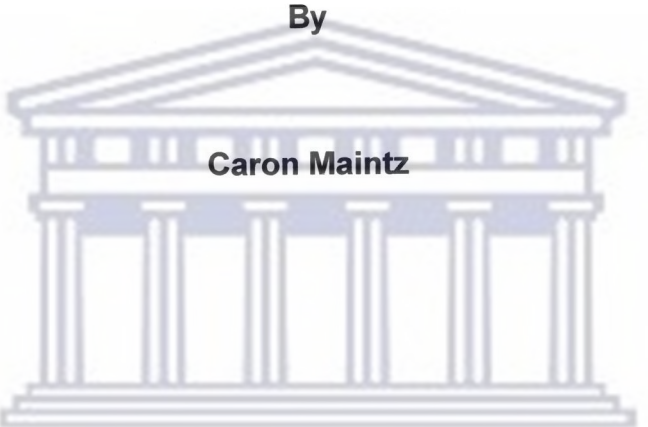
TRANSFORMATION OF THE SOCIAL WELFARE SERVICE IN THE WESTERN CAPE: GERIATRIC DAY CARE AS AN ALTERNATIVE TO INSTITUTIONAL CARE IN MITCHELL'S PLAIN

By

Caron Maintz



A Research Report submitted to the School of Government, University of the Western Cape, in partial Fulfilment of the Requirements for the Degree of Master in Public Administration

November 2001

DECLARATION

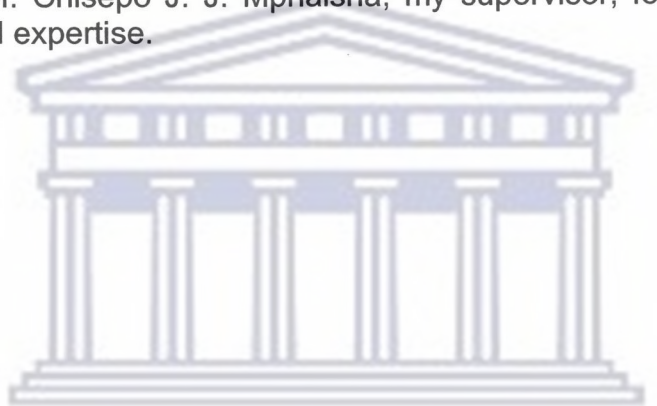
I, Caron Maintz, declare that this Research Report is my own work and that all the sources that I used or quoted have been indicated and acknowledged by means of complete references. I further declare that it is being submitted for the degree of Master in Public Administration at the University of the Western Cape and that it has not been submitted for any other degree or at any other university or institution of higher learning.

Caron Maintz
November 2001

ACKNOWLEDGEMENTS

I wish to acknowledge my gratitude and appreciation to the following people: -

- Wouter, my husband, for his support;
- Robert Marankey, my friend, for his encouragement;
- Joline Gabriels, my friend, for typing and printing the research report; and
- Prof. Chisepo J. J. Mphaisha, my supervisor, for his guidance and expertise.



DEDICATION

This Research Report is dedicated to God, my Father, and to my husband, Wouter, and our children, Waldemar and Nicoli.

ABSTRACT

This Research Report focuses on the services delivered to the aged in our society. In particular, it looks at two State-subsidised old age homes in Mitchell's Plain on the Cape Flats that accommodate about 350 people. The central argument is that the present facilities available to them are inadequate, raising the need for the exploration of alternatives to institutional care.

The objectives of the study were fivefold, namely, to investigate the need for community-based services within traditionally Black marginalised communities; to investigate service centres as an alternative to institutional care in line with the proposed ideas of the White Paper on social welfare; to investigate the extent to which the biological, social and emotional factors of ageing contribute to lifestyle changes; to investigate how service providers can contribute to the emotional and social independence of the aged; and to recommend how the model of service centres as an alternative to institutions can be implemented in Black communities.

The methodology used included documentary analysis, personal interviews and the administration of a structured questionnaire. This combination of research techniques provided the researcher with valuable insights into factual information as well as the opinions and perceptions of the aged themselves. Above all, the researcher drew on her work experiences with the two old people's homes.

The Research Report concludes that although some aged displayed apathy with regards to the establishment of a centre for the aged, there was a definite need for Geriatric Day Care in general and in Mitchell's Plain in particular. This would release families of the burden of caring for the elderly and would prevent and cure diseases that are often associated with old age.

CONTENTS

CHAPTER ONE

INTRODUCTION

The Problem and Its Context

The geographical area of investigation is Mitchell's Plain on the Cape Flats. The population living in Mitchells Plain amounts to 1 million (SA Stats, 1994). The 1994 national census further revealed that there were about 4 000 people over the age of 65 in Mitchell's Plain. The researcher is working at some old age homes. This experience has made her aware of an acute need for people in the area wanting to enter an old age home. The aged are forced to leave the home and seek alternative accommodation largely due to the fact that they are living with their adult children who are also experiencing accommodation problems. Secondly, most adult children are in employment and, therefore, tend to leave the aged alone at home. Lastly, the aged many a time act as babysitters to grandchildren. These factors combine to compel the aged to seek alternative accommodation where the life strains on them would somewhat be alleviated.

There are two old age homes in Mitchell's Plain. While they are State-subsidised, both are run by private welfare organizations or NGOs. Together they can accommodate about 350 people. One of the homes was established during the 1980s while the other was established as recently as five years ago. The latter has a Frail Care Centre attached to it as well as facilities for Hospice. During personal interviews with the Matron of one of the old age homes the researcher was informed that the home has a long waiting list for people wanting to enter the home. It is clear that the present facilities available are inadequate. Therefore, alternatives to

Institutional Care needs to be explored and this is the research problem that the present study seeks to address.

Objectives of the Study

The present study is an empirical research that discusses and compares two models for the care of the aged in a demarcated area on the Cape Flats. The aim is to show that Geriatric Day Care, as an alternative to Institutional Care, is a more beneficial model of Care for the Aged. In order to achieve this aim, and using the Mitchell's Plain case, the objectives of the study are as follows: -

- To investigate the need for community-based services within traditionally Black marginalised communities;
- To investigate Service Centres as an alternative to Institutional Care in line with the proposed ideas of the White Paper of 1996 on Social Welfare;
- To investigate the extent to which the biological, social and emotional factors of ageing contribute to lifestyle changes, for example, change in accommodation needs;
- To investigate how service providers, the State as well as NGOs, can contribute to the emotional and social independence of the Aged; and
- To recommend how the model of Service Centres as an alternative to institutions can be implemented in Black communities.

Research Design and Methodology

The research methodology involved two old aged homes in Mitchell's Plain as a case study as well as the analysis of primary and secondary documentary sources. In addition to this textual research, the researcher held a series of personal interviews with the residents of old age homes. The purpose of these personal interviews was twofold. The first was to gain insights into the perceptions of the Aged with regards to the functionality of Institutional Care Centres and then compare these findings with the functionality of Geriatric Day Care as an alternative. The second was to obtain factual information regarding the need and interest in Geriatric Day Care Centres and activities needed in a Geriatric Day Care Centre.

As part of the primary data analysis a structured questionnaire was issued to the social workers that tend to the aged in order to gain factual information. The researcher distributed questionnaires to the two old age homes in Mitchell's Plain. The researcher conducted personal interviews with the aged at the two old age homes.

Senior citizens (60 years and older) already making use of available services for the aged, which includes Meals-on-Wheels, at Seven Day Adventist Church respectively, Geriatric Clinics (Hypertension, Diabetic) of Mitchell's Plain Day Hospital and Seniors Clubs also in Mitchell's Plain, Seven Day Adventist Church, Mitchell's Plain Day Hospital and St. John Ambulance. The reason for including people already making use of services was because the existing services (Meals-on-Wheels, Lunch Club and Seniors Club) will be used as the platform or core from where the Day Care Centre will be initiated.

The sample totaled 232 persons. The names and addresses were obtained from the above-mentioned services. From the alphabetical list of names, every second name was drawn. This gave a sample (N) of 116 persons. However, only 106 questionnaires were completed, due to three reasons: 2 people passed away in the meantime; 4 refused to have their particulars taken; and another 4 were no longer members of a Senior Citizen Club. The actual sample taken thus amounted to 106.

The personal Interviews were conducted at St. John's Ambulance, 2 old age homes and at the homes of participants in services. The researcher conducted most of the personal interviews and a few were conducted by the social worker at the Mitchell's Plain Day Hospital and the Community Health Nurses from St. John Ambulance but the researcher was present. The responses were screened and any queries during interviews were clarified with the researcher in order to ensure uniformity in responses.

Definition of Concepts and/or Terms

It is important, at this stage, to define some of the key concepts used in this study. These include aged, senior centre and geriatric day care: -

Aged

For each person this term denotes something different. For some it refers to chronological age and for others it refers to infirmity and decrepitude. In South Africa chronological age has become the bureaucratic criteria for eligibility for an Old Age Pension. For males it is 65 years and for females it is 60 years. This attitude has been internalized in our society because chronological age is also used as the

criteria for retirement. This fact implies that old people have reached the stage when their productivity has decreased and that they cannot be used in the open labour market. For the purpose of this study the term AGED will refer to any person who is 60 years and older. Terms such as seniors, old people or elderly people will also be used in the same context.

Senior Centre

This is a central place in the community where a broad spectrum of services, stretching from health to recreation, is made available to senior citizens still living in the community. Leanse et al (1979: 15) describe a Senior Centre as follows:

> A Senior Centre is a community focal point on ageing where older persons as individuals or in groups come together for services and activities which enhance their dignity, support their independence and encourage their involvement in and with the community... The programme consists of a variety of services and activities in such areas as education, creative arts, recreation, advocacy, leadership development, employment, health, nutrition, social work and other supportive services."

The emphasis in the Service Centre is to keep the healthy older person living in the community for as long as possible and to maintain his/her independence.

Geriatric Day Centre

This can be viewed as an extension of the Senior Centre because the only difference is that health or special care is provided for frail aged persons. An article by Bromberger (1981) defines Geriatric Day Care as a service which:

> "Provides a variety and combination of individualized medical, nursing, social and recreational services to aged persons who suffer from a degree of physical and or psycho-social disability severe enough to make them potential candidates for Institutional Care. Despite these conditions, they attend the programme during the day and return home at night to their place of residency in the community".

The above-mentioned definitions of senior centre and geriatric day care emphasise the fact that the participants in the service are still living in the community. The only distinction is that the Senior Centre functions to enhance the independence of the old person whereas Geriatric Day Care provides care for frail or infirmed aged persons. The alternate to Institutional Care that the present author wishes to propose will definitely be a combination of the services mentioned above. It is therefore assumed that information relevant to Senior Centres can be applied to Geriatric Day Care. Geriatric Day Care seeks to provide for or meet the various needs of the aged and in doing so, it covers a broad spectrum of services. It is important that the services are geared or suited to needs. Hence, chapter two concentrates on the needs of the aged that stem from, or are results of the ageing process.

Significance of the Study

Research on services to the aged, especially the Black aged, is sadly lacking in South Africa. The existing studies on the aged are mainly confined to countries such as Israel and the United States. Therefore, the significance of the study lies in the fact that it was a preliminary study upon which further studies on the needs of the Aged could be based. The study was confined to Mitchell's Plain on the Cape Flats, an area where the Coloured People were resettled after the introduction of the Group

Areas Act and related apartheid policies. Furthermore, it is hoped that the findings of this study will inform policy-makers in the three spheres of government on what needs to be done to effectively cater for the aged in the country.

Organisation of the Study

This study comprises five chapters. This introductory chapter has discussed the research problem and its setting, presented the objectives of the study, research design and methodology, major concepts and/or terms, and significance of the study. Chapter two presents perspectives on the aged in society. This is followed by a discussion of pre- and post-1994 institutional care in South Africa in chapter three. Chapters four and five consider geriatric day care and geriatric day care as a new model. Chapter six concludes the study and advances some recommendations designed to improve service delivery to the aged.

CHAPTER TWO

PERSPECTIVES ON THE AGED IN SOCIETY

This chapter demonstrates, through the review of the existing literature, that the ageing process is a gradual change and movement through a number of stages where age is considered a limitation. Such changes affect the self-concept of the individual which, in turn, influences the individual's reactions or behaviour in various circumstances. The normal reaction society has to the aged is to place them in institutions.

Perceptions about the Aged and their Care

The literature in the field has revealed fascinating perceptions about the Aged and Care of the Aged. Most of the authors are proponents of Institutional Care who see this as the most logical way to care for old people. Naude (1976: 1) states that older people are living out their last years in loneliness, need, boredom and reflection and offers the Senior Centre as a solution to the problems of the aged.

According to Mc Carrick a process of progressive care should be instituted in order to "wean" old people away from the day hospital and emotional dependence upon it. Mc Carrick (1971:64) suggests a "chain of day centres and luncheon clubs in order to extend the service into the community". This need to "wean" old people from the day hospitals was successfully applied in various countries overseas especially in England. Hospitals have created "a minimal care, do-it-yourself wards" in order to keep the Aged emotionally and socially independent. The fact that the majority of old people live in the community makes the need for even development of

comprehensive community care a matter of vital importance. For Birchendall et al (1973: 45) ageing encompasses a process that:

> "begins at birth and is most rapid in infancy, becomes progressively slower in childhood and maturity and affects different tissues at different rates. The physiologic changes commonly associated with ageing start many years prior to the outward appearances we link with growing old."

Shultz (1985) states that ageing is universal and should not be viewed as a disease, but rather as a phase of life that brings into sharp focus the interlocking of physical health, mental health and economic factors. Brocklehurst (1976: 3) supports the idea that ageing is universal and describes it as a process that is progressive and decremental, meaning a decrease in functioning on the part of the individual. Brearly (1977: 34) calls ageing a process where the individual has to negotiate a series of transitional phases of life. Tibbits (1972: 7) mentions four aspects of ageing namely biological ageing, psychological ageing, sociological ageing or behavioural ageing. Bromberger (1981: 207) proposes that services for the aged be available wherever they are needed. Because little is known about the needs and interests of the Black aged she proposes that further research in this area be undertaken.

The perceptions of the various authors underline the fact that ageing is a process which is accompanied by changes in all or most spheres of the life of an individual. These changes can be biological, social or emotional and can thus make the ageing process a critical stage of life. The question then is "What can be done to keep the Aged out of institutions like old age homes to provide them with work interests and support?" In view of this information and the recommendation by Bromberger

alluded to above, the author decided to undertake research into Geriatric Day Care as an alternative to Institutional Care.

The transformation of the public service from one directed to controlling the people of the country to one which serves them, is difficult. Establishing new ways of working has not been easy given the many fragments and tottering administrations that we inherited from the past. In our society ageing is equated with passive roles, redundancy, dependence and depression. One can call this attitude the "life stops at 60" syndrome. However, the ageing process should be viewed realistically and we should try not to pretend that it does not occur. Some writers suggest that ageing is a process that starts at birth and continues right up to the day that person dies.

Institutionalisation

A community survey during 1983 amongst 150 aged Coloured people revealed that the majority of people said that they are managing their daily tasks satisfactorily. The subjects expressed satisfaction with their life circumstances (Gillis, 1983). However, a high prevalence of hypertension (77%), chronic respiratory disease (38%) and heart disease (14%) was amongst the sample. The most common psychiatric disorder was depression (17%). It is common knowledge that physical and psychiatric health and social conditions are linked to the wellbeing and adjustment of elderly people.

In a study of Black aged persons Bromberger (1981) found a general acceptance of their life style. Similarly in a survey of White elderly persons, 81% expressed themselves as satisfied (Gillis and Elk, 1981). However, the statement, "I am

satisfied with life", may mean different things to handicapped or disadvantaged persons. It could mean an expression of resignation to unalterable circumstances, an indication of a generally compliant attitude to adversity or simply relief at the prospect of leisure after a lifetime of menial work. In the case of Whites in the findings (Gillis and Elk, 1981) they had all been educated and 20% had tertiary education. A major difference was that 40% of the white subjects were living alone compared with none in the Coloured sample.

The research also highlighted a looming problem in respect of accommodation. Present housing are being built for the nuclear family, with improved standards of living and changing values, family support will undoubtedly weaken, causing isolation of the Coloured elderly and a role loss as in the white group.

Prior to 1994 during the Apartheid era Blacks only received pension pay out on a bi-monthly basis, the Coloured and white elderly received their pension on a monthly basis. It is common knowledge that the amount received differed amongst the three race groups. Coloured and Black aged pensions have always contributed to the subsistence of the extended family. However, the government policy has been the "oversupply of Institutional Care" - like old age homes, especially to the white aged. Every small town had an old age home.

Gillis and Elk (1981) also indicated that while 80% of old people are managing and are content with their lives, that the remaining 20% have unmet medical, psychiatric and or social and personal needs. Somehow or other they are being cared for in the

community. This is where these needs should continue to be met but more provision for and a better organization of services is required.

Racial, urban and rural disparities exist in service provision, particularly, with respect to old age homes. Old age homes and service centres for the elderly are occupied and used largely by whites. There are backlogs in providing facilities and services for the elderly as well as affordable housing in developing and under-developed communities, with an over supply and underutilisation of other facilities and services in some communities. There is an overemphasis on Institutional Care and informal care is not fully acknowledged in social programmes.

Social support systems for the black older person have disintegrated in some communities owing to a number of factors such as violence and displacement. The Draft White Paper on Social Welfare (1996) also states that community-based services within the family as the core support system should be the foundation of a *New Dispensation on Ageing.* However, it does not indicate how the above-mentioned would be integrated.

Brearly (1977: 1) maintains that the elderly, until recently, have been at the end of the queue for resources, partly because of society's attitude to ageing, partly because of the low value and status attached to work with older people and partly because the elderly themselves often accept a low self-evaluation and are inclined to make few demands. This means that social support systems for the aged are inadequate or even non-existent and that families, relatives or friends must provide concerned care for the old person. The elderly person, however, becomes an

emotional and sometimes a financial drain / liability to the family and the first option is to apply for admission to an old age home. The admission to the old age home, however implies that the person will have to bid farewell to familiar surroundings - family, friends, church, hospital, etc. It could also instill a sense of rejection on the part of the old person especially if the relatives requested the admission.

Institutionalization also means that the person becomes part of a social system where the emphasis is on group needs, rather than individual needs. This leads to an extension of loss of identity, which the old person might have suffered at retirement, the loss of a spouse, etc. Cowgill and Holmes (1976: 9) suggests that elderly people in residential care share the following characteristics:

> "poor adjustment, depression and unhappiness, intellectual ineffectiveness because of increased rigidity and low energy; negative self-image, feelings of personal insignificance and impotence; and a view of self as old."

Brearly (1977: 65) supports the idea that the elderly person will experience loss and deprivation, which will cause stress and distortion of relationships. Morgan (1992) succinctly summarises in the following quotation the effects of institutional

care for the elderly:

> "In the institution, people live communally, with a minimum of privacy and yet their relationships with each other are slender. Many subsist in a kind of defensive shell of isolation. Their mobility is restricted, social experiences are limited, and the staff have a rather separate existence from them. They are deprived of intimate family relations and can rarely find substitutes that seem

to be more than a pale imitation of those enjoyed by most people in a general community. The result for the individual seems fairly often to be gradual process of depersonalisation".

The Aged person has too little opportunity to develop the talents he/she possesses and he/she atrophies through disuse. He/she may become resigned and depressed and may display no interest in the future or in things not immediately personal. He/she sometimes becomes apathetic, talks little, and lacks initiative. Occasionally he/she seems to withdraw into a private world of fantasy. If long-term residential care has such dehumanising and depersonalising effects on older people, we are left to decide what options older people have. In other words, are there alternatives to Institutional Care? what will these alternatives provide, how should they be organised and who should make use of them?

The researcher supports Birchenhall's (1973:) understanding of the ageing process and his views on what is required to make the process meaningful to the individual. He states that:

"The ageing process is highly individualised and encompasses the psychological and social aspects as well as the biological aspects. The way we experience old age is dependent upon our personality, physical health, early experiences in life and how we coped with them, later happenings, and resources available to help us. Adequate finances, a place to live, an environment free of crime and violence, health care, religious support, recreation, and social involvement are factors that influence this old-age experience and determine the quality of life for the older adult".

The ageing process can then be viewed as a process of gradual change and movement through a number of stages where age is considered a limitation. These changes affect the self-concept of the individual which, in turn, influence the individual's reactions or behaviour in various circumstances.

CHAPTER THREE

PRE- AND POST-1994 INSTITUTIONAL CARE IN SOUTH AFRICA

The Aged is sometimes referred to as the "throw-away society." This is so because the elderly is often seen as a generation of people who have outlived their usefulness. The natural inclination is then for society to place them in Institutions, "away from the public eye." In the words of Shakespeare, "What's past is prologue and anything we can say now thus already become only prologue to the way things are in the new present."

With the above premise in view, this chapter highlights the adverse effects institutionalization has on older people. This is done by looking at the history of the Institutionalization of Black and Coloured Aged over the last three decades, policy and practice, redress and management of Care Centres. The chapter ends with a discussion of the methods by which data would be collected on the establishment of Geriatric Day Care as an alternative to institutionalisation.

Race Classification

It is a known fact that one's entire existence during the Apartheid era depended on the race group one belonged to. One's entire being was encapsulated by the colour of one's skin pigmentation. Such was the law of the aged which was promulgated on the 9th June 1967 and which lasted until November 1995. It implied that for twenty-eight years Black aged received few resources allocated to senior care. Since South Africa is not a welfare state proper provision is not made by the state to look after its aged members of society. Race classification determined the fact that Black aged

only received a pension payout bi-monthly. This pension pay out was equal to the pension pay out of the monthly allocation to Coloureds.

Apartheid Laws Concerning Black Aged

Stringent measures applied with regards to the establishment of Institutional Care as well as community care for the Black aged. Services rendered by churches as well as private welfare organisations and NGOs never received any state subsidisation, and thus contributed to the fact that comprehensive care to the aged has always lacked.

Measures such as "licenses" as well as "bans" deterred people to establish services for the aged. Licenses had to be renewed on an annual basis, and the state could withdraw these licenses once their "inspectors" were not satisfied with the service rendered. Service providers' license, which was withdrawn, had to terminate their service within one month (Law No. 32 of 1944) of notification.

The judiciary was utilised to prosecute people who were contravening the above-mentioned Acts (Law No. 56 of 1955). Each South African citizen was entitled to an old age pension; women were eligible at 60 years of age and men at 65 years. Whites from all over the world were encouraged to enter the country in order to boost the White population. These "White foreigners" were entitled to a pension and powers were vested in the Minister of Social Welfare to exempt White foreigners who were not entitled to a pension to be able to get a pension. Such White foreigners were granted South African citizenship and thus qualified for pensions.

Because of Apartheid Legislation a skewed representation of services to White aged exists. Black aged women are "permanent" babysitters to their grandchildren, while their White counterparts are living in Institutional Care. However, studies has indicated that while Black aged were mostly absorbed in an extended family, the White aged are mostly lonely and depressed and in need of companionship.

Victimisation of the Black Aged

An inefficient and inhumane payout system caused, and still causes many deaths among the aged waiting in long queues for the pensions to be paid out. The policy about the aged especially Black aged also caused Ministers of Welfare to make public statements during the 1980s, such as "a pensioner can survive on R20,00 per month". This was obviously contrary to the truth because research has shown that the Black aged pensions support at least five more people in the household (Gillis, 1998).

While it has not been researched it has been reported in many newspapers and welfare agencies that old people tend to be the target of cunning "children or caregivers". The moral fibre of South African Society is crumbling and joined with it the respect with which old people are regarded. Old people unlike the past are many times living in fear of victimization. The community needs to be made aware of the responsibility to care for their old. This is where an effective policy plays an important role.

Post-1994 Policy and Practice

The proposed Funding Policy on the Aged (1998) recommends that:

> "In order to accommodate the shift in emphasis from Institutional Care to retaining older people within the community for as long as possible, the funding policy must be addressed under various headings, namely, operational funding of frail care facilities; operational funding of community services; operational funding of housing; capital funding; control measures; taxation; education and research; and cost implications".

It is alarming that the proposed document on the Aged nowhere addresses the inconsistencies, which the Apartheid era has brought about in terms of funding of facilities for the aged. There is therefore a need for redress.

In proposing to redress the inequalities of the past, we wish to use Mrs Hess, a resident of Lentegeur in Mitchell's Plain, as an example. Mrs Hess has worked as a char for Mrs Levie in Sea Point for twenty-five years. At the age of 63 she suffers from high blood pressure as well as sugar diabetes. The Apartheid system never allowed her to contribute to a pension scheme and, even if it did, what she earned was only sufficient to keep her alive. But in the proposed policy redress is not mentioned in terms of the aged. Furthermore, in order for community-based services to take an effect in Black areas facilities such as community halls need to be utilized. However, these facilities are many times non-existent and those who are available are ill equipped. The government and NGOs need to work hand-in-hand to address this situation.

Fund Allocations

According to the proposed 1998 Policy Paper on the Aged, funds which were to be allocated by the National Department to Provinces would be on the basis of prescribed formulae and such funds must be applied for the purposes allocated. The per capita unit costs for services would be revised annually based on actual available data, provided that the revision was undertaken in full consultation with all stakeholders. The proposed policy document again fails to address the fact that while service centres to Whites have been established for years it has been non-existent in Black areas. The fact that in Black areas, one would still require the basics to start services, the funding allocated would not specifically be "applied for the purposes allocated as identified by the proposed policy".

Management of Service centres

According to the proposed policy paper the Management staff is responsible for the management of their organizations within the minimum standards and control measures to be established. While this sounds encouraging, it is measures like these which still exclude the previously marginalised from services which are state-funded. Since 1994 the management of services to previously Whites-only organizations have become very artistic to condone old racist policies, e.g. entrance requirements. Since whites were the economically empowered they are in a position to afford the exorbitant rates charged. The proposed policy states that "fees should be charged at the discretion of the management".

Furthermore, the method of funding institutions needs to be simplified and acceptable levels of funding provided to induce institutions to focus the majority of their services on the target group. This is encouraging, since bureaucratic intervention made it extremely difficult to access funding for the aged service providers were never able to access funds. As recently as one year ago the aged in the Eastern Cape were without a pension payout for five months because of problems in this Province.

According to the new formula, the 1995 proposed policy on the aged, in terms of the subsidy requirements of day-care to the aged, states that it would be worked out on a "per person per day" basis. This again becomes problematic and requires a lot of administration. This study, as will be seen in the next chapter, illustrates the fact that women are more "attracted to the idea of a service centre" and that those Black grandparents are mostly babysitters at home. The reality of community care to Blacks would be that attendance numbers would vary all the time, which has an implication on the administration of the Subsidy. It is encouraging that the state is prepared to fund services rendered at the home of the elderly person. This was non-existent before. The policy states that the level of the subsidy will depend upon the type of service provided. The paper does not specify what type of service; this confuses a service provider or a future service provider.

As age progresses, the need for health care also increases. This, coupled with the fact that Blacks always had an inferior delivery of health services, puts a question mark to the fact that old people should be serviced by primary health care services, and that community health would be faced out. A case in point is the Mitchell's Plain

Day Hospital which is visited by 1 000 people daily. The effects of rationalisation of staff have taken their toll. This implies that old people who are in need of health care have to get up at 4h00 in order to be assisted within the first hour of opening.

It is important that sources other than government funding be mobilized in the quest for this model of care. However, the aged, especially Blacks have been at the back of the queue with regards to resource allocation, and it would be difficult to access funds from already hard pressed communities.

The proposed policy suggests that municipal buildings as well as underutilised or vacant buildings could be converted as centres for alternative community care for the aged. In the author's experience this is problematic as vacant venues are many times earmarked for purposes other than the aged. When entering into discussions about vacant buildings to be utilized, the author has found a tight bureaucracy of the "old regime"; as well as interested others who are not prepared to "stick out their necks".

Towards Geriatric Day Care

The proposed policy document of 1998 states that data about the aged especially Black aged, is lacking. This defect can be bridged if we tap into the human resources available within and outside of the community where the aged find themselves. We would propose that data be acquired from the experts in various disciplines who have something to contribute and who have experience of the living conditions of aged Black people; from the old people themselves, either in group discussions or individual conversations; from the old people who have already been

admitted to institutions; from the local authorities and officials concerned with the care of the aged; from field workers who completed questionnaires for old people who were institutionalised; and from churches and community organizations.

CHAPTER FOUR

GERIATRIC DAY CARE

The chapter highlights the services provided to the aged under the institutional organisational model. It also discusses certain factors regarding the types of service provided to the aged and the attitudes and opinions of the aged themselves on the quality of care that they either received or needed.

The Day Care Centre Philosophy

Geriatric Day Care provides a variety and combination of individual medical nursing, social and recreational services to aged persons. What then is the basic philosophy that should underline and ensure the provision of meaningful care to the elderly? The American model provides valuable insights. The National American Council on Ageing (1995: 5) states that a Senior Centre should:

> "seek to create an atmosphere that acknowledges the value of human life, individually and collectively and affirm the dignity and self-worth of the older adult. This atmosphere provides for the reaffirmation of creative potential, the power of decision-making, the skills of coping and defending the warmth of caring, sharing, giving and supporting".

The Day Care Centre should thus develop strength and encourage independence and should work with older people, not for them. It should acknowledge ageing as a normal developmental process and that human beings need peers with whom they can interact and who are available as a source of encouragement and support. The National Council for the Aged (1985: 7) states that senior centres should adhere to the beliefs that older people are individuals and adults with ambition, capabilities and creative capacities; are capable of continued growth and development; have certain

basic needs, including opportunities for relationships and to experience a sense of achievement; and need access to sources of information and help for personal and family problems and the opportunity to learn.

It is thus clear that our every endeavour should be made to keep the elderly happy and healthy within the community as long as possible. Facilities should be in accordance with the needs of health, social work services and domiciliary care. The aim and objectives of day care centres for the aged should then be to serve the individual in his/her totality. All aspects of his functioning should be considered in deciding what is best for him/her. Hendricks (1989: 30) states that when dealing with the aged we should assess their needs in terms of their physical functioning; psychological functioning; social resources; economic resources; and their activities of daily living.

This indicates that services to the aged can be rendered on various levels.

Basic and Supportive Services

Basic services are aimed at survival and include aspects like income maintenance, environmental sanitation, housing, community health or medical care, nutrition and clothing. Supportive services are aimed at maintaining the independence of the individual by providing support in the following forms namely, Meals-on-Wheels service, home helps, friendly neighbours (visits), transport services and telephonic checks.

Adjustment and Integrative Services

These services are aimed at assisting the aged individual to adjust to changes that occur with the normal ageing process. It includes aspects like Old Age Assistance, Retirement Preparation, Senior Activities, Recreation, Case and Group Work Services and Terminal Care.

Congregate and Shelter Care

This is care that is available to individuals who have lost their independence due to the ageing process. This includes services like Day Care, Homes for the aged, Nursing Homes, Inpatient long-term care, Emergency Care and Supportive Family Care.

Protective Services

These are services available for older people who need protection because they are at risk due to their condition namely, emotional disturbance, medical deterioration and psychiatric disorders.

Terminal Care (Death and Dying)

This type of care can also be provided independently from other forms of care. Services are available in the form of counseling to the aged and their relatives and also in the form of hospices (homes for the terminally ill).

The foregoing discussion refers to various levels of services. But Hendricks (1978: 31) proposes, in addition, some general features of services, namely, that they should be highly visible; that a multi-disciplinary team including administrative staff,

clinicians and support personnel must operate such services; that they must have a thorough assessment of the person's current social functioning; that team members must have a thorough knowledge of community agencies / facilities; that they must co-ordinate the efforts of all the services required by individuals; and that they must offer counseling services to older people. In this context, we now turn to the case study in which we analyse the findings of field research. The factors analysed include age and gender distribution, marital status, accommodation, income, meals and cooking facilities, leisure time activities, day care, medical care, needs for medical care, hours of day care, need for transport, and physical and mental dependence.

Age and Gender Distribution

Table 1 shows the age and gender distribution of respondents. The respondents were divided into 3 age categories namely, 66-69 years, 70-79 years and 80 years and older. The sex ratio was found to be male 16 of sample (15,1%) and female 90 of sample (84,9%). The highest concentration of respondents (52,8%) fell in the age range 60-69. The percentage of females in this age range was also higher than the number of males in the other age ranges.

Table 1: Age and Gender Distribution

AGE OF RESPONDENTS ACCORDING TO SEX						
CHRONOLOGICAL AGE	MALE		FEMALE		TOTAL	
	N	%	N	%	N	%
60 – 69	8	14,29	48	85,71	56	52,8
70 – 79	6	16	34	84	40	37,7
80 +	2	20	8	80	10	9,5
TOTAL	16	15,1	90	84,9	106	1000

Age and Marital Status

In table 2 the highest number of respondents were widowed. Although this table does not include the sex ratio of respondents none of the males in the sample were widowed. They were either single or married. There is also a correlation between age and widowhood namely, the higher the age group, the higher the incidence of widowhood. There is further a correlation between widowhood and sex namely that widowhood is prevalent in older families. This implies that women have a longer lifespan.

Table 2: Age and Marital Status

CHRONOLOGICAL AGE	Single N	%	Married N	%	Divorced N	%	Widowed N	%	Total N	%
60 - 69	9	16.13	18	326	------		29	51,61	56	100
70 – 79	-------		11	28	2	28	27	68	40	100
80 +	-------		2	20	------		8	80	10	100
Total	9	8.5	31	29.2	2	1.9	64	60,4	106	100

Only 9,85% of the sample have never married. This percentage fell in the age range 60-69 years. Of the sample, 29,2% was married and only 1,9% was divorced. From tables 1 and 2 it is clear that a higher percentage of females are participating in the various services offered to the aged in Mitchell's Plain. This leaves one to assume that the older male population is much smaller than the female population and that those males who are alive are not interested or involved in services.

Accommodation

The majority of the respondents were living with family in rented council dwellings. This leaves us to conclude that the family has to care for the aged, or that the aged person still plays a role in the family in terms of caring for grandchildren. The fact that these seniors, who are living with their families, are not involved in services indicates that the family cannot cater for all the needs of the aged.

Income

According to table 3 other forms of income were civil pensions (1,8%) and Department of Health Pensions (0,9%). The majority of the respondents were in receipt of old age pensions and only 3,7% received no pensions. This was due to the fact that their spouses were still employed

Table 3: Income of Respondents

Type of Income	Number	%
Old Age Pension	100	94,6
Civil Pension	2	1,8
Department of Health Pension	1	0,9
No Income	3	3,7
Total	106	100

Meals and Cooking Facilities

All the respondents except for the 7, who will require special care, prepared their own meals. All the respondents had access to cooking facilities, e.g. stove, running water, fridge, etc. Although all the respondents had access to cooking facilities, 48,1% of the sample were members of a Meals-on-Wheels service or lunch club. The remainder prepared their own meals. The reasons for being members of a Meals-on-Wheels service or a lunch club were inadequate economic resources; physical disability, for example, crippled limbs; and a need for company or socialization (lunch club). The response to the question, "What meals do you want to

eat at the Centre?" included only 2 categories, namely breakfast (7,5%) and lunch (92,5%). One can conclude that the majority finds no problem with providing themselves with supper or breakfast, but only with lunch.

Leisure Time Activities

The responses obtained here indicated that the aged spent leisure time mainly in front of the television. There were 88% of the respondents who indicated the television as their major past time. A slightly lower percentage indicated the radio as a leisure time activity (76,6%). The majority is still actively involved in caring for their own homes (93,21%). The percentage involved in Senior Citizen Clubs was 51,5%. Other leisure time activities included attending Church services, visiting relatives and friends and shopping.

Day Care

In order to ascertain how many respondents were interested in Day Care they had to respond positively or negatively to the question. There were 95 positive responses (90,6%) and 10 negative responses (9,4%). The following were given for not being interested: extremely poor physical health, namely blindness; respondent felt that he/she would not be able to participate in the programme.

Needs for Medical Care

From Table 4 it is clear that the highest percentage required occupational therapy. The reasons for this might be that they are now unproductive on the open labour market and their hands need stimulation. Occupational therapy will also relieve the

isolation or lack of stimulation in their own environment. Poor eyesight also seems to affect a considerable percentage of older people. Hypertension also seems to be prevalent in old age. This could be ascribed to the hardening of the arteries, which leads to problems with the blood pressure.

Table 4: Needs for Medical Care

Type of Care	Number	%
Physiotherapy	36	33,9
Chiropody	31	29,2
Hypertension	40	37,73
Diabetic	26	24,52
Dental Service	30	28,3
Eye Screening	49	46,22
Occupational Therapy	61	58,49

There was more or less even distribution between need for diabetic clinics, physiotherapy, chiropody and dental services.

Activities needed in Day Care: the need or interest in activities varied and was closely related to what the respondent could do. However, there was a concentration on sewing, knitting, crocheting, handcrafts, home crafts, exercises, games, outings, films and concerts. The interests in artwork, pottery and drama

were poor. This could be because these activities are not normally practices by persons from the lower socio-economic class.

Hours of Day Care

Table 5 provides responses regarding hours of day care. The preference (94,34) is for morning services.

Table 5: Hours of Day Care

Mornings only	94,34
Afternoons only	4,72
Evenings	None
All day	None
Doesn't matter	0,94

Need for Transport

One should expect the need for transport to be fairly high, but the result of the questionnaires was contrary to this. Only 28,8% of the respondents indicated a need for transport services. The 7 persons who will require a special day care will also require special transport. The reasons given for requiring transport were that respondents were too far from the centre; that they suffered chest problems and could not walk long distances; that they had crippled limbs; and that they had varicose veins or problems with legs

Physical and Mental Dependence

Table 6 shows the age distribution of respondents requiring ordinary and special care. The purpose was to assess the extent of dependence and then to place the respondents in two categories, namely, those requiring ordinary day care (excluding

full-time nursing care) and those requiring special day care (including full-time nursing care. The responses for the respondents requiring special care will be analyzed in the following passage.

Table 6: Age and Requirements for Ordinary and Special Care

60 – 69 years	2 respondents
70 – 79 years	2 respondents
80 years +	3 respondents

Four of the respondents were still able to perform some tasks, but required assistance or supervision with this. The remaining three respondents were totally bedridden and are totally dependent on a third party for fulfilling certain tasks. None of the respondents had an inclination to fits and only one was partly incontinent.

CHAPTER FIVE

GERIATRIC DAY CARE AS A NEW MODEL

In this chapter the researcher considers Geriatric Day Care as an alternative to Institutional Care. Bromberger (1981:330) summarises the principles of care as follows: it should meet or match basic needs, e.g. food, clothing and shelter; it should achieve and maintain functional health; it should provide a purpose for living; it should prevent or control disease, release suffering, prevent disability and restore function; care providers should be comprehensive, co-ordinated and have continuity; management of care should be participatory with appropriately designed responsibilities and it should include community participation.

Geriatric Day Care Centres

Old age should then be viewed as an inherent sociological and cultural phenomenon and the aged person should be viewed in his totality, i.e. preventatively, remedially and socially. In Day Care the primary aim then is higher standards and better quality care for the elderly. A further aim is to promote health, functional independence and economic security in the aged person.

Geriatric Day Care Centres provide a comprehensive service, which strives to give a fuller life to its members and to help them maintain or regain their independence as fully as possible. Day Care Centres will then provide personal care to frail, incapacitated as well as able-bodied older persons. Services will be remedial, supportive, curative, rehabilitative and social in nature. This will include a hot meal on a daily basis; reduced priced foods; recreational activities, occupational therapy; physiotherapy; optical and dental inspections; social work counseling; chiropody; library facilities; transport; medical and nursing care and bathing and nursing care.

Anderson (1967: 345) states that Day Care Centres should be organized to concern itself with the physical, mental and social aspects of ageing in the individual. The first aim will be to ascertain illness and to employ preventative methods to prevent further deterioration. If illness is present in an individual, the centre should make an assessment and diagnosis of the illness and prescribe appropriate therapy and provide the necessary follow-up. The second aim would be to provide paramedical, e.g. physiotherapy etc., supportive and voluntary services to the aged in order to make life more meaningful to them. The National Council on Ageing (1976: 33) states that a senior centre "shall provide a broad range of group and individual activities and services designed to respond to the interrelated needs of older people. "These aims and objectives are best accomplished by means of well-organized and well co-ordinated programmes.

The Day Care Programme

As mentioned earlier the programme is the means of achieving the goals of the Day Care Centre. The programme should be more than just provision of activities and services, but should have meaning to its participants. An effective programme should meet the needs and interests of the participants and they should be involved in development, planning and implementation of services where necessary or possible. In planning the programme, the organisers should also take into consideration the resources available for execution of tasks. The activities and services should also serve to promote personal growth and improve the self-image of older people by providing opportunities to: participate in activities of interest; learn new skills; develop satisfying interpersonal relationships; develop leadership

capabilities; develop creative capacities; develop cultural enrichment; and assume responsibilities and increase independence.

The range of activities and services could be small or large group and active or passive. Programmes can further be inter-generational and aimed at community involvement. The programme should also include services to individuals. The programme goals can only be achieved once it is carried out effectively. There are various persons involved in the planning and organising of a programme and services in the Day Care Centre.

Staffing in Day Care Centres

Each person has a role to play in Day Care Centres. Therefore, this section of the study deals with the various people involved in the running of a Day Care Centre:-

The Organiser

The duties of the organizer are dependent on the kind of service that is provided. If a more comprehensive service, including medical care is provided, the role of the organiser would be of an administrative nature. The first duty of the organiser will be to welcome new members to the centre and make them feel at home. Secondly, the organiser should be responsible for working out a monthly programme according to the needs and interests of the members. The organiser is then also responsible for carrying out this programme. It is further the role of the organiser to discover and develop creative talents in the members.

The organiser will also encourage members to socialise and will assist to create an atmosphere conductive to growth, development and fun for the members. The organiser will also assist the cook in planning and distribution of the meals at the centre as well as the meals-on-wheels. In this respect the organiser will also do the ordering of supplies and stock. The administrative duties of the organiser will involve maintaining a detailed register of all the members and also to collect the membership fees, organises the transport roster as well as the general staff duty roster. The organizer should also function as a link between the centre and the community in order to encourage community involvement and participation.

The Multidisciplinary Team

This team plays an important role in the Day Care Centre. The aim of the team is to do assessment, treatment, follow-up and prevention in terms of the health and functional independence of the aged. The team will comprise a general practitioner, a geriatric nurse, a chiropodist, physiotherapist, an occupational therapist and a social worker. The major function of the team is assessment, screening and selection. Each team member will due, to the nature of his professional background, concentrate on a certain aspect of dysfunction in the aged. The overall goal will be to promote the health of the old person in his totality. The roles of the various team members will be outlined as set out in a Department of Health publication (1979: 107) as well as by Carver (1978: 295).

The Geriatric Nurse and the Chiropodist

The geriatric nurse will assist the geriatrician in his duty and will further provide nursing care for the aged. She will be responsible for the distribution of medication,

injections, simple tests, etc. The chiropodist will diagnose and treat disorders of the feet, e.g. corns, calluses, bunions, ingrown toenails, hammer toes, etc. According to Carver (1978: 315) the chiropodist will aim to keep the aged mobile and independent for as long as possible. He will also give advice as to the causes of disorders of the feet in order to prevent disabling conditions.

Occupational Therapist and Physiotherapist

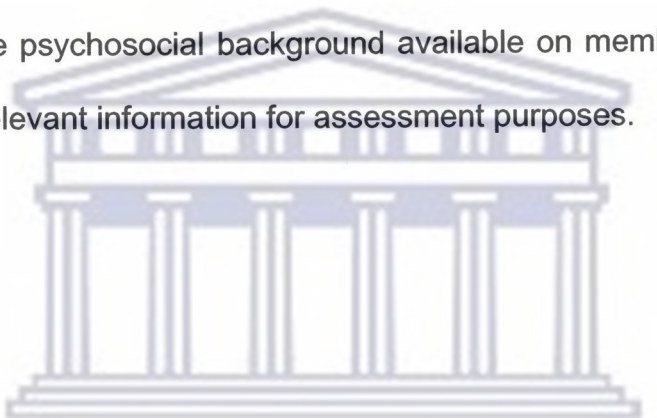
The occupational therapist's aim is to achieve a basic level of independence in the older person. He/she will assess the patient's mental and physical ability and will then allocate various tasks in order to achieve the goal of independence. The therapist makes use of activity or occupation for remedial purposes, but will also concentrate on the alleviation of loneliness, depression and a feeling of uselessness. The physiotherapist's primary aim is the achievement of maximum activity in the aged. He/she will assess the functional abilities of the elderly and will then execute a plan of action, to regain performance of functional abilities or activities. The aim of the therapist will be to cure or rehabilitate and prevent functional disabilities in the aged.

The Social Worker

The primary aim of the social worker is to develop a sound psychosocial diagnosis and to carry out a satisfactory plan of treatment. The social worker will assess the problem and the resources available to overcome the problem and then work towards growth and development in the individual. The social worker will further work toward an increase in self-worth and expression of identity in the older person. The social worker will direct his/her attention to aspects such as loneliness,

depression, bereavement and loss in order to assist the older person to adjust to the changes that are brought about by the ageing process.

The social worker should be responsible to the needs of the individual and in working with the community he/she should be guided by these needs. The social worker will also serve as a guide to the organizer. His/her role will be to ensure that the programme of the centre suits or meets the needs of the members. The social worker will also co-ordinate the activities of the multidisciplinary team in the sense that he/she will have psychosocial background available on members and will then be able to provide relevant information for assessment purposes.



CHAPTER SIX

RESEARCH FINDINGS AND RECOMMENDATIONS

The objectives of this study were fivefold, namely, to investigate the need for community-based services within traditionally Black marginalised communities; to investigate service centres as an alternative to institutional care in line with the proposed ideas of the White Paper of 1996 on social welfare; to investigate the extent to which the biological, social and emotional factors of ageing contribute to lifestyle changes, for example, change in accommodation needs; to investigate how service providers, the State as well as NGOs, can contribute to the emotional and social independence of the aged; and to recommend how the model of service centres as an alternative to institutions can be implemented in Black communities. Two homes for the aged in Mitchell's Plain were taken as a case study.

Research Findings

In the light of the above study objectives, the researcher in the preceding chapters attempted to give a definition of the ageing process and its effects on the individual, and discussed *inter alia* institutional care provided to the aged. There is a definite need for Geriatric Day Care in Mitchell's Plain. This interest was confirmed when four of the respondents who were interviewed, volunteered to become members of existing Senior Clubs. However, there are aged who displayed apathy with regards to the establishment of a centre for the aged. The reasons for people not being interested in Day Care, include among others, taking care of grandchildren; poor physical health; and involvement in church activities. The hours that suited most

persons were the morning and the majority of the respondents indicated an interest in lunch. Occupational therapy and Eye-screening services are of great need and females have a longer life span and that widowhood is correlated with sex ratio.

It would appear that aged Black people customarily live chiefly with members of their families. The traditional extended family provided support systems, which accommodated the aged. Far-reaching social changes have brought enormous pressures to bear on such support systems and it should now be accepted that there is a real need for a more planned approach to the provision of accommodation for aged Black people. Changed and changing socio-economic and political circumstances mean that there is no clarity at the moment as to the type and extent of their accommodation requirements nor as to the steps that should be taken to meet these requirements. However, analysis of demographic trends indicates that the South African population, in line with the worldwide trend, includes growing numbers of aged people. It is presently estimated that there are over one million aged Blacks, which makes housing planning a compelling necessity. It cannot be regarded as merely a family responsibility, but rather that of the broader society, which draws on the resources available to the government.

When attempting a sociological review of the theoretical basis of this study it is useful to recall what Cowgill and Holmes (1972: 1) have to say in this regard: "For about twenty years the field of gerontology has been floundering toward a coherent and meaningful sociological theory of ageing. Time and time again research has demonstrated that only a minority of people over 65 is really disabled or physically or otherwise unfit".

Furthermore, in traditional Black societies aged people are respected and honoured. It would then be more suitable to say that ageing is a phase in the human life cycle. Such a point of departure would have implications for this investigation since it would set certain guidelines for the provision of housing for aged people in terms of their specific needs. According to Cowgill and Holmes (1972) there are shared experiences by old people regardless of culture or ethnicity, apart from this there are also differences in the experiences of old age according to culture, ethnicity and the history of specific communities.

Although its terms of reference basically limit the theme of the research project to alternative methods of accommodation and forms of housing for the Black aged, it was accepted that housing could not be investigated in isolation from the quality of life of the aged. This called for a more holistic approach as is, inter alia, portrayed in Holmes' terms (1983: 113) and indicative of presuppositions underlying this research project. According to Holmes (1983: 113) a universal need or desire of aged people is to live as long as possible, at least until life's satisfaction no longer compensates for its privations.

For the purposes of this research project assumptions demanded that adequate and functional housing enabling the aged to remain as far as possible within familiar communities, taking into account their need for security, influence, respect and their continuing to be of service to others. On the other hand, provision needs to be made for that proportion of aged people who at a certain stage need to be relieved of the burden of caring for others.

The research design for this project was in agreement with Hughes (1983:13) statement that "every research tool or procedure is inextricably embedded in commitments to particular versions of the world and ways of knowing that world made by the researcher using them. Social life is socially constructed, that aged people assign their own meanings to everyday experiences and that all this cannot be studied in terms of deterministic law, but rather through interpretation and interpretive understanding.

The broader aim of this research was to offer policy makers a theory that is grounded on experience (i.e. of those likely to be affected by a policy decision or thought to be part of the problem). On the one hand, the questions about housing showed that accommodation services and facilities left much to be desired and, on the other hand, they showed that there were signs of a contended acceptance of present housing conditions. Respondents sometimes found it difficult to think beyond the present, to expect more than they had. This is in agreement with Schultz (1985:5) remark that "many elderly tended to accept a subsistence lifestyle as the best that can be expected in old age".

From the questionnaire responses as well as the group discussions it seemed that favourable aspects of community life such as friendships, family and children or other factors that were positively evaluated by the aged often outweigh obvious housing problems. This is in agreement with Kasschau's (1978:112) statement that "the decision-making community would seem to bear a heavier burden for

developing housing opportunities that will meet the latent housing needs of these ill-housed elderly".

It is often suggested that Black women in particular are virtual lifelong babysitters that this is one role that they really enjoy, and that it is therefore normal for grannies to look after the little ones. More than half of the respondents were in fact fulfilling child care roles, and this fact together with material gained from group discussions made it clear that many grandmothers felt positive about their grandchildren. The importance of a variety of forms of housing, given the diversity of the needs and desires of old people was clearly demonstrated in the research. Apart from the principle of universal needs such as the pursuit of independence, it is clear from the information gathered and analyzed in the various phases of the research that surveys in different areas (rural, metropolitan, etc.) would be necessary to develop more detailed profiles for such regions and to plan for a diversity of housing alternatives and services.

Recommendations

In conclusion it can be said that Geriatric Day Care will definitely be advantageous to the Senior Citizens of Mitchell's Plain. This will release the family of the burden of caring for the elderly, it will provide a reason for living to the elderly and it will prevent and cure diseases, which are often associated with old age. Concerning a Geriatric Day Care Centre in Mitchell's Plain it is recommended that: -

1. Such a centre be instituted in Mitchell's Plain and that it will cater for 60 seniors in the ordinary care section and 10 infirm seniors in the special care section.

2. Existing services at Mitchell's Plain (Meals-on-Wheels service, Lunch Club and Seniors Club) be used as a base for the day care centre.

3. The programme be offered in the morning and be reviewed after a trial period of 3 months.

4. Medical and para-medical services such as occupational therapy, hypertension and diabetic clinics (only screening), physiotherapy, chiropody, eye-screening and dental care be made available to the elderly, and that these services be initiated on a sessional basis and eventually be extended according to the need.

5. Research be done regarding those seniors not involved in any service for the aged in Mitchell's Plain and the senior male population and their interests.

6. The extension of existing housing and the provision of both Institutional Care and sheltered housing be upgraded. Streib et al (1984: 25) refer to a "continuum of housing" and in the light of the research project the following alternative methods are preferred, namely, accommodation of the aged in their own homes within communities; taking in lodgers to help with high costs of maintenance and with security; home care for old people by children or other kin; institutional care of the aged; and sheltered housing for the aged.

7. Sheltered housing, i.e. "congregate housing" (Lawton et al, 1985) should be an alternative that needs to be developed as one which may both satisfy the needs of aged people and be afforded in view of the rising in number of aged Blacks. Sheltered or grouped housing enables old people to remain independent as long as possible and to stay on in their own communities, while at the same time providing safe, planned accommodation.

8. The research and planning of housing for the aged should have the following as foundations: (a) old people should be allowed to remain in their own homes as long as possible in order to fulfill partially their need for independence; (b) institutional Care is not suitable for all old people and home-care-services (health, nutrition, social activity, etc.) can help old people to remain independent as long as possible and stay in their own homes ("own" even though perhaps rented); (c) housing design should receive attention - it must be remembered that old people

may become progressively frailer and homes may require structural adaptation to make provision, for instance for the use of a wheelchair; (d) active social involvement and integration in the community should be a generally recognized aim in the planning of methods and forms of housing; (e) security and safety are required - aged people often live in fear of crime, theft and assault; and (f) when Institutional Care becomes necessary, design must take account of the needs of old people - an institutional atmosphere should be avoided. Architects should strive for a more domestic scale, akin to the housing in which people are accustomed to live.

Conclusion

The principle of self-sufficiency and independence can be promoted by discovering and making full use of various financial resources. Sheltered accommodation can also provide day-care for other old people in the neighbourhood. The kind of accommodation was discussed with aged people and it was found that it was more acceptable since it moved away from conventional Institutional Care. It should not be forgotten that a major recommendation is that not only experts, but also the target group itself, should constantly be consulted so that proper attention is paid to the history and circumstances of specific communities.

Those who grow old should be able to so with dignity and the principle objective of gerontology should be to assist such people to enjoy an active and serene old age. The research, which the author has done, can be used for further studies in the field of the aged to be built on. It can be used to inform the process of services for aged especially the accommodation needs of the Black aged person.

BIBLIOGRAPHY

Anderson, F. W. (1967), **Practical Management of the Elderly**. Oxford: Blackwell Scientific Publications.

Birchenhall, J. M. and Streight MC: Care of the older adult J.B. Lippin Cott Company Toronto (1973)

Birchenhall, J. M. & Streight M. C. (1985), **Care of the Older Adult.** Toronto: J. B. Lippincott Company.

Brearly, P. C. (1987), **Residential Work with the Elderly.** London: Routledge Kegan Paul.

Brocklehurst, J.C. (1995), **Geriatric Medicine for Students.** Pretoria: Churchill Livingstone.

Bromberger, N (1981) Symposium on Rural Studies in Kwazulu Natal, Pietermaritzburg: University of Natal

Carver, V. and Liddiard P. (1978): An ageing population: The open University Press London.

Cowgill and Holmes (1972): Community care, ideology and social functioning, London: Prentice Hall.

Gillis and Elk (1981) Geriatric Medicine for students, Pretoria: Churchill Livingstone

Hughes G. and Walter R. (1983): Overcrowding in the household: An analysis of determinants and effects, New York: Academic Press.

Kasschau (1978) Psychology research policy and practice towards a productive partnership, New York: Praeger.

Lawton et al. (1985): Caring for the aged, the past, the present and the future. A paper delivered at the Biennial general meeting of the South African National Council for the aged.

Leanse et. al. (1979) Encyclopedia of Social Welfare volume 1, 17th issue, National Association of Social Workers.

Mc Carrick, H. (1985), **Care for the Elderly.** Practical research. Planning and design. Macmillan Publishing Company. New York.

Morgan, K. (1992), **Gerontology, Responding to an Ageing Society**, New York: Springer.

Shultz (1985): Erickson, Frederick: The counsellor as gatekeeper: Social interaction in interviews, New York: Academic Press.

South Africa, (November 1995), **Proposed Policy Framework on Ageing.** Pretoria: Government Printer.

South Africa, (1996), **The Draft White Paper for Social Welfare,** Pretoria: Government Printer

South Africa (1994), **Statistics,** Pretoria: Government Printer

South Africa, Department of Health (1979): Policy on black and coloured aged, Pretoria: Government Printer.

Tibbits T. and Tinker A. (1972): Older people in modern society, London: Longman.

APPENDIX

RESEARCH QUESTIONAIRE

Purpose

To obtain factual information regarding

(a) the need for and interest in Geriatric Day Care Centres.

(b) activities needed in a Day Care Centre.

1. AGE

2. SEX: Male Female

3. MARITAL STATUS: Single Married
Divorced Separated

4. RELIGION: Christian Moslem Other

5. ACCOMODATION:

5.1 Alone in own home

5.2 Alone in rented Council dwelling

5.3 With family in dwelling

5.4 Lodger with family

5.5 Lodger with strangers

5.6 Residential hotel

5.7 Other:

6. INCOME:

6.1 Old Age Pension

6.2 Any other Pension / Allowance

(Specify).....

.....

.....

7. MEALS:

7.1 Do you cook for yourself?

7.2 Facilities for cooking, e.g. stove, fridge, gas, running water, etc.

.....

.....

7.3 Are a member of a Lunch Club / Meals-on-Wheels Service?

Yes No

7.4 If yes, why?

.....

.....

8. LEISURE TIME ACTIVITIES:

8.1 Do you watch TV? Yes

8.2 Do you listen to the Radio? Yes

8.3 Are you caring for your own / other home? own

8.4 Are you caring for grandchildren / other children? No

8.5 Are you a member of a Senior Citizen's Club? No

8.6 Other:

.....

.....

9. Day Care: (A daily Monday to Friday service for Seniors at a central meeting place, providing meals; Social and Recreational Activities; Medical and Nursing Care, Physiotherapy, Occupational Therapy, Diabetic Clinic, Hypertension Clinic, Chiropody, Eye-screening, Dental Clinic and Social Work Services.)

9.1 If such a service becomes available, would you be interested?

Yes No

9.1.1 If no, why?

.....

.....

.....

9.2 What activities would you like to partake in, in such a centre?

.....

.....

.....

9.2.1 Sewing / Handiwork

Knitting

Crocheting

Hand crafts (peg work, basket work, etc.)

Home crafts (baking, cooking, etc.)

Art (drawing, painting, etc.)

Pottery

Exercises

Games (darts, dominoes, bingo, card)

9.3 What meals do you want to eat at The Centre?

Breakfast

Lunch

Supper

None

9.4 Would you require medical care? (Interviewer to ask which illnesses they suffer from and tick appropriate case below.)

Physiotherapy

Chiropody
Hypertension

Diabetic
Dental Services
Eye-screening

Occupational Therapy

Other

9.5 Would you like to be involved in the running of the centre?

9.5.1.1.If yes - in what way? What meals do you want to eat at the Centre?

Breakfast
Lunch
Supper

None

9.6 Would you require medical care? (Interviewer to ask which illnesses they suffer from and tick appropriate case below.)

Physiotherapy

Chiropody
Hypertension

Diabetic
Dental Services

Eye-screening

Occupational Therapy

9.7 Would you like to be involved in the running of the centre?

9.7.1 If yes, in what way?

.....

.....

10. Physical and Mental Dependence.

10.1 MOBILITY:

10.1.1 Moves about without assistance

10.1.2 Needs assistance with mobility

10.1.3 Bedridden or totally immobile

10.2 MAKING OF BED:

10.2.1 Can do it him / her self

10.2.2 Needs assistance

10.2.3 Must be done for him / her

10.3 BATHING:

10.3.1 Unaided

10.3.2 Needs assistance / supervision

10.3.3 Has to be washed

10.4 SHAVING AND COMBING OF HAIR:

10.4.1 Does it him / her self

10.4.2 Needs assistance

10.4.3 Has to be done for him / her

10.5 FEEDING:

10.5.1 Enjoy meals unaided

10.5.2 Requires supervision

10.5.3 Must be spoon-fed

10.6 DRESSING:

10.6.1 Does it him / her self

10.6.2 Needs assistance / supervision

10.6.3 Must be dressed / undressed

10.7 EYESIGHT:

10.7.1 Good

10.7.2 Fair

10.7.3 Bad

10.7.4 Blind or partially blind

10.8 HEARING:

10.8.1 Good

10.8.2 Fair

10.8.3 Bad

10.8.4 Deaf or partially deaf

10.9 MEMORY:

10.9.1 Normal

10.9.2 Forgetful

10.9.3 Very bad

10.10 INCLINATION TO FITS:

10.10.1 None

10.10.2 Light fits - please comment

.....

.....

10.10.3 Serious fits - please comment

.....

.....

10.11 INCONTINENCY:

None

Partly incontinent

Incontinent

10.12 ANY OTHER FORM OF DEPENDENCE / DISABILITY?

.....