

Perspectives of a multidisciplinary team on implementing the rights of older persons

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Dissertation submission in fulfilment of the requirements for the
degree *Master of Science in Social Work* at the North-West
University


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Examination: November 2023

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DECLARATION BY STUDENT

I, Charlese McMillan, declare that the dissertation, '**Perspectives of a multidisciplinary team on implementing the rights of older persons**', reflects the work I have conducted and all the references that were used or quoted were acknowledged.



24/11/2023

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PREFACE

The document was language edited (Refer to Addendum J). Throughout the research paper, abbreviations are used for certain terms relating to elderly care. The first reference to these terms is indicated in full, after which only the abbreviations are used. The researcher made use of the Harvard referencing style throughout this research paper. During the period of study, the researcher experienced numerous challenges obtaining research studies focussing on the challenges experienced by the multidisciplinary team in implementing the rights of the elderly population. Chapter 4 integrates the verifying of the data with literature throughout the presentation of the findings, eliminating the necessity for a separate discussion paragraph.

ACKNOWLEDGEMENTS

The journey in completing this study has been long and challenging, during which I often felt like giving up numerous times. It took six years to complete with COVID-19 creating challenges all along the way. Even with access to residential facilities restricted by governmental regulations during the data collection phase, the purpose and importance of this study were never doubted. I could never thank every individual for their important role and contribution, as there are just too many, but I would like to highlight the following individuals:

- Issie Jacobs, my study leader, for never allowing me to give up, listening to all my complaints and terrible excuses and providing me with guidance, insight and encouragement. For believing in the study and for sharing my excitement. Thank you for never allowing me to give up.
- My husband, for his love and patience, for stepping up as a parent looking after our daughters when my time was spent researching. For allowing and supporting me in following my dream.
- My parents, especially my mother, for questioning and annoying me at every opportunity possible to ensure the completion of the study. Without you and the values you have instilled in me, I doubt the study would have been successfully completed.
- To every participant who took part, without you, this would not have been possible. Not one waived to take part, even amidst the risks of Covid-19. Thank you for wanting to make a difference and for sharing your struggles, frustrations and hopes with me. Together, I believe we will make a difference in the lives of the elderly whom we serve.
- Lastly, to All Mighty God, thank you for allowing me the opportunity to make a difference, for placing the right people on my path and for helping me grow into the person you meant for me to become. Thank you for blessing me with the strength to complete this study and for providing me with the support system I needed. Guide me on the way forward and allow me to be a vessel for your work.

ABSTRACT

KEYWORDS: Multidisciplinary team, older person, rights of the older person, Older Persons Act 13 of 2006, perspectives

The aim of the study was to explore and describe the perspective of a multidisciplinary team in implementing the rights of older persons. Social justice and basic human rights for the older person should involve ensuring their financial security and seeing to it that their socio-economic needs are met so that older persons are able to enjoy active, independent and healthy living, among other things. The sad truth is that older persons face income poverty, food insecurity, social exclusion, discrimination and lack of access to basic services such as water and health care. Within the South African context, the task of looking after the needs and rights of older persons is assigned to multidisciplinary teams. If one considers the statistics of elderly abuse and the number of older persons who live in poverty, then the question should be asked: What is hindering a multidisciplinary team in their quest to implement the rights of older persons? This question was answered with the question that was formulated for the study, namely: What are the perspectives of a multidisciplinary team in implementing the rights of older persons?

The study was approved by the Human Research Ethics Committee and Faculty Board of the North-West University, Potchefstroom Campus, with the ethics number NWU-00035-19-A1. Permission was also obtained from the Department of Social Development as well as the chairpersons from various private and non-profit organisations, who served as gatekeepers for their employees taking part in the research study.

The participants involved formed part of a gerontological multidisciplinary team, which included registered nurses, facility managers and social workers. Participants were from private, non-profit and governmental sectors. It was necessary to involve this target group as it was important that their perspectives would shed light on service delivery pertaining to the rights of older persons.

A qualitative research approach and a descriptive design were employed to conduct the study. Purposive sampling was used to select a sample of 45 participants who participated in either one-on-one semi-structured interviews or focus group discussions, which formed part of the data collection methods.

During the data analysis using thematic analysis, three primary themes were identified. The first theme indicated that the multidisciplinary team perceived the role of the main custodian of the Older Persons Act: 13 of 2006 to be problematic in the implementation of the rights of older persons. The second indicated that the multidisciplinary team perceived inconsistencies within legislation to hamper their duties and responsibilities in implementing elderly rights, while the third

theme indicated a lack of training and research within the field of elderly care contributed to the shortcomings in the implementation processes.

The findings indicated a level of frustration towards the main custodian of the Older Persons Act, as participants felt that a lack of leadership led to the injustice of elderly rights. Leadership challenges also led to unprofessionalism, a lack of skills and role confusion among departmental officials. A prevalent sentiment among participants was that the Department of Social Development had neglected its duties pertaining to abuse investigations as well as rights implementation. The Older Persons Act in itself holds specific challenges, as contradictions are found with other legislation and the Amendment Act provide no answers to these challenges. A lack of training across the board and cooperation among multidisciplinary team members have worsened an already fragile elderly support system. Financial constraints, a lack of resources and staff shortages seem to have negatively impacted the constructive service delivery to older persons by the Department of Social Development (DSD). Internal multidisciplinary teams within private and non-profit facilities are found to be affective, but once case referrals are made to external multidisciplinary teams involving the government sector, multiple failures occur.

Considering the above, as well as a lack of research and trustworthy findings within the field of elderly care, a comprehensive needs assessment within the elderly care programme of the Department of Social Development needs to be conducted. The role of the Department as custodian of the Older Persons Act needs to be re-evaluated with the implementation of an overarching body to monitor responsibilities and duties imposed on social development. An increase in training on the Older Persons Act is of vital importance as the gaps and contradictions within the act and other relevant acts and policies are addressed for future purposes.

OPSOMMING

SLEUTELWOORDE: Multidissiplinêre span, bejaarde persoon, regte van die ouer persoon, Wet op Ouer Persone, Wet 13 van 2006, perspektiewe

Die doel van die studie was om ondersoek in te stel en 'n beskrywing te verskaf rakende die perspektief van die multidissiplinêre span in verband met die implimentering van die regte van ouer persone. Sosiale geregtigheid en basiese menseregte vir die ouer persoon moet onder meer behels dat hulle finansiële sekuriteit verseker word en dat daar in hul sosio-ekonomiese behoeftes voorsien word, sodat ouer persone onder andere aktief, onafhanklik en gesondheid kan geniet. Die waarheid egter is dat ouer persone inkomste-armoede, voedselonsekerheid, sosiale uitsluiting, diskriminasie en 'n gebrek aan toegang tot basiese dienste soos water en gesondheidsorg in die gesig staar. Binne die Suid-Afrikaanse konteks word die taak om na die behoeftes en regte van ouer mense om te sien, aan multidissiplinêre spanne opgedra. As die statistieke van bejaardemishandeling en die hoeveelheid ouer mense wat in armoede leef in aggeneem word, moet die vraag gevra word: Wat belemmer 'n multidissiplinêre span in hul strewe om die regte van ouer persone te implementeer? Hierdie vraag is met die navorsingsvraag beantwoord wat vir die studie geformuleer is naamlik: Wat is die perspektiewe van 'n multidissiplinêre span ten opsigte van die implimentering van die regte van ouer persone?

Die studie is goedgekeur deur die Menslike Navorsingsetiekkomitee en die Fakulteits-raad van die Noord-Wes Universiteit se Potchefstroomkampus onder die etieknommer: NWU-00035-19-A1. Toestemming is ook van die Departement Maatskaplike Dienste verkry sowel as die hoofbestuur van verskeie privaat en nie-winsgewende organisasies, wie se werknemers deel gevorm het van die studie.

Die deelnemers het almal deel gevorm van 'n gerontologiese multidissiplinêre span, wat bestaan uit geregistreerde verpleegkundiges, fasiliteitbestuurders en maatskaplike werkers. Deelnemers was van private, nie-winsgewende organisasies en die regeringsektor. Dit was nodig om hierdie teikengroep te betrek aangesien dit belangrik was dat hul perspektiewe lig sou werp op dienslewering met betrekking tot die regte van ouer persone.

Deur die gebruik van 'n kwalitatiewe navorsingsbenadering, sowel as 'n beskrywende ontwerp, met aangesig tot aangesig onderhoude en fokus groepe as data invorderingsmetodes, was die navorser in staat om relevante data te bekom om die studie te voltooi. Doelgerigtesteekproefneming het 'n gedeelte van die steekproefneming van die studie ingesluit, nadat 45 deelnemers geïdentifiseer is om deel te vorm van die studie.

Tematiese ontleding was gebruik om die data te analiseer, waartydens drie hoof temas na voorskyn gekom het. Tema 1 het aangedui dat die multidissiplinêre span se persepsie rakende die rol van die bewaarder van die Wet op Ouer Persone Wet 13 van 2006, problematies was. Grootliks rakende die implimentering van bejaardes se regte. Tema 2 het weer aangedui dat die multidissiplinêre span teenstrydigheid binne wetgewing beskou as 'n struikelblok wanneer hulle pligte en verantwoordelikhede rakende die implimentering van bejaarde regte toegepas moet word. 'n Tekort aan opleiding en navorsing binne die veld van bejaarde sorg is geïdentifiseer as 'n derde tema wat aanleiding gee tot 'n mislukking in die implementerings prosesse.

Die bevindinge het 'n vlak van frustrasie getoon teenoor die bewaarder van die Wet op Ouer Persone, omrede deelnemers gevoel het dat 'n gebrek aan leierskap ongeregtheid rakende die regte van bejaardes tot gevolg gehad het. Leierskaps tekortkominge het ook onprofessionaliteit, 'n gebrek aan vaardighede en rol verwarring tussen departementele amptenare teweë gebring. Daar was 'n sterk gevoel onder deelnemers, dat die Departement van Maatskaplike Ontwikkeling hul pligte rakende mishandelings ondersoek sowel as die implementering van regte, afskeep. Die Wet op Ouer Persone op sigself bevat 'n aantal struikelblokke, aangesien weerspreking teenoor ander wetgewing plaasvind, en die wysigingswet verskaf geen antwoorde tot die geïdentifiseerde weersprekings nie. 'n Gebrek aan opleiding regoor die veld, sowel as samewerking tussen lede van die multidissiplinêre span het 'n reeds verswakte bejaarde ondersteuningsstruktuur vererger. Dit wil voorkom asof finansiële beperkinge, 'n gebrek aan hulpbronne en personeeltekorte bygedra het tot die Department van Sosiale Ontwikkeling (DSO) se gebrek aan konstruktiewe dienslewering aan ouerpersone. Daar is bevind dat interne multidissiplinêre spanne wat deel vorm van private sowel as nie-winsgewende organisasies baie doeltreffend is, maar sodra sake verwys word na die eksterne multidissiplinêre span bestaande uit die staatssektor, vind menigde mislukkinge plaas.

Met bogenoemde in agneming sowel as 'n tekort aan navorsing en betroubare bevindinge binne die veld van bejaarde sorg, word 'n omvattende behoefte bepaling binne die bejaarde sorg afdeling van die Departement Maatskaplike Ontwikkeling aan beveel. Die rol van die Departement as bewaarder van die wet op ouer persone moet geëvalueer word met die implimentering van 'n oorhoofse gesag wat die verantwoordelikhede en pligte wat aan die departement toegestaan is, sal monitor. 'n Vermeerdering van opleidings geleenthede op die Wet op Ouer Persone is van kardinale belang, soos die tekortkominge en weersprekings binne die wet en ander wetgewings aangespreek word vir toekomstige doeleindes.

LIST OF ABBREVIATIONS

| | |
|----------|--|
| ADL | Activities of daily living |
| CBO | Community-based organisations |
| CESR | Committee on Economic, Social and Cultural Rights |
| COVID-19 | 2019 Novel Coronavirus, SARS-CoV2 |
| DOH | Department of Health |
| DOJ | Department of Justice |
| DSD | Department of Social Development |
| HIV/AIDS | Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome |
| HREC | Health Research Ethical Committee |
| FBO | Faith-based organisation |
| ICESR | International Covenant of Economic, Social and Cultural Rights |
| MDT | Multidisciplinary team |
| MIPAA | Madrid International Plan of Action on Ageing |
| NGO | Non-governmental organisation |
| NPO | Non-profit organisation |
| SABPP | South African Board for People Practices |
| SACSSP | South African Council for Social Services Profession |
| SAGA | South African Gerontological Association |
| SAHRC | South African Human Rights Commission |
| SAOPF | South African Older Persons Forum |
| SAPS | South African Police Service |
| WHO | World Health Organisation |
| UN | United nations |

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CHAPTER 1 ORIENTATION AND PROBLEM STATEMENT

1.1 INTRODUCTION

Like the Children's Act 38 of 2005, the Older Persons Act 13 of 2006 also contains a statutory section, and therefore, the key role players in its implementation are social workers (Mtiya-Thimla, 2015:6). According to Adkins (2011:16), the Older Persons Act (13 of 2006) is capable of bringing about a positive influence on the socio-economic rights of the elderly in South Africa. Elderly rights are recognised in the Constitution of South Africa and protected by numerous national laws.

The Older Persons Act 13 of 2006 states that the rights of the elderly are grounded in dealing successfully with the difficulties they face by creating a foundation aimed at empowering and protecting the elderly while maintaining and promoting their status, rights, well-being, safety and security. Even though the implementation of the act mainly rests on the shoulders of social workers, section 25 (1) of the Older Persons Act (13 of 2006) clearly states that *"any person who is involved with an older person in a professional capacity and who on personal observation concludes that the older person is in need of care and protection must report such conclusion to the Director-General."* It is, therefore, not only social workers who are responsible for the implementation of the rights of older persons.

The aim of this chapter is to provide a background to the study, to highlight the rational and problem statement while bringing forth the identified research questions and to discuss the aim as well as the research context.

1.2 RATIONAL AND PROBLEM STATEMENT

The Older Persons Act 13 of 2006 defines an older person as an individual who is 65 years of age or older if male and 60 years of age or older if female. According to Kang'ethe (2018:283), most developed countries have accepted the chronological age of 65 as a definition of an older person, while developing countries associate an older person with the age at which they can begin to receive pension benefits. The Older Persons Act 13 of 2006 clearly discriminates between men and women on the basis of age, which is contrary to the equality clause in the Constitution. According to Cohen (2011:15), who is the head of the Parliamentary and International Affairs Programme of the South African Human Rights Commission, this aspect was pointed out to the relevant portfolio committee, but parliament proceeded to pass the legislation. The call for comments on the Older Persons Amendment Bill 2017, therefore, requested the amendment of the definition of *"older person"* to be changed to: 'Older Person means a person who is 60 years of age or older.' Within this study, the researcher will, however, refer to an older person as a person above the age of 60 due to the fact that the qualifying requirement for an older

person to receive a government grant is indicated as a minimum age of 60 years (South African Social Security Agency, 2014).

In the national sphere of the government, the Department of Social Development (DSD) acts as the custodian of the Older Persons Act 13 of 2006 and, for that reason, represents the Director-General. However, although the DSD acts as the custodian of the Older Persons Act 13 of 2006, Strydom (2008:107) stresses that in order to provide services to the elderly, inter-collaboration of departments, the private sector and civil partners is necessary. The Investigative Hearing Report (2015) clearly tabulates the roles and responsibilities of each department as well as non-profit organisations (NPOs), businesspeople, financial service providers and community-based organisations (CBOs) regarding older persons (Mtiya-Thimla, 2015:6). A multidisciplinary approach is considered to be the key to altering and directing approaches to elderly care, although this approach is often not understood in reality (Hickman, Phillips, Newton, Halcomb, Abed & Davidson, 2015:322).

In light of the fact that the Older Persons Act constitutes that the development of an older person should take the full psychosocial environment of the older person into account, such as the physical, emotional, cognitive, psychological and social levels of the older person, a gerontological multidisciplinary team (MDT), therefore, would typically include a registered nurse, social worker, psychologist, dietitian, occupational therapist, physiotherapist, general practitioner, religious leader, social auxiliary worker, psychiatrist and the manager of a frail care or service centre when an older person has been admitted into any of these centres.

For the purpose of this study, the explanation for an MDT used by Hickman, Phillips, Newton, Halcomb, Al Abed and Davidson (2015:323) is, therefore, relevant, namely that it possibly consists of a variety of health care professionals working under one organisational entity. It can also consist of specialists from a variety of organisations, including private practice, who function as an effective team striving to meet the unique needs of every older person. The MDT would typically use a process of comprehensive gerontological assessment to address the complex care and needs of older persons (Deschodt, Claes, Van Grootven, Van den Heede, Flamaing, Boland & Milisen, 2016:99). This type of assessment is defined by Deshodt *et al.* (2016:99) as “*a multidimensional interdisciplinary diagnostic process focussing on determining a frail elderly person’s medical, functional, psychological and social capability in order to develop a coordinated and integrated plan for treatment and long term follow up.*”

Elderly rights are not awarded the seriousness they deserve despite the protective legislation that has been adopted. A study by Kang’ethe (2018:288) on elderly rights found that a lack of skill and competence exists among those tasked to enforce the law when it comes to implementing the rights of older persons. It was further found that modernisation, eurocentrism and globalisation have significantly affected the traditional lifestyle that distinguished the elderly, resulting in some

suffering abandonment and neglect. Mathiso (2011:3) is of the opinion that the absence of a specific international resolution for older persons indicates their demoted status. Up to this date, there still is no overarching directing body ensuring all levels of government and other stakeholders in civil society perform their directives successfully (Adkins, 2011:16).

In order to further highlight that elderly rights are not awarded the seriousness they deserve, it appears that none of the five strategic objectives of the World Health Organisation's (WHO) Global Strategy and Action Plan on Aging and Health (2016–2020) have been achieved. The Samson Institute for Ageing Research (SIFAR) (Geffen *et al.*2020:19) summarises these objectives as follows:

- Pledging to take action by encouraging leadership and commitment as well as teamwork between government and non-government associations.
- Connecting specific health systems to identified elderly needs by positioning health systems around intrinsic capacity and functional ability. Ensuring that trained staff are connected to well-priced, excellent elderly, focused medical care.
- Creating an environment where the elderly can develop independence, promoting interaction and encouraging multisectoral action.
- Establishing continuing care through the creation and improvement of a maintainable and neutral long-term care system.
- Upgrading the measurement, monitoring and research of the ageing field.

In South Africa, the DSD has been mandated with implementing the Older Persons Act 13 of 2006. However, due to a lack of support within the department and other stakeholders, along with the fact that assisting older persons is not the only focus of the DSD, implementation of the act has been very slow. Budgetary constraints, according to Mathiso (2011:4), have further limited the full implementation of the act. Apart from the fact that the Older Persons Act is progressive in approach, with its purpose being that of empowering older persons by introducing programmes and amenities to them, in the researcher's opinion and experience, the implementation is flawed and therefore makes its sufficiency ineffective.

According to Geffen, Kelly, Steyn and Kalula (2020:8), the starting point for elderly-centred and combined care is a strong case management system. One in which individual needs can be evaluated and a complete personalised care plan can be created around a single goal of maintaining activities of daily living. For the above to be achieved, a fully efficient MDT must be in place. The Older Persons Act 13 of 2006 implies an MDT approach with regard to ensuring that the well-being and the basic rights of the older person are being addressed. Despite this and the

fact that these two documents are clear with regard to what is expected of all the parties involved with older persons, the MDT seems to be unsuccessful in their attempt to execute their mandates. A lack of resources and poor collaboration between the internal and external MDT seems to have led to a lack of service delivery. Abuse cases are seldom reported due to a lack of prosecution by the Department of Justice (DOJ), which has led to the discouragement of the MDT to report. Insufficient training also leads to a lack of knowledge pertaining to elderly rights, which then, in turn, affects the execution of the MDT's mandates. This is in sharp contrast with the fact that MDTs, along with the coordination and decision-making skills of social workers, position themselves well to deliver services to the elderly within the communities and in particular to older persons relocating and transitioning to frail care facilities (Koenig, Hee Lee, Fields & Macmillan, 2011:497).

Based on personal experience within the field of elderly care, along with a lack of research and a shortage of services and rights implementation, as mentioned, the researcher wanted to explore and describe the perspectives of an MDT involved in implementing the rights of older persons. Despite all the legislation and policies in place, MDTs seem to find it difficult to implement the rights of the elderly. Through the study findings, the researcher wanted to contribute towards the development of effective responses and actions to help address the many human rights violations experienced by the elderly. By doing so, the researcher hoped to contribute to the existing body of knowledge of multidisciplinary teamwork in the context of the implementation of the rights of older persons (Mangena, 4 June 2015).

1.2.1 Research questions

The primary research question that guided the study was formulated as follows:

What are the perspectives of an MDT on implementing the rights of older persons?

1.3 RESEARCH AIM AND OBJECTIVE

The aim of the study was to explore and describe the perspectives of an MDT on implementing the rights of older persons.

The following objectives were formulated in order to achieve the aim:

- To explore and describe the perspectives of an MDT on implementing the rights of older persons through semi-structured interviews and focus group discussions with a sample of professionals working in the field of gerontology and who form part of an MDT.
- To determine in which way these perspectives share light on service delivery pertaining to the rights of older persons.

In order to draw conclusions and make recommendations to all relevant stakeholders, and in particular to the DSD, with regard to the perspectives of an MDT on implementing the rights of older persons.

1.4 THE RESEARCH METHODOLOGY

A qualitative research method was used for the purpose of this study, along with a qualitative descriptive design, to allow the researcher the opportunity to describe the perspectives of the participants. The purpose of a qualitative research method is that the researcher is interested in the “*quality*” of a specific action and not in how often or how it would otherwise be evaluated (Islam & Aldaihani, 2022:2). The qualitative descriptive design seeks to discover, clarify or define what is happening in a smaller group of people as the researcher believed that the data from a reduced group may provide insight to the broader population (Dawson, 2019:261). In a qualitative descriptive design, the emphasis is less on interpretation and more on presenting what participants shared during the interview process. (Nieuwenhuis, in Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen & Plano Clark, 2016:54). Participants were purposively selected to form part of this study as purposive sampling is an approach for purposive selecting of participants based on them complying with specific criteria of importance (Adeoye-Olatunde & Olenik, 2021:1361). Semi-structured interviews and focus group discussions were used as data collection methods, as this allowed for more “*deeper*” ideas or understanding of social issues. Focus groups and interview methods are very affective in instances where the matters are complex and participants prefer to verbally express their feelings or thoughts (Islam & Aldaihani 2022:5). The trustworthiness of the study plays a significant role in the whole research process. The following constructs were employed to assure the trustworthiness of the study, namely: credibility, transferability, dependability and confirmability. According to Adeoye-Olatunde and Olenik (2021:1364):

- Credibility involves the assurance that the findings are truthful.
- Transferability delivers adequate detail in determining if the findings were relevant to different settings.
- Dependability proves that the findings are repeatable.
- Confirmability indicates the degree to which the findings of the study are formed by the participants.

The researcher ensured that ethical considerations were applied throughout the research process. A detailed description of the methodology applied is discussed in Chapter 3.

1.5 LIMITATIONS OF THE STUDY

Research limitations refer to the potential weaknesses inherent in the study (Köhler, Smith & Bhakoo, 2022:196). During this study, the researcher became aware of the following limitations:

- Researcher bias – During this study, the researcher continuously reflected on the way in which the interview and focus group questions were asked to ensure no bias took place. This brought a level of perspective and opinion, as she was employed within the older persons programme of the DSD during the study period.
- Generalisability – The perspectives of the participants within this study cannot be generalised as they represent one province only, which has different resources available than the other eight provinces.
- Limited scope – The researcher obtained a vast array of information from the participants, but due to the fact that the study had a narrowly defined goal, it did not allow for extra variables or concepts.
- Time constraints – As the researcher made use of one-on-one interviews as well as focus group discussions within the environment of the participant, she was limited on the time spent during the interview process. The participants were allowed limited time during working hours to participate in the data collection process.

1.6 REPORT LAYOUT OF THE STUDY

The following chapters form part of the research report:

- Chapter 1: Orientation and problem statement
- Chapter 2: Literature overview
- Chapter 3: Research methodology
- Chapter 4: Research findings
- Chapter 5: Summary, conclusion and recommendations

1.7 SUMMARY

The purpose of the research was to explore and describe the perspectives of an MDT in implementing the rights of the elderly. This chapter, therefore, gave an orientation of and a motivation for the study. An outline was also given of the research methodology that was employed to achieve the aim and objectives that were formulated for the study. The next chapter focuses on the literature overview of the study.

CHAPTER 2 LITERATURE OVERVIEW

2.1 INTRODUCTION

Elder abuse is a worldwide health, human rights and criminal justice problem that goes beyond socio-economic classes and regions (Kotzé, 2018:1). Research conducted by Kotzé (2018:1) indicated that the figures published on elder abuse and neglect fluctuates significantly between 2% and 60% with abuse in institutional settings going as high as 64.2%. This high number was obtained from staff disclosing elder abuse during a self-reporting exercise. Research conducted in South Africa on elder abuse is restricted and there is a lack of reliable data regarding the occurrence of elder abuse. The relevance of an MDT on the implementation of the rights of older persons is very challenging. According to Boersig and Illidge (2018:97), the limited information regarding the implementation of older person's rights and elder abuse reflects the fact that underreporting of elder abuse has been a continuous feature within this area of literature. Legal services and multidisciplinary professionals must take into consideration the genuine circumstances of an individual, as the combination of socio-economic and cultural context they reside in determines whether they will be at risk of elder abuse. It is, therefore, important to take note of the cultural history, socio-economic standing and intellectual ability of an individual, as it could place them at a bigger risk of elder abuse (Boersig & Illidge, 2018:97).

Unlike developed countries, South Africa is not equipped nor organised to deal with the challenges accompanying an ageing population. These challenges include financial instability, natural disasters, disease and the decline of family relationships (The South African Human Rights Commission (SAHRC)0, in The Investigative Hearing Report (2015:5). According to Nhongo (2006:5) *the inability to deal with these challenges results in older persons regularly suffering from "age discrimination", which can be defined as "The systematic and institutionalised denial of the rights of older persons on the basis of their age by individuals, groups, organisations and institutions."*

This literature overview focusses on general issues that directly impact an older person's activities of daily living (ADL), especially their experiences in attempting to access their constitutional rights. Further discussions include the older persons within a South African setting, papers, policies and regulations in place to protect the rights of older persons and the role of the MDT with regard to the protection of older persons' rights.

2.2 OLDER PERSONS WITHIN THE CONTEXT OF SOUTH AFRICA

South Africa's 2011 census indicated that the older population institutes roughly 8% of the entire population (SAHRC, 2015:6), whereas the 2022 census indicated the percentage of the older population to be 6.5%. The monthly social grant of R2090 for the elderly between 60 and 75 years

and R 2110 for those over 75 are not adequate to assist with the alleviation of poverty experienced on a daily basis. As a result, the failure of many older persons to gain access to basic services is an indication that their fundamental rights are not being met. According to the SAHRC report (2015:6), the elderly continuously lack access to satisfactory health and basic education services such as reading and writing. As they face a bleak possibility of employment, they also must confront financial difficulties, along with gender discrimination and abuse.

The country's high unemployment rate has imprinted on the psychosocial environment of the elderly, as they have become financially responsible for their families due to the impact of the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) and the COVID-19 pandemic (D'cruz & Banerjee, 2020:4). The living environment of any individual undoubtedly imprints on their psyche. Therefore, the psychosocial environment of an older person is directly connected to the willingness of an elderly to report abuse, to accept assistance from an MDT and, in the long term, to survive both physically and emotionally (D'cruz & Banerjee, 2020:2).

2.2.1 Living arrangements of older persons

Makiwane and Kwizera (2007:298) state that an analysis of South Africa's elderly population should take into consideration the inequalities of the past, which brought about land deprivation and limited access to education. Discrepancies of the past manifested in high levels of unemployment and underdevelopment throughout the country. As a result of historical inequalities, a majority of older persons reside with their families or alone in rural areas. Although redistribution mechanisms have been implemented on various levels, older persons are still not being prioritised, especially with regard to land allocation, which further prevents the elderly from obtaining a feeling of security brought about by owning land (SAHRC, 2015:13).

Currently, the DSD is attempting a shift from residential care investment to prioritising integrated community-based programmes. This has led to elderly care becoming the duty of their family, thereby providing the state with the opportunity to only take responsibility for those elderly deemed frail and who have no family to care for them (SAHRC, 2015:20). A large number of the elderly population does not reside in residential care due to a shortage of proper facilities to care for their needs (Kotzé, 2018:3). According to Malherbe (2007:58), the traditional expectation of the younger generation taking responsibility for the care of the elderly, has changed dramatically due to rapid social change, urbanisation, migration and the high incidence of HIV/AIDS. More and more elderly are forced to earn a living as traditional practices, which previously safeguarded the elderly against economic hardships, have gradually disappeared (Makiwane and Kwizera, 2007:299). Older persons have not only been robbed of their right to enjoy a leisurely retirement but in some cases, HIV/AIDS and COVID-19 have led to them being robbed of their children on whom they relied for emotional and financial support.

Sadly, the emotional well-being of older persons is often affected by the circumstances surrounding their everyday environment. According to Makiwane and Kwizera (2007:300), the loss of traditional care systems, caused by influences linked to modernisation, has led to elderly individuals being forced to become the core financial providers of the household as well as the provider of accommodation. The role of women as caretakers of family members, both young and old, has changed as more women enter the employment market, leaving vulnerable elderly to take care of the younger generation (Makiwane and Kwizera, 2007:309). The possible emotional strain placed on the elderly as the perceived sole provider in all psychosocial aspects of the family environment could directly affect their emotional well-being and infringe on their basic rights.

2.2.2 Socio-economic status of older persons

A study conducted by Makiwane and Kwizera (2007:299) indicated that an elderly person's "quality of life" reflects a portion of their perceived level of social justice when taking their living costs into consideration. With an increasing struggling economy and a very high unemployment rate in combination with a high mortality rate among the middle-aged generation, the struggle for survival among the elderly generation has significantly increased. The South African population is characterised by a clear division, with one section of the population resembling demographic characteristics similar to that of a developed country and the other resembling demographic features of a less developed country (Makiwane and Kwizera, 2007:298). As a large number of the elderly population are grant recipients, it needs to be highlighted that the grant is insufficient to ease the extent of poverty experienced by older persons, and it is therefore not a surprise that the SAHRC (2015:13) considers the elderly to be among the chronically poor. Older persons are often left with no choice but to take responsibility for becoming the primary caretakers of an entire household, even though the social assistance grant was not intended to become a primary source of income. This arrangement leaves older persons vulnerable to financial abuse from economically dependent family members (Mathiso, 2011:3). The 2015 WHO estimates that 14% to 22% of the elderly middle to high-income group has fallen victim to some form of elder abuse (Boersig & Illidge, 2018:94).

2.2.3 Occurrence of abuse among older persons

According to Boersig and Illidge (2018:102), the abuse of an older person consists of a multifaceted collaboration of:

- Social influences such as family relationships.
- Environmental factors such as a lack of support structure.
- Physical factors such as a decrease in health.

With the unemployment rate in South Africa estimated at around 32.9% and the elderly population rate estimated at 9.2% of the total population during 2023, the prevalence of abuse is becoming a growing concern (Department of statistics SA, 2023:1). Kotze in 2018 already mentioned that South Africa has one of the fastest growing ageing populations in Africa, consisting of a multicultural population of 4.2 million older persons (Kotze, 2018:2). It, therefore, implies that elderly abuse will exponentially increase.

2.2.3.1 Definition of elderly abuse

There are several obstacles faced by the elderly on a daily basis that prohibit them from relishing their constitutionally guaranteed rights. Some of these obstacles can be narrowed down to the fear of intimidation, lack of legal advice and a lack of income (SAHRC, 2015:34). In order to understand the obstacles prohibiting the rights of the elderly in South Africa; one first has to look at the definition of the term “*elderly abuse*”. Elderly abuse, however, cuts across all cultures and geographical boundaries, which leads to a great challenge in reaching a compromise on a single description of the term “*abuse*”. The Older Persons Act 13 of 2006 defines abuse as follows: “*Any conduct or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress or is likely to cause harm or distress to an older person constitutes abuse of an older person.*” The definition used by the WHO (2015) and which was also adopted by the “*Action on Elder Abuse*” in the United Kingdom reads as follows: “*A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person*” (Dixon, Manthorpe, Biggs, Mowlam, Tennant, Tinker & Mccreadie, 2010:404). In relation, the Centers for Disease Control and Prevention (CDC, 2016) defines elder abuse as: “*An intentionally act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult.*”

2.2.3.2 Types of elderly abuse

Laumann, Leitsch and Waite (2008:248) concluded that abuse can be categorised into five subgroups, namely: physical, verbal or psychological, sexual, financial and neglect, with a newer type being highlighted recently, called social abuse. The Older Persons Act 13 of 2006 only speaks of four types of abuse: physical, sexual, psychological and economic abuse. The National Centre on Elder Abuse’s definitions for each form of abuse are more extensive and explanatory than those found in section 30 of Act 13 of 2006. These terms are defined as follows:

Physical abuse – “*Infliction of physical pain or injury to an older adult and may result in bruises, welts, cuts, wounds, and other injuries.*”

Sexual abuse – “Refers to non-consensual touching or sexual activities with older adults when they are unable to understand, unwilling to consent, threatened, or physically forced into the act.”

Psychological abuse – “Includes verbal assault, the threat of abuse, harassment, or intimidation, which may result in resignation, hopelessness, fearfulness, anxiety, or withdrawn behaviour.”

Neglect – “A failure by a caregiver or oneself to provide the older adult with necessities of life and may result in being under weight or frail, unclean appearance or dangerous living conditions.”

Financial abuse – “Exploitation that includes the misuse or withholding of an older adult’s resources to their disadvantage or the profit or advantage of another person and may consist of overpayment for goods or services; unexplained changes in the power of attorney, wills, or legal documents; missing checks or money; or missing belongings.” (Dong, 2015:1214).

It seems as if sexual abuse of older persons is of specific concern to researchers. Mathiso (2011:5) refers to the sexual abuse inflicted upon older persons due to their defencelessness as a disturbing matter. Research conducted by Meel in Kotzé (2018:1-4) within the Mthatha area between 2007 and 2011 indicated that the average rate of rape among elderly women was 20.7 women per year for every 10 000 adult women. The South African Police Service (SAPS) also indicated their concern in The Investigative Hearing Report (2015:29) regarding the security of residences occupied by older persons and recommended that appropriate safety features be implemented. Keikelame, Ferreira, Mpathekombi and Ya Bantu Abadala in Kotzé (2018:3) also highlight the concerning tendency of violent forms of abuse, particularly the rape of elderly women by their sons or grandsons to extort their pension money. Often these acts are concealed and not recognised by the communities as rape, as the perpetrator is blood-related (Ferreira & Lindgren, 2008:101). The family structure can be one of the most uplifting and supportive structures in the life of an older person when functioning affectively, but it can also be the most damaging and toxic part of an elderly’s existence, leading to psychological and emotional regression and ultimately death.

2.2.3.3 Risk factors that contribute to the abuse of older persons

According to the findings by Makiwane and Kwizera (2007:3-4), the elderly are of the opinion that poverty, unemployment and substance abuse are contributing factors to them being abused. There are also a number of other factors which had remained after the apartheid system that can be viewed as contributing factors to abuse, namely, crumbling family structures, increasing crime

rates, loss of elderly respect, beliefs in witchcraft, domestic violence and socio-economic disparities.

Being an old age grant recipient appears to place a person in the unenviable position of being abused. The South African Older Persons Forum (SAOPF) during 2008 found that some grant pay points lack water, toilets, seating, shelter and fences. Older persons are made to stand in queues for up to eight hours after travelling long distances, which is costly. Medical assistance is furthermore not available at some pay points for those who fall ill. Often, the machines at the grant pay points are faulty and improper payouts occur regularly. In certain communities, the pension payments are conducted by local stores, which then force older persons to buy food from them. Apart from previously mentioned struggles, the elderly are also bombarded and exploited by vendors and loan sharks while forced to undergo abusive behaviour imposed by staff at government pay points (SAHRC, 2015:32).

As different research methodologies were used in the literature studies conducted on elder abuse, a selection of risk factors that are associated with elder abuse were identified. Among the risk factors, it seemed that intellectual and physical impairment and psychosocial suffering were the most common (Dong, 2015:1218). In order to determine the risk factors of abuse, the elderly's capacity, both cognitively and physically, needs to be assessed independently from their age. According to Boersig and Illidge (2018:97), the loss of cognitive functioning can influence an elderly's ability to efficiently manage their finances, exposing them to the risk of financial abuse.

Abusers often place themselves in a position to access and take control of the elderly person's assets. A study conducted by Beach, Schulz and Castle (2010:744) among African Americans and non-African Americans indicated that abuse is common among African American older adults, who form the minority in America. The level of financial abuse is three times as high in black populations and psychological abuse is four times higher. According to Lachs and Pillemer (2004:1265), a predisposing factor to elderly abuse could be physical and psychological injury. The mentioned risk factors are, however, not isolated, as elder abuse can be found in all social classes, especially financial abuse. Abuse can easily be enabled through informal family arrangements, which often go hand in hand with manipulation.

Strong traditional beliefs and cultural practices within African communities have led to elderly being disrespected and abused, which refers to dehumanising treatment at health clinics, pension pay points and marginalisation of older persons by government (Ferreira & Lindgren, 2008:98). Moreover, elderly suffering from abuse, were more likely to be at risk of death and experienced disability, depression symptoms, hospitalisation and nursing home admissions compared to those whom have never been abused (Yunus *et al.*, 2019:198). Unfortunately, the media's emphasis on the abuse of older persons has predominantly been focused on abuse occurring within residential facilities, disregarding the fact that older persons are more often than not mostly

affected by abuse within their own surroundings by family members and people they know and trust. A concerning matter, however, is that aspects related to the safety and security of older persons, according to SAHRC (2015:32), do not seem to be a priority for the SAPS and allegations of elderly abuse and exploitation are mostly underreported and exacerbated.

2.2.4 The reporting patterns of abuse

A study conducted by Marais, Conradie and Kritzinger (2006:186) contained information relating to the reporting of elderly abuse to a national toll-free number. An initial number of 3402 calls over a time period of two years were analysed. According to the findings, the main category of abuse reported was physical abuse, followed by financial abuse and lastly, problems relating to pensions. In 50% of the reported cases, the victim was the caller, with two-thirds of the reported incidents taking place in private residences (Kotze, 2018:3).

Research conducted by Lachs and Pillemer (2004:1265) found a lack of statistical evidence regarding the incidence and prevalence of elder abuse, as the elderly fear abandonment, retaliation and destitution should they identify care givers as abusers. This reluctance to report abuse highlights the important role of the health professional as part of the MDT. Health professionals are in a unique position to screen for elder abuse and detect vulnerability. In order to understand the predisposing and precipitating risk factors associated with elder abuse, an assessment of functional, cognitive and psychosocial well-being is important (O'Brien, Riain & Collins, 2014:292).

The number of annual abuse cases is unclear due to a lack of reporting. Not only are victims reluctant to report, but health professionals and other MDT members may also be hesitant to report elder abuse due to subtle signs, victim denial and a lack of knowledge about reporting procedures. Other reasons why health professionals may be reluctant to report may include concerns such as losing patient reports, potential retaliation of perpetrators towards elderly victims, patient confidentiality, time limitations, uncertainty pertaining to the extent of elderly abuse and perceived inconsistencies between required reporting and a provider's ability to act in the patient's best interest (Dong, 2015:1233). Rodriguez, Wallace and Woolf (2006:405) state that it is often believed that elder abuse can only be reported if convincing evidence has been obtained, but this is undoubtedly a misconception. Medical experts may ask for proof of abuse rather than suspicion before they consider reporting due to a fear of liability. Elder abuse should, in fact, be reported to the relevant authorities as soon as a reasonable suspicion arises.

Section 25 (1) (2) and (3) of the Older Persons Act 13 of 2006 is very clear about who is responsible persons to report elderly abuse as well as when it should be reported:

(1) Any person who is involved with an older person in a professional capacity and who on personal observation concludes that the older person is in need of care and protection must report such conclusion to the Director-General. (2) Any person other than a person in subsection 1 who is of the opinion that an older person is in need of care and protection may report such opinion to a social worker. (3) The Director-General or the social worker to whom a report has been made must investigate the matter.

Dong (2015:1234) emphasises that specific findings from physical examinations should be documented. As the primary care giver is the abuser in more cases than not and most probably would be accompanying the elderly to the medical facility, it is of utmost importance that the health professional clearly documents all observations made with regard to the elderly patient's behaviour and reactions to questions, family dynamics and conflicts that may arise.

A patient's rights to independence and autonomy should be promoted by all health professionals. Patient confidentiality is of utmost importance and it must be assumed at all times that an older person has the capacity to make logical decisions. One of the most difficult dilemmas, which not only lies with the medical community but also with society at large, is to override the wishes of an elderly individual (Dong, 2015:1235). Yunus *et al.* (2019:198) point out that the outcome of abuse is strongly influenced by the meaning an elderly victim associates with the concept. In other words, the way in which an older individual views his or her mistreatment. This viewpoint stems from an interplay between cultural norms and beliefs, the nature of mistreatment, the perpetrator and victim relationship, as well as the victim's personal values and worldviews. Therefore, the psychosocial environment of the elderly plays a vital role in the prevalence and reporting of abuse, as abuse in older persons can be found across all five continents (Yunus *et al.*, 2019:198).

2.2.5 Psychosocial and physical well-being of older persons

Only 13% of individuals aged 65 years and up have access to medical aid and medical insurance in South Africa (Wolvaard in Splinter, 2009:21). This, in turn, overloads the public health system and causes a breakdown in services provided to those elderly in need. According to the SAHRC (2015:14), poor older persons residing mainly in rural areas struggle to gain access to health care. This is mainly a result of expensive, insufficient or non-existing transport, shortage of emergency transport, long waiting times at public health facilities and the unavailability of vital medication. As the risk of non-communicable diseases increases with age, the link and regular contact between the elderly and the health professional increases, placing the health professional in a pivotal position regarding the reporting of abuse. The challenge is, however, that the elderly only attends public clinics and hospitals once an illness has reached an advanced stage and has become irreversible, as they find it challenging to visit public clinics or hospitals. The Department of Health (DOH), according to the SAHRC (2015:26), has dedicated itself to the Government Plan of Action

known as “*A Long and Healthy Life for All South Africans*” in order to address several identified challenges, such as:

- The failure of the elderly to make use of public transport to access health care services when they are ill or frail.
- The financial burden experienced by the elderly as a result of the impact of HIV/AIDS. Often, the elderly is forced to care for infected children and orphaned grandchildren while being infected themselves, leading to them neglecting their own health.
- The stigmatisation and negligence by their families and the community when the elderly are diagnosed with mental health conditions like Alzheimer’s or dementia.
- The illiteracy levels and the increase in poverty and shortcomings of the elderly.

South Africa is a multicultural country with its population well-rooted in tradition, cultural practices and beliefs. With the rise of dementia among the elderly, signs of this illness are often viewed as witchcraft according to certain cultural beliefs. The elderly blamed of witchcraft are refused food and shelter by relatives and become victims of sexual abuse (SAHRC, 2015:15). Allegations of witchcraft are becoming more prevalent among black women and due to cultural beliefs, their belongings can be seized and they can be assaulted or even burnt.

According to Dong (2015:1214), the role of the social worker with regard to early intervention is to remove the barriers faced by the elderly pertaining to justice, as well as the fear of breaking down family relationships. Too often, a delicate approach is needed with regard to the complex nature of family relationships and cultural beliefs, which cannot be provided in the courtroom.

2.3 PAPERS, POLICIES, ACTS AND REGULATIONS IN PLACE TO PROTECT THE RIGHTS OF THE OLDER PERSON

Different papers, policies, acts and regulations exist and have been put into place to protect the rights of the elderly. For the purpose of this study, attention was given to the United Nations (UN) declaration of the rights of the elderly, the Madrid International Plan of Action on Ageing (MIPAA), the Bill of Rights as stipulated in the Constitution of the Republic of South Africa and the Older Persons Act 13 of 2006

2.3.1 United Nations Declaration of the Rights of Elderly

On 16 December 1991, the UN approved a “*Declaration of the Rights of Elderly*”, which focusses on five main areas of importance, namely: independence, participation, care, self-fulfilment and dignity. The rights to be enjoyed by older persons are clearly summarised within the declaration and are stipulated below:

Independence:

- Basic services (food, water, shelter, clothing and health care) should be available to older persons by providing support (income, family, community and self-help),
- Older persons should have access to income-generating prospects as well as the opportunity to work.
- Older persons must be in charge of their own work pace and be able to decide when they want to retire from work.
- Older persons must have access to suitable educational and training programmes.
- The living environment of the elderly should be safe and adaptable to their changing capacity and they should be allowed to reside within their own home for as long as possible.

Participation:

- The elderly must be allowed to remain united within civilisation and to passively contribute towards the execution of those policies formulated to directly affect their daily life. Their knowledge should be shared and skills should be passed down to younger generations.
- Older persons have the right to use their interests and capabilities to seek and develop opportunities in which they can serve their communities.
- Older persons must be allowed to form their own movements and associations.

Care:

- The elderly has the right to benefit from family and community structure, protection and care, especially in relation to each society's system of cultural values.
- Available health care should assist older persons with regaining their maximum level of physical, mental and emotional well-being, with the ultimate goal being the prevention and delay of illnesses.
- In order to enhance the independence, protection and care of the elderly, social and legal amenities should be available.
- Suitable levels of institutional care should be available to older persons, through which they can receive protection, rehabilitation, social and mental stimulation in a caring and secure environment.

- An older person's fundamental human rights and freedom, along with a level of respect towards their dignity, principles, wants and privacy, should be implemented and appreciated within all shelters, care or treatment facilities.
- Older persons must have the right to make their own decisions affecting their day-to-day life.

Self-fulfilment:

- The elderly must be allowed to follow any opportunity that arises which may develop their potential.
- Resources pertaining to educational, traditional, spiritual and leisure must be readily available and accessible.

Dignity:

- Older persons should be allowed to live freely in dignity and security, protected from exploitation and physical or mental abuse.
- Older persons should not be valued according to their economic contribution but be treated fairly irrespective of age, gender, racial or ethnic background, disability or other statuses. (United Nations 1991).

2.3.2 The Madrid International Plan of Action on Ageing

In light of a faster ageing population, a need for policies is of utmost importance. South Africa has good legislation in place through various international, national, and regional frameworks. However, the challenge persists in implementing these laws. On an international level, South Africa is a signatory to the "*International Covenant of Economic, Social and Cultural Rights*" (ICESR), which binds them to an obligation to refrain from acts that would not speak to the aim and purpose of the ICESR (Chenwi, 2011:11). With the ICESR being the primary treaty at international level focussing on the provision of rights that apply to all individuals, the fact that it does not refer directly to the rights of older persons, creates a challenge pertaining to the implementation thereof. In relation to this challenge, the UN Committee on Economic, Social and Cultural Rights (CESR) has elaborated further within their comments on the rights contained within the ICESR. According to the Human Rights Investigative Hearing Report (2015:9), the CESR has acknowledged that older persons belong to one of the most vulnerable groups that suffer most with regard to forced evictions. The CESR also stated that all countries are to ensure that health care, which includes facilities, medicine and services, are within safe, physical reach to all, especially older persons, as this forms an essential right which includes availability, accessibility, acceptability and quality of health care (SAHRC, 2015:9). In relation to these two frameworks, the MIPAA focusses on three areas of priority, namely:

- Elderly development
- Guaranteeing health and well-being in old age

Generating empowering and helpful surroundings for older persons (SAHRC, 2015:10).

Although the three areas highlighted within the MIPAA are of utmost importance, the challenge once again is the implementation thereof, as the MIPAA is not legally binding in international law.

2.3.3 The Bill of Rights, as stipulated in the Constitution of the Republic of South Africa

On a national level, the founding document on which all litigating documentation is based is the Constitution of the Republic of South Africa (1996). The rights set out to be enjoyed by older persons seek to improve their quality of life and to implement free will. The Bill of Rights, as set out in the Constitution, states that: *“all citizens, including the elderly, has inherent dignity and the right to have their dignity respected and protected”* (Act 13 of 2006:1). Like the ICESR as well as the CESR framework, the Constitution itself does not highlight many specific references to older persons’ rights, but various sections within the Bill of Rights directly links to older persons. These include:

- Section 9(3): No one may be unfairly discriminated against on the basis of age by the state. Not directly or indirectly.
- Section 10: Everyone has the right to have their inherent dignity respected and protected.
- Section 26(1): Everyone has the right to have access to adequate housing.
- Section 27(1): Everyone has the right to have access to health care services, sufficient food and water, and social security if they are unable to support themselves and their dependents.
- Section 29(1): Everyone has the right to a basic education, including a basic adult education.

(SAHRC, 2015:11)

2.3.4 The Older Persons Act 13 of 2006

The Older Persons Act came into effect in April 2010 and aims to maintain and protect the constitutional rights of all older persons and to facilitate accessible, equitable and affordable services to the elderly. In addition to Act 13 of 2006, a list of policies, action plans and guiding documentation were drafted to assist in the implementation of the rights of the older person.

Currently, the Act makes provision for mandatory reporting of suspected abuse by professionals as well as citizens, but the procedures for reporting remain unclear. According to instructions

stated within Act 13 of 2006, the DSD is responsible for the establishment of a register to keep track of criminals who committed crimes against the elderly, but this register is still not up and running. There is, however, a lack of enforcement mechanisms for the various sets of rights conferred on older persons by the Act and law enforcement agencies often fail older victims who attempt to report abuse (Kotze, 2018:3).

Almost all countries have mandatory legislation, which instructs health and other professionals to report reasonable suspicions of elder abuse, but in consequence, formulating an appropriate legal response to elder abuse will require careful consideration of the impact that multiple issues including familial relationships, disabilities and cultural backgrounds may have on an elderly person's risk of abuse (Boersig & Illidge, 2018:93). Although elder abuse is common and universal, few evidence-based prevention and intervention strategies have been developed to assist victims of elder abuse (Ploeg, Fear & Hutchison, 2009:189). Current forms of intervention programmes may include advocacy service intervention, counselling, care plans and public education.

The implementation of the rights of the elderly is no less important than that of any other citizen of South Africa, and if necessary, changes to existing laws relating to older persons should be implemented to ensure accessible, equitable and affordable services to all. Older persons should be empowered to continue living meaningful and constructive lives within a society that recognises them as important sources of knowledge and wisdom (Act 13 of 2006:1).

2.4 THE ROLE OF THE MULTIDISCIPLINARY TEAM AND THE RIGHTS OF OLDER PERSONS

According to Dong (2015:1233), the MDT usually comprises a healthcare provider, a social worker, social services, a legal professional, a mental health specialist, community leaders and residents. Within the South Africa context, the MDT involved in the care of the elderly differs depending on whether the older person resides within the community or within a residential facility, as the needs of the elderly would differ depending on their living environment. The MDT within a residential facility would include an occupational therapist as well as the facility manager, whereas the MDT from the community will not but may include welfare organisations such as Mental Health. Another difference pertaining to the context of the MDT relates to whether the professionals are government-employed and services are rendered by governmental institutions or whether they form part of the private sector. A recent systematic review of elder abuse and dementia suggested that insufficient financial resources, insufficient access to information needed to resolve elder abuse cases, inadequate administrative systems and lack of cross-training with other disciplines in the ageing field serving clients with mental health disabilities may hinder the role of professionals in improving abusive situations in the elderly care field (Beach, Schulz & Castle, 2010:749). During an investigation by Splinter (2009:4) into how elderly persons perceive

elder abuse in the Western Cape, it was found that the above-mentioned challenge is intensified by the lack of trained health and social welfare personnel to supervise geriatric care and community welfare organisations (Kotze, 2018:4).

Boersig and Illidge (2018:29) state that the interwoven and complex nature of all social factors, as well as the legal problems arising from elder abuse, validates the importance of a holistic approach that can take into account all the various barriers preventing elderly people from receiving a just outcome to abuse cases reported. A holistic approach in this area can best be delivered through a socio-legal method of service delivery. This method of service delivery requires cooperation across multiple disciplines, including legal, law enforcement, health and social organisations and the clients themselves (WHO 2002). Once an elderly engages a legal service provider or a law enforcement agency, it is important to ensure that services are in place and easily accessible to address the social and environmental problems accompanying the legal issue at hand.

One way of doing this is through the involvement of a social worker in the legal service, helping the client to understand the advice given and placing the lawyer in a better position to understand the multitude of issues that have led to the client seeking legal advice (Boersig & Illidge, 2018:109). A vulnerable older person may have experienced forms of social exclusion or marginalisation in the past, making them reluctant to access legal services, but a social worker can help bridge this gap, connecting the client with the lawyer and ensuring the client's problems are understood.

With the national spotlight on elder abuse becoming ever brighter, it is hoped that provincial and national governments will quickly respond to the impeding needs of the most vulnerable and disadvantaged ageing population and, most significantly, re-evaluate strategies regarding the implementation of the rights of the elderly. As part of the socio-legal model of service delivery, it is optimal that a social worker is present and integrated within a legal service to provide non-legal support, but the role of the MDT as a whole should not be underestimated. Person-centred and culturally appropriate assistance and prevention strategies should be instituted to protect vulnerable elderly. Even though vast gaps remain in the field of elder abuse, unified and coordinated efforts at the national level must continue to safeguard and protect the human rights of vulnerable ageing populations (Dong, 2015:1235).

The coordination among a team of professionals from a wide variety of disciplines has proven to be effective in various fields and is believed to be an effective means of addressing elder abuse. Often, a member of one profession, whether a lawyer, doctor or social worker, will take on the role of "*accidental case manager*", using their own connections with other organisations and agencies to respond to the issues raised by an elderly client, without realising they are functioning within a multidisciplinary context (Boersig & Illidge, 2018:108). This is not a unique concept or a

modern one, with research going back over 35 years indicating the benefits of having social workers and lawyers operating together. The MDT could help confirm abuse, document impaired capacity, review medications and medical conditions, facilitate the conservatorship process, persuade the client or family to take action and support the need for law enforcement involvement (Dong, 2015:1235).

2.5 SUMMARY

As a country, South Africa experiences unique challenges due to deep-rooted traditional beliefs, severe poverty, a history of racial unrest, which continues today, a struggling economy and a multicultural society. The above challenges greatly impact the older person's ecosystem and, in turn, affect the psychosocial environment in which they reside, which leads to physical and emotional decline. Despite multidisciplinary efforts to screen, treat and prevent elder abuse, the speed of the process has been lagging behind the severity of the situation. In March 2011, the Senate Special Committee on ageing held a hearing, "*Justice for all: Ending Elder Abuse, Neglect and Exploitation*". Nothing came of the hearing and up to date, no progress on a plan of action has taken place. Based on a Government Accountability Office report, individuals who had been abused, as well as experts in the field, had highlighted the lack of research, education, training and prevention strategies, but to no avail (Dong, 2015:1215).

Patient-centred and culturally appropriate treatment and prevention strategies should be instituted to protect vulnerable populations, and therefore, culturally sensitive tools to define and measure elder abuse, such as the screening tool developed by the South African DOH, have been put in place. The tool should, however, be validated and considered for use in future research as its effectiveness is doubted. Vast gaps remain in the field of elder abuse and the role of the MDT in relation to the implementation of the rights of the elderly is unclear. The Older Persons Act 13 of 2006 clearly states that it is the responsibility and duty of all professionals to report any suspicion of abuse, but the low reporting rate indicates that this is not taking place. The researcher, therefore, identified a gap in the research field and the focus of this study was to explore the perspectives of an MDT when implementing the rights of the elderly.

In the next chapter, the research methodology is discussed in detail by examining the research design, population, data collection, data analysis, trustworthiness and ethical considerations.

CHAPTER 3 RESEARCH METHODOLOGY

3.1 INTRODUCTION

The aim of this chapter is to discuss the research methodology implemented to provide an answer to the formulated research questions. The identified problems that led to the research questions, along with the problem statements, prelude the methodological discussion. The methodological discussion includes the selection process used to identify participants. Data collection and analysis methods are also discussed. In conclusion, the researcher discussed the trustworthiness of the study, along with the ethical considerations taken into account to ensure the safety of each participant.

3.2 METHODOLOGY

3.2.1 Research design

The researcher opted to make use of a qualitative research approach, as the main characteristics, which according to Streubert Speziale and Carpenter (in Vaismoradi, Turunen & Bondas, 2013:398), involve a commitment to identify an approach that could lead to an in-depth understanding of the phenomena. It also involves a commitment to the participants' viewpoints to conduct inquiries with minimum changes to the phenomenon and where findings are reported in a literary style, it is rich in participant commentaries.

Moser and Korstjens (2018:10) identified key features that contributed towards the motivation of a qualitative study, namely that participants could be sampled purposively, with the sample size remaining small. Data obtained emerged during further questioning throughout the interview process as the sample was determined by conceptual requirements and not primarily by representativeness.

In order for the literature to contain a true reflection of the participant's viewpoints, Baskarada (2014:5) is of the opinion that the research design must rationally be linked to the research questions while the steps taken during the data collection and analysis form the research conclusions. Nieuwenhuis (in Creswell, Ebersöhn, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen & Plano Clark, 2016:72) on the other hand, does not agree and are of the opinion that: "a research design is a plan that moves from the underlying philosophical assumptions to specifying the selection of participants, the data gathering methods to be used and the data analysis to be done."

The researcher made use of a qualitative descriptive design as she needed to concentrate closely on rigour and trustworthiness throughout the study, as well as to explain to the reader how she

tended to the method and methodology (Turale, 2020:289). In qualitative descriptive studies, data collection attempts to discover “*the who, what and where of events*” or experiences (Sandelowski, 2000:339). Sandelowski (in Vaismoradi *et al.*, 2013:399) stated that “the value of a qualitative descriptive design lies not only in the knowledge that can originate from it but also because it is a vehicle for preventing and treating research methods as living entities that resist simple classification and can result in establishing meaning and solid findings.” The qualitative descriptive design fitted well with the purpose of the study, as this study intended to find the answer to a “*what*” question, which was done by describing the perspectives of key members in an MDT working in the field of gerontology and tasked with the implementation of the basic human rights of older persons as stated in the Constitution of South Africa. Conditions under which the rights of older persons are implemented may differ, depending on the specific situation that is presented, e.g., rights of older persons to basic human rights such as protection, safety, shelter and so forth. Giving a detailed account of the information shared by the participants (and less on the interpretation of the researcher on the shared information) enabled the researcher to report on the perspectives of key members of an MDT and, by doing so, shed light on their service delivery pertaining to the rights of older persons.

3.2.2 The population

An MDT within the gerontological care environment typically consists of the following role players: a manager of the facility within which the team operates, a registered nurse, a social worker, a social auxiliary worker, a psychologist, a psychiatrist, a physiotherapist, an occupational therapist, a dietitian, a religious leader and a general practitioner. According to section 4(2) of the Older Persons Act Act 13 of 2006, “*All organs (Government departments) of state and all officials, employees and representatives of organs of state must respect, protect and promote the rights of older persons contained in this act.*” The key role players in a gerontological MDT are the manager of the facility, the registered nurse and the social worker. The other members of the MDT are consulted on a needs basis as they mostly become involved during the rehabilitation phase. For this reason and due to their daily full-time involvement in elderly care, the population group for this study was managers, registered nurses and social workers only. No older persons were interviewed. The implementation of the rights of the elderly is the responsibility of the above-mentioned population group and therefore, the study focused on their perspectives regarding the implementation and not those of the elderly themselves. The population group was, therefore, not deemed vulnerable. As the researcher resides within Gauteng and due to the fact that it is one of the smallest provinces, making it easier for the researcher to select the population group from within the entire province, practicality led to the researcher opting to use Gauteng as the target area for the research sample.

3.2.2.1 The sample method and size

The sample included key role players in a gerontological MDT specifically involved in the implementation of the rights of the older person. For this reason, the researcher made use of purposive sampling (Turale, 2020:290) to include specific members of the MDT in the study. The researcher identified specific inclusion criteria and purposely selected those professionals who complied with the criteria and who voluntarily participated in the study.

The following four aspects highlighted by Curtis, Gesler, Smith and Washburn (in Creswell *et al.*, 2016:85) were indicative of the fact that purposive sampling was the correct method to employ for the purpose of the study:

- The sampling strategy, namely, purposive sampling, was applicable to the theoretical framework and research questions asked by the researcher.
- The transferability of the findings was enhanced by the sample group as they were all employed within the field of the study.
- As the sample population were employed within the field of the study, it was possible to produce credible descriptions and explanations true to real life.
- Ethical requirements were considered by the researcher and discussed in detail with the population group.

In order to determine when there is sufficient data from a study to develop a healthy and valid understanding of the study phenomenon, the concept of data saturation comes into play (Hennink & Kaiser in Islam & Aldhaini, 2022:9). According to Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs and Jinks (2018:1899), data saturation has reached extensive recognition and acceptance as a methodological standard or principle in qualitative research. Patton (in Creswell *et al.*, 2016:84) notes: “*There are no rules for sample size in qualitative inquiry*”, and therefore, the sample size was influenced by the researcher’s interest in what she would have liked to know, the purpose of the research, what was useful, what had credibility, and what could be achieved with the available time and resources (Niewenhuis, in Creswell *et al.*, 2016:84).

For the purpose of the study, the first population group consisted of eight social workers employed within the field of gerontology at frail care facilities, service centres and private practice. The second population group consisted of 12 managers and eight registered nurses from frail care facilities, NPOs and service centres. Lastly, the third population group consisted of 17 social workers employed by the DSD, forming four focus groups of between three and six social work participants. All the participants were interviewed on the basis of their knowledge and work experiences with regard to the implementation of the rights of older persons. The sample group

was drawn from Gauteng only. As Gauteng consists of five regions: Sedibeng, Tshwane, Ekurhuleni, West Rand and Johannesburg, participants were drawn from all five regions. Data saturation occurred when no new information was coming to the fore.

3.2.2.2 The inclusion and exclusion criteria

The inclusion criteria consisted of:

- Multidisciplinary professionals in the field of gerontology who are based in Gauteng (Tshwane, Ekurhuleni, West Rand, Sedibeng and Johannesburg region),
- Multidisciplinary professionals such as:
 - Registered social workers employed by NPOs and the private sector.
 - Registered nurses at frail care facilities.
 - Management of frail care facilities and service centres.
- Multidisciplinary professionals who have been working in the field of gerontology for a period of one year or longer in order to ensure that enough experience has been obtained pertaining to the implementation of elderly rights. It was important that the participants would be able to identify challenges encountered during the implementation process.
- Multidisciplinary professionals who were willing to take part in the study voluntarily and had provided the researcher with written informed consent.
- Multidisciplinary professionals who were fluent in English or Afrikaans. These two languages were chosen as the participants' working environment expects them to be fluent in either of the two languages. The researcher opted not to make use of a translator for fear that meaning and information may get lost during the translation process.

The exclusion criteria included:

- Social workers employed within frail care facilities and service centres form part of the caseload of the researcher within her capacity as an employee of the DSD.

3.2.3 Recruitment of potential participants

Before the recruitment of participants could take place, the researcher first obtained ethical clearance (NWU-00035-19-A1) from the North-West University Health Research Ethical Committee (HREC) (Refer to Addendum F). The researcher also obtained permission from the research department of the DSD in Gauteng to conduct the research within the DSD (Refer to Addendum D)

3.2.3.1 Recruitment of participants from frail care facilities, service centres and NPOs

The participants who were recruited from the frail care facilities, service centres and NPOs included the managers of frail care centres, nurses and social workers. The researcher made use of the database obtained from the South African Gerontological Association (SAGA) as well as the DSD to gather the contact details of various residential facilities, service centres and NPOs throughout Gauteng. The chairpersons of the various governing bodies from each facility served as the gatekeepers of the study to their employees, who in turn were part of the group of participants. The gatekeepers were expected to:

- Give permission for the researcher to gain access to the manager, social worker and registered nurse of the facility.
- Inform the manager of the facility that they would be contacted by an independent person regarding their participation in the research study.

Social workers in private practice working with elderly individuals who were not employed in NPOs and therefore did not have any superiors were contacted directly by the independent person.

3.2.3.2 Recruitment of participants from the DSD older persons programme

Once approval had been obtained from the DSD research department, the independent person made electronic contact with the supervisors of the older persons programme from each of the five regions, informing them of the proposed research. The independent person also made telephonic contact with each supervisor, requesting them, along with the social workers from the older persons programme, to take part in a focus group.

Once all informed consent forms were signed, the independent person provided the names of the willing participants to the researcher. The researcher then arranged a time and date with these participants for their participation in either the semi-structured interview or the focus group discussions. All interviews and the focus group discussions took place either at the participant's place of employment, private residence or venue of choice. No reimbursements for travelling costs were therefore necessary. The participants were not considered to be a vulnerable population group as they were all professionals in the field and the questions on the interview schedule and focus group discussion guide directly related to their daily work activities.

3.2.3.3 Appointing the independent person

The researcher contacted an auxiliary social worker from the older persons programme within the Sedibeng region to serve as the independent person for the purpose of the study. The auxiliary social worker was in no hierarchical relationship with any participant and had no prior contact with any of the participants. The independent person was expected to:

- Inform the identified population groups from various organisations about the study. During this discussion, which took place either at the workplace or at the private residence of the potential participant, the independent person shared the aim of the study with the potential participants and handed them an informed consent document, which was also discussed to clarify any possible uncertainties.
- Participants were given two weeks to decide whether they wanted to participate or not. The independent person arranged a date and time with the participants to sign the informed consent document, after which she provided the researcher with the names of the willing participants.

The following information formed part of the informed consent documents signed by each participant:

The goal, objectives and process of the study, as well as the possible ethical implications and other ethical criteria, for example, the inclusion criteria for the study, what will be expected from the participants, statement that their participation in the study is voluntary; that no remuneration will be offered and that they can withdraw from the study at any point without fear of consequences.

3.2.4 Data collection

Arriaza (2015:85) is of the opinion that in qualitative research, the researcher "*becomes the instrument*" to collect the data. It is, therefore, important that the researcher provide details on the way in which data was collected, who conducted the data collection, who was present, and the nature of the relationship between those who participated in the study (Tong, Sainsbury & Craig, 2007:351). Participants were sourced that could provide the richest information due to their knowledge and experience of the phenomenon, and as such, were able to communicate at length and in-depth with the researcher (Moser & Korsjens, 2018:10).

Individual semi-structured interviews and focus group discussions were used as a form of interviewing to collect the necessary data and to elicit the participant's perceptions. The aim of qualitative semi-structured interviews is mainly to allow the researcher the opportunity to gain insight into the world of the participants as viewed through their eyes. The purpose of gaining

insight into their world is to describe the meanings of these central themes that exist in the real world of the participants (Moser & Korsjens, 2018:11). Seeing that gatekeepers indicated time constraints pertaining to the availability of their staff, all DSD participants as well as participants from NPOs participated in focus group discussions. Gatekeepers were more lenient in allowing a group of staff members time off in one go to participate in the study than to allow staff members time off to participate in one-on-one interviews over a period of time. Nieuwenhuis (in Creswell *et al.*, 2016:93) notes that if participants view a topic as important and they fully trust the researcher, it affects the conditions under which the individuals are being interviewed and, in return, provides information to researchers by making use of a sample group that primarily practices within the scope of the study, the risk of participants not being willing to take part in the study decreased.

After the interview schedule (Refer to Addendum C) was drawn up, it was pilot-tested (Adeoye-Olatunde & Olenik 2021:1362) with a social work colleague in the field of gerontology. Since no changes were necessary to the interview schedule, the researcher emailed it to participants in preparation for the interview. The same interview schedule was used for both the one-on-one interviews as well as the focus group discussions. Open-ended questions were asked by the researcher and based on the information given by participants, probing and clarification through further questioning took place. Probes are defined as exploratory questions and prompts are words and signs used to encourage participants to provide more information (Moser & Korstjens, 2018:13). The researcher was in control as she directed the interview, while the participants were in control of their answers. Permission was obtained from participants for the interviews to be voice recorded. By voice recording the interviews, a more relaxed atmosphere was created, as the researcher was able to make eye contact and focus on non-verbal cues and to take minimal notes.

The researcher attempted to ensure that there was no cost involved for the participants and that the most convenient time and place were scheduled for the one-on-one interviews as well as the focus group discussions. The researcher provided refreshments as a gesture of gratitude, as the semi-structured interviews lasted approximately 60 minutes and the focus groups were approximately 120 minutes. The researcher tried her utmost to ensure confidentiality by posting a "Do not disturb" sign at the venue entrance and by requesting all mobile devices to be placed on silent. The researcher made use of the information provided by Nieuwenhuis (2016:94), stating that it is helpful to take written notes during the interview, even if it is voice recorded, as this will allow the researcher to review the answers and ask additional questions at the end of the interview. As soon as the interview or focus group discussion was concluded, the researcher compiled a written record/transcript of what transpired, as this aided in reflecting back on the interview and the information obtained for the purpose of data analysis. This process of reflection highlighted aspects of the researcher's interviewing style, which needed to be addressed to ensure better interviewing skills in upcoming interviews. Reviewing the information also assisted

the researcher in reflecting on the interview and identifying gaps that should have been explored in follow-up interviews.

Chan, Fung and Chien (2013:3) suggest that bracketing should be considered by the researcher throughout the research process, as the approaches to bracketing not only apply to the data collection and analysis phase. As the research procedures consisting of a literature review and the collection and analysis of data are consecutively related, it is suggested that bracketing be implemented even before a researcher starts with the literature review. Seeing that the researcher also works in the field of the current study, she was mindful to create an atmosphere of trust and confidentiality with the participants by clearly stating her role as researcher, ensuring that they were aware that her role as a researcher was not at all related to her role in the field of gerontology and as an employee of the DSD. Should any participant feel that they did not want to form part of the study due to the researcher's involvement in the field of gerontology, they were free to withdraw from the study with no further obligation.

No personal information was shared and the researcher ensured the comfort of the participants at all times by using words of affirmation and ensuring confidentiality. The researcher also attempted to make the environment as inviting and reassuring as possible. The researcher confirmed that the participants were fully aware they were not obligated to answer any questions which made them feel uncomfortable. As the researcher mostly made use of focus groups, it allowed her to collect and analyse data simultaneously, letting her interrogate what she saw and heard during the interviews (Twining, Heller, Nussbaum & Tsai. 2016:A6).

3.2.5 Data analysis

Data analysis is mainly used to thoroughly and imaginatively organise and identify patterns and draw themes from data (Houghton, Murphy, Shaw & Casey, 2015:9). According to Braun and Clarke (2006:79), the method used in identifying, analysing and reporting patterns or themes within data is referred to as thematic analysis. In order to avoid one of the most common pitfalls, as stated by Maguire and Delahunt (2017:3353), the researcher avoided using the main interview questions as the themes of the study. Maguire and Delahunt (2017:3353) are of the opinion that a good thematic analysis is much more than just the summary of data, it interprets and makes sense of it. Within the current study, the researcher wanted to explore and describe the perspectives of an MDT with regard to implementing the rights of older persons. The researcher made use of the following six steps as described by Braun and Clarke (2006:87-93)

- Familiarising oneself with the data (Braun & Clarke, 2006:87) — The researcher familiarised herself with the data by fully typing the recordings and ensuring that the transcripts were accurate, reflecting each interview. She then read and re-read each transcript several times and started to note down initial codes.

- Coding (Braun & Clarke, 2006:88) — While the researcher further read through each transcript and the codes she already noted down, she then coded the data into broad codes and linked it to the primary aim of the research. Linking the broad codes to the primary aim of the study assisted the researcher in assessing whether the data analysis was going in the right direction. In order to further verify the correctness of the data analysis, the study leader, who acted as the co-coder for the study, assisted the researcher in this process.

Search for themes (Braun & Clarke, 2006:89) — The next step in the data analysis process was to search for themes, emotions and the unexpected, taking into account the overall picture of the study. Braun and Clarke (2006:89) say that “*Searching for themes is a bit like coding your codes to identify similarity in the data.*” The researcher used mind maps to “*code and re-code*” the data and by doing this, certain themes started to emerge from the codes.

- Reviewing the themes (Braun & Clarke, 2006:91) — The researcher, in this step, verified the themes with the broad aim of the study and assesses whether the themes reflect the information that the participants have shared. The researcher once again made use of mind maps during this step, which helped to get clarity of which themes will become the main themes, the sub-themes or categories that will further explain the main and sub-themes.
- Naming and verifying the themes (Braun & Clarke, 200:92) — After the researcher was sure that all the themes were identified, she named the themes and checked the names with the study leader. Once the names of the themes were finalised, the researcher involved member checking by randomly asking participants to check whether the themes were a true reflection of what they had shared. Once she received feedback from the participants, she further refined the themes and the names of the themes.
- Writing of the report (Braun & Clarke, 2006:93) — The last step in the data analysis process was the write-up of the data, which occurs in Chapter 4.

3.3 TRUSTWORTHINESS OF THE STUDY

According to Farrelly (2013:149), consistency and integrity are the key concerns in qualitative research, which establishes trustworthiness and credibility. Guba, in Creswell *et al.* (2016:123), proposes four criteria that he believes are critical in pursuing the trustworthiness of a study, namely credibility, transferability, dependability and confirmability. The researcher used these criteria in a constructive manner to ensure trustworthiness was maintained.

3.3.1 Credibility

In order to ensure credibility, the researcher had to confirm that the results obtained from the perspectives of the participants were reliable and believable (Farrelly, 2013:150). This was done

by comparing the data obtained from the interviews and identifying any patterns. The researcher enhanced credibility by developing an early acquaintance with the participants, as the researcher works within the field of the study, but also through distinct, purposive sampling and thorough data collection approaches (Lincoln & Guba in Creswell *et al.*, 2016:123). As patterns emerged during the interviewing process, credibility was also enhanced. Participants were asked to partake in member checking during the data analysis phase. This was done in order to assess whether the identified themes speak to the information that had been shared, as it provides a way for the researcher to accurately portray the participant's interpretations of the data (Gandela, 2019:620). Member checking is of utmost importance as this allows the researcher to clarify comments made and information shared by the participants.

3.3.2 Dependability

Lincoln and Guba in Creswell *et al.* (2016:124) state that credibility and dependability go hand in hand, arguing that a demonstration of credibility ensures dependability. Dependability was ensured through the implementation and use of a qualitative descriptive design. The working detail of the data gathered and the reflective assessment of the study further ensured dependability (Nieuwenhuis in Creswell *et al.*, 2016:124). The researcher documented every step of the research process, especially pertaining to the data gathering and analysis process.

3.3.3 Transferability

Through transferability, the researcher strives to encourage readers to form connections between the current study and their own experience or research (Nieuwenhuis in Creswell *et al.*, 2016:124). According to Farrelly (2013:150), transferability can be improved by describing the research context and the expectations thoroughly, as they are central to the study. Through the usage of purposive sampling, the researcher ensured a complete understanding of the study context as participants were purposely selected based on their relevance to the context of the study. The context of the study will, therefore, hopefully, be clear to readers of the research. The researcher furthermore left a detailed audit trail through the in-depth discussions of the research process in the dissertation.

3.3.4 Confirmability

Lincoln and Guba in Creswell *et al.* (2016:125) explain that the description of confirmability results from the level at which neutrality and the point at which the study results are influenced by the contributors and not the researcher's bias, inspiration or interest are achieved. The fact that the researcher is employed by the DSD and works within the context of the study field placed her at risk of her own predisposition. The researcher, therefore, strived to narrow her own thoughts (Chan *et al.*, 2013:5) and ideas pertaining to the topic by constantly focussing on introspection

and ensuring she remained objective. No social workers, registered nurses or management employed by facilities from the researcher's own working caseload at the DSD were approached to take part in the study. Even though the researcher works within the field covered by the study, there was no prior contact or relationship between the researcher and the participants. The researcher also ensured that no information or statements were presented in the research report out of context by confirming all information with the participants.

3.4 ETHICAL CONSIDERATIONS

While the researcher recognised the significance of obtaining ethical approval for her research, Santiago-Delefosse, Gavin, Bruchez, Roux and Stephen (2016:148) point out that "Qualitative research ethics are not only a question of procedures and protocols to follow for the researcher's legal protection, but also a researcher's position with regard to her commitment towards her subjects." When a research study involves human subjects, informed consent must be obtained and the researcher has to behave in an ethical manner (Twining *et al.*, 2016:A5); which include the following:

- Respecting participant rights, especially regarding confidentiality in the form of data protection (O'Brien, Harris, Beckman, Reed & Cook, 2014:1247).
- Respecting cultural differences (Arriaza *et al.*, 2015).
- Being honest and open about your responsibilities to research participants (Santiago-Delefosse *et al.*, 2016:148).

Twining *et al.* (2016: A5), in this regard, specifically mention the importance of discussing any possible risks of involvement, how privacy will be ensured, and how research results will be described with potential participants. Attention was given to the below-mentioned ethical aspects in order to ensure that compliance was adhered to in relation to the ethical standards of the North-West University.

3.4.1 Ethical approval and research permission

The researcher applied and received ethical approval from the North-West University under ethical number NWU-00035-19-A1. She also received permission from the DSD as well as identified NGOs to employ relevant staff members as participants in the study.

3.4.2 Voluntary participation

The independent person, as well as the researcher, ensured that all participants were fully aware that they were willingly and voluntarily taking part in the study by obtaining verbal as well as written agreements from all participants.

3.4.3 Informed consent

The independent person provided all participants with verbal and written information prior to all interviews. The material provided contained the following information:

- What would be expected of them.
- Time and venue allocated.
- What the interviews would entail.
- Possible risks in taking part in the study.
- That they had the choice to remove themselves from the study at any possible time.
- The option of not answering all the questions should they choose to do so.

3.4.4 Confidentiality

The personal information of all participants was kept confidential as guided by the principles set out by the South African Counsel for Social Work Profession (SACSSP), of which the researcher is a member. The personal information of participants is only known by the researcher as well as the independent person. For this reason, the independent person was asked to sign a confidentiality agreement (Refer to Addendum B).

The risk of losing confidentiality always exists, especially during focus group discussions. For this reason, the researcher invited group members to set out specific rules for their group pertaining to the safeguarding of the confidentiality of the information they shared.

The researcher, with the permission of the participants, made use of a recorder during all interviews, after which all data were downloaded to the researchers' private laptop, which is password-protected and the recording was immediately deleted from the recorder to further ensure confidentiality.

3.4.5 Anonymity

All information obtained during the structured interviews remained anonymous as the researcher allocated an identifiable number to each participant for example: P1, S1 and M1. By making use of this method, the researcher was able to identify the data obtained from each participant individually.

3.4.6 Privacy

The researcher ensured that a secure and safe environment was used during each interview. A sign was posted on the door to ensure privacy and all participants were requested to put their mobile devices on silent.

3.4.7 Storage of the data

All data in soft copy was stored on the researcher's personal laptop, which is password-protected. Hard copy data was stored within a locked cabinet at the researcher's private residence. After the completion of the examination process, all data (soft and hard copies) will be sent to the NWU Centre for Child, Youth, and Family Studies, where it will be kept in a locked cabinet for a period of five years, after which it will be destroyed by a designated staff member.

3.5 SUMMARY

The aim of this chapter was to explain the research process followed during this qualitative study. Ethical considerations and the trustworthiness of the study played an integral role and therefore, detailed attention was given to these areas. The following chapter focusses on the discussion of the findings of the study.

CHAPTER 4 FINDINGS OF THE STUDY

4.1 INTRODUCTION

Most studies conducted on the rights of the elderly tend to focus on the factors contributing to elderly abuse as well as the effect of abuse on the elderly population as described from their perspective (Bigala & Ayiga, 2014:468; Boersig & Illidge, 2019:93; Splinter, 2009:86). Even though the MDT plays a vital role in the implementation of elderly rights, very little research has been conducted on the challenges hindering the MDT when executing these rights. South Africa makes use of a number of legislative documentation to assist and guide the implementation of elderly rights, for example, the Madrid Plan of Action, South African Plan of Action on Ageing, Aged Persons Act 1967, Older Persons Act 2006, National Welfare Act 1978, Social Assistance Act 1992, Public Service Act 1994 and the Older Person's Charter. The implementation of these policies, however, has been poor as older persons have not been made a priority (Frisoli, 2016:10; Geffen, Kelly, Steyn & Kalula, 2020:10; Mtiya-Thimla & Van der Merwe, 2021:3) and are still being subjected to extensive violations of their rights (Jordan, 2009:10). The violations of older person's rights have been worsened by the COVID-19 pandemic as it has deepened poverty, weakened family ties and community structures and led to an increase in various forms of abuse against older persons (Dahab, Van Zandvoort, Flasche, Warsame, Ratnayake & Favas, 2020:14).

4.2 BACKGROUND

The DSD is a key role player in the implementation of elderly rights, but a shortage of professional social work personnel trained to supervise frail care facilities and community organisations has led to a breakdown in services provided to the elderly population (Kotze, 2018:4). Older persons have also unfavourably been affected by the socio-political history of South Africa, with specific reference to apartheid (Mtiya-Thimla & Van der Merwe, 2021:4). This, however, has not changed post-apartheid, as political interference and the role of the media still affect the level of importance attributed to welfare programmes within South Africa. According to Jordan (2009:10-11), the DSD partners with non-governmental organisations (NGOs), CBO and faith-based organisations (FBOs) on a variety of programmes to achieve the necessary services provided to the elderly. These services include, but are not limited to:

- Residential facilities
- Service centres
- Senior clubs
- The protection of the elderly.
- Dementia care

- Developmental projects
- Home care and community-based services and awareness

For the services to be effective, the DSD needs to provide the legislative framework, policies, funding, capacity building and discussion platforms on issues pertaining to older persons (Jordan, 2009:11). They also need to implement pilot projects and facilitate new approaches within the gerontological sector.

The implementation of the rights of older persons, however, is the responsibility of various role players in the MDT, but this process seems to be lingering and, therefore, deemed ineffective. The focus of this study was, therefore, to explore and describe the perspectives of an MDT in implementing the rights of older persons. In doing so, the researcher wanted to contribute towards knowledge necessary to enhance the effectiveness of the MDT as they daily strive to implement the rights of the elderly.

The discussion in Chapter 4 highlights the challenges which were identified during semi-structured interviews and focus group discussions. Table 4.1 gives an outline of some of the biographical information of the participants. These include the profession of the participants, their years of experience in the specific profession, as well as whether they are employed by the state or by other NGOs. The codes allocated to the participants are also indicated, as well as the research method in which they participated.

Table 4.1: Biographical information

| Participant code | Interview method | Profession | Years in profession |
|------------------|------------------|-----------------------|---------------------|
| P1a | Focus group | Social worker/Manager | 22 |
| P2a | Focus group | Social worker/Manager | 40 |
| P3a | One-on-one | Social worker/Manager | 46 |
| P1 | Focus group | Social worker | 10 |
| P2 | Focus group | Social worker | 5 |
| P3 | Focus group | Social worker | 5 |
| P4 | Focus group | Social worker | 2 |
| P5 | Focus group | Social worker | 4 |
| P6 | Focus group | Social worker | 9 |
| P7 | Focus group | Social worker | 9 |
| P8 | Focus group | Social worker | 6 |
| P9 | Focus group | Social worker | 1 |
| P10 | Focus group | Social worker | 4 |
| P11 | Focus group | Social worker | 4 |
| P12 | Focus group | Social worker | 5 |

| | | | |
|-----|-------------|------------------|----|
| P13 | Focus group | Social worker | 6 |
| P14 | Focus group | Social worker | 10 |
| P15 | Focus group | Social worker | 12 |
| P16 | Focus group | Social worker | 10 |
| P17 | Focus group | Social worker | 11 |
| P18 | Focus group | Social worker | 6 |
| P19 | One-on-one | Social worker | 4 |
| P20 | Focus group | Social worker | 14 |
| P21 | Focus group | Social worker | 12 |
| P22 | Focus group | Social worker | 26 |
| M1 | One-on-one | Manager | 7 |
| M2 | One-on-one | Manager | 5 |
| M3 | Focus group | Manager | 7 |
| M4 | Focus group | Manager | 40 |
| M5 | Focus group | Manager | 3 |
| M6 | Focus group | Manager | 7 |
| M7 | Focus group | Manager | 8 |
| M8 | One-on-one | Manager | 7 |
| M9 | Focus group | Manager | 17 |
| M10 | Focus group | Manager | 11 |
| M11 | Focus group | Manager | 14 |
| M12 | Focus group | Manager | 3 |
| S1 | Focus group | Registered nurse | 17 |
| S2 | Focus group | Registered nurse | 9 |
| S3 | Focus group | Registered nurse | 18 |
| S4 | Focus group | Registered nurse | 30 |
| S5 | Focus group | Registered nurse | 20 |
| S6 | Focus group | Registered nurse | 33 |
| S7 | Focus group | Registered nurse | 28 |
| S8 | One-on-one | Registered nurse | 36 |

*P1a = Registered social workers working as managers, Private practice/NPO employed; P1 = Social workers; M1= Managers; S1 = Registered nurses

4.3 FINDINGS

Table 4.2 gives an outline of the main themes, subthemes and categories that emerged during the data analysis. The identified themes are discussed by using direct quotes from the participants. Where applicable, the discussions are supported and verified with related literature. Interviews were conducted in Afrikaans and English. The researcher translated the Afrikaans quotes of the participants in the discussion of the findings to English.

Table 4.2: Main themes, subthemes and categories

| Main themes | Subthemes | Categories |
|--|---|--|
| <p>1. The MDT perceives the role of the main custodian of the Older Persons Act 13 of 2006 to be problematic in the implementation of the rights of older persons.</p> | <p>The DSD lacks leadership, which has led to the injustice of the rights of older persons.</p> | <p>DSD funding and resources are insufficient, which has led to a failure to uphold the rights of the elderly.</p> <p>Lack of support from the head office towards regional offices.</p> <p>The DSD does not follow through on regulations and guidelines set out in the norms and standards of the act, which leads to inconsistency within departmental structures.</p> <p>Lack of communication within departmental structures leads to a lack of service delivery.</p> |
| | <p>Political agendas within the country are compromising the duties entrusted to the DSD.</p> | <p>The elderly population is not deemed a priority by those in power, which has an effect on societal perceptions and the focus of the media.</p> <p>Funding is not distributed equally to all financial classes.</p> <p>Political interference and the effect of the media</p> <p>The pushing of numbers as services are rendered purely for statistical reasons.</p> |
| | <p>Lack of professionalism, skills, role confusion and resources have led to the DSD neglecting its duties pertaining to abuse investigations and the implementation of elderly rights.</p> | <p>The lack of investigation reports, as well as incomplete investigations by the DSD, reinforces elderly abuse.</p> <p>The DSD is not equipped to investigate human rights violations as it lacks staff and resources. Responsibilities are shifted onto NGOs.</p> |
| <p>2. The MDT perceives inconsistencies and contradictions within legislation to hamper their duties and responsibilities in implementing the rights of older persons.</p> | <p>The Older Persons Act 13 of 2006 per se holds specific challenges which hampers the MDT in fulfilling their duties.</p> | <p>The act fails in the physical implementation and protection of the rights and safety of the elderly.</p> <p>Contradictions within and with other acts have led to gaps within the legislation.</p> <p>Unclear terminology within the act has led to its own interpretations by stakeholders.</p> <p>Act fails in the main objective of decreasing residential care and increasing community care.</p> |
| | <p>The Amendment Act in itself will not bring any solutions to the challenges pertaining to the implementation</p> | <p>The Amendment Act is a good trial run but lacks a research-based background.</p> <p>The Amendment Act focusses more on terminology than filling the gaps within the Older Persons Act.</p> |

| | | |
|--|---|---|
| | of the rights of older persons | |
| | Other policies and legislation pertaining to older persons are failing due to a lack of implementation and cooperation among the MDT members. | <p>Limited resources and various challenges in the DOH deny the elderly the right to proper care.</p> <p>No legal assistance or support structure is currently in place within the DOJ for the elderly to benefit from.</p> <p>Lack of a monitoring body to investigate abuse and facilities, as well as ensuring the DSD conducts duties.</p> <p>Lack of cooperation within the MDT.</p> <p>Municipality by-laws and regulations contradict norms and standards.</p> |
| 3. The MDT perceives the lack of training and research within the field of elderly care as a foremost cause for the lack in the implementation of elderly rights | The consequences of a lack of training is paramount and has led to a collapse in services to those in need. | <p>The DSD Head Office and leaders provide ground-level staff with incorrect information pertaining to regulations due to a lack of knowledge.</p> <p>Lack of professional training at university level has affected the field of elderly care negatively.</p> |
| | Lack of research and trustworthy findings within the field of elderly care are problematic. | <p>The DSD research and stats are not measurable nor trustworthy and do not correlate with research done in the field.</p> <p>The act is not grounded in research.</p> |

4.3.1 Theme 1: The MDT perceives the role of the main custodian of the Older Persons Act 13 of 2006 to be problematic in the implementation of the rights of older persons

The first theme highlights the role of the DSD as the main custodian of the Older Persons Act and its perceived inadequacy as a support structure to the MDT. Aspects that were highlighted by participants and which have been identified as the subthemes of Theme 1 involve the following: a lack of leadership, which seems to compromise the rights of the elderly population, political interference and a perceived lack of professionalism, which appears to have contributed in the negligence of duties among the responsible role players.

4.3.1.1 The DSD lacks leadership, which has led to the injustice of the rights of older persons

A study conducted by Mbandlwa, Dorasamy and Fagbadebo (2020:1642) found that poor systems are in place to fight unethical activities within the public sector, which compromises public service delivery. Although the study by these authors was based on the broader public sector, certain categories identified within the current research study relate to their findings. In the current

study, the DSD funding and resources were perceived to be insufficient, and as a result, has led to a failure in upholding the rights of the elderly. A lack of support from the head office towards regional offices has often resulted in the DSD not following through on regulations and guidelines set out in the norms and standards of the Act, which in turn leads to inconsistency within departmental structures. This, along with a lack of communication, leads to a lack of service delivery.

Participants were of the opinion that the DSD funding and resources allocated to NGOs and the DSD regional offices for the provision of service delivery are inadequate. Participant (P)9 voiced concern by asking: *“How (are) we suppose to implement (the act) when we don’t have cars, when we (are) fighting for cars?”* According to three participants, there is no support structure in place within the DSD Head Office, and no assistance is provided to ground-level staff. P9, in this regard, stated: *“We won’t get assistance; we have to beg for assistance. (Then it) (d)oesn’t even mean, you’re gonna get it, but go to other, maybe NPO’s who deal with such things [all aspects related to older persons care], they have systems in place.”* P6 support the viewpoint of P9 by stating that: *“No one guides you.”*

A lack of support was indicated on all levels, from the top down, as participants indicated that their supervisors and managers also struggle with support from head office due to vacant posts and a lack of knowledge by those fulfilling the leadership roles in the programme. P1 elaborated on the effect of vacant posts within the department by stating: *“ ... looking at the fact that when there is a vacant post that is no longer there, I feel that at some point they (DSD head office) are understaffed and it affects service delivery.”* In support of the statement made by P1, S8 stated: *“There is nothing going on at Social Development. I mean there (are) times that they are not even paying the subsidies to the NGO’s. They also don’t conduct any inspections.”* The direct or indirect lack of service delivery leads to a failure to uphold the rights of the elderly.

Leadership skills and capacity of government employees and their superiors, according to Mbandlwa *et al.* (2020:1648), play a massive role in how public servants entrusted with providing public service view the importance of people. A national set of standards has, therefore, been developed by the South African Board for People Practices (SABPP) to guide the skills which all government leaders are expected to master (Meyer, 2017:4). Leadership standards, however, are perceived to be non-existent within the DSD structure as the lack of support on management level has a knock-on effect. This, in turn, leads to an extreme need for support by ground-level social workers. P2, in this regard, mentioned that: *“There is support but it’s not enough, because as the social workers on the ground, we depend on our supervisors to give us guidance and all. But even [they] themselves ... don’t have that luxury of being guided with whatever they need.”*

The following words by P11 indicate that participants experience a lack in leadership and guidance within the DSD, which often leaves the staff demoralised:

But now if you (are) looking at our leaders ..., they don't care about law itself, you see, so that culture itself is also affecting what we are doing. There's no leadership at all. That's why I'm saying, we will always have this problem, because leaders should provide the proper guidance of how we should do things, but if leaders are part of the problem, there's no way that we can do the right thing.

Participants were further of the opinion that a lack of leadership skills leads to insecurities among management, which contributes to the undermining and disrespect of social workers by their superiors, as they are often forced into decisions they do not agree with. P13 in this regard, made the following comment:

It's very painful to be oppressed, like I feel oppressed in this department. Like we are not allowed to use our own discretion because we have to follow somebody else, we have a supervisor that we report to. Even if you know that this intervention could work for this organisation, but because the supervisor does not feel that way, he or she will shut down your opinion and that leads to us being demotivated.

P11 further added: *"If you understand the act's ins and outs, then you're going to be a problem to the managers. Because you'll understand what you have to do, and ... you are going to challenge them [as the leaders not necessarily know the act]." The lack of leadership may be attributed to a lack of professional job knowledge, as P3a feels that: "The department is underfunded and the personnel employed are not equipped to complete the duties they are employed to do."*

According to Mbandlwa, Dorasamy and Fagbadebo (2020:1651), the misuse and maladministration of public funds delay service delivery and cause anger among citizens. A lack of leadership ethics in government officials also causes citizens to lose trust in government. The DSD, according to the participants, is to blame for the shortcomings within facilities as a result of underfunding. Funds that are allocated to the facilities are insufficient and as such, facilities cannot comply with the basics of what the act has in mind. Facilities cannot cover the basic unit cost for the elderly people in their care, which, for instance, contributes to the fact that the right to things such as medical care cannot be implemented. Participant M7, in this regard, voiced concern by mentioning that although the private facility where she is working has all the resources, they can still not *"...100% comply with what the act has in mind for (elderly care). How so much more the guys that are government funded? I mean how do they comply?"* Coupled with this is the DSD's expectation that unskilled organisations must raise funds while no training and fundraising skills are provided to them. P11, for instance, mentioned, *"... running an old age home is very expensive ..., and the department is saying 'well we (give) them [the old age facility] 75%'. How do you expect [the old age facility] to fundraise if they don't even know where to start?"* According to P1a, there is a discrepancy between the average unit cost of facilities and the

percentage that facilities are allowed to take from the South African Social Security Agency (SASSA) grants to the elderly:

Look at the unit cost of our facilities, of which the average is R10 500 per month, and what the SASSA grant for beneficiaries are, of which the facilities are not allowed to take more than 90%, and [add to that] the funding [allocated to facilities] [and] which varies in Gauteng, depending on where the facility is located. So there is a big gap between the SASSA grant and the funding and what the unit costs are per beneficiary.

Participants also associate late payments of funding by the DSD to NGOs with insufficient leadership, as late payments, according to some participants, lead to abuse within facilities. P3a is a private social worker, who regularly assists the Human Rights Commission (HRC) with cases, stated: *“The withholding of funding to facilities with mostly government pensioners, is according to me, abuse of elderly rights. What should facilities do? Run down the street to beg for food, because the funding is paid three months late.”* The funding constraints highlighted by participants within this research study have been brought to the attention of the DSD during the publication of the Investigative Hearing Report conducted by the HRC in 2015. The DSD leadership then acknowledged that even though country-wide training was conducted on the developed norms and standards guiding service providers, limited funding made it difficult for NPOs to comply with these norms and standards (SAHRC, 2015:21). Participant M11, however, mentioned that: *“in order to reach all the rights of the elderly, there has to be resources, of which there isn’t enough and also not enough (residential) facilities.”* In other words, the developed norms and standards cannot be met.

A delay by the DSD Head Office to provide organisations with their legal operating registration certificates, as stipulated within the Older Persons Act, contributes to the fact that organisations do not receive funding, which in turn leads to a lack of services. P3a made the following comment in this regard: *“So if they don’t process your registration or your application in time it means that (the) NGO is going to suffer.”* P16 confirms the importance of the registration certificates for facilities and mentioned that: *“... if they [the organisations] (are) not registered, they (are) not going to get funding.”* Participant M11 acknowledges the importance of the registration certificate but seems to know of *“... two facilities in the XX [province] that still has not been registered under the older persons act, and it’s been nine years. They operate illegally ... and still the department [of Social Development] funds them, but we just can’t get the registration documents out of them.”* Research conducted by Orellana, Manthorpe and Tinker (2020:1332) found that withdrawing financial support from organisations created inequalities among beneficiaries as service providers struggled to sustain existing services, which led to less prevention in a highly constrained resource environment.

P4 highlighted her frustration with the registration process and attribute the delays to the inadequate administration and lack of professionalism of the head office:

I had to wait for that registration certificate to be issued. I think I waited for a year ... and then, somebody will sit on the registration for so long. You have to make a follow up, you have to write emails. No response from provincial office. Or they say, it's in the process they are still busy with it. And then they will be busy with it for the next coming three months, and then the next coming three months again.

P1 also expressed frustration with the way in which the DSD is handling important documentation, which can have detrimental consequences for facilities and directly impacts the rights of older persons in care: *"If a report has been submitted, and six months lapses, they return the documents because they are then overdue and the social worker has to start the process again, which leads to an immense amount of frustration."* M3 agrees that the handling of documentation is a major challenge and mentioned how: *"A file [that was submitted] (would not) exist, files disappear, cases disappear ... , when you backtrack and you ask what happened there, (the only answer you get is) 'I don't know' ... it got lost in the system, so there's a definite problem."* P3 summarises the feelings of the majority of participants, as she voiced her frustration pertaining to a delay in registration documentation. She also pointed out that the lack of support from the head office contributes to the demoralisation of social workers:

You see sometimes as social worker you want to do your work, but because you report to somebody else, he or she would say 'No don't do that'. You become tired, you become exhausted of this issue, you become bored, you don't have to perform because if you do your best, somebody else will make you feel small and say, 'we will fix it' [the problem within the non-compliant organization] ... and they [DSD management], they are not assisting and it's going to come back to you the social worker, [with the supervisor asking] ... what have you done as a social worker?

A lack of leadership within the DSD for the participants seems to go hand in hand with a lack of communication and consistency, especially pertaining to the monitoring of elderly rights and facilities. According to P2a, as well as M11, there is a communication gap, not just within the DSD itself but also between all government departments. P17 was of the opinion that all the departmental policies, especially those involving the DSD, should be communicated in advance during consultations before it is passed. Sadly, no communication takes place between government departments and the DSD is often only informed about a specific policy or act during its implementation, of which they form part.

During the 2015 Investigative Hearing Report conducted by the HRC, Age in Action indicated a lack of uniformity regarding services within the DSD, particularly with regard to the treatment of

abuse and reporting thereof. In view of the information received from the participants, not much seems to have changed in seven years (since the 2015 Investigative Hearing Report). Participants mentioned the following in this regard:

“... I feel we are from DSD, all regions we need to work in a uniform way. But that is not happening, it's like we are different provinces” (P16).

“... if we can take this five regions and ask them how do they remove an elderly. We'll talk about different ways of removal, because everyone is doing what he or she thinks is the best way to do” (P13).

“... so I'll be saying this, she'll be saying this, you'll be saying this. So you imagine a client comes today, I tell him this, he comes tomorrow he finds (another official), he tells him another different story so they're confusing (the) clients” (P8).

“We are not speaking one language. This is a departmental gap” (P7).

The above statements from four different participants highlight the lack of consistency pertaining to the DSD processes as specified within the regulations and guidelines of the Older Persons Act. This gap in communication is directly related to a lack of following through on the enforcement of the rights of the elderly population. P11 is, for instance, of the opinion that: *“Personal agendas and lack of consistency is a part of the big problem why the rights of older persons are not implemented, (and) we are part of the problem. We are also contributing, whatever abuse is taking place. Because we can see it but there's nothing we can do.”* P13 strongly supports the viewpoint of P11 by saying that *“... it's because of us, we are part (of the abuse).”*

There is also no consistency regarding the monitoring processes from one organisation to another. S8 was of the opinion that there were major inconsistencies pertaining to the implementation of regulations and elderly rights, especially concerning government-run facilities: *“when you go and look at the government residential facilities ... look at the amount of subsidies they get per elderly per month ... the smell and what it looks like, and what they (elderly) eat, and how those people get treated. I had to go and do an inspection in one of those facilities, to assist them with compliance ... those elderly had no mattresses, they were lying on the bed springs. And they received ten times more subsidy than we did and the NGO's did.”* When organisations are inspected by head office officials, no follow-ups are conducted to determine whether compliance was, in fact, achieved as recommended. According to P2, once a facility has been inspected by head office, a follow-up is never conducted to determine whether the facility complied with the suggestions made within the inspection report: *“... they (head office) never come back. They move forward to other organisations.”*

P14 mentioned that she had witnessed some organisations that were closed due to non-compliance or abuse, whereas other organisations are overseen, as a blind eye is turned. A blind eye is turned either because of favouritism from those in authority towards organisations with whom they have personal connections or relationships, which was also highlighted by participants. Participants were moreover of the opinion that previously disadvantaged organisations are often excused from compliance due to a lack of assistance in developing the organisations by the DSD themselves. P12, for instance, stated that there are organisations within the township where:

... the one is a disaster, the other one is 90% [compliant], (but) it's not 100%. But there's no effort on our side [DSD] to do something about those problems [to assist with compliance]. So, we will always have this argument, (that) this is a previously disadvantaged [organisation, hence they are excused from compliance], but the problems [regarding a lack of compliance] they will not be addressed.

Another challenge that was identified involves the allocation of NPO certificates. According to the participants, the DSD National Office does not cross-reference the qualifications of those applying for an NPO, and no follow-ups are conducted to ensure compliance with all NPO regulations. In P6's opinion, it seems as if the DSD national office " ... issue the certificates to Tom, Dick and Harry ... it's almost like just giving them a license to commit (a) crime because 'I give you a certificate ... for (a) residential care facility but you don't know anything about (running such a facility)." By stating that a crime can be committed, this participant implies that opening up an old age home or frail care unit without having any expertise or skills of what it entails leads to abuse and other infringements under the Older Persons Act. And in this sense, the rights of older persons, according to what is stated in the Older Persons Act, are not protected.

4.3.1.2 Political agendas within the country are compromising the duties entrusted to the DSD

The elderly population is not deemed a priority by those in power and societal perceptions are influenced by the focus of the media. According to Lindgren (2017:5), there is a connection between the media and social change, as the media is at the centre of how we as groups and individuals relate to society at large, as well as the activities that transpire within society. The media does not only influence our thinking, opinion and actions, but it also creates possibilities and limitations on how we act and interact. The media is a large platform often used for political interference. With the history of apartheid in South Africa, along with the unequal distribution of resources and services being rendered, mostly for statistical purposes and political power only, the role of the DSD as guardian of older person's rights has been affected.

Mngomezulu (2020:38) found that South African political interference in the administration of service delivery is a serious problem within many spheres of government. Departments are experiencing challenges relating to the way in which to deal with the boundary between politicians on the one side and public servants on the other. P3a is in agreement with these findings and is of the opinion that; *“political interference is a massive ‘thing’ in this industry [of caring for the elderly].”* S3, a registered nurse, voiced her frustration pertaining to the roles of politicians within the geriatric field very clearly:

I think the problem is the departments. The government departments have been led by politicians and there was no person who is an expert in that field of service. That’s (where) the failure comes in, because people who are experts in that field, they know they go there with interest, they’ve got that thing in their heart. But politicians... just don’t care if I may put it in that way. They only care about the people when it’s time for elections and after that you won’t see them. The people who are at the top are politicians, who are MEC’s who are ministers but not even a single one is an expert in that field [for instance of elderly care].”

Information received by the participants indicates that there is a general feeling that the media is used by politicians and the government as a pawn to push their own agendas and priorities. This, in turn, affects the duties of the DSD as custodian of the Older Persons Act. The focus of the media influences the priority and finance distribution focus area of the DSD. P15 recalled a time:

... when media would have so much (influence) in terms of reporting about HIV and AIDS, it was the strategies of the government to use the media to highlight the plight so at the time priority was given to it because everybody wanted to get tested, everybody was talking about orphans. So, media does play a very important role in terms of priorities.

According to P17, issues within the government as a whole are only acted upon if exposed by the media:

... most of the time if the media gets involved that’s when the government will act. But if it’s not exposed, if it’s not out there, if it’s not talked about, then nothing happens. But as soon as the media get involved and they put it out there that’s when they start to act on most issues and not much noise is made on issues of elderly abuse.

The negative effect of political interference does not only have the potential to affect the financial aspect of the older persons programme but also the moral of the social work officials. P15 described an experience during which a non-compliant residential facility was closed and the media was used by a specific political party to gain favour within the community. P15 further feels that when the DSD makes any mistakes, political parties use the media to attack the ruling party, which has a knock-on effect on the officials on the ground level. This leads to social workers in

the field being hesitant to react to abuse-related individual rights. P15, in this regard, puts the following questions forward: “... *now who else is going to be brave enough to repeat the process [of removing older persons] after seeing what had happened [namely that a political party use the media to gain community favour]. So that is also the other thing about implementing this (Older Persons) act.*”

During their study based on the sustainability of non-governmental organisations in a climate of reduced funding, Nyandeni and Ross (2012:367) stated that apartheid had radically altered the way in which the South African society had developed. With subsequent policies and legislation of the post-apartheid government seeking to amend the imbalances that previous policies created, particularly in terms of poverty and inequality, lawlessness and crime have become the order of the day. P11 made the following comment in this regard: “*We need to look (at) the history because history also formed (part of) what we do today. So, when you look at the past, lawlessness has been part of us, in our country. Law has never been part of us, so now we need to go back to the issue of respecting the laws.*”

Within the 2015 Investigative Hearing Report drafted by the Human Rights Commission, Operation Compassion made the statement that South Africa needs more old age homes within the townships. Discrimination exists in the way that the budget is calculated for old age homes due to the budget differing depending on the geographical area in which the old age home is situated. P3, through experience, confirmed the statement made by Operation Compassion when referring to the despondency of the residential facilities in affluent areas. P15, in this regard, mentioned that: “*The subsidy for the registered facilities in terms of those who are in the disadvantaged location and those who are in the upper cities are not all subsidised the same by the department.*” The participant went further and asked the question:

How do they [DSD] differentiate the moneys, because with the ones who are advantaged [organisation in an affluent area] they [the organisation] usually (say) to the officials at the department that, ‘you want us to accommodate people who are disadvantaged, but if they’re in the disadvantaged old age homes they are being paid better than us (P15).

It was made clear that this issue of discrimination requires serious reflection, as old age homes were closed even though the need for them had not diminished but increased. In contrast to the statement made by Operation Compassion, P1a noted that there are enough facilities, but their services are not affordable. P1a, in this regard, mentioned: “*That’s what it’s about. Because there (are) plenty of private facilities, but can individuals afford R22 000 [to stay in unfunded private facilities]?*”

Twenty-eight years into democracy and from the information shared by the participants, it seems as if apartheid still plays a role in many aspects of the elderly population as political influence

affects funding regulations through the selective funding of certain “previously disadvantaged” organisations only. P1 explains that: *“There are things that are not really clear. You will have a service day (Awareness provided to an elderly community) in mostly white areas, where the service[s][provided to the elderly community] is so misunderstood. You’ll find that maybe there is a service centre – here we have blacks, they are getting food [and everything] for free ... then I go to an area where there are whites, and there they will have to buy food.”* P2 confirms the comment by P1 by recalling an organisation which fell within her working area that is classified as previously disadvantaged and a second organisation two streets away that is viewed as an advantaged organisation, even though they are from the exact same area. P2 explains: *“The client(s) pay exactly the same. It’s the same (municipal) ward. How come (the DSD) fund ... one [organization] as (a) disadvantaged [organisation], and this one not ... they are at the same ward, but (X) [the previously disadvantaged organisation] is getting more funds.”* P8 also indicated that some organisations receive funding from the DSD for a social work post, whereas others do not.

During a 2009 study, Sibanda conducted in-depth interviews with 15 NGOs around various areas in Johannesburg. Findings indicated that the main challenges experienced were insufficient and delayed funds from government departments, which prevented them from offering their staff market-related salaries and placed them in a position of dependence on funding (Sibanda, 2009). The concern highlighted by Operation Compassion in 2015, pertaining to funding distribution and budget, was still prevalent at the time of the current study, as the inequality pertaining to funding can not only be noticed within the residential facilities but also in the training provided by government officials. Training is mostly culturally focused and funding is typically provided to a certain culture, according to P2a. According to P1a: *“There (are) two challenges in implementing elderly rights, a lack of knowledge surrounding the rights of elderly and a mind-set, that elderly have lived their lives and have had their time. Elderly (people) are not viewed as a priority and that’s where the problem lies.”* Society’s perceptions of the elderly generation need to be shifted to that of respect and love, so they can age with dignity. Therefore,

“ ... as long as they (the media) do not prioritise the elderly, we will have the same challenges forever” (P1a).

“It’s important to make the community aware (of)... the rights of an older person, because everybody knows the rights of children more than older persons and making sure the older persons know their rights. I think that our country’s more focused on children’s rights ... than [on the] rights of older people” (P13).

P1a further supports the statement made by P13 by saying: *“That’s right, they are the priority of the Department, and unfortunately it is so that, children still need to develop. Elderly, as they say, are on the downhill.”* According to P4:

They [the elderly program] are the least considered program ever, because there are so many organisations that have been waiting for funding since 2012; 2013. They haven't been funded, even those who are registered ... But there are other problems like ... poor children, HIV Aids, substance abuse now, you know what ... new programs have been funded every year but not (the) older person [program].

There is no political will to deem the elderly as important and it seems as though the leadership is unwilling to invest in their well-being. According to P1, the elderly is not prioritised and the media, in turn, influences society's view and perception of the elderly as an unimportant age group, as *"the media focus is not on elderly people"* (P1). According to P5: *"The media is much more focused on (coverage of) substance abuse and VEP [victim empowerment programs] ... (coverage of) older persons is very limited ... so maybe that's why there is no exposure and knowledge to society itself."* The following participants were similarly of the opinion that the interest of the media needed to shift towards the elderly in order to bring about change. These participants were of the opinion that the elderly population is currently not viewed as important:

"Just look at our media at the moment with the very sad story of this child drowning. Everyone knows the story, the child that went on the camp. But once in a blue moon do you see something with the elderly and it's just as serious but it's just 'ah, they old', these things happen" (S4).

"How many times do you not hear in the news ... (A) 80 year old granny was raped and robbed. Attacked in her house. (A) 90 year old farmer killed on his farm. That's it now the issue, (it) is not because his elderly, his a farmer so that's why it gets mentioned. It's there for one or two bulletins and it's forgotten about" (M7).

"... according to my experience even in the hospitals, private sectors, they regard them [the elderly] as useless, don't have anything important to be done to them, they write them off" (S2).

Other participants also felt that the government's only focus is reaching certain targets set by those in power and no focus is placed on evaluating development. This viewpoint was confirmed by P13:

When you work for the department, we are chasing numbers. We don't do proper interventions. We (are) just chasing numbers, it's all about chasing numbers. ... we do the awareness [on elderly rights] but we don't go back and check, was it effective. As long as they have numbers (statistics). We work with numbers but we don't work with proper interventions.

P16 also agreed that: *"It's all about numbers reached."*

Other government departments fund elderly events on a yearly basis, with no services being rendered at these events, as they are held purely for statistical purposes. In P7's experience: *"Municipality used to host events sometimes, and then they'll be calling us [DSD], they need the input from us. When we call them, (and say) 'guys come together so we can work together to strengthen the services to the target group [the elderly]' ... they don't want to, they want to do their own thing."* P10 and P9 stated that the municipality's only interest is obtaining stats, which was also confirmed by P7: *"They [the municipality] (get a) budget every year. When they [the treasury] allocate (funding) to all departments they give them (a) budget of which they [the municipality] don't want to come together with us [the DSD] to utilise that budget [in providing services]. Helping them to protect older persons and to implement (the act) as we are the experts."* P1a and P3a are of the opinion that:

"The problem is not with the act, the problem is with implementation (of the act) and you're political will [to ensure implementation]. Prioritisation (on the side of municipal employees to implement the older persons act) ... is not there at this stage" (P1a).

"All I want to add, which can be viewed in perspective, is that in my opinion, there is no political will in making the aging process a priority, and there is a complete lack in leadership" (P3a).

The next section covers the way in which a shortage of skill, resources and unprofessionalism, according to the participants, have affected the success rate of abuse implementations pertaining to the rights of the elderly population.

4.3.1.3 A lack of professionalism, skills, role confusion and resources has led to DSD neglecting its duties pertaining to abuse investigations and the implementation of elderly rights

South Africa has some of the best policies, but the process of implementing these policies is questionable, with some not being implemented at all (Mbandlwa *et al.*, 2020:1643). As the custodians of the Older Persons Act, the DSD officials are responsible for the implementation process, but according to participants, a lack of professionalism, skill and resources has brought about poor service delivery as one participant reported: *"Unfortunately we get stuck at government level. You can report it [abuse], you can send emails, you can type letters, you can physically go and see the people ... it just doesn't go any further" (S8).* P3 questions whether the DSD knows how to deal with elderly abuse cases by asking: *"Does the department of social services know what to do? Because as social workers, it all comes down to us. They [the community and organisations] report it and it [dealing with the abuse] goes through a social worker ... I had cases that I sat at the department of social services, severe cases, that they say, 'I don't*

know what to do with this". Participants S3 is of the opinion: *"That is why all the services are collapsing, because we don't have the right people in the right positions."*

P12, a DSD official acknowledges that they are unable to provide the necessary support to organisations they are supposed to be working with and they are unable to assist the elderly persons as much as they would like to due to a lack of the necessary skills required. P1a, who is a social worker in private practice, confirmed the above account by stating that she had, *"... referred people to a specific regional office for registration of services (under the older persons act). It's two years later and it's [the facility] still not registered, because the official doesn't know how."* M10 was also of the opinion that the knowledge of the department was not always what it is supposed to be, as they themselves do not know what the fundamental daily aspects are that need to be assessed within a facility. From the experience of M10, because the DSD does not know what happens within a facility, it is easy for the department to tell others how it should be run, but there are certain things that need to be in place first, and they do not have the know-how to implement it themselves. P17 and P16 agreed with the previous participants but felt that there is also a lack of enthusiasm on the social workers' side to obtain the knowledge they require to render services. The social workers' lack of enthusiasm is attributed to the fact that they are responsible for their own development due to a lack of funding allocated for training. The outcome of not conducting and attending any training leads to a lack of adequate services for the elderly. They mentioned the following in this regard:

"Remember if all these things [training and development] are not done, who suffers? The older persons suffer" (P17).

"If you don't have all those (knowledge) ... and if there's no service delivery (because of the lack in knowledge), of course our older persons are the ones unfortunately (who) will suffer. What are you going to deliver [if you do not have the skills or knowledge]?" (P16).

A lack of knowledge and skills may lead to a lack of professionalism and affect service delivery on all levels, even in the writing of professional reports pertaining to abuse investigations. P13, in this regard, states: *"You know with the children's act when you write the (investigating) report you constantly quote section so and so, but with us [officials working in the older person program] ... we don't quote the act. We ... (do not) even ... know the act."* The acknowledgement to a lack of knowledge by P13 is validated by P16 and P17, as they also felt frustrated by the lack of interest from social workers in the field to obtain the necessary information needed to deliver the necessary services. P16, for instance, mentions:

... I would get a lot of calls from my region. People [social workers] wanting to know what the registration requirements are. Honestly, I would complain to say these people are asking what the registration requirements are and they've been there for how many years. ... Try

to familiarise yourself with the work that you are doing, or the work that you are supposed to do.

P17 is of the opinion that people want “... *to be spoon-fed in a way. (They want) you to give them everything. At least if you come to me (and say), ‘you know I’ve gone through the registration part in section so and so, I don’t understand when it comes to 1, 2, 3.’ Then (I) can clarify that.*”

Jordan (2009:17) states that the implementation of the Older Persons Act will ensure that the rights and needs of the elderly are promoted and protected and that it is the responsibility of the government (DSD) to facilitate an enabling and supportive environment. It is, however, impossible to achieve if DSD social workers are only familiar with the norms and standards of the Older Persons Act but do not directly work with or implement the act itself. P13, for instance, mentioned:

... [The] norms and standards, at least we know [that] better. Organisations must have this and this [referring to the expectations of the norms and standards] so that (they) can comply with (the) older person’s act. But other than that, like I’ve said we don’t know the act ... I don’t know the act, but the norms and standards ... I’m very good with them. I know what is expected from the organisation so that it can be able to comply with (the) older persons act.

Through various statements made by the participants, it appears that the DSD may not be equipped for the task of conducting investigations into human rights violations against older persons. The statements below made by various participants validate the above comment:

There (are) not enough mechanisms in place to investigate human rights violations. I will give you an example that involves DSD. In January a case was referred to DSD where a man died ... it’s now end of October and we still have not received the report. The family wants closure. We have now received a new case and the commissioner [Human Rights Commissioner) stated that he has no trust in the department, ... He can’t refer any human rights violation cases to the department for investigation, (as) ‘... they are either not equipped or they are simply just not interested’ (P3a).

The cases aren’t even started [case reports are not even opened]. Unless (there is a) physical assault that ends up in hospital and the hospital social workers open the case, but where I have worked, never. I have reported one or three cases ... we had a service centre with about 93 elderly, and there were financial abuse but we handled it ourselves. The guidelines you have to follow in order to report a case takes months, and then you receive no feedback, so why do you have to report if nothing is going to happen? (S8).

When you follow the steps, it refers back to the department [DSD] because the act indicates if there are complaints, (this is the specific) procedures to follow. They (DSD) tell you ‘sorry,

we aren't going to get involved, it's your problem.' The (elderly) rights and steps to implement (are) there, but if the channel indicated on paper to be followed is not available, where should we go? (M11).

In order for the DSD to conduct successful investigations into human rights violations, they require knowledgeable staff and resources, of which they lack both, according to participants, which makes it difficult to complete their duties. A lack of knowledge within the DSD may lead to a lack of appropriate investigative report writing, which will, in turn, further elderly abuse. P15, on the other hand, disagrees with P3a as she felt that the biggest challenge pertaining to abuse investigations conducted by the DSD is the fact that information is never fully provided by the complainants. When escalated to head office for investigation, it is never referred to as an investigation but merely an assessment. P15 continued by stating, *"The act has no teeth. We go around preaching the act, we go around even creating structure to ensure that the act can be implemented, but when it comes to the actual implementation (of the act, regarding) abuse ... how many abuse cases do we actually get convictions?"* She is, therefore, of the opinion that the lack of abuse investigations is due to challenges within the Older Persons Act itself along with the justice system and not necessarily related to the competence of social work officials.

P1a disagrees with P15, but neither has she had the negative experience identified by P3a, M11 and S8. Even though she admits that challenges within the DSD are a serious concern, she feels that the statement of inadequacy within the DSD cannot be generalised as she has experienced positive feedback and assistance from certain DSD officials pertaining to investigation requests:

I referred a case to the department and within two weeks the investigation was completed and closed, with a plan of action developed. But this social worker was trained by me. As their role and function pertaining to organisations and services who receives funding from DSD is fine, but go to an unfunded organisation ... no services are being rendered. It is zero and this is where the problems lie (P1a).

P3a also feels that there is a form of negligence regarding services rendered to residential facilities, particularly at private facilities, as officials are tasked with duties unrelated to the care of the elderly:

Monitoring and evaluation responsibilities towards residential facilities are neglected as official's state that they do not have the time, they are kept up with other responsibilities like babies, moms and family violence, alcoholism and these kinds of issues. So now they make use of NGOs and push all these responsibilities (regarding elderly) onto the organisations.

The DSD officials are experiencing a number of challenges pertaining to a lack of resources, knowledge, guidance and staff, which in turn leads to a lack of enthusiasm and demoralisation to

conduct duties. Regions are very large and sites are far from one another, which creates time constraints. This, along with the challenges mentioned, leads to an absence of implementation of duties. M3, M4 and P16 felt that ground-level staff are overwhelmed and overworked as a result of all the challenges and that the staff ratio regarding supervisors to employees complicated duties: *“on regional level one supervisor is supervising people who are doing, older persons, children and other programs. Even though she’s supervising people who are doing older persons, her main interest may be VEP (victim empowerment program), so she shows less interest (in the other programs)”* (P16). P16 also stated that: *“At the provincial office or at the national office they (social workers) specialise in specific programs but when you go down (to the regional levels) you’ll find that 1% is not specialising as they are doing almost everything.”* Therefore, because supervisors are obligated to monitor various programmes resulting from vacant posts, supervisors are expected to monitor programmes that they are not necessarily familiar with. A lack of support for social workers on the ground level is, therefore, often unavoidable.

The duties bestowed upon social workers are overwhelming in nature and often unrealistic. P11, in this regard, mentioned that:

... When you are employed in the department, immediately you are expected, to know everything. But sometimes (when) you (are) ... fresh (in the position), you don’t know the act, you don’t know anything. You just have to try and teach yourself, and there is no supervision. So how do we then do the work properly? You’ll never get it.

Even though a large number of participants acknowledged that there were various challenges the DSD officials were facing in the process of providing services to the elderly population; others felt that the role of the social worker was of utmost importance and that other factors played a role in influencing their duties even though no excuses should be accepted. As indicated by M4: *“The social worker is still the person everyone goes to, and the social workers that are in the field now, some of them are really young. They’ve got no experience and a person like me that nearly should retire, I think they get very annoyed and threatened because I give too much input, and (I) come over as if I’m telling (them) how to do (their) job”* (M4).

Theme 2 focuses on the Act itself and its challenges as indicated by the participants. Even though the MDT carries the responsibility of implementing elderly rights, this cannot be enforced if the very regulations are problematic.

4.3.2 Theme 2: The MDT perceives inconsistencies and contradictions within legislation to hamper their duties and responsibilities in implementing the rights of older persons

The second theme focusses on the Older Persons Act 13 of 2006 itself, with specific challenges hampering the MDT in fulfilling their duties. The introduction of the Amendment to the Older Persons Act brought about a hope that a number of the previously identified challenges would be addressed, but this was not to be. For the implementation of elderly rights to be successful, a number of policies and legislation need to be intertwined and used coherently. Inconsistencies within these policies and legislation, alongside a lack of cooperation among MDT members, have led to a failure in the implementation and cooperation among various departments.

4.3.2.1 *The Older Persons Act 13 of 2006 per se holds specific challenges which hamper the MDT in fulfilling their duties*

The aim of the Older Persons Act, which came into effect in April 2010, is not only to maintain and protect the constitutional rights of all elderly but also to facilitate accessible, unbiased and affordable services (Kotze, 2018:3). Although the Act makes provision for mandatory reporting of suspected elderly abuse, it fails in the physical implementation and protection of the basic rights and safety of elderly. Contradictions within and with other relevant acts have led to gaps in legislation, as the Older Persons Act fails in its main objective to decrease residential care and increase community care. Unclear terminology has also led to interpretations of the act by various stakeholders. P14 stated that she struggles to implement the rights of the elderly, as it is easier to talk about the implementation or awareness thereof than it is to apply it. In her words, “... *it’s like having it (older persons rights) written in paper, but nothing is happening about it*” (P14).

P11 felt that she understood the importance of conducting awareness on elderly rights, but implementation was a struggle: “*When you implement (older person’s rights), there’s a time when you (are) making a point for the older persons to realise their rights [make the older persons aware of their rights]. ... we all know their rights, but we are doing something wrong (with regard) to those rights. So as much as we are talking about rights and all those things, they are just on paper, in reality those people [the older people] will never realise their rights.*” P1a was in slight disagreement with P14 and P11 as she felt that in Gauteng, there was a relatively good implementation of elderly rights, but its success depended upon the cooperation between different departments within various regions: “*I would say that the implementation of the act, is and is not affective. Where the act is implemented correctly it does make a difference in the services rendered to the elderly and their human rights*” (P1a).

According to the Gauteng Older Persons Rights Strategy (GOPRS) (2020:16), the act provides a solid legislative framework to give effect to the rights mentioned within the country’s Constitution.

Malherbe (2007:57) agrees and states that the focus of the Older Persons Act is on the realisation of elderly constitutional rights rather than the regulation and monitoring of residential facilities. P13 felt that the effectiveness of the Older Persons Act was questionable:

Because we do not implement it (the older person act) every day and it focuses more on providing guidelines on how organisations must be structured. It doesn't really give you [a] background on how to implement the actual rights within those organisations. So its focus is on the facility as opposed to the actual rights and implementation of them.

S8 was in agreement with P13 as she questioned the developers of the act: *“What is the act doing there, if in reality it can't be implemented? If you look at the guidelines on minimum standards, it's pathetic. It's not affordable but they are forcing it down on the NGO's, why? Who sits up there writing this stuff, and who works on ground level that has to make it work?”* In her study, Malherbe (2007:66) also found that none of the sections within the Older Persons Act provides any enforcement mechanisms regarding the rights of older persons, especially in residential facilities, which supports the statement made by P13 and the questions raised by S8. According to P15, the main challenge pertaining to the implementation of the act lies in the lack of funding, as she stated: *“When we were first instructed to implement the act, (and) we were (at the same time) given the right budget, I think the majority of issues with the act would (have been) sorted. I think, maybe 80% of the act would (have been) implemented.”* In relation to the statement made by P15, S7 highlighted the fact that it has been 13 years since the Act was instituted and the DSD still has not got anything in place, hence, the failure of implementation.

The Older Persons Act condemns and criminalises all forms of abuse against the elderly population and encourages mandatory reporting of such abuses (GOPRS, 2020:16). Section 28 of the Older Persons Act provides steps that can be taken against all individuals who abuse elderly and not only those that care or accommodate them (Cohen, 2011:15). Even though the Older Persons Act contains steps and regulations pertaining to elderly protection, P16 felt that: *“If it [the older persons act] was working we wouldn't be faced with the challenges (regarding the implementation of the act). The elderly (for instance) are turned away (at SAPS); if our act was effective I don't think we would be experiencing this.”* P15 voiced her agreement with P16 as she stated: *“Yes, how many abusers ultimately gets convicted using the same act? So I think the act (is) not actually effective (with regards to the implementation of section 28).”* M11 disagreed with P15 and 16 as she felt that the social workers did not fear the consequences of a lack of implementation but that they were restricted pertaining to the enforcement of the act:

... now with the amendment act they are looking at providing the social worker with more rights to implement and act on behalf of the elderly. To make decisions on their behalf, as that's a stumbling block. The individual has the right, but at times they do not act in their own best interest, and the MDT can see that the individual is busy disadvantaging himself,

but they can't do anything about it, because no decisions can be made without the involvement and agreement/permission of the elderly (M11).

The words of P3a describe the overall perspective of the participants pertaining to the implementation of the Act: *"It has been clearly highlighted that the act, although it was meant to protect elderly rights, has completely failed in implementation."* M7 was of the opinion that the reason for the failure in implementation was due to the way the act was written, as no proper oversight took place. M7 was also of the opinion that the target population for the Act differed: *"The act is written for one-man shows. It doesn't actually allow for an organisation like ours that owns a group of facilities. I know that the revisions should be promulgated sometime soon now, but the thing that we have is ... it's a little open-ended and I think the Older Persons Act, in my mind is written for the indigent it's not written ... broad."* Participant's statements pertaining to the misinterpretation of the target group of the Act, along with unclear terminology used within the Act, create the perception that the Act only needs to be enforced in certain situations based on the opinions of those tasked with implementing the rights of the elderly.

Ambiguous terminology within the Act has also led to diverse interpretations by stakeholders, which, in conjunction with a lack of understanding by DSD officials, brought about a failure in implementation. P1a highlights the existence of varied interpretations by stakeholders in stating: *"What I have noticed is that the social workers from DSD have various interpretations of the act, and this is a big challenge."* The possible problem for the misinterpretations is that the content of the Act is not clear. Stakeholders, therefore, *"... read the act and implement it according to the way (they) understand it"* (P10). P13 concurs by stating the following: *"I think with this older person's act some of the things are not clear, like you know with (the) children's act, if this happens you must do this, but with us [officials in elderly care] certain things are not clear. The act does not really guide us on how to do certain things."*

P17 agreed with P13, but also felt that there were additional supporting policies and regulations *"... that augments (the act) in a way."* M5 similarly agreed: *"I think the act summarises quite clearly what should be provided (for the rights of the elderly) and guides us in the process."* M4 felt that the act does not focus on all areas in which the elderly is found, as it needs to address care facilities, areas in which no facilities are found, as well as the big upmarket lifestyle communities. P10 supported the viewpoint of M4 as she commented on the clarity of the registration process: *"In terms of the registration I think it needs to be revised so that it can be clear (for everybody that needs to use it)."*

According to P12, the focus of the Older Persons Act is more on facilities itself rather than the implementation process pertaining to all aspects of the act: *"... [The act] focusses more on providing guidelines on how organisations must be structured and it doesn't really give you (a) background on how to implement the actual rights [of the elderly] within those organisations. So*

its focus is on the facility as opposed to the actual rights and the implementation of them.” P16 was of the opinion that there was a huge gap in terms of the renewal of facility registrations, which in turn affects elderly rights: “Remember in terms of the act you just register. It doesn’t say after five years or after two (years) the certificate must be renewed, which means if you [as the official] register (under the older persons act) then you must assume the conditions will stay the same forever.”

P2 referred to a practical aspect pertaining to the physical standards of the buildings of elderly care facilities. P2, for instance, mentioned that *“Buildings deteriorate with time ... but if I’m register(red), even after 10 years I’m still registered and after 20 years then why would standards be maintained.”* P2 was, therefore, of the opinion that the act needs to be more specific with regard to practical aspects such as the maintenance of buildings.

According to P9, the repercussions for elderly abuse should be more prominently stated within the act in order to serve as a deterrent for abuse: *“But I think, if maybe the act can be clear, that it needs to stipulate the repercussions of elderly abuse. Everything has consequences and maybe (the act should also) state whether you know or you don’t know [elderly rights], you still need to face the repercussions. Because obviously when you (are) in trouble you will say you don’t know (the act) even if you do”* (P9). P2a, who is a social worker in private practice, however, disagreed with P9, as she felt that the rights were clearly defined and no further explanation was needed: *“The rights of elderly ... and they are very clearly found in chapter 2 [of the older persons act] ... section 7, those rights are clearly defined.”*

Some participants, on the other hand, felt that the entire act need to be revised, as certain terminology used within the act changed the meaning of the sentences, which causes problems as it leads to misinterpretation and contradiction within the act. Unclear terminology can lead to misunderstandings between various key role players in the MDT, as noted by M4: *“if you talk about a MDT especially, you see how many people sit on that team ... all the therapists, the doctors, the social worker. All of those people have different acts that they work under, like the nursing act, there’s a different act again. So all those things should be taken into account when you work for the rights of the older person.”* As these role players often form part of various departments, the purpose of the South African Plan of Action was to ensure coordination and integration of services provided to the elderly. The Plan of Action also seeks to clarify the roles and responsibilities of different stakeholders in the provision of services to the elderly (GOPRS 2020:15).

On top of the fact that different role players need to use the Older Persons Act, participants also pointed out that numerous contradictions that exist between the Older Persons Act and other departmental acts, priorities and policies. P15 voiced her opinion: *“Every department has got its own priorities and unfortunately when we bring them together, I think there’s a clash somewhere,*

because we've got conflicting priorities." P3, for instance mentioned that the department she represents has specific requirements with regard to the norms and standards of facilities, but highlighted that different departments "... *use their own by-laws.*" These contradictions, according to P3a, pose an immense challenge to the duties of the MDT. As she forms part of the HRC, P3a informed the researcher that they have identified various contradictory regulations: "*The domestic violence act, the harassment act and the guidelines in chapter five (of the Older Persons Act), do not speak to each other.*" The following practical examples were given by Participants 6 and 3a on how the different acts did not correlate:

"I found this older person who was staying alone in a shack ... and you can't take her away from that shack. That exposes her to abuse. So, if you leave her [to live alone] you're breaking the law [due to the unhealthy living conditions] and if you take her (out of the environment) you're breaking the law" (P6).

"Now they [policies as stipulated by DSD head office] are saying that if there are more than five individuals with dementia in a facility that facility has to be registered with (the Department of) health. Now (the Department of) health will come and enforce their norms and standards according to the mental health care act, which does not correlate with the older persons act" (P3a).

P1 is, therefore, of the opinion that the Act: "... *must just be straight forward. If you see a situation like this, this is what you need to do.*"

Although the Act has numerous contradictions within itself as well as other acts and policies, one of the main purposes of Act 13 of 2006 was to incorporate community-based care. This is in contrast with the previous Aged Persons Act 81 of 1976, which focused mainly on residential care with no mention of older persons residing at home or with family members (Malherbe 2007:56). M7, however, pointed out that:

Specialty areas like residential care are experiencing a crises in South Africa, and the community services are growing by 1.8 % only. In other words community service are not growing even though the act opened the door for the service. The reality is that community based care and support is not moving forward ... and residential care is moving backwards. The one is standing still and the other one is degenerating.

The African Union Policy Framework and Plan of Action on ageing encourages states to take action pertaining to the independence of older citizens, therefore, reducing the number of older persons placed in institutions. The plan emphasises traditional community care and support mechanisms as well as the decentralisation of health, welfare and social services (GOPRS 2020:15).

The challenges experienced by the MDT in implementing the rights of the elderly population are vast, and through the interviews with participants, contradictions within the Older Persons Act, in their opinion, play a definite negative role. According to P3a, Act 13 of 2006 was a good effort towards amending the Aged Persons Act of 1967, but it remains unsuccessful without the implementation of follow-ups:

I actually want to start by stating that the older persons act, was (amended) after a long period of silence ... from 1967 to 2004 ... there was just silence. The amendment, and I'm not referring to the amendment of 1999 that had a different purpose, this act 2006 number 13 was actually a good effort. The act is vague, community services are, for example not linked to any structures, so it was a good effort but after a certain period of implementation there has to be a follow-up.

In the words of M7: *"The older persons act is a brilliant theoretical document. It's not necessarily a very practical document. The implementation thereof is not very practical."* M6 was of the opinion that the whole Act was wrong and, that it was merely copied from one act to another and that the actual wording was incorrect. M6 furthermore stated: *"The act doesn't protect the old persons, we can't implement it."* The Amendment Act may be an attempt to bring about change in the implementation process of elderly rights and some success may be achieved, but the question remains as to whether it will ultimately solve the challenges experienced by the MDT.

4.3.2.2 The Amendment Act itself will not bring any solutions to the challenges pertaining to the implementation of the rights of older persons

In their submission to the DSD, the HRC highlighted a number of aspects to be taken into consideration in the Older Persons Amendment Bill, which was due in 2018. Certain terminology was highlighted for change as it was stated that using these terms in a certain manner could result in the term having different interpretations (SAHRC, 2017:3). Although aspects were highlighted and contradictions brought to light within the Amendment Act, it seems as if more focus was placed on terminology than actually filling the gaps found within Act 13 of 2006. Many participants were of the opinion that the Amendment Act is a good trial run but lacks a research-based background.

After the implementation of Act 13 of 2006, Malherbe (2007:68) stated that the Older Persons Act as a whole was a large improvement of its predecessor, but there are still some unresolved challenges that could potentially be addressed during the still-to-be-drafted regulations of the Act. She was also of the opinion that the more serious omissions, like a lack of enforcement mechanisms for various rights conferred on the elderly, would hopefully be addressed through legislative amendments. Fast forward to 2017, a call for comments on the older person's

amendment bill was launched, which is yet to be passed in parliament. The preamble to the proposed Amendment Bill reads as follows:

To amend the Older Persons Act, 2006, so as to insert new definitions; insert new provisions relating to the monitoring and evaluation of all services to older persons and for the removal of older persons to a temporary safe care without a court order; to tighten up the existing implementation and compliance measures; to effect some textual amendments for greater clarity and to provide for matters connected therewith (DSD).

The proposed amendment to the Older Persons Act 13 of 2006 supposedly corrects all gaps found within the previous act. P1a was positive and stated the following pertaining to her viewpoint: *"If I think of the revision of the older persons act which has already been done, I think it [the Amendment Act] should be sufficient as there are literally revisions done in every chapter and the only thing that still needs to be completed is the regulations and norms and standards."* In contrast to P1a, P3a felt that the Amendment Act would not fill the gaps identified within the Older Persons Act:

It's a patch job. It's not grounded on research, the findings of the department of monitoring and evaluation and the Delloyd investigation do not complement it [the Amendment Act]. And they [the government] will push it through. I also want to say that I think conversations with your role-players are more important than just saying 'Ag just send us an email or something and we will look at the corrections and changes', there has to be proper research done and it has to be done correctly.

P1a concurred with P3a but still indicated a level of positivity towards the proposed bill:

As we started working with act 13 we found gaps and this is now being addressed in the amendment act. Hopefully the amendment act will fill these gaps and then the act, after they have evaluated the norms and standards and regulations and everything, would be sufficient. But once again... will there be enough money for the implementation?

S6 and M5 disagreed with each other, pertaining to the clarity the Amendment Act may bring about: *"I've always felt with the act, that whoever reads it interprets it slightly differently, and with the amendments, it's still not explaining or teaching people how to interpret it in a similar way"* (S6). M5, on the other hand, mentioned the following: *"I'm very excited about the amendment that's coming through quite soon. I think that it will just clarify everything even more."* P2a was also of the opinion that: *"The amendment looks to me like its main focus is on terminology, terminology that is correct. I have the old amendment act ... but again to me it looks like all the act is doing is correcting terminology."* The role of the DSD becomes of utmost importance once more in the words of P1a:

The Section 11 committee [a committee which forms part of HRC, focussing on elderly rights] is national and that is why we work very closely with the National Department of Social Development ... (with regard to) the development of the amendment act to the older persons act. We provide a lot of constructive input. When the amendment act comes into force, DSD will have to launch an awareness campaign, not only informing the elderly but also the public.

Although the DSD is the responsible custodian of the act and therefore, the enforcer of elderly rights, the act is very clear in what it can and cannot do. With regard to the lack of enforcement measures on elderly abuse, as highlighted by the majority of participants, P1a stated: *“Hopefully this will change after the amendment act, because the amendment act is in line with the criminal procedures act and this sort of thing, for prosecution.”*

The effectiveness of the Amendment Act is yet to be determined as it has not yet been passed by parliament. According to P1a, the process of approving the Amendment Act has to restart every time new political members are elected: *“They [the Government] needs to once again conduct a presentation in parliament, as there are new people in the portfolio, the national portfolio committee for older persons ... the whole process needs to start all over again after the elections.”* The continuous delay in progress pertaining to the Amendment Act affects the effectiveness of other policies and regulations of various departments. The MDT, therefore, struggles with cooperation among its members and the implementation of elderly rights. In relation to the above statement, M4 felt that: *“The problem with the act for the elderly is, like any other law, it takes too long. How long has these amendments been laying? We have known for how long that the act needs to change, but it takes so long there’s even loopholes in the amendments and the norms and standards, it’s time already to revise it again.”* In conclusion, the words of M5 summarise the duties of the MDT in relation to the Amendment Act very clearly, as he was of the opinion that even though we work in an MDT environment, our perspectives on the Amendment Act differ. One member perceives the Act from a manager's perspective, while others from a care and nursing perception as they see a different angle. That is, however, what makes it so important for the entire team to have discussions and to come up with the same understanding of the Act; otherwise, there will be two different entities with two different approaches to implementing the same rights in different ways and they will not be achieving the same results.

Only some of the participants were able to comment on the Amendment Bill, as the participants indicated that they had not read the proposed amendments. They were, therefore, of the opinion that they had no information and knowledge to contribute.

4.3.2.3 Other policies and legislation pertaining to older persons are failing due to a lack of implementation and cooperation among the MDT members

The GOPRS (2020:12) highlights the lack of up-to-date policies and clear procedures addressing elderly issues, which is sentencing multitudes of older persons to a life of suffering. Instead of realising the active economic and social contributions the elderly can make to communities and their families in society as a whole, they receive no legal assistance from the DOJ, and there is no support structure in place for the MDT to assist. Various contradictions governing the policies used by the key role players in the MDT also affect the impact made by the team members themselves. Limited resources and various challenges within the DOH deny the elderly the right to proper care. A lack of an overarching monitoring body to investigate abuse cases and monitor the duties of the DSD has contributed to a lack of cooperation among MDT members. Municipal by-laws and regulations are also very contradictory to those used by DSD officials during the process of facility registrations. This leads to frustration and a lack of cooperation among the various departments forming the MDT.

Geffen, Kelly, Steyn and Kalula (2020:9) expressed the importance of appropriately trained multidisciplinary teams as older persons have complex, multidimensional health and psychosocial needs, which have been amplified by the COVID-19 pandemic. The provision of person-centred, coordinated and integrated care for older persons with chronic conditions is essential, especially within a multidisciplinary context. Healthcare providers, public health personnel and those who support healthcare organisations need new team care models and evidence-based skills for managing older persons.

The lack of cooperation from the side of the DOH became especially evident during the COVID-19 pandemic. According to P4, no financial support was provided to residential facilities by the DOH during the pandemic: *“... old age homes, there are nurses, there are assistant nurses and every other staff, we find that the department of health does not assist in terms of funding the nurses and the care workers and all the health side of it.”* Although the DOH did not provide any form of funding assistance to elderly care facilities during COVID-19, they continued to enforce their regulations on the facilities, which often contradicted that of the DSD. This, in turn, complicated the duties of the MDTs with regard to implementing elderly rights. Facilities cannot be registered without the relevant nursing report compiled by DOH officials, but according to P2, the challenge is, however, that: *“... we need the nursing report, and you wait, and wait, and you (re)submit. They take their own time. It [the report] comes back and we have to go find them again (the DOH official whom completed the nursing report).”* The challenge pertaining to the DOH inspections and nursing reports was confirmed by M4: *“The inspection of facilities is a joke. From your slosh to your freezer room and everything in between ... We don't get inspection.”*

According to the GOPRS (2020:33), health and wellness is a high priority because the elderly require good health before anything else can be achieved and their day-to-day activities can be completed. As most health problems among the elderly are related to poverty, lack of food and diseases like COVID-19, the core focus of the DOH should be on prevention. COVID-19 has highlighted the shortcomings within the health department, as P16 states: *“I heard ... of a person (where), the family called an ambulance and then when they [the ambulance service] came and they find it’s an older person they said ‘ag but this person is old’.”* Participant M6 had a similar experience within a hospital setting: *“They [older persons] are forgotten. Last week Wednesday I went to hospital with a gentleman, his got full dementia ... you know we had to wait about six hours ... six hours. His supposed to be attended (to) immediately. It’s not just the private hospitals, it’s the government (hospitals) as well.”* In the participants’ opinions, the elderly is not viewed as important members of society by the DOH, which left M4 with the following statement: *“The whole health system nowadays is not about care anymore, it’s not a person, it’s a fractured hip. The hospitals isn’t a place for caring and healing anymore. It’s a place where you go to have an operation and you leave so quickly that there’s no time.”*

P17 made the following comment in response to how the elderly is treated within society: *“Have desks specifically for older persons. Like if you go to the banks you’ll find queues that are specifically for older persons. You go to SAPS you know they are given preferences. You go to SASSA you know they given preferences.”* Although the suggestion made by P17 should be enforced, M11 highlighted a few challenges within the DOH and their supporting structures which do not allow preference to the elderly:

I think the general problem is that it’s difficult to implement these rights because the systems out there are not that comfortable to handle these kinds of things ... for example the right to basic health care. But then you have to take an elderly to a government hospital where there is no services, or the person has the right to be protected, but then it’s also the thing of rights and responsibilities. You are not allowed to harm an elderly, but how do you justify it if the elderly harms a staff member? So it’s beautiful on paper but in reality not practical with the limited resources available within your area, like your health care services.

Another challenge highlighted by P5 and supported by P7 relates to the staffing ratio within facilities, as the regulations used by the DOH differ from that of the Older Persons Act. According to P5: *“They [DOH] have their own (staffing) ratio.”* P7, in this regard, gave the following example:

There’s a contradiction between (the) two departments [DSD and DOH]. Health says it doesn’t want two registered nurses for both shifts (day and night shift) ... DOH came to visit [the facility] they said ‘we are fine with (only a) staff nurse at night’ of which (the older persons) act says both shifts must have a registered nurse.

The HRC (2015:14) highlighted the fact that poor older persons residing mainly in rural areas struggle to gain access to health care. This is mainly as a result of expensive, insufficient or non-existing transport, shortage of emergency transport, long waiting times at public health facilities and the unavailability of vital medication. The findings by HRC were confirmed by P3a and S5 who have had first hand experience of medication that was not distributed to different facilities according to an agreement the DSD made with DOH. Adult diapers needed within facilities were also not delivered to those in need as agreed upon. P1a, in this regard, acknowledged that the: *“Department of Health ... has a big role to play in the distribution and supplying of services to the elderly.”* P1a, however, goes on to refer to a discrepancy in the service delivery of the DOH by mentioning that: *“In some of the facilities you have a general practitioner that visits the SASSA patients twice a week or bi-weekly. But in other facilities this does not occur.”* The services and cooperation that exist between the MDT members are regionally dependent, and in more cases than not, the lack of medication, supporting materials and services become the responsibility of the DSD as the DOH shifts their responsibilities.

The DOH is not the only government entity lacking elderly support measures. Malherbe (2007:68) states that a lack of enforcement mechanisms pertaining to the various rights provided to older persons can only be successfully corrected through legislative amendments. With a lack of legal support structures within the DOJ, P14 rightfully stated: *“It is pointless to have the act that governs the rights of the older persons, but if ... there’s nobody who ensures that those rights are taking place, are realised ... it’s [the Older Persons Act] (is) useless. It’s pointless actually.”* The rights of the elderly, therefore, not only need to be enforced through legislative change but also through a monitoring body, such as *“The Older Persons Forum”* or the section 11 committee. P1a explained the role of the section 11 committee as: *“... an advisory committee for the Human Rights Commission. If any reports are made to the HRC regarding elderly and the disabled, then it is referred to the section 11 committee to be investigated.”*

M5 raised a question relating to whom could be approached within the industry for assistance relating to clarity of the Older Persons Act, as there is no overarching body monitoring the MDT rendering services to the elderly. An example related to the consequences of a lack of a monitoring body was provided by M4:

If you don’t inspect a place, you can’t expect to have compliances ... we know health and safety can walk through our doors any day and we are afraid of the things that can happen to you within the act, if you (are) not compliant and there’s so many things that can happen in your facility that can endanger your residents if you are not health and safety compliant. But so many other things can socially happen to people, and there’s no body enforcing that.

P16 highlights the importance that members of the SAPS need to be knowledgeable about the rights of older persons:

Knowing how to treat an older person especially if they come to report (abuse), because at times they are turned back, to say, uh ... it's a domestic issue, we can't deal with it. I think if SAPS knew about the rights of older persons and treating older persons with respect and attending to the issues on the spot. I think that would be implementing the rights (of older persons).

According to Blowers (2015:4), there is a lack among police officers of knowledge pertaining to the ageing process along with awareness of the challenges faced by the elderly population. Several programmes have been initiated within law enforcement departments in recent years, designed to focus on improving police reactions to the problems and needs of the elderly. The important thing, however, is that a large number of effective programmes and initiatives involve an MDT approach, where law enforcement works conjointly with social services and the community. P3a felt that SAPS was, however, not the only challenge and identified the following gaps within the justice system: *“One of the gaps that we have is legal aid, legal aid offices and clinics. Our elderly do not have a place where they can go and request assistance pertaining to their cases.”*

According to the GOPRS (2020:25), there are currently no interventions focussing specifically on targeting older persons in dealing with the crimes perpetrated against them. Suggestions were, however, made by the elderly themselves during the 2019 Provincial Older Persons' Parliament, as they pleaded with the department of Community and Safety to have more police visibility in communities as well as provide a speedy response in instances where cases were reported. Participants, however, reported that the situation for older persons reporting abuse against them, has not changed. P16 and P17, in this regard, shared their viewpoints on abuse cases and progress within the justice system:

“If a document, a case is opened, but there is no follow-up, what will happen? Will it eventually go to court? It will not” (P16).

“I've never had one (case) going to court” (P17).

Older persons are vulnerable to abuse because of their age, health status, social circumstances and other factors. As they grow older, they lose the capacity to protect themselves from violence, abuse and neglect. P3a felt that the role of an external independent monitoring body is of utmost importance in ensuring the implementation and service of elderly rights as she stated: *“Communication with SAPS and the courts are very important, but Social Development should, like any other department across the world, expose itself to external evaluation. In other words, an independent evaluator should evaluate their duties, an independent body that will go and check whether norms and standards are complied to.”* In response to the statement made by P3a, P2a asked:

who is going to check whether minimum norms and standards are being complied to? The whole approach is wrong. If we could be more in tuned to community support ... but once again it's only the residential facilities in which an IDP [independent developmental plan] is needed. What about the individuals within community centres, who is monitoring their behaviour?

P1a supports the statements made by P3a and P2a pertaining to the importance of an overarching monitoring body and shares the following viewpoint:

In my opinion, there is a gap in the implementation of the act and the reason is that, it is mentioned in chapter 3 that there has to be a coordinating body in place, and that coordinating body was never implemented and it was never instructed. The amendment act also emphasises the coordinating body. What does the act state? Every registered service has to be monitored annually. At private facilities this does not happen and even annually is not enough.

In 2018, the HRC sought to review the services provided to the elderly by the Gauteng Government. During this review, it was found that the services provided by the Government were not satisfactory as they were often not evaluated. A lack of cooperation among the MDT members also contributed towards a lack of services, as P2 highlighted the lack of support received from other government departments for those social workers on the ground: *"We don't even get support from our partners like, department of health, municipalities because everything that you are doing is mostly dependent on them. If I have to register a facility or a service centre, I have to go via the municipality offices. I have to engage department of health and municipality is saying they cannot issue a health certificate because they do not have the norms and standards of how to measure a service centre".* According to Participants 5, 9, 6, 10 and 7, the departments that are presented by the MDT not only make use of policies that do not correlate with each other but the various divisions/areas within each department are not in correlation to each other either:

"They have their own set of bylaws and we have our own piece of the act and these two ... are in conflict" (P5).

"Like for instance we, are currently having a problem with the (registration) certificates where the department [DSD] wants a number specification and municipality doesn't (want to) give (it to) us, so we can't register" (P9).

"It's the same municipality working differently in different areas" (P6).

"Even if we are in the same area that falls under (undisclosed), (one) organisation, (will have a) certificate (which they received from municipality) (and it) has a number, (another) ... organisation (will have a certificate) ... but the certificate does not have a number" (P10).

“Municipality is a challenge to us to implement the act, because somewhere we are needing them and they (are) giving us a run (for our money)” (P7).

Another challenge identified by P1 pertaining to municipalities is that of infrastructure. Many community members are willing to provide much-needed services, but due to the strict regulations and a lack of infrastructure available from the local municipalities, services continue to be affected as service providers are turning their private residences into service points:

People have services to provide but they don't have the ...infrastructure to develop it, to conduct programs, so they use their own homes. But it's a problem with the local government because now they have to rezone it [their home] ... and I understand rezoning is expensive. Mostly they [community members] are welfare organisations that need to give services to the communities (P1).

Several participants felt that there was a lack of interest from various MDT members to collaborate in round table discussions to find solutions to the contradictions within the various acts used by each department. Departments involved in the registration process of facilities are currently operating in isolation, trying to overcome their own challenges when instead, collaboration is needed. P7 mentioned that they have been inviting various key role players of the MDT to round table discussions, but to no avail:

We've been inviting the stakeholders so that they can come and share this problem (around municipalit(ies) but people ... know, this is our business [the responsibility of DSD to register facilities]. But somewhere there (during the registration process) they block us when we have to register the services of older persons of which they don't want to come to be part of the forum and join us. All of us as stakeholders we need to be there so that we make sure that we are rendering the services from each respective department. But can I tell you, because older person is the common duty of social development ... its only us who is trying to implement the rights of the older persons, making sure that they are protected ... but other departments they're just relaxing.

The overall feeling among the participants towards other stakeholders was that of frustration, and when asked the question whether there was good communication and teamwork among the MDT, the majority of responses were negative. P14 explained: *“There are some employees who seem to be there to sabotage one another. You may find that a care giver will do something just to spite the nurses because they know that maybe this is the specialty of the nurses, so they don't mind even if that person gets fired for misconduct. Actual teamwork should be promoted. Not working against each other.”*

Even though cooperation is of utmost importance among the MDT, as everybody involved has an independent yet important role to play, M11 is of the opinion that a distinction needs to be made between an internal MDT and an external MDT, as both do not experience the same challenges. According to this participant, the level of dysfunction took place within the external MDT, which included the government departments:

I think we need to make a distinction between a MDT within an organisation and one on the outside. On the inside [on organisation level] they [the MDT] work together around the table, discussing cases, and it's going well because they talk to each other and make decisions together. As soon as a referral needs to be made to the outside MDT, then it's ... Oh no, that's DOH's problem, or this is the doctor, first this one then that one. No, it needs to go to DSD, no it needs to go to DOH.

Van der Merwe, Van Graan and Ukpere (2013:629) are of the opinion that, generally, policy implementation includes a single government department, but in order for implementation to be successful, especially when the policy is in the form of a programme, it needs the buy-in of multiple departments. It is at this point, however, that coordinating the different departments becomes a problem. Without influence and access to the other department's processes and policies, the active department will become demotivated. According to P1a, cooperation also varies between regions and provinces and not only between internal and external MDTs:

In some regions in Gauteng you will find good cooperation between the departments and in others not, and in some provinces you will not find any form of cooperation agreement, and that is where the problem lies. All the departments need to sit together and take responsibility, and a decision needs to be taken on national level between the various departments, so that they can be held accountable.

Regional politics are of diverse importance as well, as organisational wariness can affect any form of progress, and the various governmental departments, including the SAPS need to function as one unit to allow the programme, focussing on the rights of the elderly, to succeed. As M4 has stated: *"The social worker can't be 'your be all end all person', and as far as I know, at this moment it still is."*

In conclusion, S8 believes that if one looks at the various forms of abuse, the MDT can intervene up to a point, but it depends on who the alleged abuser is. If it is an adult child, the MDT can intervene, but usually to the disadvantage of the elderly victim because the case needs to be reported to the DSD, where nothing normally will happen with the case. It can also be reported to the SAPS, but as there is a reporting line, it must start with the DSD, who is supposed to then report it to the SAPS. However, in both instances, nothing will happen. The lack of action by both

departments may be a result of a lack of training or proper research conducted within the field of elderly care.

4.3.3 Theme 3: The MDT perceives the lack of training and research within the field of elderly care as a foremost cause for the lack in the implementation of elderly rights

The last theme highlights the consequences of a lack of training and continuous research within the field of elderly care. A collapse in service delivery to those in need was highlighted by the participants to be the cause of the training shortage, as this resulted in a lack of knowledge to safeguard the elderly as a vulnerable community. A lack of research and trustworthy findings within the field of elderly care contributed to the negative impact of training shortages and ultimately led to the conducting of this research study.

4.3.3.1 *The consequences of a lack of training are paramount and have led to a breakdown in services to those in need*

There are a variety of definitions of leadership, which can all be viewed as relevant within the MDT context, but Parry's definition in Van der Merwe *et al.* (2013:628) is the most fitting as it defines leadership as *"The presentation by a leader of some identifiable goal, vision or future state that people can desire and the generation of a willingness within those people to follow the leader along a socially responsible and mutually beneficial course of action towards a goal."* Responsible leadership is of utmost importance, as highlighted in Theme 1, but leaders cannot be effective without the relevant professional training, as this may lead to a complete lapse in communication with lower-level staff. A lack in training pertaining to the rights of the elderly does not only apply to departmental training but, according to P1a, starts at university level: *"I think the curriculum is very compact, and I know specifically at North-West [university], there is individuals that focus on additional trainings and sessions pertaining to older persons. But it is in fact a problem, if I think about my own training, there were very little focus [in the curriculum] on elderly rights."* The lack of training at university level was also mentioned by P3a: *"I have to be honest, social workers are not really equipped at university level. Neither are registered nurses, nor doctors. There used to be a gerontological department at Cape Town University and at Wits, but it no longer exists."*

P2a and P17 acknowledged the challenges pertaining to a lack of training at university level, but also felt very strongly that it was the responsibility of the MDTs themselves to increase their knowledge through obtaining additional training and self-study:

"I have only received internal training. You learn along the years, how to implement the act on your own" (M10).

“We did receive training, but it was mostly focused around the protocol on elderly abuse. Chapter 5 was the main focus. The only way to have studied the act was to close your door and do self-study. Continuous professional development, groups of social workers also meant a lot to us regarding training” (P2a).

“As a social worker as well, it’s your responsibility to expose yourself to trainings. If you know it’s something that is in your job description, that you don’t know how to do it, you must ask. It still falls within your responsibility to make sure you know what you are doing and just don’t go out there and do something that you’re not sure of. As much as it is the employer’s responsibility to give you training and everything, ... it is still your responsibility as a social worker to make sure you get to know all these things” (P7).

The SACSSP makes provision in the code of ethics and responsibilities for registered social workers for continuous professional development. Therefore, as stated by P7, the sole responsibility in job training cannot fall on the shoulders of the employer and it is, therefore, also the responsibility of the MDT members themselves.

Several participants indicated that they received in-service training from their employers on starting within the programme of older persons, but no further training nor follow-up training was conducted. According to M5, training with a specific focus on the Older Persons Act is very scarce: *“I don’t even know where to go to find training, or a training course on the older persons act.”* Apart from the challenge pertaining to the availability of training, M5 also indicated how difficult it was to obtain the Older Persons Act: *“I’ve got a copy of the act. But it was also very difficult ... when I started to google, I found 400 different variants and eventually I think I came across one that is the current act. Honestly, I’ve never seen the norms and standards attached to the current act. I’ve only seen the amendments and the proposed new act with the norms and standards.”*

Several participants who were interviewed from the same organisation referred to challenges they have experienced because of a lack of knowledge pertaining to the Older Persons Act. The CEO of the specific organisation instructed all management and nursing staff to self-study the Older Persons Act in order to obtain solutions to the challenges they were facing:

The management really did an intensive study last year. It was given to us by the CEO and our eyes (opened) for the first time, to the act. We thought we knew the act, but we didn’t. We really studied it and we studied the amendments. Everybody can read an act but you need to understand it and you need to have the need to look deeper than what the words are (M4).

Geffen, Kelly, Steyn and Kalula (2020:9) stated in the Better Health Report that training within the geriatric field needs to be reinforced at tertiary level, along with *“continuous professional*

development and training initiatives across all health and allied health professions.” Although a lack of training negatively affects the implementation of elderly rights, there are also various factors that can play a role in the capabilities and motivation of MDT members to self-study and obtain the knowledge necessary to implement the rights of the elderly. M11, in this regard, mentioned that:

I was here when the act came into being in 2010, and Department (of social development) provided training and held roadshows. I attended all of them, but after that there was no training from the department ever again. The challenge is also staff turnover. Whenever a new manager starts at a facility, I make sure they orientate themselves with the act. There is no external training, only internal.

In contrast to M11, M5 stated that he had no knowledge of the existence of the act before he entered the elderly field: *“Before I started at (undisclosed company), I’ve never heard about the older persons act. I never knew there (was) something like that.”* S3, on the other hand, indicated that training was provided in the nursing field but that the focus was mainly placed on the importance of other health care acts: *“In my field of training, it’s just to know that there is an older persons act, but going into details about what are the requirements of implementing the older persons act...zip (nothing).”*

During her study, Kotze (2018:4) found that the creation and application of training programmes for all workers and community members within the field of elderly care are very important. Unfortunately, the majority of participants stated that they did not receive any form of training, not at university level and not in-house. The only information received about the act was limited and, in some cases, irrelevant.

As the DSD is the custodian of the Older Persons Act, the assumption can be made that they are also responsible for the provision of training to all members of the MDT operating within an elderly environment. P17 in this regard, however, made the following comment:

... when we [DSD] (provide) train[ing] on the act, it will be ... present(ed) (differently) to an NPO ... (than) to social workers, so our exposure to the act was when it was presented to the NPO’s not directly to us [as DSD social workers]. So, we learn as we go. Because remember from us here [at DSD head office], ... when we do those trainings we don’t train everyone ... We expect you [individuals attending the training] (to) train (others). The trainer must train the trainee, something like that, and it doesn’t happen (P17).

In response to P17’s statement of individuals being trained and expected to train others within the organisations, P13 commented:

All the older people are being abused because individuals are not get(ting) any proper training and by doing that it means we are saying; individuals can abuse elderly because they do not know the act, they do not know the rights of elderly. How are they going to escalate the information to other personnel within the organisation? I've been here for long, but really this older person's act, I don't know it by heart ... like I know maybe 10% of it, I don't want to lie.

According to P12, the lack of training also accompanies confusion pertaining to job-related responsibilities:

I think, because of the lack of training in a way you become confused on what you're supposed to do [job-related]. We've only done training on the norms and standards. I think it should be something that is done prior like when you get into the programme so that you know you'll be working with this act and this is what you will be implementing instead of doing it while you are (working in the programme) ... cause now you are assuming and you don't understand what you're doing. But I think also ... like when you're studying social work at varsity level, the extent (to) which we are using acts and the extent at which we are taught about acts, it's not that much. You only learn about acts once you are at the department.

A lack of information and knowledge among leaders has led to ground-level employees receiving incorrect information pertaining to legislative processes and, therefore, has affected service delivery (GOPRS 2020:18). The words of P13, 11 and 12 ring true of the above information:

"It's very difficult for you to go to the organisation or the community and tell people about the act and your work and your responsibilities, because you are confused. Your supervisor is confused, the whole department is confused" (P13).

"Supervision is a challenge, ... sometimes you can see (the supervisor) is not sure as well" (P11).

"There isn't proper training, there isn't proper supervision, and from our background as students and as employees there isn't enough information when it comes to (the) act and training" (P12).

According to P11, there is a need for professional individuals in the field, such as policy developers, who can break down the Older Persons Act and legislation to assist the MDT in understanding its implementation. P11 is also of the opinion that the lack of training among DSD officials is deliberate, as the purpose is to halt any form of growth and development in order to avoid opposition:

Well in my opinion, I think it's deliberate, you know ... that you don't get that training. Because if you understand the act's ins and outs, then you're going to be a problem to the managers because you'll understand what you have to do. You are going to challenge them. So now ... they keep you there [uneducated] deliberately. So they can do what they want because if you don't know (the older persons act) then you'll serve their purpose (P11).

P13 agreed with P11 in stating: *“That’s so true, and you constantly go to them [the management] for assistance and they give you whatever information that will suit their advantage and you’ll take it because you don’t know.”*

Through the various interviews with participants, the importance and negative effects of a lack of training are undoubtedly shown, but proper training cannot be done without the appropriate research and trustworthy findings in the field of elderly care.

4.3.3.2 A lack of research and trustworthy findings within the field of elderly care is problematic

Although there have been several systemic reviews on the condition of elder abuse internationally, only two have been identified in Africa. Of the most recent interviews, five were conducted between 2011 and 2018, with one of the reviews not including any studies conducted in South Africa (Kotze, 2018:3). Hence, the lack of research plays a significant role in the implementation of elderly rights.

As the custodian of the Older Persons Act, the DSD is not only responsible for its implementation but also needs to monitor its effectiveness. In order for this monitoring process to be successful, continuous research and trustworthy statistics gathered from the field play an important role. Kotze (2018:4) found that the original research on elder abuse in South Africa was conducted in small local areas and that the degree of research done in the elderly field is very limited. The research, however, was conducted in a private capacity as the participants were of the opinion that research conducted by the DSD, using statistics gathered on ground level, was not measurable nor trustworthy. According to participants, research conducted by the DSD does not correlate with that conducted in the field; hence, the act is not grounded in research but in theory.

In all 45 of the interviews and focus groups conducted, only one participant focused on the importance of research, as none of the others carried any knowledge pertaining to research conducted in the field of elderly care and rights implementation. According to P3a, the first and last multidisciplinary study regarding ageing in South Africa was conducted in 1990. P3a, in this regard, stated the following:

There’s a very important piece of research conducted from a group in the Cape that was contracted by the department of planning, monitoring and evaluation, on demand of the

human rights commission, 3 years ago. They conducted research on what was wrong with the older persons act. Then Delloyd's [a private research company] stood up (during a meeting) and said 'we are very sorry but we are walking out'. We can't do anything because the statistics provided by the department's (Social Development) offices regarding services they rendered to the elderly do not correlate at all. It wasn't trustworthy and measurable. In Delloyd's final report they strongly highlight the shortage of trustworthy research information regarding the true reflection of services to elderly within the field.

During this study, the researcher struggled to obtain research papers on the MDT within elderly care, particularly linked to their role with regard to the correct implementation of the rights of older persons. The lack of information provided by the participants validated the dearth of research in the field, as only one participant out of 45 provided any form of information pertaining to research in elderly rights implementation.

4.4 SUMMARY

From the above discussions of the main themes and subthemes, it became clear that the participants were frustrated with the processes involved in implementing the rights of the elderly population. The number of role players involved poses to be problematic due to a lack of cooperation, especially within government departments. The role of the MDT appeared to be of utmost importance and the improvement and training of its partners leaves room for growth as a lack of research and training was stated. The main problem, however, seems to be a lack of responsibility and professionalism as duties and active role responsibilities are passed from one MDT member to the next, with government departments taking the least responsibility.

CHAPTER 5 INTEGRATED SUMMARY OF THE STUDY, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of this chapter is to determine whether the research questions were successfully answered. A summary of the findings, conclusions and recommendations based on the results discussed in the previous chapter are also provided by the researcher.

5.2 AIM

The main focus of the study was to explore, understand and define the perspectives of an MDT on implementing the rights of older persons as stipulated within the Older Persons Act 13 of 2006. The researcher had also hoped that these perspectives would shed light on service delivery affecting elderly rights. Although the study was limited to Gauteng, it can be used as a starting point for future research on a national level.

A qualitative research approach was used in collaboration with a descriptive design to allow for the understanding and description of the challenges experienced by the participants relating to the implementation of elderly rights. By using this approach and design, the reporting of the data was less interpretive and focused on reflecting on the information provided by the participants during the focus groups as well as one-on-one interviews. A sample of 45 participants was selected from the population through purposive sampling, of which six participants participated in semi-structured interviews and the other participants all took part in different focus group discussions. All interviews and focus group discussions were voice recorded with the permission of the participants, after which they were transcribed and analysed. Three main themes were identified with various subthemes, which were discussed and verified with literature in Chapter 4.

In order to provide clarity and ensure understanding with regard to the aim of the study, the researcher provided an informative discussion on various topics affecting the elderly population in the literature overview in Chapter 2. The content of Chapter 2 included discussions on the context within which older persons in South Africa found themselves, on the different papers, policies, acts and regulations that are in place to protect the rights of the older person and the role of the MDT in implementing the rights of older persons. The South African context and its effect on the elderly population discussed in Chapter 2 included the living arrangements of older persons, the socio-economic status of older persons, the occurrence of abuse among older persons, the reporting patterns of abuse and the psychosocial and physical well-being of older persons.

An empirical study was conducted where semi-structured interviews and focus group discussions were utilised as data collection methods with social workers, managers and registered nurses who form part of the MDT responsible for implementing the rights of the elderly as stated within the Older Persons Act. The data was analysed by the researcher through several readings of the transcribed interviews and cross-referencing each to generate the research results. Literature was then used to verify the findings of the study.

Presentation of the findings took place through the discussion of the identified main themes, subthemes and categories in Chapter 4. Conclusions and recommendations for MDT members employed and practising within the elderly care environment and experiencing numerous challenges in implementing the rights of the elderly are provided within this chapter. Therefore, the researcher confirms that the aim of this study was met.

5.3 SUMMARY OF FINDINGS

In this study, the focus was to explore and describe the perspectives of an MDT pertaining to the implementation of the rights of older persons. In order to gain an understanding of the participants' perspectives about the phenomenon under discussion, the following primary research question was formulated, which also guided the research study:

What are the perspectives of a multidisciplinary team on implementing the rights of older persons?

Three main themes were identified from the data. The main themes were further divided into subthemes and categories, which were discussed and verified with literature in Chapter 4. A summary of each main theme subsequently follows.

5.3.1 The MDT perceives the role of the main custodian of the Older Persons Act 13 of 2006 to be problematic in the implementation of the rights of older persons

The participants felt that the term "*implementing*" meant ensuring that the rights of the elderly were taken seriously and into consideration at all times. The challenge, however, seemed to be linked to the fact that the DSD, as the custodian of the Older Persons Act, lacks leadership, which has led to the injustice of elderly rights. A negative reaction towards the DSD was not just displayed from MDT members in the private and NPO sectors but also from within the department itself, as participants employed by the DSD expressed frustration pertaining to lack of support, resources, consistency and general staff dissatisfaction. The researcher found that even though the private and NPO sectors blamed the DSD as the custodian of the act for the failure to implement elderly rights, the DSD themselves are under severe constraints pertaining to a lack of resources, funding and knowledge to ensure the well-being of the elderly population. Funding and resources within the DSD, as well as that allocated to assist the NPOs with providing service delivery, are insufficient, which contributed to their failure to uphold the rights of the elderly. There

seems to be no follow-through on regulations and guidelines that were set out within the norms and standards of the Older Persons Act, which leads to inconsistency and a lack of communication within the departmental structure.

A pattern emerged from the findings indicating that the elderly population is not deemed a priority by those in power, as societal perceptions were linked to the focus of the media. Political agendas also compromised the duties entrusted to the DSD as funding was not equally distributed to all racial groups and DSD officials felt that the core interest of those in political power was to push the statistical numbers with no interest in quality services.

The challenges mentioned above led to the demoralisation of the MDT in focussing on the implementation of elderly rights. A lack of professionalism, skills and role confusion have also led to the DSD officials neglecting their duties pertaining to abuse investigations linked to the elderly population. The DSD as the custodian of the Older Persons Act, has, however, experienced crippling encounters, as they are short-staffed on ground level and those employed are overworked and under-resourced. The staff is often not equipped to investigate human rights violations as they lack the necessary training.

5.3.2 The MDT perceives inconsistencies and contradictions within legislation to hamper their duties and responsibilities in implementing the rights of older persons

In order to operate effectively, the MDT requires a guideline from which to practice. This guideline is meant to be the Older Persons Act 13 of 2006, but it holds specific challenges that hamper the MDT in fulfilling their duties regarding elderly rights. Findings indicated that the Act fails in the physical implementation and protection of the rights and safety of the elderly, as numerous contradictions are found within the Act as well as with other regulations. These contradictions create confusion among the MDT as it leads to gaps in legislation. Unclear terminology within the act has led to its own interpretations by stakeholders, which have led to stakeholders denying their responsibility.

The findings have indicated the existence of an internal as well as an external MDT. The internal MDT comprises role players associated with an individual facility, for example, registered nurses, managers, social workers, occupational therapists and general practitioners, whereas the external MDT includes government departments like the DOH, DOJ and DSD. Often, the internal MDT is highly effective, especially in cases of private facilities where resources and funding are regularly available. The problem, however, seems to come in as soon as a referral is made from the internal MDT to the external MDT. Limited resources and various challenges in the DOH have denied the elderly the right to proper health care, with no legal assistance or support structure in place within the DOJ for the elderly to report rights violations. A lack of cooperation between and

within these two MDTs was also indicated in the findings, as professionals within the field of gerontology are reluctant to render service with no remuneration offered. As NPOs cannot provide remuneration for services, they are forced to rely on government departments that are unable to render the necessary services. The lack of cooperation between role players has resulted in a failure in the implementation of policies and legislation. A lack of an overarching body to investigate abuse and care facilities and to ensure that the DSD conducts its duties and responsibilities as custodian of the Act has proved to be detrimental.

5.3.3 The MDT perceives the lack of training and research within the field of elderly care as a foremost cause for the lack of the implementation of elderly rights

Gathering statistics, articles and resources pertaining to older persons' abuse, as well as the gerontological MDT, was a challenging task. During her study, Carla Kotze (2018; 1) searched databases using a combination of the following keywords: abuse, aged, elderly, elder abuse, assault, exploitation, maltreatment, neglect and South Africa. A total of 39 papers were originally found, but after screening the titles and abstracts and applying the inclusion and exclusion criteria, only four studies were found to contain original research of a quantitative nature. The lack of research within the field of elderly abuse is an indication of the lack of importance devoted to the elderly population. After the publication of a two-volume report based on the findings of elderly abuse during the years 2000 and 2001, awareness of elder abuse was amplified, which led to changes to policy and legislation in South Africa. Even though the above changes occurred as a result of a ministerial committee of enquiry being set up, this did not spike an interest in research, nor did it ensure the elderly became a priority for the government. Despite multidisciplinary efforts to identify, treat and prevent elder abuse, the speed of the process has been lagging behind the severity of the situation. The findings within this study emphasised the above lack of research and change as the consequences of a lack of training have also led to a breakdown in services to those in need. Out of a total of 45 participants, only eight were fully trained by the DSD on the Older Persons Act 13 of 2006, as the rest received internal once-off guidance on the act with no follow-up training for any of the participants. A lack of professional training at university level has affected the field of elderly care negatively, as the findings indicated that social workers in the field of elderly care felt discouraged as they experienced uncertainties in implementing their duties. Registered nurses interviewed indicated that elderly rights did not form part of their curriculum and therefore, they were of the opinion that the social workers were solely responsible for the implementation of elderly rights and that their duties were only that of reporting.

5.4 CONCLUSIONS OF THE STUDY

Within this study, the researcher came to the following conclusions:

- The Older Persons Act 13 of 2006 is not person-centred and does not take into account the individual merits of a case. The findings also indicated that the Older Persons Act was written for a specific group of individuals from a lower-income group and did not take into consideration the complex layout of some facilities and NPOs. The act has not been updated to cater for an ever-changing society, as the elderly are living longer than expected.
- Although the DSD seems to be failing as custodian of the Older Persons Act due to a lack of support and guidance to NPOs and private facilities, as well as a failure in enforcing elderly rights, they themselves are struggling with support. A lack of funding and resources within the department itself contributes to their lack of duties and support towards the internal MDTs associated with facilities.
- Social workers tasked with the duties of implementing elderly rights do not feel protected under the Older Persons Act and regulations, therefore, they are reluctant to conduct any statutory services. A lack of prosecutions by the DOJ related to elderly abuse cases has also led to a lack of reporting, as social workers feel demotivated to act on elderly abuse cases. The DSD social workers forming part of the older persons programmes felt overworked and undervalued as their opinions are seldom taken into consideration and they are forced to act on orders of superiors lacking knowledge in the field themselves.
- Vast gaps remain in the field of elder abuse and the role of the MDT in relation to the implementation of the rights of the elderly is unclear. The Older Persons Act 13 of 2006 clearly states that it is the responsibility and duty of all professionals to report any suspicion of abuse, but the low reporting rate indicates that this is not taking place.
- A variety of governmental role players, each implementing their own set of regulations, have led to a collapse in service delivery due to the fact that their acts, policies and regulations clash with one another, which creates loopholes in the Older Persons Act.
- The registration process for facilities rendering services to the elderly population poses a problem. The DSD is responsible for all registrations under the Older Persons Act, but a lack of consistency and proper monitoring of the whole process have contributed to the abuse of elderly rights.
- An overarching monitoring body to investigate, monitor and evaluate the services rendered by the DSD and other facilities is lacking.

- A lack of training and research negatively affects the duties entrusted to the MDT. Findings indicated that elderly care as a speciality field on university level for both social workers and registered nurses has been removed from the curriculum, leading to a lack of professionalism in the field of elderly services.
- The MDT was found to exist on internal as well as external levels of elderly care. Internal MDTs are created based on the needs of facilities as they form part of their network, whereas external MDTs mainly consist of representatives from government departments. A lack of cooperation, communication and role confusion seem to affect the success of the external MDT, leading to a lack of elderly rights implementation.
- The Amendment Act to the Older Persons Act 13 of 2006 has not brought any clarity pertaining to the way forward in overcoming challenges in the elderly. It, however, seems to have further contributed to the uncertainty pertaining to the implementation of the Older Persons Act.

5.5 RECOMMENDATIONS

The researcher would like to make the following recommendations based on the findings of the study regarding the perspectives of an MDT on implementing the rights of older persons:

- There should be a review of all policies, regulations and acts relevant within the elderly field of services. All relevant stakeholders should get together for an open discussion on the challenges experienced and the possibility of combining all regulations into one.
- An overarching independent body should be brought to life to enforce effective monitoring and evaluation assessments on the DSD as the custodian of the Older Persons Act and to ensure that consequence management is implemented.
- There should be regular quarterly meetings held between the internal and external MDTs in order to enhance institutional mechanisms and partnerships.
- The DSD leadership from ground level up should be appointed based on knowledge and skill to ensure an enabling and supportive environment for all social workers working in the field of the older persons programme.
- On the departmental level, there should be a comprehensive needs assessment conducted within the DSD older persons programme focussing on role allocation and staff morale.
- Training on elderly care and rights should form part of the social workers and registered nurses curriculum at universities as well as nursing colleges. The SACSSP should monitor all

training under their continuous professional development programme to ensure continuous knowledge in the field.

- The DSD and the NPO regulator should re-evaluate the period of registration certificates for all facilities rendering services to the elderly population, as it should contain an expiry date to ensure the continuous upkeep of facilities and adherence to regulations.

5.6 FUTURE RESEARCH

In terms of future research, the following recommendations are made:

- The encouragement of research on elderly abuse is very important as results could be implemented in the processes of addressing gaps in the relevant policies, legal procedures and service delivery.
- Explore the views of the MDT, from various sectors, financial backgrounds and racial/cultural groups, on what should the way forward be pertaining to the challenges they had raised during the study on the implementation of elderly rights.
- Conducting a study that focusses on the collaboration, role allocation and correlation between the various government departments responsible for services within the older person's population and their influence/effect on one another.
- Exploring the commitment and importance of training institutes pertaining to the education of those in the field of elderly care
- Examining the success rate of convictions related to elderly abuse and the role played by the DOJ pertaining to services rendered within this field.
- Future research could also replicate this study in a multi-provincial context, looking at the various ways in which the DSD older persons programme operates in the different provinces.

5.7 FINAL COMMENT

The researcher is of the opinion that the research question was answered and the goal for the study was, in fact, met. Throughout the study, the researcher attempted to adhere to all ethical requirements and strived to ensure that the study was trustworthy. The researcher is of the opinion that the perspectives of an MDT pertaining to the implementation of the rights of older persons are of utmost importance as they may shed light on the low numbers of elderly abuse being reported. Those in power, as well as the media, often overlook the lived experiences of older persons, which may be the leading cause of the lack of prioritising the elderly as a population group, but the struggles, the hardships, the democracy and the rewards they have encountered

cannot be forgotten. The knowledge captured in these fragile minds is incomparable, and the images of what they have witnessed are priceless. Most have been cast away, forgotten and left to fend for themselves in a generation of ungratefulness and disrespect. Therefore, the researcher hopes that the data obtained during this study will lead to a difference in the lives of all elderly and will bring about a positive change in the attitude of the MDT when rendering service to those in need.

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ADDENDUM A: INVITATION LETTER TO PARTICIPATE IN THE STUDY



Research department

Department of Social Development

Provincial office (Gauteng)

Date: _____

To whom it may concern

REQUEST TO ACQUIRE ACCESS TO SOCIAL WORKERS FROM THE OLDER PERSONS PROGRAM IN TSWANE, EKHURULENI, JOHANNESBURG, SEDIBENG AND WEST-RAND REGION

My name is Charlese Mc Millan, and I herewith request 5 minutes of your valuable time to introduce research that I am currently busy with for the completion of my Master's studies in social work at the North-West University.

The title of my research is:

Perspectives of a multidisciplinary team on implementing the rights of older persons

The motivation for the study is enforced by the sad truth that older persons face income poverty, food insecurity, social exclusion, discrimination and lack of access to basic services such as water and health care. Within the South African context the task of looking after the needs and rights of older people, are assigned to multidisciplinary teams. If one considers the statistics of elderly abuse and the amount of older people who live in poverty, then the question should be asked; what is hindering a multidisciplinary team in their quest to implement the rights of older people? Through the use of a qualitative descriptive design, focus groups and one-on-one interviews, the researcher therefore intends to explore the perspectives of a multidisciplinary team on implementing the rights of the older person.

The researcher requests social workers and supervisors employed within the older persons programme from Tshwane, Ekurhuleni, West Rand, Sedibeng and Johannesburg region to participate in focus groups if they comply with the following inclusion criteria:

- Registered social workers, employed by DSD partnership and finance: older persons program
- Professionals who can speak either English or Afrikaans as these are the two languages the professionals are expected to be fluent in
- Professionals who have been working in the field of gerontology for a period of one year or longer

These social workers and supervisors will be expected to meet with an independent person prior to the focus group taking place. The venue and time will be communicated to them as soon as they have indicated interest to take part in the study. The facilitation will be conducted by an independent social auxiliary worker, whom does not form part of the study. During the facilitation they will be briefed on the signed permission documentation containing all information relating to the goal, objectives and process of the study as well as the possible ethical implications and other ethical criteria. After they have signed the documentation a list of predetermined questions will be sent to them in advance for preparation of the interview. The researcher will contact them to arrange for a focus group at a venue and time slot of their choice, or at their place of employment. The interview will last approximately two hours.

They will not be paid to take part in the study and no travelling or any other costs will be covered. The researcher will do her level best to ensure that there are no expenses involved for any participants, as the researcher will meet with them, at a venue convenient and chosen by themselves as well as a time which meets their schedule. Refreshments will be served at the start of the focus group. There will thus be no costs involved for them, if they do take part in this study

I therefore request of you to serve as gatekeeper for all DSD older persons programme participants of which social workers and supervisors from each of the above-mentioned regions will be used. The following will be expected of you:

- Letter of approval from yourself, stating permission to interview social workers and supervisors from the older persons programme in each of the above-mentioned regions (Tshwane, Ekurhuleni, West Rand, Sedibeng and Johannesburg).
- To provide the contact details of each supervisor from the above-mentioned regions (Tshwane, Ekurhuleni, West Rand, Sedibeng and Johannesburg). In order for the independent person to request of them to take part in the study and provide the contact details of the social workers working in the older persons programme.

Please feel free to contact me at **072 461 2248** or the study leader, **Dr Issie Jacobs at 021 864 3593** should you have any questions.

Please find attached my proposal as proof of my research. I trust you will find the above-mentioned request in order.

I am looking forward to hear from you in this regard.

Kind regards

Mrs. C. Mc Millan



Director/Manager/Supervisor

Of [REDACTED]

operating as registered NGO rendering
services to older persons.

Date: 7 October 2019

To whom it may concern

**REQUEST TO ACQUIRE ACCESS TO SOCIAL WORKERS/MANAGERS/REGISTERED
NURSES FROM YOUR ORGANIZATION IN GAUTENG**

My name is Charlese Mc Millan, and I herewith request 5 minutes of your valuable time to introduce research that I am currently busy with for the completion of my Master's studies in social work at the North-West University.

The title of my research is:

Perspectives of a multidisciplinary team on implementing the rights of older persons

The motivation for the study is enforced by the sad truth that older persons face income poverty, food insecurity, social exclusion, discrimination and lack of access to basic services such as water and health care. Within the South African context the task of looking after the needs and rights of older people, are assigned to multidisciplinary teams. If one considers the statistics of elderly abuse and the amount of older people who live in poverty, then the question should be asked; what is hindering a multidisciplinary team in their quest to implement the rights of older people? Through the use of a qualitative descriptive design, and one-on-one interviews, the researcher therefore intends to explore the perspectives of a multidisciplinary team on implementing the rights of the older person.

The researcher requests access to staff members employed within your organization. As members of SAGA (South African Geriatrics Association) they have been identified as possible candidates to take part within the study. Registered nurses, social workers and managers employed within NGO's working with older persons from Tshwane, Ekurhuleni, West Rand, Sedibeng and Johannesburg region were identified to participate if they comply with the following inclusion criteria:

- Multidisciplinary professionals, consisting of registered social workers, registered nurses, and management of frail care facilities and service centers in the field of gerontology, based in Gauteng province (Tshwane, Ekurhuleni, West Rand, Sedibeng and Johannesburg region only).
- Professionals who can speak either English or Afrikaans.
- Professionals who have been working in the field of gerontology for a period of one year or longer.

These multidisciplinary team members will be expected to meet with an independent person prior to the one-on-one interview taking place. The venue and time will be communicated to them as soon as they have indicated interest to take part in the study. The facilitation will be conducted by an independent person, whom does not form part of the study. During the facilitation they will be briefed on the signed permission documentation containing all information relating to the goal, objectives and process of the study as well as the possible ethical implications and other ethical criteria. After they have signed the documentation a list of predetermined questions will be sent to them in advance for preparation of the interview. The researcher will contact them to arrange a one-on-one semi structured interview at a venue and time slot of their choice, or at their place of employment. The interview will last approximately one hour.

They will not be paid to take part in the study and no travelling or any other costs will be covered. The researcher will do her level best to ensure that there are no expenses involved for any participants, as the researcher will meet with them, at a venue convenient and chosen by themselves as well as a time which meets their schedule. Refreshments will be served at the start of the one-on-one interview only. There will thus be no costs involved for them, if they do take part in this study

I therefore request of you to serve as gatekeeper for the staff members within your organization, consisting of social workers, managers and registered nurses which forms part of a multidisciplinary team working with older persons. The following will be expected of you:


- Letter of approval from yourself, stating permission to interview the identified social workers, managers and registered nurses from your organization.
- To inform the manager of the facility that they will be contacted by an independent person regarding their participation within the research study.

Please feel free to contact me at **072 461 2248** or the study leader, Dr Issie Jacobs at **021 864 3593** should you have any questions.

Please find attached my proposal as proof of my research. I trust you will find the above-mentioned request in order.

I am looking forward to hear from you in this regard.

Kind regard

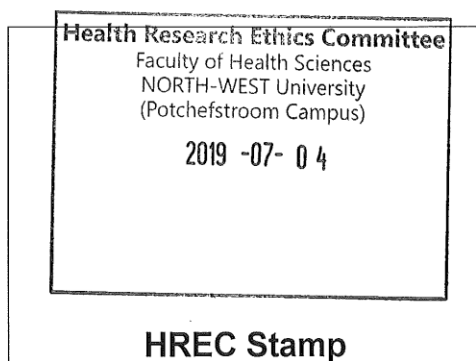
A handwritten signature in black ink, appearing to be 'C. Mc Millan', written in a cursive style.

Mrs. C. Mc Millan

ADDENDUM B: INFORMED CONSENT FORM



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-111/2222
Fax: +2718 299-4910
Web: <http://www.nwu.ac.za>



INFORMED CONSENT DOCUMENTATION FOR MULTIDISCIPLINARY PROFESSIONALS INVOLVED IN IMPLEMENTING THE RIGHTS OF OLDER PERSONS

TITLE OF THE RESEARCH STUDY: Perspectives of a multidisciplinary team on implementing the rights of older persons

ETHICS REFERENCE NUMBERS: NWU-00035-19-S1

PRINCIPAL INVESTIGATOR: Dr Issie Jacobs

POST GRADUATE STUDENT: Mrs Charlese Mc Millan

ADDRESS: 35 Arcon Villas
Lee Avenue Arconpark
Vereeniging 1939

CONTACT NUMBER: 072 461 2248

You are being invited to take part in a **research study** that forms part of a Masters study. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00035-19-S1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- *We plan to explore and describe the perspectives of a multidisciplinary team regarding the implementation of the rights of older persons. The researcher further hopes to contribute towards the formulation of effective responses and actions to address human rights violations experienced by older persons and by doing so contribute to the existing body of knowledge of multidisciplinary team work in the context of older people and the way in which service delivery to older persons is affected.*
- *This study will be conducted in Gauteng province only, focussing on Tshwane, Johannesburg, West Rand, Sedibeng and Ekurhuleni regions. It will also be conducted at a private venue and time of your choice or at your place of employment, whichever is more convenient. The study will be done by an experienced social worker trained and working in the field of gerontology for the past five years. A minimum of eight social workers and seven professionals, consisting of managers and registered nurses from DSD and various NGO's and frail care facilities will be included in this study.*

Why have you been invited to participate?

- *You have been invited to be part of this research because you form part of a multidisciplinary team working in the field of gerontology. You are a registered social worker, nurse or manager and more specifically, you are working in a frail care, service centre or NPO, dealing with older persons, based in Gauteng province (Tshwane, Johannesburg, West Rand, Sedibeng or Ekurhuleni region). You are employed by the Department of Social Development, working in partnership and finance: older persons programme. You are able to speak English or Afrikaans and you have been working in the field of gerontology for a period of one year or longer.*
- *You will unfortunately not be able to take part in this research if you reside in Sedibeng and form part of the case load monitored by the researcher conducting this study, as this may cause you as participant to feel threatened by the role the researcher takes on as monitoring social worker of the facility which you are employed at. If you have been working in the field of gerontology for less than one year and cannot speak Afrikaans or English, you will also not be able to take part in the research study.*

What will be expected of you?

- *You will be expected to meet with an independent person prior to the one on one interview or focus group taking place. The venue and time will be communicated to you as soon as you have indicated interest to take part in the study. The facilitation will be conducted by an independent social auxiliary worker, whom does not form part of the study. During the facilitation you will be briefed on the signed permission documentation containing all information relating to the goal, objectives*

and process of the study as well as the possible ethical implications and other ethical criteria. After you have signed the documentation a list of predetermined questions will be sent to you in advance for preparation of the interview. The researcher will contact you to arrange a one on one semi structured interview, or to form part of a focus group at a venue and time slot of your choice, or at your place of employment. The interview will last approximately one hour or if you should take part in the focus group, 2 hours. You will also be asked to partake in member checking where you will be asked to assess whether the identified themes speaks to the information that you have shared. Furthermore, you will be asked to give permission for the interview/focus group discussion in which you will participate, to be voice recorded.

Will you gain anything from taking part in this research?

- *There will be no direct or indirect gains for you in the study.*

Are there risks involved in you taking part in this research and what will be done to prevent them?

- *The possible risks of the study is foreseen to be minimal , but should you require counselling post the interviewing session arrangements will be made for a paid session with a counsellor in private practice closest to you. Other risks may include a feeling of frustration as you may feel pressed for time by trying to provide a lot of information in a short period of time, hence the research questions will be sent to you ahead of time. You may also experience stress, because of working time that is being lost due to the interview or focus group, and therefore the researcher will schedule an interview time convenient to you.*

How will we protect your confidentiality and who will see your findings?

- *Anonymity of your findings will be protected by allocating a number to identify you as a participant, and your personal details will not be disclosed. Your results will be kept confidential by deleting recordings from the recorder immediately after it had been downloaded to the private computer of the researcher which will be protected with a password. Back up files will be made onto an external hard drive and all documents and interview information will be kept locked in a desk at the researchers private residence. Only the researcher and her study leader will be able to look at your findings. Findings will be kept safe by locking hard copies in locked cupboards in the researcher's office at home and for electronic data it will be password protected. (As soon as data has been transcribed it will be deleted from the recorders.) Data will be stored for a period of five years.*
- *During the interviews your privacy will be respected by hanging a 'do not disturb' sign on the door, and all telephonic devices will be switched off to limit any distractions during the interviewing process.*

What will happen with the findings or samples?

- *The indirect benefit of the study will be that the results might be implemented to better serve the rights of older people*

How will you know about the results of this research?

- The researcher will arrange for a meeting with all stakeholders and participants, along with the gatekeepers and mediators once results are ready to be released. All results will then be reported both verbally and in written document. Individuals unable to attend the group meeting will be invited to make an appointment with the researcher during which time feedback on the results will be discussed. Results will also be provided in written format to SAGA (South African Geriatrics Association) as well as DSD (Department of Social Development) Gauteng head office older persons' program

Will you be paid to take part in this study and are there any costs for you?

You will not be paid to take part in the study and no traveling or any other costs will be covered. The researcher will do her level best to ensure that there are no expenses involved for any participants, as the researcher will meet with you, at a venue convenient and chosen by yourself as well as a time which meets your schedule. No travel expenses will be paid as the aim is for you to have no need to travel and therefore do not need to be refunded for traveling. Refreshments will be served at the start of the one on one interview and focus group. There will thus be no costs involved for you, if you do take part in this study.

Is there anything else that you should know or do?

- You can contact Mrs. C. Mc Millan at 072 461 2248 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to take part in the research study titled: Perspectives of a multidisciplinary team on implementing the rights of older persons.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.

- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....
Signature of participant

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to

- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent

Declaration by researcher

I (*name*) declare that:

- I had the information in this document explained by
 who I trained for this purpose.
- I did/did not use an interpreter
- I was available should he/she want to ask any further questions.

- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of researcher

ADDENDUM C: INTERVIEW SCHEDULE FOR ALL PARTICIPANTS (FOCUS

GROUPS AND ONE-ON-ONE INTERVIEWS)

INTERVIEW SCHEDULE

1. Opening

(Introduction)(Smile and shake hands) - My name is Charlese Mc Millan. Thank you for allowing me the time to interview you. Before we begin I would just like to refresh your memory regarding the signing of the consent form which you had already done. I have brought your signed copy with should you wish to read through it while I get you some refreshments. **(Participant will be allowed 10 min to read through the consent form)**

As I mentioned on the phone, I am currently busy with my masters, hence I am conducting the interview to obtain data pertaining to the rights of older persons, from a multidisciplinary perspective. With your permission I would also like to record the interview as this would allow me to return to the information in order to ensure all data was captured correctly. Please can you state on record whether you give permission for the recording to take place. **(Recorder will be switched on)**

(Purpose) - I would like to ask you some questions about your background, perception, education/training and experiences you may have had regarding the implementation of the Older Persons Act, and implementing the rights of older persons. There are only a view open-ended questions, so please feel comfortable to answer as you please.

(Motivation) - I hope to use this information to contribute towards the formulation of effective responses and actions to address the numerous human rights violations experienced by older persons and by doing so contribute to the existing body of knowledge of multi-disciplinary teamwork in the context of older people.

(Time line) - The interview will only take about 60 min and all information provided by you will be kept confidential at all times. I have also placed a 'do not disturb' sign on the door so we will not be experiencing any interruptions. Please can you put your phone on silent and take the land line off the hook.

(Transition) - Do you have any questions for me before we start?

2. Biographical questions

- A. How long have you been working in the field of older persons?
- B. How long have you been employed in your current position?
- C. Have you been employed in any other positions within gerontology, other than the one you are currently occupying?

3. Body

Opening/leading question

What is your understanding of the term 'implementing the rights of older persons?'

(Open-ended)

Related/linking questions

- A. Could you share with me your experience pertaining to the implementation of the rights of older persons within your region of practice?
(Open-ended)
- B. Have you experienced any challenges linked to the implementation of the rights of older persons, and if so, what are these challenges?
(Open-ended)
- C. In your opinion, which aspects of the Older Persons Act needs revision, in order for more effective implementation of older person's rights to take place?
(Open-ended)
- D. How do these challenges experienced influence the service delivery linked to your professional field?
(Open-ended)

E. In your opinion, do you think the Older Persons Act is effective in implementing the rights of the older person?

(Open-ended)

F. What training have you received in the Older Persons Act 13 of 2006?

Closing questions: Interviewee's turn to freely share information

G. What other perspectives would you like to add, especially pertaining to challenges linked to what you have already shared?

(Open-ended)

H. Is there anything I have not covered in my questions that you would like to share, or that you think would be important to note?

(Transition) - It has been a pleasure speaking to you. Let me briefly summarize the information that I have noted during out interview.

4. Closing

(Summarize) - I heard you say that...

(Maintain rapport) - I appreciate the time you took from your schedule to allow this interview. Is there anything else you think will add value to the data before we conclude the interview?

(Action to be taken) - Thank you, I should have all the information I need. I will provide you with a written record/transcript of what was said within a week. Enjoy your day.

ADDENDUM D: GOODWILL LETTER FROM DEPARTMENT OF SOCIAL DEVELOPMENT



Enquiries: Dr. Sello Mokoena
Tel: 082 331 0786
File no.: 08/06/19

Dear C McMillan

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT


Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application on the research on *"Perspectives of a Multidisciplinary Team on Implementing the Rights of Older Persons"* has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as endorsed on the 24th June 2019.

May I take this opportunity to wish you well on the journey you are about to embark on.

We look forward to a value adding research and a fruitful co-operation.

With thanks


Ms Amanda Hartmann
Deputy Director General: Support Services
Date: 27/6/2019


ADDENDUM E: GOODWILL LETTERS FROM NPOS AND PRIVATE SECTOR



Humanities and Health Research Ethics Committee (HHREC)
Faculty of Humanities of the North-West University

To whom it may concern

PERMISSION TO CONDUCT RESEARCH

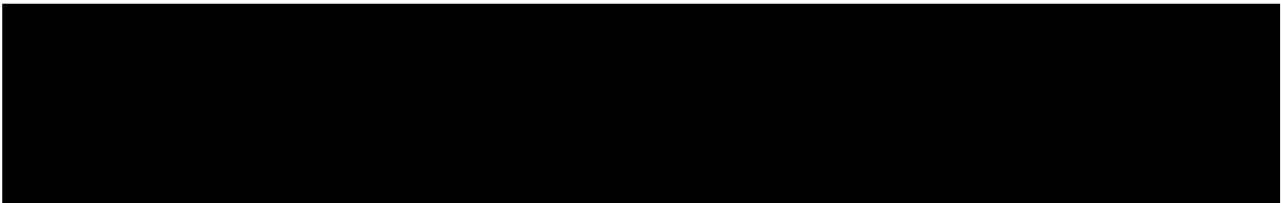
Hereby I would like to confirm that the management board of  has granted permission for the organisation's social workers to participate in the study on "Perspectives of a multi-disciplinary team on implementing the rights of older persons".

Feedback on the findings of the study will be greatly appreciated.

Kind regards




Chairperson



2019-06-11



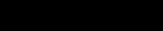
TO WHOM IT MAY CONCERN

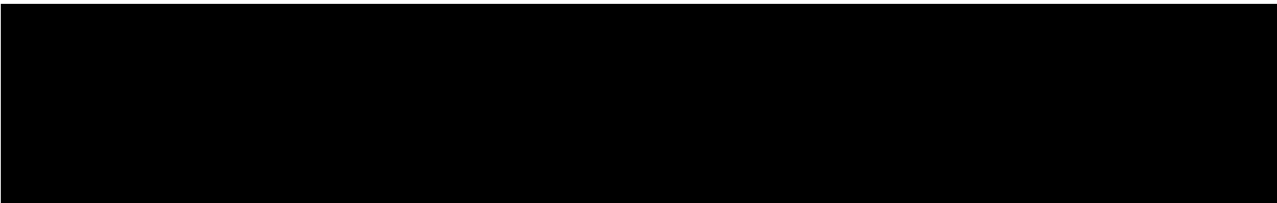
This letter serves to confirm this organisation's consent to participate in the research study of Ms C McMillan, as part of the requirements for the completion of her Master's Degree in Social Work.

Permission is hereby granted to interview identified managers, social workers and registered nurses from our organisation for the purpose of her research on the perspectives of a multidisciplinary team on implementing the rights of older persons.

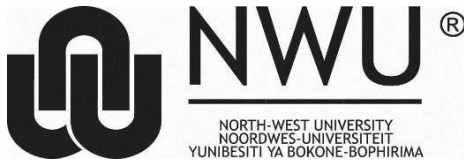
Our best wishes accompany her in her study.

Yours truly,

Ms. 
Manager: Services to Older Persons
Registered Social Worker 
Cell: 



ADDENDUM F: ETHICAL APPROVAL LETTER (HREC)



Private Bag X1290, Potchefstroom South Africa 2520

Tel: 018 299-1111/2222

Fax: 018 299-4910

Web: <http://www.nwu.ac.za>

Research Ethics Regulatory Committee

Tel: 018 299-4849

Email: nkosinathi.machine@nwu.ac.za

04 July 2019

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 04/07/2019, the NWU Health Research Ethics Committee hereby approves your study as indicated below. This implies that the North-West University Research Ethics Regulatory Committee (NWU-RERC) grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

| | | | | | | | | | | | | | | |
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Special in process conditions of the research for approval (if applicable):

- Please provide the NWU-HREC with copies of the permission letters obtained from any additional non-government organisations (NGO's) to be included in the study.
- Please provide the NWU-HREC with the goodwill permission letters from the frail-care centres and service centres to be included in the study.

Study title: Perspectives of a multidisciplinary team on implementing the rights of older persons. Study Leader/Supervisor (Principal Investigator)/Researcher: Dr IF Jacobs

Student: C McMillan

Ethics number:

Institution Study Number Year Status

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A

= Authorisation

Minimal

Application Type: Single Study

Commencement date: 04/07/2019 Risk:

Expiry date: 31/07/2020

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- The study leader/supervisor (principle investigator)/researcher must report in the prescribed format to the NWU-HREC:
 - annually (or as otherwise requested) on the monitoring of the study, whereby a letter of continuation will be provided, and upon completion of the study; and
 - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.
- The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the study leader/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary

- withdraw or postpone approval if:

- any unethical principles or practices of the study are revealed or suspected;
- it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;
- submission of the annual (or otherwise stipulated) monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and / or
- new institutional rules, national legislation or international conventions deem it necessary.

- NWU-HREC can be contacted for further information or any report templates via Ethics-HRECApply@nwu.ac.za or 018 299 1206.

The NWU-HREC would like to remain at your service as scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the NWU-HREC or the NWU-RERC for any further enquiries or requests for assistance.

Yours sincerely



Digitally signed by Wayne Towers

Date: 2019.10.09

14:30:48 +02'00'

Prof Wayne Towers

Chairperson NWU Health Research Ethics Committee

Original details: (22351930) C:\Users\22351930\Desktop\ETHICS APPROVAL LETTER OF STUDY.docm 8 November 2018

Current details: (22351930) M:\DSS1\8533\Monitoring and Reporting Cluster\Ethics\Certificates\Templates\Research Ethics Approval Letters\9.1.5.4.1 HREC Ethical Approval Letter.docm

3 December 2018

File reference: 9.1.5.4.2

ADDENDUM G: TRANSCRIPTION

████████████████████

START OF TAPE 1

Notas vir die transcription:

I: Uhm OK. So uhm, if you can just introduce yourself, your name and then just say for me that you give permission for me to record the interview and also that you're taking part willingly.

P: OK, so my name is ██████████ and I am happy to help you and I'm doing this willingly and with consent.

I: OK, and you give pe... do you give permission for me to record the interview?

P: I give permission for you to record the interview and do what you need to do with it.

I: (laughs) OK. Thanks ██████████. (Both laugh) OK, (cleans throat) ██████████ you'll see like I said earlier I did give you a copy of the questions, you're welcome to follow but I do go off the questions quite a lot uhm... it's a very casual interview uhm, so it's interactive. So the first questions is just biographical question in the sense of getting more information regarding your background in the field before we start with the actual questions. So if you can maybe just share with me how long have you been in the field of geriatrics, older persons?

P: uhm... from, since about 2015.

I: OK. Uhm 2015. So ...[cross talk]

P: ... so it's going on five years...

I: 5 years. OK. And the how long have you been employed in your current position?

P: On the first of Feb it's a year.

I: OK. And wha... what's your duties currently in your position?

P: OK, so I've got a position as a social worker, so I, I work in the frail care and I work in ██████████ with the residents, with the families uhm, basically liaising with the families, we work in multi-disciplinary team. So if, one of the team members our doctor or our nursing sister, is concerned about a residence [/residents/] and they feel that they need to get involved

they will then involve me, uhm, it could be anything from grief counselling [cross talk] to they not coping so well in their flat anymore, maybe we need to put in a bit of care, uhm almost like assisted living kind of setup uhm, or they may need to then move to frail care. We also have quite a few our residents are terminal so it's working with families, it's uhm, giving a lot of emotional support uhm, on the palliative care level [cross talk] and just really trying to meet their psycho-social and emotional needs.

I: OK, but you also social worked in private practice?

P: Yes.

I: OK. So before, before you started working at [REDACTED], what were you doing, what other positions were you employed in?

P: So I was the regional manager at [REDACTED] uhm, and there it was really about uhm, advocating for older persons especially persons living with dementia, working with the families uhm, refe... you know guiding them, helping them with coping skills [cross talk] uhm, giving them a lot of support and counselling and uhm you know if need be referring them to the right medical doctor to [cross talk] assist them uhm and, and giving them a lot of awareness in training and then what I also do, I still do uhm, for [REDACTED] is I run a monthly support group...

I: OK, OK...

P: ... In [REDACTED] uhm, and that's for family members of people with dementia, but I have a lady living with dementia that comes, she asked if she could come, she's in the early [cross talk] stages and I had my group last week and we had a new person arrive (sighs) she's probably about our age, the husband is 55, he's just been diagnosed with do...with dementia [cross talk] and they have a 10 year old daughter. Ten year old [cross talk]...

I: ...that's terrible...

P: ...So I'm not quiet sure how I'm gonna [/going to/], (sigh) work with that so, I mean I've got from a ten year old to [cross talk] whatever age uhm, but what is so nice actually about...I was always concerned about having a person living with dementia in a group that it would be negative for them [cross talk] but this lady is, it's actually so wonderful having her in the group because she gives such insights [cross talk] and she advices the families and she says 'OK, well I've try this and this is working for me' [cross talk], 'I tried that, that doesn't work for me anymore' [cross talk] 'and what about this' And so it's actually working out very, very nicely.

I: OK, shame that's sad, hey?

P: Ya, that's very sad...

I: ...But in your capacity as social worker and private practice do you also deal with elderly?

P: Uhm, sometimes but not primarily, [cross talk] it's more uhm mental health and psych stuff.

I: Hmm. Hmm, OK. OK, so (clears throat) to start of with the questions that's relevant to the study, if I were to say to you what do you understand or what does the term implementing the right of older persons, what does that mean to you?

P: (sigh) For me that means you've got to ensure that their rights are taken care of, and taken into consideration. That's uhm, we ... trying to think of the word, I can't think of a word uhm... that basically that creates the, the framework for the work that we do [cross talk] (loud bang sound).

I: So, you mean the ba...the baseline?...

P: Yes...

I: ...for, for you implementing the right is that's your starting point, that's the baseline?

P: Yes, so everything that we do has to be guided [cross talk] by what are the rights of the older person [cross talk] as, as an individual, as a South African and as an older person. What are that person's rights [cross talk]...

I: ...OK uhm, then could you share with me a bit more with regards to your experience pertaining to the implementation of the rights of older person's in your region, you primarily work in Joburg region, [cross talk] but going back to [REDACTED], your area was broad [cross talk]...

P: ...Yeah, it was the whole province...

I: ... You were, Ya... like you say right over Gauteng and there were times that you had to implement the right of older persons, how did you experience that?

P: You know it's ... it's, it's not clear cut, it's not black and white. We think that rights and responsibilities and all that are clear cut and black and white, but they're not [cross talk], often they're very blurry... And you know obviously dealing with the older persons sometimes it gets even more blurry especially if there's Dementia and cognitive impairment and, and so on. So it, it can be very challenging and often you end up...it actually almost becomes an ethical issue [cross talk]. Uhm, you know, and the act also contradicts itself in places. So you know you can go one way to suite the one case and you could go another way to suite the other case but which actually is best for that individual [cross talk].

I: Because it's like you say 'no client and no situation is the same' [cross talk]. So you have to read the act based on that situation, which that's when it then happens that it contradicts itself.

P: Hmm. Ya, you know and there's also certain things (interviewer coughs) like the person's right to autonomy, OK, that's not an older person right, that's just a constitutional [cross talk] right. So let's say a person... there's been an incident where the person's been injured, by family member but they don't want to lay charges, they don't want to take it further and they are cognitively in a position to make that decision [cross talk]... that's their right. As long as we can keep them safe by either restricting access for that family member or you know doing, having those kind of [cross talk] precautions but then it becomes an ethical issue.

I: 'Cause you're obligated by law to report abuse but now by doing so against the will of the client you again denying their rights.

P: Exactly and so wha...what are you doing. You know...and it...especially if it's a family member because there's family dynamics uhm, maybe the family member is the primary financial supporter. Uhm... I mean it's so, so complicated... It's, it's, it's not clear cut [cross talk] and this is, this is what makes it so challenging at times.

I: Hmm. Ya, no... it's, it's a tough one. But do you find working all over Gauteng did you find that certain regions are more difficult when it comes to you as a social worker that has to implement the rights and the support structure that there might be from the authority in that region then what it is in other regions?

P: Uhm... it's not... for me it wasn't a regional thing, for me it was a personal thing. So if you've got somebody in the police [cross talk] that has a personal interest in people with Dementia or with the elderly or has a granny that brought him up that he loves very much, then you gonna get things done [cross talk]. Irrespective of what region it is. But as soon as that person leaves things fall flat (people talking in the background) [cross talk] there's no continuity [cross

ADDENDUM I: CONFIDENTIALITY AGREEMENT



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

CONFIDENTIALITY UNDERTAKING

entered into between:

I, the undersigned

Prof / Dr / Mr / Ms C McMillan

Identity Number: 8606240041083

Address: 35 Arcon Villas Lee Avenue Arconpark

hereby undertake in favor of the **NORTH-WEST UNIVERSITY**, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street,
Potchefstroom, 2520

(hereinafter the "NWU")

1 Interpretation and definitions

1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 "Confidential Information" shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2 "Commencement Date" means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.

2 Preamble

2.1 In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

2.2 The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

3 Title to the Confidential Information

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

4 Period of confidentiality

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

5 Non-disclosure and undertakings

I undertake:

5.1 to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking. I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;

5.2 to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

5.3 not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

5.4 not to use any research data for publication purposes;

5.5 not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

5.6 not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and

5.7 that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

6 Exception

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.

7 Jurisdiction

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

8 Whole agreement

8.1 This document constitutes the whole of this undertaking to the exclusion of all else.

8.2 No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this 15 Feb. 2019

Witnesses:

1
2

(Signatures of witnesses)

.....
(Signature)

ADDENDUM J: LANGUAGE DECLARATION



Jomone Müller

Language Practitioner
SATI No. 1002831
BA Hons (Language practice)

www.jmuller.co.za
Tel: +27 84 406 0029
jomone@jmuller.co.za

DECLARATION OF LANGUAGE EDITING

25 November 2023

To whom it may concern

This is to confirm that I, the undersigned, have language edited the research entitled:
Perspectives of a multidisciplinary team on implementing the rights of older persons

No changes were permanently affected and were left to the discretion of the author.
The responsibility of implementing the recommended language changes rests with the author of the dissertation.

Yours truly

Handwritten signature of Jomone Müller.

Jomone Müller