OF GERMISTON

**by**

**Angeline Maphefo Mabasa**

A research report submitted to the Faculty of Commerce, Law and Management, University of the Witwatersrand in partial fulfillment of the requirements for the degree of Masters of Management (in the field of Public and Development Management)

March 2009

## ABSTRACT

This research investigates the quality of intervention programmes provided by the Department of Social Development (DSD) to abused older persons in the area of Zonkezizwe. In delivering services the DSD developed a legislative framework since 2002. However, the quality of services remains a major challenge, in particular the functionality of programmes; accessibility of resources; participation and case management processes.

The researcher used a purposive sampling and qualitative (observations and one-on-one in-depth interviews) method to 11 (eleven) respondents (older persons, community representatives, service providers and DSD staff members).

The findings reflect that the (i) DSD and stakeholders have failed to provide resources, protect and ensure self-respect for older persons. (ii) There is no implementation and maintenance of law enforcement systems to deal with the legal processes. (iii) It is impossible to measure the level of quality of services for abused older persons.

It is therefore recommended that (a) There should be collaboration, guidance, and uniform implementation of policies and procedures; (b) There should be continuous monitoring and evaluation in all processes.

## DECLARATION

I, Angeline Maphefo Mabasa, declare that this dissertation is my own unaided work. It is being submitted in partial fulfillment of the requirements for the degree of Masters of Management (Public and Development Management) in the faculty of Public and Development Management in the University of Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

_____

Angeline Maphefo Mabasa

31 day of March 2009

## DEDICATION

To my husband, Albert Mabasa, thanks for taking care of our kids and our home whilst I was preoccupied with this study. Without your selfless support, I would not have made it.

To my baby doll, Thato Mabasa, you have been a pillar of support and strength, when the going was really tough. You were there for me, smiling all the time.

To my beloved daughter, Paballo K. Mabasa, I have set the standard for this family. I am giving the baton of this relay to you as I finish my turn. It is up to you to either take it forward or lose it. The choice is entirely yours!

To my lovely mum, Mrs Esther Morongwe Dikgale, you are the best mum in the whole world! Thanks for your endless prayers. When I was weak, you sustained me with laughter, love and words of wisdom. I appreciate everything you have done for me and my family. Thanks for instilling the love of education in my life and ensuring that I finish this degree.

Doreen (Dee) Kosi, my sister, we went through a lot during our time together for the duration of the studies. Together, we never gave up. We would complain together; set targets together; have our disagreements; work hard and travel together. When the going got tough, you stood firm and promised your support. We have attained the targets that we set for ourselves. Iôm proud of us for coming this far. Thumbs up. Bravo, my friend!

Lucy Luruli, my friend, thanks for supporting me through hard times, especially with statistics. You have been with me throughout my studies. You put yourself in my shoes and taught me to handle the pressure of my

ear you were studying too. Thanks for your patience, thatôs what friends are for.

To the ñUnited Nations Syndicate Groupò– guys, weôve come this far! We managed to work hard, argued, stayed at Wits until 3:00 a.m. At last, we achieved our goals. A big round of applause for that!

To Ms Busi Tshabalala, thanks for supporting me with prayers and words of encouragement when I wanted to give up.

**CKNOWLEDGEMENTS**

Dr Horácio Zandamela, my supervisor and hero, you are the best! I am grateful for your guidance throughout this work, and for working with me to achieve this goal.

To Palesa of the Executive Youth Forum in Zonkezizwe, this work would not be complete without your help.

Many thanks to the service providers (Isibani Sezwe and HEAL) for making their time available for this research.

Thanks Ausi Thuli Mahlangu (Older Persons: Department of Social Development) for the support you gave me at the time I really needed it.

Many thanks to all the participants and beneficiaries who took time from their busy schedules to share their experiences. Hope all is well.

Matome, thanks for your nagging, encouragement and support. If it wasnôt for you, I would have dropped out of the course.

Thanks a lot to the ADU staff members: I told you that ñI am not a student at Wits, but feel at homeò.

# TABLE OF CONTENTS

## REVIATIONS & ACRONYMS

| | |
|---|---|
| APS: | Adult Protective Services |
| CBO: | Community Based Organisation |
| D-G: | Director-General |
| DSD: | Department of Social Development |
| DV: | Domestic Violence |
| ECOSOC: | United Nations Economic and Social Council |
| FBO: | Faith-Based Organisation |
| GDSD: | Gauteng Department of Social Development |
| HSRC: | Human Sciences Research Council |
| HEAL: | Halt Elder Abuse Line |
| INPEA: | International Network for the Prevention of Elder Abuse |
| MRC: | Market Research Council |
| NAPSA: | National Adult Protective Services Association |
| NCEA: | National Centre on Elder Abuse |
| NGO: | Non-Governmental Organisation |
| PRS: | Poverty Reduction Strategies |
| SAHC: | The South African Human Rights Commission |
| SALDRU: | South African Labour and Development Research Unit |
| SAPS: | South African Police Services |
| SASSA: | South African Social Security Agency |
| USGAO: | United States General Accounting Office |
| WHO: | World Health Organization |

# CHAPTER ONE

# INTRODUCTION

## 1.1 Introduction

The South African government has put in place legislation to protect, care and support older persons, and defending both the human rights and privileges of older persons is fundamental to implementing relevant policies. Nevertheless, for the process of empowerment to be sustainable, it is necessary that society ensures that older persons are recognised, valued and appreciated. Regrettably, sometimes the opposite is true in some pockets of our society, as prevailing actions of abusers of older persons correspond with their negative attitudes towards older persons. Older persons are very often victims of abuse, poverty, crime, health risks and other negative behaviour, owing to their vulnerability. The empowerment of older persons and vigorous promotion of participation are thus essential elements for active ageing.

The abuse of older persons seems to be a growing trend in South Africa despite the fact that Government has put legislative measures in place to address this challenge. Older persons abuse is defined as the intentional or unintentional hurting physically, emotionally, sexually and/or financially of a person who is sixty years and older. The Report of the United Nations Commission for Social Development (2002) affirms that regardless of the type of abuse, it results in unnecessary suffering, injury, pain, loss or violation of human rights; and decreased quality of life of the older person. Whether the behaviour is termed abusive, neglectful or exploitative depends on how frequently the ill-treatment is meted out. Its duration,

es are extreme and detrimental to the lives of older persons.

An exploratory study was undertaken in Zonkezizwe, an area of Germiston in the Ekurhuleni metro of the Gauteng Province in South Africa. Zonkezizwe consists of formal and informal settlements, rural (farms) and urban areas. The report of the Human Sciences Research Council (HSRC) and the Mpumalanga Department of Health and Social Services, (2004, p.20) explains that a formal settlement is a residential area of permanent houses, water, electricity and sanitation. This area is predominantly characterised by well-established infrastructural planning and general provision of basic services such as water, electricity, housing and sanitation. On the other hand, an informal settlement is a settlement or area found within an urban area which does not have most of the characteristics found in formal settlements (running water, mud houses, no electricity and no sanitation).

### 1.2 Background to the Study

Older persons suffer from all forms of abuse contributed by communities they live amongst, and sometimes also at the hands of family members. The role of older persons in South African households has changed significantly over time. Their roles has also changed traditionally and culturally, as in the past their role was to advise, direct and lead their families and communities (Vusi Madonsela, Director-General, Department of Social Development, 2007). The older persons pioneered the cultivation of societal values and norms, as well as passing family and community indigenous knowledge from one generation to the next.

The DSD D-Gôs speech (2007) noted that the advent of the modern way of life meant a change of their roles and erosion of their status in the community. This is a national concern and needs to be addressed by

s, civil society, churches and government. To this end, South Africa has a range of legislation in place that specifically addresses the rights of older persons.

According to the South African Census of 1996, South Africa had a total of 40.5 million people, 6.9 million of whom are 60 years and older. Five years later, in the Census of 2001, there was an increase of 4 per cent in population size, to 44,8 million people, with an increase of 3,28 million older persons. The highest concentration of older persons is in the Eastern Cape with 18.0 per cent, followed by Gauteng with 16.6 per cent, Limpopo has 12.4 per cent and KwaZulu-Natal 11.9 per cent. The province with the lowest number is Northern Cape with 2.1 per cent. Owing to migration and urbanisation amongst the younger generations, older persons remain in the most rural and poorest provinces of the country.

The abuse of older persons seems to be a growing trend in South Africa (Joubert, 2001). In 1998, Age-in-Action in preparation for South Africaôs celebration of the International Year of Older Persons, commissioned a Health Promotion Research and Development study which was conducted among 249 older persons. In their responses, many participants expressed that older personsô abuse is prevalent through neglect, victimisation, violence against them and mistreatment that leads to physical and emotional suffering.

Halt Elder Abuse Line (HEAL) is an organisation that manages and co-ordinates an intervention programme for older persons (Joubert, 2001). This organisation runs a toll-free number which operates from 9:30-13:00 to listen, counsel, advice and refer reported cases of abuse. The organisation also follows up cases of abuse. It has trained volunteers and social workers who are able to assist in cases of emergency. Calls are treated with strict confidence and callers remain anonymous. All calls are

ts are completed to enable HEAL to control and report cases to the Department of Social Development and the National Development Agency (NDA).

Joubert (2001), confirms that between March 1999 and March 2001, HEAL reported 3 402 calls received about abuse, an average of 136 calls per month. Of these, 19 (nineteen) were not recorded or were information calls, 32 (thirty) were males, 49 (fourty) female; while 31 (thirty one) were 60-89 years old, 2 (two) were 90 years and older, 5 (five) were aged 30-59 years, and 62 (sixty two) were not recorded or were information calls.

According to Joubert (2001), HEAL has registered that in a setting where abuse occurred, 65 were in private residences, 16 (sixteen) in institutions or residential homes, 0.15 in frail care facilities, 0.12 in private retirement villages, 0.09 in hospital and 19 were not recorded. HEAL has records of many types of abuse, for example, 21 (twenty one) financial abuse, 20 (twenty) physical abuse, 15 (fifteen) emotional abuse, 13 (thirteen) systemic abuse with specific reference to non-contributory old age pensions, 0.41 eviction (9 cases), 0.41 sexual abuse (9 cases) and 12 (twelve) were subjected to more than one type of abuse in a single reported case.

The Constitution of the Republic of South Africa, (Act No. 108 of 1996) contains a Bill of Rights which provides the foundation of the democracy in the country. The significance of the Constitution is that it promotes and provides for equal rights and equality for all, including older persons. Older persons should enjoy this right, just like any other citizen.

The Older Persons Act No. 13 of 2006 states that ñAll organs of state and all officials, employees and representatives of organs of state must respect, protect and promote the rights of older persons as contained in this Act.ò The abuse and neglect of older persons goes largely

alked about because of the fear that perpetrators will come back and abuse them again for disclosing. Culturally, sexually related matters are still regarded as taboo in some segments of society, especially in rural areas. The Aged Persons Act No. 81 of 1967 provides for the protection and welfare of older persons and rehabilitated persons for the care of their interests. This Act was amended several times before 1994. The amendments were made to abolish certain discriminatory provisions in November 1998. The Social Assistance Act No. 13 of 2004 makes provision for the payment of social grants (social security) to qualifying and eligible South African citizens who are 60 years and older SASSA (South African Social Security Agency) Integrated Results-Based Monitoring and Evaluation Framework (2009/10 ï 2010/12)

The Rental Housing Act No. 50 of 1999 protects older persons from discrimination and unfair practices in the leasing of property. Contravention of the Act is to be reported to the Rental Housing Tribunal. The Domestic Violence Act No. 116 of 1998 requires the South African Police Service (SAPS) or relevant authority to intervene in cases of suspected abuse. The Act provides for the issue of protection orders on behalf of the abused person and the abuser may be detained or removed from society. The South African Human Rights Commission (SAHRC) has been given the responsibility of promoting and protecting human rights in the country, and has played a fundamental role in the Ministerial Inquiry into Abuse, Neglect and Ill-treatment of Older Persons. The Department of Social Development is one of the custodians of many of the Acts mentioned above. It has put in place a series of relevant policies that aim to respond to the abuse of older persons. It also hopes to raise awareness, and understanding of the different kinds of abuse to older persons, and thereby promote their rights. Specific systems have been put in place for the identification of cases, planning, care and treatment. This study will provide decision-makers with information to make or review

for ensuring the eradication of abuse of older persons in the Germiston area.

### 1.3 Problem Statement

The DSD implemented its legislative framework in 2002, after reviewing policies on older persons. This review was prompted by the realisation of the growing dilemma facing South African society on abuse of older persons. However, despite the DSD implementation of intervention programmes, the quality of services for older persons continues to give cause for concern, particularly the issue of functionality of programmes designed with regard to procedures that facilitate the accessibility of resources, participation and case management processes. There is thus a need to investigate the quality of handling regarding the cases of abuse of older persons.

### 1.4 Purpose Statement

The purpose of this research is to investigate the factors affecting compliance with the quality of services provided to older persons, from the perspective of both the older persons and the DSD staff members. This research will help identify non-compliance or degree of compliance with norms and standards as set by the DSD. It will also look at the issues of accessibility of resources, participation, meeting the needs of care and support, reporting of cases, and values and guidelines driving the work of service providers. Subsequently, the researcher will present findings and make recommendations to the DSD.

The DSD Protocol on Management of Elder Abuse (2005) defines abuse as follows:

**Abuse**: means an act or an omission or even a lack of appropriate action which can result to harm or distress to an older person. The majority of incidents of abuse happen within a relationship where one would expect trust or respect.

*Mothers and Fathers of the Nation: The Forgotten People* (2001, p.3) describes ñabuse and neglect of the older personsò as situations in which individuals over the age of 60 experienced battering, verbal abuse, exploitation, denial of rights, forced confinement, neglected medical needs or other types of personal harm, usually at the hands of someone responsible for assisting them in their activities of daily living.

The DSD Protocol on Management of Elder Abuse (2005) defines **Care** as follows: ñphysical, psychological, social or material assistance to an older personò, and includes services aimed at promoting the quality of life and general well-being of an older person. Care is used as a generic term that includes professional and lay acts of care-giving. According to the DSD Protocol on Management of Elder Abuse (2005) a **Care-giver** is defined as any person who provides care. The person may be professional or voluntary. Most care-givers in South Africa are family members who accept the responsibility of care-giving.

The Protocol describes **Community-based care and support services** as being services developed by local community leaders, assisted by professional persons. This service includes a wide range of components and facilities like feeding schemes, luncheon clubs, service and day-care centres, meals-on-wheels/foot, home help (domestic services), food gardens, income generation projects and others. Community-based care

services rendered in retirement villages, housing schemes, but excluding service in a frail care facility. The term **Department** means the Department of Social Development in the national sphere of government, while **Director-General** means the Director-General of the Department.

Economic abuse implies:

(i) The deprivation of economic and financial resources to which an older person is entitled under any law.

(ii) The unreasonable deprivation of economic and financial resources which the older person requires out of necessity.

(iii) The disposal of household effects or other property that belongs to the older person without their consent.

**Older person** means a person who is eligible,, is who is a South African Citizen, who qualifies and is 60 years of age or older

**Older Persons Abuse** is defined as a single or repeated act, or lack of appropriate action, which causes harm or distress to an older person, occurring within any relationship where there is an expectation of trust. Harm includes neglect; physical; psychological, sexual; financial and material abuse.

According to the Older Persons Act (2006), **Physical abuse** refers to any act or threat of physical violence towards an older person. **Prevention and promotion programmes** means enabling an older person to live with dignity and be free of abuse in the community, recognising the importance of family care-giving, access to basic services, health care, shelter, food, companionship and to prevent premature frailty and disability.

**Psychological abuse** means any pattern of degrading or humiliating conduct towards an older person, including

idicule or name-calling.

(ii) Repeated threats to cause emotional pain, and

(iii) Repeated invasion of an older personôs privacy, liberty, integrity or security.

The DSD Protocol on Management of Elder Abuse, (2005) describes **Rehabilitation** as a process by which an older person is enabled to reach and maintain his or her optimal physical, sensory, intellectual, psychological or social functional levels, including measures to restore functions or compensate for the loss or absence of a function, but excludes medical care.

**Service** refers to any activity or programme designed to meet the needs of an older person. It further defines **Social worker** as a person registered as a social worker under section 17 of the Social Service Professions Act No. 110 of 1978, and in the employ or service of government or a registered welfare organisation. In section 22, provision is made for a ñdesignated personò to be appointed to visit a residential facility to conduct certain serv

**Sexual abuse** implies any conduct that violates the sexual integrity of an older person. An **older person** who is aged 60 and above.

**Vulnerable** is defined as defenseless, at risk or unprotected from aggression, open to elements of danger of being physically or emotionally wounded and exposure to attack or persuasion (Canadian English Dictionary).

**Chapter One: Introduction and Background**

This chapter discusses the aims and objectives, background of the study, problem statement that warrants an investigation, the purpose and significant of this research. It also briefly describes the research questions that the study seeks to address, and the significance and limitations of the research. Some terminology is explained as well as the difficulties of abuse facing older persons and the challenges with intervention programmes.

**Chapter Two: Literature Review**

This chapter presents and explores the literature on the abuse of older persons in South Africa and other countries. In the review, an attempt is made to understand how the issue of older persons is dealt with, giving attention to potential limitations from previous studies.

**Chapter Three: Research Methodology**

This chapter will outline the research paradigm underpinning the study, research design, sampling procedures, data collection strategies and ethical considerations.

**Chapter Four: Presentation of Data**

The presentation of results provides evidence about the problem and the approach used for the investigation. The data collected is presented in the form of tables, figures (pie charts, graphs, evidence tables), and concise presentations.

**Chapter Five: Data Analysis**

This chapter provides an analysis of collected data on the abuse of older persons.

## and Recommendations

This is the last chapter of the study. It brings closure to the interpretation of data collected. This chapter unites and summarises the main issues. It explains how all these issues are linked to the chosen area of study. The researcher summarises the findings and conclusions pertaining to the problem. The conclusion is entirely supported and presented by data.

The chapter provides feasible practical implications of the results, and recommendations for additional further areas of research.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Introduction

The literature review is intended to contribute to a clearer understanding of the nature and meaning of the problem that has been identified (De Vos, Strydom, Fouche and Delport, 2005, p.123). Extensive research has been undertaken by South African research institutions on abuse and ageing of older persons. The results reflect that there is a need for collaborative research between government, the private sector and civil society on the above issue.

## 2.2 Current Situation in South Africa

The report *Mothers and Fathers of the Nation: The Forgotten People* (2001, pp.6-7) confirms that many attempts have been made to examine the abuse of older persons. Prior to 1982, most research was aimed at demonstrating the existence of abuse, while describing its nature and scope. This report suggests that most early research was problematic because its conclusions were vague; definitions overly broad; samples non-random and the various forms of abuse were not distinguished. Notwithstanding, the findings have been influential in defining the abuse of older persons as a social problem.

Wood (2006) compiled a report on the availability and utility of inter-disciplinary data on elder abuse, which documented most of the studies undertaken in the United States. It explained the existence, nature of abuse and neglect of older persons. However, a few researchers focused

ence or incidence of older persons and neglect. Current estimates of numbers and cases reported to Social Service Agencies on the abuse of older persons could be misleading for various reasons, among them:

a) Agency figures represent an unknown fraction of the total number of actual cases;

a) Reported cases most likely reflect a biased sample of the most extreme cases;

b) Lack of uniform reporting laws and record-keeping affects the number of reported cases;

c) There is still a low level of awareness of elder abuse among professionals, the public and even victims themselves; and

d) The number of cases reported to agencies varies according to type of agency, its title, and its location.

The apartheid regime in South Africa left a legacy of illiteracy among the older persons. Noumbissi (2004) noted that about 43.8 per cent of older persons have no formal schooling, while about 15 per cent of the general adult population is in the same situation. About 19 per cent of older persons had been to high school. However, this percentage decreases with age. These levels of illiteracy among older persons diminish their well-being, access to information, self-empowerment and eventually, their economic activities.

In the International Year for Older Persons, the Health Department (1999) issued a report on Abuse of Older Persons, which concluded that 70 per cent had heard of abuse; 30 per cent reported ill-treatment, and 40 per cent knew of emotional or psychological abuse. Older respondents considered financial abuse as the most extreme emotional abuse. A breakdown of abusers reflected that 55 per cent were their grandchildren, 20 per cent children, 20 per cent husbands or wives, and 4 per cent care-givers. The most common strategies proposed to address abuse were

laws to protect older persons; monitors abuse; educates the community to respect and care for older persons; and educates them on their rights. The report further highlighted the importance of reporting abuse.

Keikelame and Ferreira (2000) published a report on elder abuse undertaken in African and Coloured townships on the Cape Flats. Their research focused on groups of older persons; it claimed to be the first to investigate actual abuse on older persons, and that the governmentôs national strategy to prevent abuse is not based on any concrete local evidence. This research concluded that in most instances, abuse happens emotionally or verbally. Physical abuse was also reported, and was often linked to witchcraft. Furthermore, instances of sexual abuse outnumbered all other types of abuse. Systematic abuse was also cited, and the research observed that abusive treatment happens in clinics, at pension pay points and in some government offices.

According to Keikelame and Ferreira (2000) abuse is part of endemic domestic violence, with contributory factors being the weakening of family structures and urbanisation. They also refer to ñthe demise of social welfare and the collapse of formal support structures following reprioritisation.ò

### 2.3 Characteristics of Abused Older Persons

Bond, Cuddy, Dixon, Duncan, and Smith (1999) provides a profile of elderly victims of financial abuse. He advances that they are typically old and isolated, and are likely to be financially independent and have significant assets. They are also likely to be unmarried, rarely report victimisation to authorities, exhibit unusual behaviour, are unable to leave the abusive situation, and are unable to provide credible evidence in court.

bout victims is that they are frail, vulnerable and are dependent on other people for help or support, as pointed out by Fulmer (2000), Cyphers (1999), and Wolf (2000). McDonald and Collins (2000) stipulates that victims of abuse who are older persons can be characterised as follows:

- Victims of psychological and physical abuse are often in good health but live with the perpetrator who is likely to be financially dependent on the older person.
- Victims exhibit a disruptive behaviour and live with family care-givers who may have low self-esteem and be clinically depressed.
- Victims of abuse or neglect tend to be old with cognitive and physical incapacities that act as a source of stress to their care-giver.

### 2.4 Characteristics of Perpetrators

According to Ramsey-Klawsnik (2000) there are five personality types of offenders:

**Sadistic offenders:** who develop feelings of power and importance by humiliating, terrorising and harming others. They get satisfaction from their victimsô fear. Sadistic offenders usually demonstrate lack of guilt, shame or remorse for their behaviour.

**Narcissistic offenders:** they do not become involved in the older personôs life with good intentions. They are motivated by likely personal gain, not a desire to help others. They are excessively concerned with meeting their needs, and they do this by using other people and their assets. They treat older people like objects or as a means to an end. It can include inheriting an older personôs home, gaining access to welfare benefits or appropriating other valuables.

**Overwhelmed offenders:** they may have good intentions and expect to provide adequate care. Generally, they are qualified or fit care-givers in personality, intelligence, care-giving skills and motivation. However, when

m to provide more than they are capable of, they lash out verbally or physically. The quality of their care may degrade to the point of neglect.

**Domineering or bullying offenders:** they feel justified in abusing others. These perpetrators usually know where they can get away with abusive behaviour and where they cannot. They may be employed in situations they feel are beneath them, experience frustrations, and go home and abuse children, spouses or elderly parents.

**Impaired offenders:** these are well-intentioned care-givers who have problems which mean they are unable to sufficiently care for dependent older people. These impairments include advanced age and frailty, physical and mental illness and developmental disabilities.

Swanson (1998) disagrees that the perpetrators of abuse vary with the type of abuse committed. Males are more likely to inflict a physical type of abuse, and women perpetrators are more likely to be guilty of neglect and financial abuse. Perpetrators of domestic violence have been characterised as having other problems in life including financial difficulties, recurring mental health problems, limited social support, alcohol and substance abuse or disorders, police arrests and unemployment. They have been viewed as overburdened care-givers in need of services to assist them in their caring role or as dependent on the older persons for their own needs, as articulated by Bergerson (2001).

### 2.5 Quality Assurance and Measurement

According to Jain (1992), an investigation of quality starts with the emphasis on clients who receive services and who have direct contact with the staff and service providers which must be rewarded, supported and celebrated. The details and the circumstances of their work must be understood at all levels of the organisation so that the way they interact with clients can be facilitated and supported. They receive clients and

d by different problems (too much service load; they are assigned areas too large so they are unable to make frequent contact with their clients; supplies and equipment are insufficient to care for their clients appropriately. However, if the quality of services falls short, staff and service providers are the first to be blamed.

In their performance of duties, the staff members and service providers are the actual or potential heroes of the programmes (Jain, 1992). The nature of their interaction with older persons determines programme success or failure. It is important and essential to give them proper tools to be effective and to eliminate structural barriers to the performance of their tasks. Good listening and sympathy by management, observing what is being done and acting on what is heard and seen can bring an action of problem-solving and facilitative approaches.

Only when the field workers and service providers become the centre of the organisation will performance improve. In programmes which are successful and with full quality of care orientation, workers are never criticised in front of clients or other members of the community and they are respected by managers. Recording-keeping of activities is designed to facilitate the work of staff members and service providers, supervisors provide consistent support, and regular meetings with managers provide an opportunity to diagnose the problems (Simmons, Rezina and Michael, 1990).

The DSD Director indicated that ñMeasuring and monitoring the quality of services over time and the development of indicators requires the involvement of all stakeholders including older persons. Indicators to measure the quality and its elements the product (interview, 23 June 2008) concurs with (Kumar, Anrudh, Jain, and Judith, 1989). They all agree that it is important to be reminded about consumer orientation while developing indicators of quality received but a providerôs or managerôs perspective

ell if these indicators are to be used to improve quality.

The United States General Accounting Office (USGAO) (1994) examined aspects of how quality is assured and measured in home and community-based long-term care services for disabled persons who are elderly. By "home and community-based care services" it refers to health, personal care and social services provided over a sustained period to persons who live outside of residential settings and who have lost some capacity for self-care because of a chronic condition or illness. The services included a broad range of support, such as skilled nursing services that provide assistance with basic daily activities like bathing and dressing. These services also help with activities such as shopping, meal preparation, housekeeping and laundry, and may be provided singly by one or more providers or in combination, as when a home health aide is provided.

The USGAO (1994) enquired about methods for assuring or measuring the quality of the package of home and community-based long-term care services or the plan of care provided to a particular client. A comprehensive literature review was done on programme documentation; regulations and findings of recent surveys conducted by the Administration on Aging; The National Association for Home Care and the National Association of State Units on Aging; and the World Institute on Disabilities. A list of people interviewed included experts, Federal officials and organisations representing service providers of home and community-based long-term care. Focus groups on the topic were held with the Gerontological Society of America, and site visits conducted to interview officials associated with Medicaid and other programmes providing home- or community-based services in Connecticut, New York and Wisconsin.

The conclusion reached was that it was difficult to establish the necessity or sufficiency of current quality assurance requirements because of the

nd systematic measurement of service quality (USGAO, 1994). The findings suggested that careful consideration of provisions for an independent assessment of services was necessary to develop unbiased information about the programme performance and quality. There was a view that prospects for independent assessment of quality would be strengthened by better articulated programme goals to permit clear identification of the types of performance or outcomes to be assured, measured or prevented and would promote a consistent framework for measuring quality and performance characteristics across service providers.

According to USGAO (1994) the results of this report aimed to ensure that the state is able to intervene when important outcomes are poor and will depend on having enough information about system characteristics to assess their relationship to outcomes independent of stakeholder perspectives. Without such information, poor performance on outcome indicators may be explained with equal persuasiveness by Workersô Unions as the consequences of inadequate staffing; by administrators as the consequences of poor staff training; by consumers as the consequence of inadequate amounts of service; or by patients as the result of client characteristics.

Finally, the consumer satisfaction surveys looked at a vulnerable and service-dependent population that was asked to provide potentially negative feedback (USGAO, 1994). The three States visited were each involved in surveys of clients regarding their receipt of services under Medicaid or other programmes. However, the methodology showed limitations.

The Department of Health and Human Services National Centre on Elder Abuse (2007) noted that there were two service networks in place to provide services for older victims of family violence: state and local Adult

S) Programs and community-based domestic violence (DV) programmes. The APS were developed by state human services systems using social services models which often focused primarily on protection, whereas elder abuse victims make up the majority of APS cases that serve as abused, neglected or exploited adults with disabilities aged eighteen (18) and over. Domestic violence services, which evolved out of the womenôs movement, tend to be community-based and political in nature and are based on a feminist worldview.

The Department of Health and Human Services National Centre on Elder Abuse further argues that in many states, domestic violence is defined as intimate partner violence only, while shelter and other domestic violence services are not age-limited. In practice, they are often limited to battered women of child-bearing age and their children. It is not surprising that given these origins, the relationship between domestic violence and adult protective services has sometimes been marked by misunderstanding, misinformation and missed opportunities.

The National Centre on Elder Abuse (NCEA) and National Adult Protective Services Association (NAPSA) initiated a number of meetings involving APS administrators and representatives from state and local domestic violence programmes, with the aim of gaining a better understanding of the state of collaboration between the two programmes by having the participants engaging in discussions. Three meetings were held in New York, Kansas City, and Portsmouth. A total of 31 (thirty-one) people representing 17 (seventeen) States attended the regional meetings. The information of these meetings was combined and NAPSA identified the barriers of collaboration and identified ways to address barriers in programmes.

The elder abuse protective services system and domestic violence service network began to address the different understanding of approaches to

ence, and the concurrent developments created a crossover between the two systems: The population was rapidly aging so it was likely that domestic violence programmes could be faced with older victims, and finally, research on older personsô abuse indicated that abusers used power and control tactics to meet their own needs, rather than forming ñcare-giver stressòas originally theorised.

The Department of Health and Human Services National Centre on Elder Abuse (2007) provided information on the meetings between the APS and domestic violence support structures, where participants identified a number of obstacles that hamper the ability of domestic violence programmes and APS together. The barriers to collaboration included different definitions, dissimilar approaches to providing services, the challenges of traditional domestic violence programmes serving male victims, issues of mandatory reporting, and client confidentiality and trust. The meeting provided successful collaborative proposals which were shared by participants.

### 2.6 The Challenge of Service Delivery in South Africa

Logan (2002) explains that older personsôabuse knows no boundaries. It has a negative impact on everybody, including families and communities in a particular geographical area. It is difficult to report such abuse, particularly when the abuser is a member of the family or a care-giver. Some communities are favoured with many services to offer options for prevention or intervention in cases of physical, psychological or financial abuse, neglect or exploitation of older persons. To defeat the causes of abuse, families, service providers and professionals must be educated about the indicators as well as rights of older persons under the Constitution of the Republic of South Africa Act No. 108 of 1996).

older persons cannot be resolved without senior decisions or intervention. Even some government officials do not know how to report abuse of older persons. The government has begun to accelerate the implementation of the comprehensive recommendations (for example, co-ordination amongst all the relevant government departments and between civil society) made by the DSD Ministerial Committee on the Abuse, Neglect and Ill-treatment of Older Persons (2002). More effective implementation of the recommendations would require better co-ordination amongst government departments, and between government and civil society.

Government has put the *Batho Pele* (People First) policy in place, and government officials are required to comply with these principles. Nonetheless, there are frequent criticisms from older persons about the manner in which they are treated by public servants. According to the report *Mothers and Fathers of the Nation: The Forgotten People* (2001, p.27) older persons still live in poverty, with limited nutrition and little money for health care. Access to health care services, particularly in rural areas, is still a challenge. The majority of older persons is never examined by doctors and cannot get medication on time. Social pensioners have to pay for health care at public hospitals, sometimes paying twice or more. Some hospitals refuse to issue repeat prescriptions for chronic medication, compelling patients to report monthly or forego treatment.

The report adds that numerous complaints have been raised about the treatment of older persons by doctors, nurses, social workers, physiotherapists, psychiatrists and others in government services (2001, p.24). The withdrawal of geriatric care from local clinics has also had serious implications for older persons. There are numerous complaints about the SAPS, particularly in rural areas, and their refusal to attend to domestic violence charges and complaints. The report recommends that the faith-based organisations should reorganise themselves in order to

e lives of older persons. However, it is indicated that there are limited projects where churches are directly involved in preventing older personsôabuse. The majority of older people live in rural areas in conditions of dire poverty and is supported by traditional support structures.

The report further stated that the Halt Elder Abuse Line (HEAL) is the only helpline available to combat elder abuse. The toll-free line of the DSD was unresponsive and not capacitated to handle cases of abuse. Very few provinces are prepared and have assigned resources for care of the aged. Several provinces, including the Western Cape, introduced generic customer services divisions and specialists to deal with older persons. However, one of the most important features of service delivery is to guarantee fair access to services, and older persons, especially in the rural areas, have difficulty in accessing services. Improving the quality of services requires greater investment in training and development of government officials. In the case of developmental programmes, it is vital that government builds strong partnerships with private and civil society.

Logan (2002) pointed out that networking is essential to develop partnerships with specialists and service providers to promote information on issues which may be difficult to resolve. The diversity of networking and collaboration varies according to the types of abuse. Developing partnerships with professionals and service providers will build the capacity of staff and everybody involved to initiate good intervention strategies.

### 2.7 Older Persons Abuse

A joint report of the Human Sciences Research Council (HSRC) and Mpumalanga Department of Health and Social Services (2004) submits that many studies have examined the extent and nature of abuse and the

s. Respondents have included professionals, elders and care-givers. Most of the studies have been exploratory and descriptive. A variety of techniques have been used to collect information, and they predominantly focus on stress and dependency as precipitators to abuse.

Research on detection of abuse on older persons has lacked both uniformity and standardised methods of detecting older personsô abuse. This report therefore argues that many studies provide background to the abuse of older persons, but have methodological weaknesses. Most of these studies are based primarily on cases uncovered through surveys of professionals (nurses, doctors, social workers, legal aid representatives). The joint report of the HSRC and Mpumalanga Department of Health and Social Services (2004) suggests that data on older personsôabuse does not come directly from victims, therefore, the submitted information might distort the reality. The report further reveals that the needs of older persons differ from country to country, and residential arrangements. Old age is perceived, in most countries, as the time of life when people, because of physical decline, can no longer carry out their family roles.

The report of the HSRC and Mpumalanga Department of Health and Social Services (2004) reveals that the economic situation in South Africa is characterised by high levels of unemployment and poverty. It also gives thrust to the high level of complaints to HEAL about the financial abuse of older persons. The report argues that most of the calls received by HEAL repeatedly mention financial neglect, and verbal and sexual abuse. Over a twenty-month period from 1 March 1999 to 31 March 2001, HEAL received 3 402 calls, an average of 136 per month. Almost two-thirds of the calls reported incidences of abuse of older persons. About 17 per cent of these were repeat calls to follow up on action taken by HEAL. One-third of the total calls were from persons wanting information on abuse. This data is supported by findings of the research reports of the Market

) (1998) and that of Keikelame and Ferreira (2000).

The results of this report reveal that the majority of HEAL calls involve victims of abuse residing in the Western Cape, KwaZulu-Natal and Gauteng. A further eight per cent of all calls related to victims residing in the Free State and Eastern Cape. The recommendations put forward in the report included the strengthening of community response networks and ensuring that a follow-up service is effectively and efficiently managed at grassroots level. As a preventative measure, community awareness needs to be enhanced and information made available in all official languages. Inter- and multi-sect oral collaboration needs to be actively pursued by all government departments and relevant stakeholders to enable a comprehensive approach. Training courses for professional staff need to be provided to enhance skills understanding and confidence within the staff to handle abuse cases and debrief traumatised victims.

### 2.8 Definitions of Quality of Services for Older Persons

According to Qureshi (1998), assessing quality is a process of making a judgement about the quality of a given service. This can be done comprehensively by collecting information about what is being attempted, what is done, what is achieved and the involvement of staff, service users and external experts. It can be done on a day-to-day basis in a whole range of partial ways such as analysing information from records; asking staff what they think; and surveying service and inspecting settings.

Qureshi and Henwood (2000) further describe quality as a degree of excellence from a point of view of people using services, where different aspects of a service may be of relevance to overall quality:

- Have the programmes achieved the aims and objectives?

are the abuse intervention programmes appropriately delivered or implemented to address the needs of the elderly?

- Do programmes show positive or negative effects on abused older persons?
- What are the success factors or failures of the programmes?

According to Qureshi and Henwood (2000), people experience ill-health, material deprivation, social exclusion or disability where a service or a number of services in combination may be needed. These services may help to achieve the quality of life outcomes directly, or may tackle problems that stand in the way of doing so.

What Qureshi, Patmore, Nicholas and Bamford (1998) are expressing is that the term ñservice process outcomesòis used to describe the impact of process of service delivery. The following distinguished dimensions:

- Satisfaction with the way help fits with other life choices:
  - Fits with care-giving and receiving within the family
  - Fits with cultural and religious preferences
- Having control over personal and domestic assistance:
  - Tasks undertaken
  - Timing help
  - Who helps
  - Making a contribution whenever possible: this may be most important.
- Feeling valued and treated with respect
  - Acceptance despite symptoms or difficulties
  - Treated as someone with legitimate right to services
  - Treated as fellow human being (with some warmth and friendliness)
  - Treated as someone different from others with individual needs

privacy and confidentiality are respected.

Harding and Beresford (1996, p.5) argues that the users of services have related that the way a service is made available can completely undermine the value of achieving some quality of life outcomes already mentioned. It is all about the way services are delivered rather than the service itself which produces a quality of service. The way in which people are treated, the ease of access to the service and the degree to which the service tries to fit in with peopleôs needs and preferences are always likely to be important aspects of quality from the point of view of service users.

### 2.9 Ageing and Poverty in South Africa

According to the HSRC and Mpumalanga Department of Health and Social Services report (2004, pp.10-11) there are two hypotheses: (a) ageing somehow diminishes the strength of the adverse racial or ethnic factors and the risk of older personsô abuse is consequently decreased; or (b) older persons in townships are at an increased risk and are in ñtriple jeopardyò due to discrimination, and poor health and social status compounded by lack of access to services. The report suggests that South Africa is exposed to global inequality with significant numbers of the population still suffering from the legacy of apartheid. The challenge to the South African economy posed by globalisation is that the country is a victim to massive unemployment, making it difficult for the families of older persons. This situation has negative implications for the sustained livelihoods of older persons. At their age, one would expect them to be cared for, but in many instances they bear the responsibility of caring for the extended family.

The 2001 Census reports that the current structure of the labour market is such that a person is required to stop working at the age of 60 years. Due to lack of education and necessary skills, the majority of older persons can

ainstream economy. This is not surprising given that over 40 per cent of the economically active population is outside formal employment. The majority of older persons live in rural areas and there is a high degree of dependency on the old age grant from the government. This old age grant is a monthly payment provided by government to any person. who qualify for the grant and aged 60 and above Samson, (2004). The survey conducted by South African Labour and Development Research Unit (SALDRU), (1994) indicates that 61 per cent men and 70 per cent of the female population, respectively, qualify for a social grant, as cited in Kinsella and Ferreira (1997). Despite many pressing priorities, the South African government has demonstrated its commitment to social security, particularly the well-being of older persons.

Ferreira, cited in May (2003), argues that in the situation of both urban and rural areas, older persons often experience difficult living conditions, which may be overcrowded and filthy. Older rural dwellers, especially women, cannot do without younger children taking care of them, accompanying them when traveling distances to collect their social grants, accessing medical services and shopping for necessities.

### 2.10 Legislative Frameworks

South Africa is one of the countries that has managed to retain, adopt, review and implement a range of policies specifically targeting older persons. These include the Constitution of the Republic of South Africa, Act No. 108 of 1996), Older Persons Act (2006), South African Policy for Older Persons (2005), Housing Development Schemes Act for Retired Persons (1998), National Policy for Health (1999), the Social Assistance Act (2004), the South Africa Social Security Act (2004) and responding to the Ageing Imperative: Policy and Services for Older Persons in South Africa Mahlangu (2004).

Mpumalanga Department of Health and Social Services report (2004, p.14), the South African legislative framework on older persons is guided by the international rights instruments. Other documents that have been used for international compliance are the Madrid International Plan of Action on Ageing Conference (2002, pp17-18), and the recommendations of the DSD Ministerial Committee investigating abuse, neglect and ill treatment of older persons. This report highlighted the issues of development, advancing health and well-being into old age, ensuring enabling and supportive environments, protection of older persons and provision of residential facilities for older persons.

### 2.11 Older Persons and Participation

Traditionally being an older person defines oneôs position in the community. The role of an older person is to advise, direct and lead the family, and advise the community (Nhongo, 2004). This gave older people a central role in the community and society broadly. Kakooza (2004) suggests that the role of the church, the influence of education, and urbanisation have changed the way of life and the roles of older persons. Instead of being looked up to, older persons are now very often amongst the poorest, the most vulnerable and marginalised at a time when their physical and material resources are exhausted.

HIV and AIDS has added another dimension to the scenario. Its devastating impact coupled with the effect of population ageing means that older persons are now the key to the survival of an increasing number of orphaned and vulnerable children and those adults who are ill with AIDS (Nhongo, 2004). This central role is still not fully understood by policy-makers in developing societies and in some corridors of supremacy and as a result nothing or little is done to promote policy intervention that can improve their struggle. For example, the World Bankôs international meeting evaluating Poverty Reduction Strategies (PRS) noted that the lack of older personsôvoices was a clear indication of their lack of participation

ernational spheres where they could influence policy-making and policy formulation. This serves to institutionalise their exclusion from processes that affect their livelihoods and well-being (Help Age International, 2002).

The United Nations Economic and Social Council (ECOSOC) (2006) reported that participation of older persons in different spheres of society is an important factor in realising their rights and provide essential tools of empowerment. Older persons need to be actively involved in implementation of policies that direct their well-being, and includes sharing of skills, information and knowledge with the younger generation and forming associations that could communicate their concerns and rights. Troisi (2004) concurs with ECOSOC (2006) that the socio-economic significance of participation by older persons in policy formulations, implementation and development programmes is vital to their lives and communities that they live in. He further suggests that it is very hard for governments, particularly in the developing societies, to achieve socio-economic developmental goals without integrating the participation of its increasingly older population.

### 2.12 Causes of Illness among Older Persons

One of the reasons given for the high death rate and illness among older persons is a lack of access to health care and medical treatment. Joubert (2004) relates that with the emphasis on improving the health of women, children and adolescents, a low priority is generally given to older persons. Even if such care is available in the public sector Help Age International (2002) disagrees that negative attitudes among health workers affect the quality and usability of services that are accessed by older persons.

The economic implications of older persons taking care of sick children and orphans or losing their own children to AIDS is not quantifiable, but its

cording to May (2003). Care, medical treatment and funerals carry a substantial burden of cost, even more for those in rural areas where resources (water, food and proper infrastructure) are not readily accessible.

### 2.13 Under-Reporting of Abuse and Neglect

The World Health Organisation and the International Network for the Prevention of Elder Abuse (2002) undertook a qualitative study that aimed to capture the missing voices of older persons. Focus groups were used to collect the information and explore the attitudes and beliefs of older persons and health care professionals. The study found that older persons who are abused or neglected find it difficult to discuss the topic. Participants realised that physical abuse is difficult to talk about unless they disassociated themselves from the community. Physical abuse is viewed as a separate category of mistreatment by participantsô communities, especially older persons.

Cyphers (1999) and Choi (2000) point out that under-reporting of older persons abuse has long been recognised by writers on ageing, also in South Africa. The truth is that reports about most types of abuse and other incidents are largely unidentified and unreported. Older persons may themselves not report instances of abuse for a number of reasons including embarrassment, and a lack of certainty that any goodwill come out of telling or reporting. Lack of information on the required processes to lodge a complaint of abuse might be one of the reasons for not reporting cases. Fear of isolation, or rejection by loved ones might be other reasons. As a result, estimates of the prevalence of older personsôabuse in domestic settings are grossly underestimated. Perpetrators could also be family members who are the breadwinners and this entails a reluctance to report the person for fear that they lose their job and impact negatively on the whole family.

## 2.14 Conclusion

The literature review has highlighted the current debates on the challenges facing older persons. It is crucial to address the plight of older persons through vigorous intervention strategies, and the South African government has a strong legislative framework in place to protect older persons. One of the arguments in the literature review reveals that the government has moved from redistribution and social justice to neo-liberal reform in addressing the inequalities. For example, older persons are able to access social grants, but these are largely shared with unemployed extended family. Furthermore, older persons are often the caregivers in the context of the HIV/AIDS epidemic, and moreover may be subjected to abuse within the family or community.

The government is reviewing intervention strategies that draw on best practice from other countries to implement policies that will better address the plight of older persons.

Although many government departments maintain statistics on their programmes and beneficiaries, only a small number of departments have data disaggregated to identify older persons. This makes it difficult to monitor the effectiveness of programmes and projects.

The next chapter seeks to outline the research paradigm underpinning the study, research design, sampling procedures, data collection strategies and ethical considerations.

# CHAPTER THREE

## RESEARCH DESIGN AND METHODOLOGY

### 3.1 Introduction

This study is informed by principles of qualitative research and has used qualitative methods to investigate the factors affecting the quality of services provided to older persons, from all perspectives (including that of the DSD staff members). According to de Vos (2007, p.116) one of the purposes of qualitative methods is to discover important questions, develop follow-up questions, processes and relationships and then to test them. This research will help identify possible gaps.

Subsequently, the researcher will submit findings and report some concrete benefit from the intervention programmes (Patton, 1987). Scaling the quality of services is an adequate way of assessing the effect of a programme on the quality of life experienced by older persons subsequent to the implementation of intervention programmes. It usually involves establishing the quality of care given to older persons in order to improve the appropriateness, adequacy and effectiveness of care (Lalonde, 1982, pp.352-353).

### 3.2 Development of a Research Instrument

The research instrument was designed by the researcher, and piloted with colleagues in the Department. Semi-structured instruments were used to interview participants, as this the researcher to pose follow-up questions from the interview. The details and instruments used will be attached as:

Interviews with older persons (Annexure A)
Interviews with service providers (Annexure B)
Interviews with community representatives (Annexure C)
Interviews with DSD officials (Annexure D)
Participants Consent Form for Interviews (Annexure E).

### 3.3 Research Approach

The researcher undertook a qualitative study in both the peri-urban and urban areas of Zonkezizwe (in Germiston, Ekurhuleni Metro). Qualitative methods permit the researcher to study selected cases or events in-depth and in detail. McRoy (1995, pp.2009-2015) defines the qualitative research paradigm as the research that elicits participant accounts of meaning, experience or perceptions. This research is exploratory in nature and is intended to gain insight into a situation, phenomenon, community or individual (Bless and Higson-Smith, 1995). This research is exploratory because very little has been conducted in South Africa, and will identify possible gaps and challenges as found in intervention programmes for abused older persons.

A purposive sampling was undertaken by the researcher, where the researcher is required to think critically about the parameters of population and choose a sampling case accordingly (Silverman, 2000, p.104). The purposeful selection of participation represents a key decision point in a qualitative study. The researcher gave clear identification and formulation of criteria for the selection of respondents. The qualitative approach included one-on-one in-depth survey.

One-on-one in-depth interviews will be held with eleven respondents for forty-five minutes each:

- Interviews with one (1) national DSD staff member
- One (1) staff from Gauteng DSD dealing directly with programmes of older persons
- Three (3) older persons from rural and three (3) from urban areas
- Two (2) representatives from NGOs
- One (1) from community representatives.

### 3.4.1 Interviews

Over the seven weeks period (1 June - 25 July 2008), one staff from National DSD, two community representatives of Zonkezizwe, six older persons (two males and four females) were interviewed.

***Older persons interviews***

The older persons were purposive selected at a pay-point during their pay day, some through a service provider in the office of Social Development and going to the Clinic. It was a mixture of male, female (abused and those who were not abused).

The researcher arranged with interviewees and set-up appointments to interview them in their home. The researcher explained to them that their participation was voluntary and they were requested to sign a form agreeing to participate in the research. For those who agreed, arrangements were made for interviews to take place in their homes. The researcher explained that the research is confidential and would remain between the researcher and the interviewee. The two (male and female) community representatives were interviewed in the offices of the area DSD.

The researcher requested to interview participants for 45 minutes, and explained to the participants the importance of this study and how the results can impact on their lives. The researcher could not use the names of the researchers due to confidentiality issues, and used instead Person A, Person B, Heal Director, the administrator and the DSD Director.

### 3.4.2 Development of research instruments

The study looked at experiences of abused older persons, and compared this with older persons in normal situations. The first step was to pilot the instrument with a staff member working on services provided to older persons. This included perusing all documents available (protocol, training manual, reports, guidelines and policies on abuse of older persons).

The second phase was to pilot the questions and interviewing. The third phase was to interview older persons and community representatives in the Zonkezizwe area. The fourth phase was to interview staff members of the Department of Social Development. The last phase was to interview service providers from HEAL and Isibani Sezwe.

### 3.5 Data Collection

One-on-one in-depth interviews were conducted to obtain more detailed and meaningful answers to sensitive questions on personal topics. According to Morse (1991, p.61) a one-on-one interview involves a conversation and discussion that captures the attitude and interaction between the researcher and the participant. Reliability and validity was a major concern when a one-one-one interview is used. However, the researcher piloted the instrument and requested participants to sign a consent form. The open-ended interviews were used to solicit information in relation to perceptions and personal experiences of older persons. The

pose follow-up questions with regard to unclear responses. Open-ended questions were used which allow the interviewee to respond in his or her own way.

### 3.5.1 Primary data

The researcher conducted one-on-one in-depth and open-ended interviews with DSD staff members, older persons and NGOs providing services to older persons. Patton (1987) observed that in-depth interviews provide opinions about what people think, how they feel, what they have done and what they know and the researcher can learn from talking to and interviewing participants.

Primary data are facts as collected by the researcher in the form of in-depth interviews and observations. Sources of primary data are interviews and observations. Neuman (2000, p.361) defines participant observation as being able to listen, see, enquire, observe and provide written notes of special significance as seen by the researcher. The researcher used all senses and ensured that she used all sources of data through taking notes and observing reactions. The raw data obtained through one-on-one interviews are the actual words spoken by interviewees as collected by the researcher, and there is no substitute for this data.

### 3.5.2 Secondary data

A literature review of previous research was undertaken, and the researcher managed to collect evidence of reports, and pamphlets from service providers and officials.

Rossi and Freeman (2004, p.170-179) ascertains that in investigating the quality of a programme, it is important to collect information on programme operations and reporting records. The researcher collected and analysed

op a picture of available programmes, challenges reported and client utilisation data. The researcher examined reports systematically and periodically as provided by the officials of the Department and service providers. This helped the researcher to identify shifts and changes in the programmes.

### 3.6 Data Analysis

The researcher used data and notes taken during the interviews and organised these in ring binders. The data was coded to comply with data sets. Analysis began as soon as the first data was gathered. Data analysis means breaking the subject into parts for individual study and evaluating their relationship (Rackham, 1980).

Analysis and data collection inform each other. The researcher began reading all data to achieve a sense of the whole data. The report was divided into various components and classified in order to define, compare, contrast and present findings. In this section the researcher started by analysing and reporting the results or findings as presented, and then developing recommendations for the DSD.

According to deMarrais (2001) data should be collected, organised, divided into headings and codes, analysed and reported. This will ensure that it has answered the research questions. A report with results will be presented in text form and use of paragraphs, tables of data, graphs, charts, diagrams and quotes from the interviews will be used.

### 3.7 Validity and Reliability

According to Babbie (2004, p.143), validity refers to the extent to which the instrument is used to measure accurately and reflects the concept it is intended to measure. The researcher used methodological triangulation,

ds to study a single problem or programme such as interviews, observations, questionnaires and documents (Patton, 1987). In qualitative research, everything is in flux and the researcher is controlling the environment. There can be several interpretations and the findings the research should be reliable, validated and supported.

The researcher carried out in-depth interviews with DSD staff member, older persons and NGOs and collected reports and documents from the DSD and HEAL. Winter (2000) says that qualitative research can enhance transferability by doing a thorough job of describing the research context and the assumptions that were central to the research. The researcher has thus transferred the transcripts and interpretations to results.

### 3.8 Significance of Research

The findings of this report will help the Gauteng DSD, the national DSD and stakeholders to jointly be able to implement and evaluate the quality of service provided to older persons. It will also assist service providers to identify areas for change that can enhance service delivery. It will provide additional insights into the abuse of older persons and may influence decision-making to channel enough resources for service delivery in this area. This research will help different government departments to ensure proper planning, raise awareness and highlight the social challenges presented by the abuse of older persons.

### 3.9 Ethical Considerations

- Respondents were informed beforehand about the potential impact of the investigation.
- The researcher took into consideration the sensitivity (emotional and physical) of the topic on subjects. Emotional harm to subjects

cult to predict and to determine than physical discomfort.

- Adequate information about the goals and objectives, benefits and procedures of the research were communicated properly to the respondents before the interview. The researcher had participants sign a consent form.
- Emphasis was placed on collecting relevant, accurate and complete information to make voluntary decisions on the findings and recommendations.
- Participation in this research was voluntary. The researcher respected the freedom of participants to decide whether to continue with the research or not.
- The subjects were free to decide when, where, to whom and to what extent they revealed attitudes, behaviour and beliefs.
- Subjects should be provided an opportunity to ask questions before the study commences.
- The researcher could not use proper names of participants due to confidentiality issues and decided to use Person A, B, C, D, E and F for older persons interviewed, as well as Directors of companies, Director for HEAL, Director for DSD and administrator for Isibani Sezwe. For community representatives, the researcher used Community representative A and B.
- Participants in this research were acknowledged for their contribution to the research.
- The researcher compiled a report that is accurate and objective. The information as formulated and conveyed clearly minimises any misrepresentation of respondents and colleagues.

### 3.10 Limitations

Establishing reports and information from officials presented a challenge as officials were protective of their departments. Getting officials from

about their perceptions and experiences was difficult due to their responsibilities and limited availability.

Non-Governmental Organisationsô reports could not provide clear performance indicators nor information that would add to the findings.

Participation was voluntary, so people frequently chose to answer some questions and not others which may be threatening, invasive or personal, hence unevenness in the response rate to different questions.

The research in the research proposal mentioned the use of SPSS and Dictaphone will be used to analyse the data. The systems that were supposed to be used for data analysis were down.

The size of the sample eleven (11) participants was small. The sample taken cannot be considered to be representative of the whole population. Graziano and Raulin (2000, p.133) explain that one can only generalise the findings of a study when we can assume that what we observed in the sample of subjects would also be observed in any other group of subjects from the population. However, this study is a qualitative study which does not need a sample to be representative.

Establishing reports and information from officials is a constraint as the service providers and officials might be protective of their turfs. Getting officials from Gauteng Province to talk about their perceptions and experiences was difficult due to their responsibilities and time constraints.

Participation was voluntary, people frequently chose to answer some questions and not others which was threatening, invasive or personal, hence unevenness in the response rate to different questions. The Director from (HEAL) was interviewed telephonically due to the distance, meetings and scheduled appointments of the Director.

The following chapter will give a presentation of results and provide evidence about the problem and the approach of the enquiry. The data collected will be presented in the form of tables, figures (pie charts, graphs, evidence tables), and concise presentations.

# CHAPTER FOUR

## PRESENTATION OF DATA

### 4.1 Introduction

While older people talk about the quality of life they want to be able to attain, the attainment of independence or autonomy has implications for services and structures that typically go beyond the remit of health or social care services. For example, the key to financial independence and being able to get about (inside and outside the home) requires ways to address the accessibility of transportation, the nature of the built environment and the establishment of safe public areas. The ability of older persons to share, participate and contribute positively towards the development of society is to ensure that they engage in normal patterns of social relations.

The way in which older persons are treated by society, the ease of access to services and the degree to which the service tries to fit in with peopleôs needs and preferences are important aspects of quality from the point of view of service users (older persons). These could include services or interventions such as physiotherapy, luncheon clubs, recreational facilities and day care centres.

### 4.2 Results of the Interview Questions

The researcher interviewed six older persons in the area of Zonkezizwe, half of whom reported that they were receiving services from Social Development and NGOs and were satisfied with the social grants and the volunteers who visit frail older persons. Of the six interviewed, two women reported that they have experienced house-breaking and the cases were

ey further indicated that they are directly affected by HIV and AIDS, the high unemployment rate and domestic violence within their families and the community as a whole (interview, 24 June 2008).

The individual challenges of older persons include dealing with crime in their homes, abuse, neglect and domestic violence (interview, 24 June 2008). They further indicated that reporting a family member to the police or social workers might cause the provider of the family to lose their job. They either have to die with the secret or live with it somehow. In this area, by observation and from what the older persons have said, there is still the concept of *ubuntu* in evidence (sharing of food between neighbours, taking care of each other and letting everyone know where they are going so that they can look after each otherôs homes).

### 4.2.1 Demographic information

**Table 1: Profile of interviewed older persons in Zonkezizwe**

| Age | Gender | Marital status | Number of people in the home | Kind of area of settlement |
|---|---|---|---|---|
| 60-65 years | Female | Living together | 5 | Urban settlement |
| 85-90 years | Female | Single | 1 | Informal settlement |
| 60-65 years | Female | Married | 3 | Rural settlement |
| 76-80 years | Male | Widow | 1 | Urban settlement |
| 80-84 years | Female | Single | 3 | Informal settlement |
| 60-65 years | Male | Single | 1 | Informal settlement |
| **Total = 6** | **4 = females<br>2 = males** | **1 = living together<br>3 = single<br>1 = married<br>1 = widow** | **3 = living alone<br>2 = living with 3 people<br>1 = living with 5 people** | **2 = urban settlement<br>3 = informal settlement<br>1 = rural settlement** |

*Source: Own (interview on 24 June 2008)*

This section illustrates the profile of the 6 (six) older persons interviewed. The data is aggregated into age, gender, marital status, number of people living in the home and the kind of area of settlement. Of the interviewed older persons, 3 (three, persons B, D and F) are living alone in their homes, 2 (two persons C and E) living with 3 (three) family members. Of 6 (six) older persons interviewed 4 (four) are women with mixed marital status (living together, widowed, married or single). The 2 (two) oldest women are living alone and single, and neither has ever married. These factors indicate that they are at risk and vulnerable due to their age, living alone and single. Two women (persons B and E) of the 3 (three) who stay in informal settlements have expressed that ñthey donôt feel safe and secure because they stay aloneò (interview, 24 June 2008).

### 4.2.2 Facilitating participation

Of the 6 (six) interviewed, two female older persons reported that they know what abuse of older persons is and how to report it. The 2 (two) male older persons did not know what abuse is and how to report a case of abuse. Person F, for instance, said that he has to ñgive all my money to my children for them to support me and see what they can do with itò (interview, 24 June 2008).

Of those interviewed, three older persons raised a point that they donôt know and have never heard about the activities or programmes available for older persons. When asked about a Helpline, all the interviewees responded that they have never heard of one. Persons D, E and F articulated that they donôt even know that in South Africa there is Older Persons Day or Grandparentsô Day (interview, 24 June 2008). For so many older persons around Zonkezizwe and its adjacent peri-urban areas, the aim of ensuring that older persons participate more fully has not been achieved. All the interviewees indicated that inaccessibility of services due

the roads when it is raining is a big problem, especially in the more rural areas and the informal settlement of Zonkezizwe. Persons D and E reported that they have to hire people with transport to take them to areas where they can get access to services (interview, 24 June 2008).

Lack of access to information is one of the factors leading to older personsôvulnerability. Of 6 (six) people interviewed, 3 (three) (Persons A, B and C) female older persons indicated that lack of information leads to ignorance and vulnerability. This means they are unclear about most issues such as the days for older persons to buy their essentials in shops. Persons B, D and F gave reasons for their vulnerability as their homes have been broken into while they were asleep; they donôt know how to report abuse; they have never heard of commemorative days; a number of illnesses affect them; and they are unaware of discount days for pensioners in the shops (interview, 24 June 2008).

Troisi (2004) agrees that lack of participation infringes on the rights of older persons and rights are essential tools of empowerment. They need to be actively involved in order to influence policies that impact on their well-being. They indicated that they are also capable of imparting skills, information and knowledge to the younger generation and could set up fora that articulate their concerns and rights. Governments, particularly in developing societies, should try to achieve socio-economic developmental goals by promoting the participation of an increasingly older population.

Out of the six interviewed, 2 (two) single females indicated that ñthey think they might be abused, but are not sure.ò Person A indicated that after receiving her social grant, her son comes and collects it and does not buy anything for her. Person B reported that her grandson had once raped her and she never knew what to do or who to talk to (interview, 24 June 2008). Levels of ñvulnerabilityò in this area vary from person to person and from

bility must be taken into account when assessing the extent to which an older person is exposed to the risk of being abused. Furthermore, not knowing how to treat certain diseases, behaviours and characteristics can put older persons at risk.

Of the interviewed older persons, three articulated discomfort when they are called elderlyö or ñfrail elderlyò Person F expressed that people think he is treated like a child at home and in the community, they donôt respect him and think that he is of no help to them (interview, 24 June 2008). Moreover, all the older persons expressed that they should be trained on the characteristics of abusers and what constitutes abuse, and this training should include family members, friends, relatives, community representatives and older persons on how to recognise signs of abuse and ways of responding to older persons abuse.

Out of six older persons interviewed, one reported being abused or neglected because she had only one visit per month from the volunteers at her home in the previous two months. According to Person D, who indicated that older persons who are frail, are frequently visited by volunteers to wash and clean their houses (interview, 24 June 2008). All interviewed older persons were dissatisfied with the availability of services and information provided (awareness programmes). Person C even indicated that the pamphlets they receive from clinics are not in their language. Person F stated that some of the nurses in clinics and social workers do not treat them well. Persons A, B and D noted that the nurses and some of the social workers are not patient with them.

### 4.2.3 Quality of services provided to abused older persons

Information gathered from recipients and users of services (older persons) indicates that 3 (three) older persons do not understand or acknowledge that there is abuse taking place in the area. Those that understand do not

cidents are reported by friends, neighbours and community members. According to persons A and B, cases are not reported due to the fact that they are abused by family members. Some are concerned about confidentiality and stigma attached to abuse (interview, 24 June 2008).

All the older persons think that talking about abuse is a taboo. All of them think they cannot report cases that will expose and possibly put their children, grandchildren or family members in prison. Person A even went further to explain that õshe even donôt want to talk about abuse because if they will, they will have to report their children and this might make her family member to lose the job which is too scary for herò (interview, 24 June 2008).

Out of the older persons interviewed in Zonkezizwe, 4 (four) reported that most of the time, staff (service providers) understand their problems, seem unable to provide solutions to them, however, but remain caring. With regard to case management, older persons reported that after they have reported cases to social workers they donôt have a choice as to where they can be referred to (choices are made by service providers according to the level of a case). The researcherôs observations through the conversations were that the older persons do not know their rights because sometimes they pay for the services they are receiving for free. Person D indicated that he thinks he has to pay them in order to thank them for the services received (interview, 24 June 2008).

### 4.2.4 Quality assurance and monitoring of services

Of the older persons who were interviewed, four declared that they are afraid of being victimised because when they report cases of crime to the police, culprits are easily let out or released from jail. According to persons B, C, D and F, they feel that their lives are in danger, they have a

raped and killed (interview, 24 June 2008). All four older persons noted that cases are not reported to the police due to fear of victimisation and the SAPS working together with the abusers or perpetrators. This means that their human rights are violated through the police not taking action against perpetrators agrees the South African Constitution.

According to persons A and B, the quality of services that they receive from Social Development is satisfactory. However, all 4 (four) older persons do not see the visibility of the DSD except for the social grant. The ability of persons A and B to seek help and maintain a relationship with staff of the DSD reflects that the DSD is instrumental to human development and satisfaction (interview, 24 June 2008). All the older persons noted that ñduring their payout dates of social grant, they are being treated with respect and dignity which is a critical component of service delivery and customer serviceò No mention was made of the successes of abuse cases and on the level of quality of services received by older persons.

According to all interviewed older persons, they either have to go to a hospital which is difficult at night to get help or wait for the morning to receive medical help. Person C reported that the clinics are open during the day only, whereas most older persons are frail and tend to become sick at nightò (interview, 24 June 2008). They all agreed that quality of medical care that they receive from the Department of Health (hospitals and clinics) is the worst for older persons. For example, Persons D and E indicated that ñduring weekends there are no doctors at the nearby public hospital (Natalspruit). Persons A and C further indicated that ñthe frail even die on the stretchers before being seen by the doctorsò(interview, 24 June 2008).

aid there is a need for older persons to be empowered through the establishment of recreational activities in their area, centres where they can receive information, gym, play games, knit and sew and places where they receive nutritional meals daily. Person F explained that ñWe want to be empowered as citizens and members of society and to achieve meaningful equality, having the same choices, opportunities, rights and responsibilities as all other members of society. This includes being enabled to live independently with the support that we require as a result of our impairments. Being empowered and to be independent means having full choice and control over the way we live. It is particularly important in relation to the provision of support servicesò (interview, 24 June 2008).

### 4.3 Results of the Interview Questions

#### 4.3.1 Demographics of the sample

**Table 2: Profile of interviewed community representatives in Zonkezizwe**

| Age | Gender | Marital status | Rural, urban and informal settlement | Number of abuse cases reported per month |
|---|---|---|---|---|
| 20-25 years | Female | Single | Urban settlement | 5 ï 10 cases |
| 26-30 years | Male | Single | Informal settlement | 8 ï 11 cases |

*Source: Own (interview 17 June 2008)*

Interviews were held with two community representatives, one female and one male, both living in the area and who are responsible for reporting and dealing with issues of the community of Zonkezizwe. Community representative A confirmed that there is a high rate (5-11 cases) of abuse of older persons in both the urban area and informal settlement. Community representative B added that ñthe older persons are abused by

bersò Community representative A provided information that older women are targets for crime and neglect, mostly in the rural settlement. Both their interviews concur with the fact that there are many cases of older persons abuse reported to the SAPS which are not dealt with (interview, 17 June 2008).

### 4.3.2 Consumers and participation

The community representativeôs expression of concern for the safety of older women who stay alone resonated with what was expressed by the older persons. Both community representatives indicated that ñolder persons in the area are not able to participate and receive information that can benefit them and even with their safetyò (interview, 16 July 2008). They further indicated that transport is not accessible, roads during rainy days are not easy to use, and other services (such as hospitals) are not easy to reach.

The community representatives explained that while older persons report cases to the police, the perpetrators are usually not taken to court (interview, 17 June 2008). The ambulance services when called take time to respond. Community representative B confirmed that some people even die before reaching the hospital. They are aware that the DSD is giving out grants and food parcels, but do not have knowledge of referral of abused older persons. This information is distributed by social workers and the health workers in the area. They have not heard about a helpline (HEAL), and do not know anything about days celebrated for older persons. They indicated that ñthe advertising material used is always in English and older persons cannot read or writeò

**dministration of cases**

When the community representatives were asked about any policies or documents they know about from DSD, they explained that they had not seen a manual on how to handle cases of abuse (interview, 17 June 2008). Community representative B explained that they know there are volunteers in the area who are providing home-based care to older persons, naming Isibani Sezwe and Peacemakers as the only service providers providing services in that area.

### 4.3.4 Processes and procedures

Both community representative A indicated that she has noticed that there are few statistics about older persons abuse. Community representative B pointed out that he doesn't know anything about referrals from service providers to social workers. They do not know whether the service providers in the area follow certain principles, laws and guidelines. The community representatives did not even know where the service providers or government employees report to (interview, 17 June 2008). This reveals negligence from the DSD to ensure that it vigorously market the services and processes to all the stakeholders.

### 4.3.5 Continuous quality management

When community representatives were asked about the issues of professionalism, they both indicated (interview, 17 June 2008) that the government employees must respect and adhere to ethical laws. They also indicated that when they (community representatives) need help about certain issues, the government employees are always available to help. They both specified that they had not heard about service providers attending training or workshops in the area. The only time that they need

ate is when they are called to a meeting or an imbizo.

### 4.4 Results of the Interview Questions

#### 4.4.1 Demographics of the service providers

Two service providers were interviewed (Isibani Sezwe and HEAL), and both indicated that they are providing a service to abused older persons.

Isibani Sezwe is in the urban area of Zonkezizwe and is managed by six people. The person interviewed was a female, African administrator for the service provider, between the ages of 20 and 25 years and had worked for the organisation for five months.

The HEAL Director was interviewed on the phone due to the distance and time-frames. HEAL was chosen as one of the organisations with the only helpline and which is able to refer all abused older persons in all the provinces.

#### 4.4.2 Management and administration of cases

The HEAL Director explained that HEAL has two counsellors who answer the phones for the whole country (interview, 11 June 2008). They refer each case to a service provider in their database or refer it to their offices in the area where a case is reported. She said that ñfrom the 1st August the helpline will be serviced twenty-four hours a day. There will be a need for staff to service the emergencies. Cases are referred to response units which are run by one staff member with trained volunteers.ò

trator from Isibani Sezwe, they have only thirty older persons in their database per month (interview, 11 June 2008). Annually they receive a total of 150 older persons. In response to whether they think that older persons are provided with adequate programmes to address their needs, she responded that ñIt depends on the kind of need of older persons at that time, because others come with Home Affairs, Social Development and Health needs. If they cannot provide a service, they refer the older person to the relevant department for help. Yes, if it is a service that they are able to handle they do their best to solve the problems.ò When asked about their reporting protocol, she said that their quarterly reports are sent to the GDSD and there is a reporting tool used by GDSD to collect information on the running of activities in NGOs, CBOs and FBOs.

The Isibani Sezwe administrator reported that they receive funding from different organisations, including GDSD. However, it does not cover the needs of older persons in the area. The administrator from the centre reported that sometimes they do not receive enough funding ñeven to cover their salariesò (interview, 11 June 2008). When there is no funding, they are not paid. The Director from HEAL explained that they receive their funding from different companies (private and public) including DSD.

The Director from HEAL (interview, 11 June 2008) pointed out that the service co-ordination/case management component of the investigations gathered from the centre is that all cases requiring counselling are referred to other service providers or GDSD as they do not have the capacity to handle such cases. The administrator further indicated that they have never received any training from the GDSD nor attended any workshops. They only receive invitations to meetings. Training of twenty volunteers has been done for Isibani Sezwe.

trator in Isibani Sezwe reported that the most common barriers to provision of services is a limited capacity to handle cases, the poor roads which make it impossible to drive or visit, and lack of consumer interest.

### 4.4.3 Aspects of intervention covered by centres

Isibani Sezwe reported that they offer services such as home-based care, adult basic education (reading, writing, life skills and health), sewing, running a soup kitchen, preparing documentation for children and older persons who do not have the correct documents and referring clients to GDSD for counselling. The volunteers take care of the older persons in their homes (bath, feed and change clothing).

HEAL has offices in the Western Cape, Eastern Cape and Northern Cape, although it received calls from around the country including Gauteng, (interview, 11 June 2008). The Gauteng calls are referred to the NGO Age in Action. Their staff and volunteers are trained on victim empowerment, basic counselling, the Domestic Violence Act, legal assistance, protection orders and how to respond to calls. Their NGO collaborates with government and other organisations to help older persons.

### 4.4.4 Processes and procedures

The service providers interviewed explained that Gauteng DSD does not handle cases of abused older persons because they refer them to service providers and the service providers pronounce that critical cases are referred to social services. The service providers further indicated that lack of information, co-ordination and integration of services exists from the Social Development side. HEAL and Isibani Sezwe stated that there are unclear policies and procedures for reporting or investigating incidents

ce and the Department of Health (interview, 11 June 2008).

Furthermore, the HEAL Director articulated that after referral to relevant service providers and response units, HEAL ensures that it keeps track of the activities of their clients (interview, 11 June 2008). They ensure that cases are confidential and are dealt with in a professional way. Cases are referred immediately for attendance, although they do not keep records of finalised cases. Their model was a benchmark from England and it seems to be working for the country except that they cannot keep track of how many calls they receive per month. since HEAL was launched in 1998.

Both service providers raised points that community workshops and trainings are not held and they believe that it is a priority to ensure uniform implementation. They expressed a hope that they would be trained to recognise the signs of abuse because they live with this kind of a problem in the area, (interview, 11 June 2008). The fact that there is not enough resources provided by government to organisations dealing with older person raises concerns. Lack of resources to transport raped and neglected older persons was the greatest challenge in the area.

### 4.4.5 Consumer information and participation

Both organisations responded that ñthe community is not aware of the extent of the problemò (interview, 11 June 2008). They both indicated that the society is in the infancy stages of dealing with abuse. There are no means to inform their clients about their services. HEALôs Director particularly reported that ñdirect support staff declared that they were less knowledgeable about the dynamics that await the older persons. They need training on how to prevent abuse, and provide care and support of victimsò (interview, 11 June 2008). The Director of HEAL further said that HEAL always tries to keep up with and adhere to international policies,

es. It has specific ways of sharing information; awareness talks, brochures, pamphlets, and providing information on social worker services. They use the radio to advertise their events. The pamphlets are translated into English, Afrikaans and Xhosa. HEAL further expressed that reaching rural areas is still a gap in all the provinces.

### 4.4.6 Reporting protocol

Isibani Sezwe indicated that there are standard forms distributed by the GDSD in Germiston. These forms are completed and collected on a quarterly basis by the regional co-ordinator for the area. HEAL indicated that ñat the moment they provide accounting reports to all their sponsors according to recommended templatesò (interview, 11 June 2008).

### 4.4.7. Continuous quality management

According to the HEAL Director, ñimplementation of legislation does not create solutions to abuse problems. Service providers and other stakeholders are the organisations who do that. It is difficult to apply policies without guidance. There is a need for DSD to ensure that organisations are guided and policies are implemented in uniformity. Furthermore, the DSD should come up with strategies to help and support to ensure that services are effectively and efficiently provided. It appears attractive to service providers who know that assisting abused older persons takes time and resourcesò (interview, 11 June 2008).

No service provider has indicated being able to administer medication for older persons. Isibani Sezwe pointed out that ñin crisis, during the night, older persons are referred to the nearest hospital (Natalspruit) to receive medical attentionò (interview, 11 June 2008). During the day there are clinics available to provide health support and medication.

l that the present system for quality management is not reliable (interview, 11 June 2008). They cannot keep a record of all incoming calls, although they keep a list of all their referrals but cannot keep track of all the people who phoned per month or quarter. There is no database of counsellors and older persons that needs to be followed up. HEAL articulated that there is a dire need for a monitoring and evaluation tool, which their offices are unable to afford.

## 4.5. Results of the Interview Questions

### 4.5.1. Profile of the respondents

A female official (DSD Director) who had been in the Department for eleven years providing services to older persons was interviewed.

### 4.5.2 Leading care and services

The Director listed services that are provided by the DSD to older persons as being luncheon clubs which provide meals, companionship, informal home care and support.

The Director from HEAL indicated that ñHEAL is an NGO in partnership with the DSD to provide a service for abused older persons. HEAL uses a national toll-free line for anyone who would like to report older persons abuse. This toll-free line is accessible to anyone from 7:30 to 16:30 Monday to Friday. HEAL provides counselling, awareness talks, victim empowerment and has a response unit to respond to the needs of abused older personsò(interview, 23 June 2008).

Operation Dignity is an organisation that restores dignity of older persons and is a family support group.

The South African Older Persons Forum ensures proper implementation of legislation, processes and procedure to be followed by government.

Furthermore, the DSD Director reported that the DSD has a number of programmes and projects for older persons. The Director elaborated that most of the services are well-known by Whites, Coloured and Indians. Most Africans do not know about the available services. Even NGOs, FBOs and CBOs do not involve their clients, just by giving them information and ensuring that they fully participate in forums and other activities. (interview, 23 June 2008).

### 4.5.3 Processes and procedures

According to the DSD Director (interview, 23 June 2008) the DSD has managed to come up with policies, guidelines and protocols to fight the challenge of abuse to older persons. She said, however, legislation does not create solutions to abuse of older persons. This means it refers the issue of older persons to service providers to deal with the case management. It appears attractive to other service providers to provide care and support to abused older persons. Some service providers therefore prefer to pass the matter on to another person to deal with, rather than help the older persons themselves. Nevertheless, passing the problem to another person doesnôt mean the older person will be helped.

The DSD Director (interview, 23 June 2008) pointed out that

> ñspecialised services are usually overloaded and many times there is a need to refer the older person back to the person who referred them, because the help older persons need is that available at the referring agency, not the specialised service. Also in most cases the specialised services focus on investigation and possibly the co-

sponse to the older person, but do not directly provide services to the person. Reporting legislation relieves the pain, itôs not a solution but a disguise that makes it look like something is being done to help the older person when in fact thatôs not the case. Some help may be given but usually not the type to resolve the abuseò

### 4.5.4 Consumer information

In response to the issue of consumer information, the DSD Director (interview, 23 June 2008) indicated that the DSD has managed to come up with pamphlets, posters, leaflets and using audio-visual material to advertise their services to the public. However, most companies do not want to support through sponsoring free advertisements to capture and advertise the opportunities available in the DSD for older persons. She said that older persons are unaware that they have days celebrated and meant for their enjoyment (Grandparentsô Day, Older Personsô Day and active ageing days (sports days, health days and playing games with older persons).

When asked whether the DSD has reached a level of reaching out to all older persons, the DSD Director (interview, 23 July 2008) explained that ñwe havenôt reached that level as yet; there is still a lot that must be done in rural and informal settlements. Awareness is a must and can unlock opportunities for older persons to be creative and active.ò

### 4.5.5 Consumer participation

In response to the question of how the Department ensures that older persons participate, the Director (interview, 23 June 2008) said that ñthey are bribed to participate by being collected by buses, being given

ney seldom participate in dialogues of youth, HIV and AIDS, sex, orphans, etc.ò(interview, 23 July 2008).

The DSD Director describes that ñn 2001, the Minister of DSD established a committee that will find out the rate of abuse in old age homes. A research study was undertaken to identify the rate and extend of the problem of abuse of older persons in all provinces. The results of the research were overwhelming and indicated the level and extent of the problem on the ground. GDSD made a follow-up of research which presented ways of dealing with the issues as indicated by older persons and their abusers. The results of the study reflect that some perpetrators were not even aware that what they are doing is abuse. The research raised awareness within communities, families and officials working with older persons.ò(interview, 23 June 2008).

According to the DSD Director, ñresearch will be undertaken by CASE to sample communities and homes in order to check the level of satisfaction of older persons. It will identify gaps in clinics, households and SAPS. Each province will collect information on the needs, old age homes, churches, private and public hospitalsò(interview, 23 June 2008).

### 4.5.6 Continuous quality management

According to the DSD Director, it was reported that there is no system used for monitoring quality of service, no checks or unannounced visits to sites by officials (interview, 23 June 2008). This role should be undertaken by the Gauteng DSD, Gauteng Health and Gauteng SAPS. A comprehensive quality management framework should be put in place by the Gauteng DSD.

In response to the question of which processes the Department uses to measure customer satisfaction, the DSD Director said the current tools are

June 2008). The Department needs to develop measures, indicators, norms and standards to be used to measure the level of service to its clients and customers.

The DSD Director further explained that ñit is difficult to measure quality and check whether the service providers and provinces have used resources effectively and efficiently as against indicated objectives in their business plans. She stated that it is difficult to measure impact without a baseline and statistics: ñWhat do you measure against if you donôt know the status quoò? She specified that services should be made more accessible to urban and rural older persons. At this time they can seldom afford to pay for medical care, much less use a helpline. As a Department it was necessary to ensure that public homes fit the standard of a private hospital. In homes, it was necessary to address the cultural and diversity dynamics (interview, 23 June 2008).

In reply to a question about what types of interventions do work, the DSD Director indicated that the Department had developed policies, procedures, processes, legislation, protocols and training manuals (interview, 23 June 2008). There are public homes and private homes to accommodate abused older persons. DSD has social workers in place to address the problem. There are programmes and projects that try to address the challenges of older persons. e.g. lack of staff capacity, not being able to cover all service providers with resources and lack of monitoring and reporting from service providers to the DSD and DSD giving feedback on the progress and quality of services.

The results show that the DSD needs to have service providers sign service level agreements and contracts in order to ensure that they perform. The Department does not have the capacity to address challenges on the ground, as there is a shortage of staff. The Director indicated that ñthe media and advertising companies need to

persons who have a low literacy level.ò There is a need to use all languages in advertising materials and the media should provide more support. The television programmes should have slots that talk about the issues of older persons, their ways of living and their kind of music (interview, 23 June 2008).

In response to challenges and concerns, the DSD Director indicated that ñthere is a need to hire proper trained Human Resources capacity looking at their acquired knowledge and skillsò(interview, 23 June 2008), and that before selection of candidates, comprehensive interviews are held and references checked. Collaboration amongst stakeholders is a gap that drags the DSD backwards. Lack of norms and standards for services and indicators delay the improvement of services. The DSD needs to fast track the procedures and processes of monitoring and reporting in order to ensure proper quality of services.

The next chapter provides an analysis of the study and will respond to the problem statement, interpret information and present an analysis of the collected data on the abuse of older persons.

# CHAPTER FIVE

# DATA ANALYSIS

## 5.1 Introduction

The aim of analysing data in this research report is to arrive at the findings that will attempt to provide answers to the broad research questions. Research undertaken in South Africa has not dealt with the issues of investigating the quality of service provided to older persons. Other countries have tried to investigate the impact of services and have provided a range of definitions for abuse of older persons. With regard to this study responses from participants were almost similar and there were few disparities in the results. The researcher collected information from four qualitative sources. The first source is from older persons in the area of Zonkezizwe. The second is from community representatives. The third source is the NGOs and service providers. The fourth source is from the staff member of the National Department of Social Development.

The study aimed to investigate the quality of management of the cases of abuse against older persons in the Zonkezizwe area. The researcher used the Home and Community Based Services (HCBS) Quality framework (2002) to focus the attention on the desired outcomes of the participants (especially older person). Quality management works to support the provision of best possible care outcomes and efficient use of resources. Quality management encompasses three functions:

- **Discovery**: Collecting data and direct participant experiences in order to assess the ongoing implementation of the programme, and identifying strengths and opportunities for improvement.

king action to remedy specific problems or concerns that arise.

- **Continuous Improvement**: Utilising data and quality information to engage in actions that lead to continuous improvement in the programmes.

To analyse the quality of care, the researcher used the Home and Community Based Services (HCBS) Quality framework (2002) which defines quality as an integrated care of older persons as involving the following elements:

| **Focus** | **Desired Outcome** |
|---|---|
| Participant Access | Accessibility of older persons to services and support from their communities. |
| Participant-centred Service Planning and Delivery | Services and supports are planned and effectively implemented in accordance with each participantôs unique needs. |
| Provider Capacity and Capabilities | Sufficient service providers who possess and demonstrate the capability to effectively serve participants. |
| Participants Rights and Responsibilities | Participants receive support to exercise their rights and in accepting personal responsibilities. |
| Participant Outcomes and Satisfaction | Participantsôare satisfied with their services and achieve desired outcomes. |
| System Performance | The system supports participants efficiently and effectively and constantly strives to improve quality |

Source: (HCBS) Quality framework (2002)

**5.2 Findings:**

The findings of this research are analysed according to four categories of respondents of this research as indicated in the introduction

### 5.2.1 Observations and analysis of responses by participants

#### *5.2.1.1 Provider capacity and capabilities*

The research findings reveal that there is a low level of uniformity in defining the quality of services with regard to care of older persons, which concurs with what the Director from HEAL reported on good practices of professionalism. However, there is no guidance from National and Provincial DSD on information developed. The report on *Mothers and Fathers of the Nation: The Forgotten People* (2001, p.27) agrees with HEAL and Isibani Sezwe that improving the quality of services requires greater investment in training and development of government officials. This doe not apply only to government officials but to all stakeholders who are involved in service provision to older persons.

Logan (2002) pointed out that networking is critical in the development of partnerships with specialists and service providers to promote information on issues which are difficult to resolve in South Africa. The diversity of networking and collaboration varies according to the cases of abuse. Developing partnerships with professionals and service providers is an important step because it will build the capacity of staff and everybody involved to establish good intervention strategies.

The researcherõs observations with regard to Isibani Sezweõs practices of professionalism are that these are still lacking and staff is not properly trained on care management issues of older persons, although their volunteers try to follow up with their clients. The load of responsibility is too much to handle all clients to their satisfaction. Furthermore, salaries are not always paid if there is no funding from willing organisations.

the observations of the researcher, that the circumstances of volunteers and staff members from service providers must be understood by all levels of the DSD and its stakeholders. The way staff interact with clients can be facilitated and supported. The higher level management of the DSD seems to be fairly ignorant about the working realities facing field workers and service providers. These are the people who receive clients and sometimes are confronted by different problems, such as increased service loads; they are assigned too large areas that they cannot cover frequently enough to make contact with their clients; supplies and equipment are too limited to care appropriately for their clients. However, if the quality of services falls short, staff and service providers are the first to be blamed.

The researcher agrees with Isibani Sezwe on the question of providing proper services to abused older persons, such as the roads in Zonkezizwe and house numbering which makes it difficult for people providing a service to reach older persons. On the day that the interviews were taking place (11 June 2008), the researcher and the community representatives could not drive on the roads as it was raining. They had to walk for long distances and park the car some distance away. Clearly, this calls for the intervention of the Germiston District Municipality and the Department of Roads and Public Works. The Isibani Sezwe administrator indicated that ñtheir volunteers have to walk long distances and in rainy and muddy roadsò(interview, 11 June 2008).

The administrator from Isibani Sezwe and the community representatives confirmed that Zonkezizwe is an area which is challenged by a high level of older personsô abuse because most people who are abusers do not appear to be aware that they are committing a crime and the high level of illiteracy of older persons in the area. She even indicated that ñthe most gruesome cases that they receive are referred to social workers and to the hospital, but due to illiteracy of older persons they are not aware that this

une 2008). Noumbissi (2004) concurs with what is raised above and says that the levels of illiteracy among the older persons diminish their well-being, access to information, self-empowerment and eventually, their economic activities. This requires the DSD and its stakeholders to vigorously raise awareness and show older persons what constitutes abuse.

According to Logan (2002) who agrees with the report on *Mothers and Fathers of the Nation: The Forgotten People* (2001, p.27) that in the case of developmental programmes it is vital that government builds strong partnerships with private and civil society to develop ways of building the capacity of staff and getting everybody involved to come up with good intervention strategies. The Directors from HEAL and DSD concur with both reports that older persons abuse should not be one Department's responsibility as it affects all the departments, service providers and the community as a whole. This reflects that there is a demand for collaboration with other organisations, local government, departments and stakeholders in order to avoid duplication of services and wastage of resources. This calls for a need to establish an Older Persons Forum co-ordinated and facilitated by the DSD.

Logan (2002) agrees with the researcher that networking is essential to develop partnership with specialists and service providers to promote information on issues which are difficult to resolve in South Africa. The diversity of networking and collaboration varies according to the cases of abuse. Developing partnerships with professionals and service providers is an important step.

#### *5.2.1.2 Process and procedures*

It is clear from the responsiveness of all participants that the needs and preferences of the client in order to maintain their autonomy and

of the constitutional right to dignity. The client centredness in planning of services, client participation, and empowerment of older persons is still a challenge that needs to be addressed. Troisi (2004) agrees with what older persons have expressed that their opinions should be taken into consideration, they should be involved in the development of programmes that will respond to their needs in the most optimal manner.

Government needs to follow procedures regarding the accessibility of resources, participation and case management processes. Nonetheless, there is frequent criticisms from older persons about the manner in which government officials and service providers handle their cases. It is a requirement for government officials and service providers to comply with the principles and guidelines to promote improved service delivery.

The report *Mothers and Fathers of the Nation: The Forgotten People* (2001, p.27) concurs with the DSD Director and HEAL Director that older persons still live in poverty, with limited nutrition and little money for health. Access to health care services particularly in rural areas is difficult. The Director from HEAL further revealed that the majority of older persons are never examined by doctors and cannot get medication on time. HEAL expressed that most pensioners have to pay for health care at public hospitals, sometimes paying twice or more. Some hospitals even refuse to issue repeat prescriptions for chronic medication, compelling patients to report monthly or forego treatment. It is clear that older persons experience bad treatment from government services and this should be dealt with comprehensively.

According to Troisi (2004) the socio-economic participation of older persons in policy formulations, implementation and development programmes is recommended, and he concurs with both Directors (HEAL and DSD) that it is very hard for governments, particularly in the

achieve socio-economic developmental goals without integrating the participation of its increasing older population. All agreed that participation of older persons in different spheres of society plays a crucial role in realising their rights and is an essential tool of their empowerment. The government needs to come up with a multi-faceted notion of older personsô participation which includes their active involvement in implementation of policies that directly affect their well-being, sharing their knowledge and skills with younger generations and forming movements or associations that could help articulate their concerns and claim their rights. However, for many older persons in South Africa and around the world the goal has not been universally achieved.

The Director from HEAL expressed that ñthey donôt have a branch in Gauteng but uses Age in Action for provision of their services. It is hard for HEAL to manage cases which have been referred to partner organisations. They canôt make a follow up on referred casesò On the issue of how much time it takes to finalise a case of abuse, the Director for HEAL responded that there is no time set. When a call comes in, the person as the cases differ according to the reporting persons circumstances. Cases could be referred to a case manager and legal services who will able to follow up the case and refer to the relevant service provider. This response shows the lack of management of cases of abuse of older persons. Evidently, there is a gap in the role played by DSD in ensuring co-ordination and facilitation of services and role identification for service providers.

***5.2.1.3 Outcomes: continuity of care, client satisfaction and support quality of life of clients.***

The conclusion reached was that it was difficult to establish either the necessity or sufficiency of current quality assurance requirements because of the lack of well-developed and systematic measurements of service

ates General Accounting Office (USGAO) (1994) concurs with what the DSD Director, the Director from HEAL and the administrator state that in order to monitor the quality and appropriateness of services received by abused older persons, the Department of Social Development, Department of Health, South African Police Services should come up with the norms and standards for services. The above factors were the main problem that made the researcher to undertake this study.

> ñMeasuring and monitoring the quality of services over time requires indicators to measure the quality and its elements. It is important to be reminded about consumer orientation while developing indicators of quality received but a providerôs or managerôs perspective becomes important as well if these indicators are to be used to improve qualityò(Jain, et al, 1989).

Obviously, the DSD should ensure that indicators are first developed and a monitoring and evaluation system is put in place. The monitoring and evaluation system will inform management about the effectiveness and efficiency of services.

The indication by the DSD Director, Director of HEAL and the results of the USGAO report (1994) conferred that there is a lack of uniformity and standardisation of procedures as the results reflect that there is a gap which makes it difficult to measure the quality of services and the standard of services. The Director of DSD reported that they have developed a manual for older persons. The Director from HEAL and the administrator from Isibani Sezwe responded that they do not know anything about the manual and there are no mechanisms created to ensure compliance and accountability. Noticeably this calls for the DSD to ensure that it markets and ensures that all stakeholders receive information through different sources (such as radio, television, trainings, workshops and conferences).

te, match and summarise the main issues. It explains how all these issues are linked to the chosen area and direction of the study. The researcher summarises the findings and conclusions pertaining to the problem. Furthermore, the final steps of this chapter will present feasible practical implications of the results and make recommendations for additional further areas of research.

# CHAPTER SIX

## CONCLUSION AND RECOMMENDATIONS

### 6.1 Introduction

The aim of the research was to investigate the factors affecting compliance of the quality of services provided to older persons. The findings of this research will attempt to provide answers to the research questions, while it does not claim to be a comprehensive study. However, this research is a small contribution to the ongoing debates around the issue of non-compliance or compliance with norms and standards as set by the DSD. The research managed to extract certain broad conclusions to the following questions.

The research intended to identify intervention strategies put in place by the Gauteng DSD. It investigated the success of intervention strategies used to support the elderly by looking at quality of services, and attempted to answer the following questions:

- Have the programmes achieved the aims and objectives?
- To what extent are the abuse intervention programmes appropriately delivered or implemented to address the needs of the elderly?
- Do programmes show positive or negative effects on abused older persons?
- What are the success factors or failures of the programmes?

By determining the challenges faced by abused older persons, the research recorded the observations and perceptions of the quality of services provided to older persons. It looked at the issues of accessibility

, how will the needs of care and support be met, quality of reporting, and which values and guidelines drives the work of service providers. Subsequently, the researcher will submit findings and make recommendations to the DSD.

### 6.2 Key Challenges

#### 6.2.1 Status quo in Gauteng

The conclusion reached is that it was difficult to establish the sufficiency of current quality assurance requirements because of a lack of well-developed and systematic measurement of quality of services. The findings from the research, as echoed by service providers and the DSD Director, reflect that there is a need for DSD to develop indicators that can be used to measure the effectiveness and efficiency of programmes. Another reflection is the need for norms and standards that can be used to monitor and evaluate the standard of services for older persons in Gauteng.

These findings are supported by the literature, which shows that management and co-ordination of services or care packages should be in response to assessed needs of older persons, and their caregivers as core implementers of an integrated and customer-related service. The way in which people are treated, the ease of access to the service and the degree to which the service tries to fit in with peopleôs needs and preferences are always likely to be important aspects of quality from the point of view of service users. A good and comprehensive assessment and care planning should be undertaken in a way that will engage older persons, their caregivers and stakeholders.

The report from the Department of Health and Human Services: National Centre on Elder Abuse (2007) supported with the findings from all

a number of obstacles that hamper the ability of collaboration which included different definitions, dissimilar approaches to providing services and different approaches in implementing policies and guidelines.

There is a vital need for facilitation and co-ordination of processes which can help to avoid unnecessary duplication and promote good continuity of care. This will foster improved independence by preventing deteriorating health, monitoring home-based care and managing crises at the same time as combating abuse. Fighting the problem of older personsôabuse needs all stakeholders to collaborate to ensure service excellence.

### 6.2.2 Legislation

The South African legislative framework for abused older persons has not proved to be successful in reducing abuse because resources to implement the policies are not available. The Department has developed manuals, policies but what is missing is guidance on implementation that should be given to all stakeholders. Continuous monitoring of policies and implementation is needed to guarantee that decisions do not rely on the same solutions for all cases. Older persons need to be involved and be able to participate in the policy-making processes that affect them.

### 6.2.3 Raising awareness

The DSD has managed to put good practices and guidelines in place, and good intervention programmes are planned for older persons. The policies and guidelines are important for protection, care and support of older persons. Marketing what is available for older persons, will help to roll out the good intentions, embracing the care practices and ensuring that processes and procedures are complemented by good practices that will benefit not only older persons but the nation as a whole.

The results show lack of communication from the DSD to older persons who are unaware of what is available for them. The Department of Social Development needs to come up with an aggressive marketing strategy for older persons activities.

### 6.3 Conclusion

In summation and based on the findings from this research one can conclude that the needs of older persons are not comprehensively met by the intervention programmes put in place by the DSD. The findings reflect a dire need for collaboration in provision of services among all stakeholders. It is also to ensure that older persons participate in all processes that involve them and there is a need to raise awareness about the expected level and quality of services. Despite the help provided through service providers, it is impossible to measure the level of quality of the services provided to abused older persons. In order to achieve and meet the standards of service delivery according to the Batho Pele principles, the DSD will have to come up with proper planned strategies, implementation and ways of monitoring and evaluation.

Lack of social protection and failure to provide resources for survival to older persons impacts on their self-respect. Addressing the causes of poverty can impact positively on the issues raised in this research and can enable older persons to open up about issues. By enabling older persons to remain productive, active and independent, they can contribute positively towards society and can reduce risks and vulnerability. There is a need to raise awareness about the sensitive issues that affect older persons and to let the older persons know their rights. There is a need to create, implement and maintain law enforcement systems to deal with legal processes of abused older persons. Policies have been put in place

tate good decisions and now require support and implementation.

### 6.4 Recommendations

Based on the findings of this study, recommendations are provided to address the identified challenges of abused older persons in the following areas:

- A basket of services
- Capacity, training and technical assistance
- Monitoring and Evaluation.

#### 6.4.1 Basket of services

In the light of the results, a motivation is that comprehensive measure should be put in place to deal with the lack of collaboration between public, private sector, NGOs, CBOs and FBOs. The research proposes that collaboration can be used as one of the strategies to prevent abuse, lack of information and promote a common understanding of the ways of dealing with the challenges of older persons abuse. Therefore stakeholders should develop a basket of services and a response network of services in communities so that when an older person makes contact with one service, he or she may be directly connected to the other network without having to go through a specialised service and wait in line to just be referred to the appropriate service.

The issue that emerged strongly from the DSD Director is that service providers are not embracing the care practices set out by the DSD. There is a need for a forum that includes all stakeholders, consultations, workshops and information-sharing sessions with all stakeholders. There

a challenge for faith-based organisations to participate in developing intervention strategies.

### 6.4.2 Capacity, training and technical assistance

All service providers and community representatives described that without proper and uniform application of processes there will still be a gap that can only be solved through training by the DSD. Training will also prepare staff to respond appropriately to difficult situations such as dealing with abused older persons, perpetrators and how to help them open up to assistance. Uniform training should be provided and it should not be a ñone-shotò intervention. Trainers should be professional and provide consistent information. .

The DSD Director revealed that there is lack of capacity in the National Department of Social Development, provinces and regions, and that sometimes service providers are using volunteers who should also undergo a standardised training for counselling and receive a proper salary like home community based caregivers of HIV and AIDS patients. However, there are situations where resources are used to train volunteers who then leave the service providers due to lack of funds and this causes lack of continuity. The DSD should ensure that the volunteers who are trained remain in their service to ensure stability in provision of services for older persons.

### 6.4.3 Monitoring and evaluation

The findings of the study echo that there are no indicators and no reporting system in place to collect data that will inform the decision-making of the DSD Furthermore, without indicators it will be difficult to establish the level of performance and to measure the success of programmes. The DSD should develop monitoring and evaluation tools

ensure that all service providers are monitored according to the agreed indicators and norms and standards. This information will help in putting relevant processes in place and channel resources to the relevant services according to the data. Proper collection of information according to trends will provide ways for improved planning and better services for older persons.

### 6.5 Recommendations for Future Studies

Based on the limitations of this study, the researcher proposes the following:

- That further exploration of intervention programmes run by private and public organisations in the country be examined.
- Standardisation of definitions and measures for services of older persons and addressing the lack of statistics on the status, prevalence and incidents of older persons abuse in the country.
- There is a need for impact assessment of intervention programmes for care, support and prevention of abuse of older persons.
- Dealing with barriers, challenges, bottlenecks and gaps in service delivery. How can we ensure that the Early Childhood Creches are benefiting the older persons by playing both roles (The older persons can help take care of children and at the same they get access to activities and avoid being neglected by being taken to day crèches).
- Development of a list or directory of all resources, organisations and intervention programmes available in the country.

## REFERENCES

Action on Elder Abuse Bulletin. 1995. **What is elder abuse?** 11 May - June.

Anrudh, K., Jain, and Judith, B. 1992. **Managing Quality of Care in Population Programs.** United States of America by Kumarian Press Inc

Ardington, E. and Lund, F. 1995. **Pensions and Development: Social Security as Complementary to Programmes of Reconstruction and Development in Southern Africa**, 12(4).

Baker, A. A. 1975. **Granny-battering**. Modern Geriatrics.

Bond, J., Cuddy, R., Dixon., G. Duncan, K and Smith, D. 1999. **The Financial Abuse of Mentally Incompetent Older Adults: A Canadian Study.** Journal of Elder Abuse and Neglect 11 (4): 23-38.

Bryan, W., Joubert, J. D. and Lindgren, P. 2001. **A report on two years of the Halt Elder Abuse Line (HEAL)**. South Africans for the Aged and Medical Research Council. Cape Town: South Africa.

Case, A. and Deaton, A. 1998. **Large Cash Transfers to Older Persons in South Africa**. Economic Journal, 108 (850), pp.1330-1361. .

Choi, N. 2000. **Elder Abuse, Neglect and Exploitation**. Journal of Gerontological Social Work 33 (2): 5-25.

Cyphers, G. 2000. **Out of the Shadows: Elder Abuse and Neglect.** Police and Practice. September 25-30.

99. **Development of Natural Strategy on elder abuse. Working Document.** Pretoria.

Department of Social Development. 2001. **Mothers and Fathers of the Nation: The Forgotten People**. Report of the Ministerial Committee on Abuse, Neglect and Ill-Treatment of Older Persons. South Africa.

Department of Social Development. 2005. **Protocol on Management of Elder Abuse**. Pretoria: CTP Printers.

Department of Social Development. 2005. **South African Policy for Older Persons**. Pretoria: CTP Printers.

De Vos, A.S. (Ed.) 2002. **Research at Grassroots for Social Sciences and the Helping Professions**. Pretoria: Van Schaik.

Fulmer, T. 2000. **The First National Study of Elder Abuse and Neglect: Contrast with Results from other Studies.** Journal of Elder Abuse and Neglect, 12 (1): 5-17.

Gilliland, N. and Picado, L. E. 2000. **Elder abuse in Costa Rica**. Journal of Elder Abuse and Neglect. Routledge.

Harding, T. and Beresford, P. 1996. **The standards we Expect: What Service Users and Carers want from Social Services Workers**. National Institute for Social Work. London

Help Age International. 2002. **African Union Policy Framework and Plan of Action**. Unpublished paper.

2002. **Gender and Ageing Briefs**. A paper prepared for the United Nations World Assembly on Ageing. Madrid: Spain.

Henwood, M. and Waddington, E. 1998. **Expecting the worst? Views of the Future of Long-term Care**. Help the Aged Research Report. London: Help the Aged.

Henwood, M., Lewis, H. and Waddington, E. 1998. **Listening to Users of Domiciliary Care Services: Developing and Monitoring Quality Standards**. Leeds: Nuffield Institute of Health.

Hudson, M. F. 1991. **Elder mistreatment: taxonomy with definitions by Delphi**. Journal of Elder Abuse and Neglect. Finland.

Kakooza, J. 2004. **The role of the older persons in the era of HIV/AIDS in Africa**. A paper presented at the African Conference on Ageing, Johannesburg: South Africa.

Keikelame, J. and Ferreira, M. 2000. **Mpathekombi, ya Bantu abadala: elder abuse in black townships on the Cape Flats**. Cape Town: HSRC/UCT Centre for Gerontology.

Kinsella, K. and Ferreira, M. 1997. **Ageing Trends: South Africa, International Brief**. South Africa Ageing International. US Bureau of Census, Vol 22 No. 4 pp.16-20. HSRC and UCT Centre for Gerontology in Cape Town.

Kumar., S. Anrudh, K., Jain, and Judith, B. 1989. **Assessing the quality of family planning services in developing countries.** Programs Division Working Paper No. 2. New York: The Population Council.

n of Action on Ageing. 2002. **Report of the Second Assembly on Ageing. Madrid 8-12 April. United Nations**. New York

Mahlangu, D.T. 2004. **Responding to the Ageing Imperative: Policy and Services for Older Persons in South Africa**. A paper presented at the African Conference on Ageing. South Africa.

May, J. 2003. Chronic Poverty and Older People in South Africa: Chronic Poverty Research Center: Working Paper No.25.

Moon, A. and Williams, O. 1993. **Perceptions of elder abuse and help seeking patterns among African-American, Caucasian American and Korean-American older persons women**. School of Social Welfare, University of California. Los Angeles.

Mpumalanga Provincial Government. 2004. **Experiences and Needs of Older Persons in Mpumalanga: Report on a study conducted by Human Sciences Research Council (HSRC) on behalf of the Mpumalanga Department of Health and Social Services**.

**National Report on the Status of older persons**. 2002. Report to the Second World Assembly on Ageing Madrid, Spain. South Africa

NCEA. 2004. **The National Elder Abuse Incidence Study: Final Report**. Washington

Noumbissi, A. 2004. **Poverty among older persons in South Africa**. A paper presented at the African Conference on Ageing. Johannesburg: South Africa.

**Older Persons Act** No. 13 of 2006

**mes of Social Care: a Question of Quality?** Social Services Policy Paper No. 6. London: National Institute for Social Work, pp.15-23. In Outcomes and local authorities in S. Balloch (ed).

Qureshi, H., Patmore, C., Nicholas, E. and Bamford, C. 1998. **Overview: Outcomes of Social Care for Older People and Carers**. Outcomes in Community Care Practice Series No. 5. York: Social Policy Research Unit.

Ramsey-Klawsnik, H. 2000. **Elder-Abuse Offenders: A Typology.** Generations, 24 (2): 17-22.

Rossi, P. H., Lipsey, M. W. and Freeman, H.E. 2004. **Evaluation: a systematic approach**, 7th ed. Thousand Oaks: Sage.

Simmons, R., Rezina M. and Michael, A.K. 1990. **Employment and family planning and women's status: The personal information of Community Workers**. Unpublished manuscript. Ann Arbor. University of Michigan: School of Public Health.

South African Social Security Agency. Jan 2009 **Integrated Results-Based Monitoring and Evaluation Framework (2009/10 – 2010/12)**

South African Government Gazette No. 13 of 2006. Older Persons Act.

Swanson, S. 2000. **Abuse and Neglect of Older Adults, National Clearinghouse on Family Violence.** Ottawa: Canada.

**The Aged Persons** Act No. 81 of 1967. Government Gazette. South Africa.

**The Aged Persons** Amendment Act No. 100 of 1998. Government Gazette. South Africa.

**The Constitution of the Republic of South Africa** Act No. 108 of 1996. Government Gazette. South Africa.

**The Domestic Violence** Act No. 116 of 1998 Government Gazette. South Africa.

**The Rental Housing** Act No. 50 of 1999. Government Gazette. South Africa.

**The Social Assistance** Act No. 13 of 2004. Government Gazette. South Africa.

Tomison, A. 2000. **Evaluating Child Abuse Prevention Programs: National Child Protection Clearinghouse**. Issue Paper No. 12 (Autumn). AIFS.

Troisi, J. 2004. **The Challenge of Ageing for Social Security in South Africa.** A paper presented at the African Conference on Ageing. Johannesburg. South Africa.

Vaarama, J., Luomahaara, J., Peiponen, A. and Voutilainen, P. 2004. **Integrated planning and evaluation of the care of older persons.** M. Vaarama and R. Pieper (Eds.)

WHO/INPEA. 2002. **Missing voices: Views of Older Persons on Elder Abuse.** World Health Organization. Geneva.

**ANNEXURE A**

**Interview questionnaire for Older Persons**

**Response to Abuse of Older Persons in Zonkezizwe Area of Germiston.**

*Please read the following information carefully before you begin to complete the questionnaire.*

The researcher has designed the questionnaire for the Germiston Region to examine and assess the quality of intervention strategies in Zonkezizwe for older persons who are abused. The research will assist the community and Department to take informed decision making strategies. This will also help to the Department to channel the resources where the community, older persons have indicated a concern.

*Herewith are instructions for completing the questionnaire:*

- Thank you for taking your time to complete this questionnaire.
- This questionnaire will take less than an hour of your time.
- Your identity would be anonymous, therefore, please do not put your name.
- Please mark with ã or X in the appropriate box.

**F THE RESPONDENT**

1. Area:_____

2. Age

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 60 ï 65 yrs | | 66 - 70 yrs | | 70 - 75 yrs | | 76 - 80 yrs | | 85 - 90 yrs | | 91yrs and above | |

3. Race

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| African | | Coloured | | Indian | | White | |

4. Gender

| | | | |
|---|---|---|---|
| Male | | Female | |

5. Marital status

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Married | | Single | | Widow / Widower | | Cohabitation | | Divorced | | Separated | |

6. Name of Organisation receiving service from or you know to provide a service for abuse older persons:

_____

7. What is older persons abuse?

_____
_____
_____

8. What do you do if you find that someone that you know or you are abused?

_____
_____
_____

9. Which processes should be followed to report or get help for an abused older person?

_____
_____
_____

e provided by government or NGOs to help older persons who are abused in your area?

_____
_____
_____

11. Where can you report older persons abuse?

_____
_____
_____

**Quality of Service**

12. How much time did the process take after reporting the case?

_____
_____
_____

13. How would you rate the quality of services provided for abused older persons?

| | Worst | Bad | Okay | Good | Best |
|---|---|---|---|---|---|
| Staff are polite when dealing with abused older persons | | | | | |
| Staff respects your confidence and feelings | | | | | |
| You feel safe and cared by staff | | | | | |
| The service, physical facilities, equipment, staff, and communication materials accessible to you | | | | | |
| Your complaints are constructively handled | | | | | |

14. Were you referred to other organisations for further intervention?

_____
_____
_____

15. In your opinion, how well do available services/programmes address the issue of abuse of older persons?

_____
_____
_____

16. Which ways does government ensure that older persons participate or are informed about things that involve them?

_____
_____
_____

17. If services do not address the issues of abuse, what could be done to make them adequate?

_____
_____
_____

18. In your opinion is the government doing/not doing enough for abused older persons?

_____
_____
_____

19. Additional information on how government can improve service delivery on abuse of older persons

_____
_____
_____
_____

THANK YOU

**ANNEXURE B**

**Interview Questionnaire for Community representatives**

**Response to Abuse of Older Persons in Zonkezizwe Area of Germiston.**

*Please read the following information carefully before you begin to complete the questionnaire.*

The researcher has designed the questionnaire for the Germiston Region to examine and assess the intervention strategies in Zonkezizwe. The research will assist the community and Department to take informed decision making strategies. This will also help to the Department to channel the resources where the community, older persons have indicated a concern.

*Herewith are instructions for completing the questionnaire:*

- Thank you for taking your time to complete this questionnaire.
- This questionnaire will take less than an hour of your time.
- Your identity would be anonymous, therefore, please do not put your name.
- Please mark with ã or X in the appropriate box.

1. Area:_____

2. Age

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20-24 yrs | | 25ï 29 yrs | | 30 -34 yrs | 35 -39 yrs | | 40 -44 yrs | | 45-49 yrs | | 50 ï 54 yrs | | 5 yrs and above | | |

3. Race

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| African | | Coloured | | Indian | | White | |

4. Gender

| | | | |
|---|---|---|---|
| Male | | Female | |

**Leading Edge Care and Services**

5. Which organisations are available in Zonkezizwe for older persons?

_____
_____
_____

6. What kind of services are the organisations providing to fight older persons abuse?

_____
_____
_____
_____

7. Do you think your programmes are adequate to address older persons abuse?

_____
_____
_____
_____

8. How does the organisations identify and adopt new care and service practices?

_____
_____
_____

**res**

9. How do you identify abused older persons?

_____
_____
_____

10. Which ways does this organisations use to improve care and support services for you clients?

_____
_____
_____

11. How they collaborate as organisations to develop new ways of providing services?

_____
_____
_____

12. How are volunteers involved in the organisations?

_____
_____
_____
_____

**Consumer Information**

13. What kind of information is shared with the residents and clients about abuse of older persons?

_____
_____
_____
_____

14. How do you ensure that individuals and clients make informed decisions about the care and support of older persons?

_____
_____
_____

**Continuous Quality management**

15. How do you ensure that older persons are satisfied with their services?

_____
_____
_____

ols does the organisation follow?

_____
_____
_____

17. What are the strengths of the programmes?

_____
_____
_____

18. What are the challenges of the programmes?

_____
_____
_____

19. What changes would you recommend to improve the programmes?

_____
_____
_____

20. Please add any additional comments about the organisation's programmes?

_____
_____
_____

THANK YOU

**ANNEXURE C**

## Interview Questionnaire for Service Providers

**Response to Abuse of Older Persons in Zonkezizwe Area of Germiston.**

*Please read the following information carefully before you begin to complete the questionnaire.*

The researcher has designed the questionnaire for the Germiston Region to examine and assess the intervention strategies in Zonkezizwe. The research will assist the community and Department to take informed decision making strategies. This will also help to the Department to channel the resources where the community, older persons have indicated a concern.

*Herewith are instructions for completing the questionnaire:*

- Thank you for taking your time to complete this questionnaire.
- This questionnaire will take less than an hour of your time.
- Your identity would be anonymous, therefore, please do not put your name.
- Please mark with ã or X in the appropriate box.

nt

1. Name of Organisation?

   _____

2. What is your position?

   _____

3. How many years have you been in this organisation?

   _____

4. Age

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 ï 25 yrs | | 26 - 30 yrs | 31 ï 35 yrs | | 36 ï 40 yrs | | 41 ï 45 yrs | | 46 ï 50 yrs | | 51 yrs and above | |

5. Race

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| African | | Coloured | | Indian | | White | |

6. Gender

| | | | |
|---|---|---|---|
| Male | | Female | |

**Leading Edge Care and Services**

7. What kind of services is the organisation providing to fight older persons abuse?

_____
_____
_____

8. Do you think your programmes are adequate to address older persons abuse?

_____
_____
_____

9. Approximately how many users are able to obtain a service during their first visit?

_____
_____
_____

er of cases that the organisation has handled
ear?

_____
_____
_____

11. How many cases are pending at the time of the research?

_____
_____
_____

12. How does your organisation identify and adopt new care and service practices?

_____
_____
_____

**Processes and Procedures**

13. Give an example of an innovative policy or procedure that you have implemented recently?

_____
_____
_____

14. What kind of techniques does your organisation use to improve care and support services for you clients?

_____
_____
_____

15. How do you collaborate with other organisations to develop new ways of providing services?

_____
_____
_____

16. How are volunteers involved in your organisation?

_____
_____

17. Can you explain which manual is used to manage cases of abuse?

_____
_____
_____

18. What kind of information is shared with the residents and clients about abuse of older persons?

_____
_____
_____

19. How do you educate individuals about the abuse of older persons?

_____
_____
_____

20. How do you ensure that individuals and clients make informed decisions about the care and support of older persons?

_____
_____
_____

**Consumer Participation**

21. What kind methods do you use to provide residents and clients to share their ideas and concerns?

_____
_____
_____

**Continuous Quality management**

22. How do you evaluate and measure the quality of services offered in your organisation.

_____
_____
_____

23. Which reporting protocols does the organisation follow?

_____
_____
_____

24. Which processes does your organisation use to measure customer satisfaction?

_____
_____
_____

ou recommend to improve the programmes?

_____
_____
_____

26. What are the strengths of the programmes?

_____
_____
_____

27. What are the challenges of the programmes?

_____
_____
_____

28. Please add any additional comments about the organisationôs programmes?

_____
_____
_____

THANK YOU

**ANNEXURE D**

**Interview Questionnaire for Department of Social Development Officials**

**Response to Abuse of Older Persons in Zonkezizwe Area of Germiston.**

*Please read the following information carefully before you begin to complete the questionnaire.*

The researcher has designed the questionnaire for the Germiston Region to examine and assess the intervention strategies in Zonkezizwe. The research will assist the community and Department to take informed decision making strategies. This will also help to the Department to channel the resources where the community, older persons have indicated a concern.

*Herewith are instructions for completing the questionnaire:*

- Thank you for taking your time to complete this questionnaire.
- This questionnaire will take less than an hour of your time.
- Your identity would be anonymous, therefore, please do not put your name.
- Please mark with ã or X in the appropriate box.

1. Name of Department?

_____

2. What is your position?

_____

3. How many years have you been in this organisation?

_____

4. Age

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 ï 25 yrs | | 26 - 30 yrs | 31 ï 35 yrs | | 36 ï 40 yrs | | 41 ï 45 yrs | | 46 ï 50 yrs | | 51 yrs and above | |

5. Race

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| African | | Coloured | | Indian | | White | |

6. Gender

| | | | |
|---|---|---|---|
| Male | | Female | |

**Leading Edge Care and Services**

7. What kinds of services are available to fight older persons abuse?

_____
_____
_____

8. Do you have a list of intervention programmes available and what kind of service do they provide? If Yes / No motivate

_____
_____
_____

9. How many reports do you collect from NGOôs, CBOôs, FBOôs and provinces in a year?

_____
_____
_____

ed in the reports on abuse of older persons?

_____
_____
_____

11. In your opinion do you think the reports reflect the status quo on the abuse of older persons?

_____
_____
_____

12. In your opinion do you think the policies in place are addressing the plight of older persons?

_____
_____
_____

13. What kind of problems do you encounter in dealing with the dilemma of abuse for older persons?

_____
_____
_____

**Processes and Procedures**

14. Give an example of an innovative policy or procedures that have implemented recently?

_____
_____
_____

15. What were the challenges in implementing the policy or procedures?

_____
_____
_____

16. What were the strong points about implementing the policy or procedures?

_____
_____
_____

at there is collaboration with other organisations
f providing services?

_____
_____
_____

18. Can you explain which manuals are used to manage cases of abuse?

_____
_____
_____

19. Is the Department capable of handling the pressure of eradicating older persons abuse?

_____
_____
_____

20. Does the Department have enough capacity to handle the abuse of older persons?

_____
_____
_____

**Consumer Information**

21. What kind of information is shared with the communities and clients about abuse of older persons?

_____
_____
_____

22. How do you ensure that education and awareness is raised on the abuse of older persons?

_____
_____
_____

23. Do communities and older persons know the procedures to be followed if they are abused or somebody they know is abused?

_____
_____
_____

24. How do you ensure that individuals and clients make informed decisions about the care and support of older persons?

_____
_____
_____

25. What kind of methods do you use to provide sharing of ideas and concerns on the abuse of older persons?

_____
_____
_____

26. How does the Department ensure that older persons participate?

_____
_____
_____

27. Is there available researches which have been done to identify the needs of abused older persons?

If Yes/No motivate your answer

_____
_____
_____

**Continuous Quality management**

28. How do you evaluate and measure the quality of services offered to older persons?

_____
_____
_____

29. What are the current quality management goals?

_____
_____
_____

30. Which processes does the Department use to measure customer satisfaction?

_____
_____
_____

31. Do you think the Department is doing enough to address the dilemma of abuse for older persons? If yes or No motivate your answer

_____
_____
_____

ou recommend to improve the programmes?

_____
_____
_____

33. What are the strengths in implementing intervention programmes in the Department?

_____
_____
_____

34. What are the challenges of implementing developed programmes in the Department?

_____
_____
_____

35. Please add any additional comments about the organisationôs programmes?

_____
_____
_____

THANK YOU

**ANNEXURE E**

## Participants' Consent Form for Interviews

I, _____

consent to my interview with Maphefo Mabasa for her study on Abuse of Older Persons: Response to Abuse of Older Persons in Zonkezizwe Area of Germiston.

I understand that information collected will not be used by any other person not participating in this research. It will only be seen by the supervisor and the researcher.

The researcher should not name or identify my name in the use of her report

Signed_____

Date