AN EXPLORATORY SURVEY OF THE NEEDS AND ADJUSTMENT TO RETIREMENT OF PERSONS RESIDING IN PORT ALFRED

THESIS

Submitted in fulfillment of the
requirements for the Degree of
MASTER OF SOCIAL SCIENCE
of Rhodes University

by

BRENT STEPHENS
B.Soc.Sc.(Social Work) Rhodes University

December 1994

ACKNOWLEDGEMENTS

This research would not have been possible but for the support of my parents, Bill and Pam Stephens, my wife Dee, and sons William and Jason (who did manage to keep quiet every now and then). Thanks also to Martha Sharp who did most of the initial typing and Professor Mitchell for enduring through all the years that it took to complete. Many thanks to the residents of Port Alfred for their cooperation and support, without which this research would not have been possible. Finally, thanks to the friends that we have made since moving to Texas, without whose support this would not have been completed. Most importantly, thanks to the Lord Jesus Christ, without whose grace this would never have been completed.

DEDICATION

Dedicated to Anton Collins, a fine lecturer and a fine man, taken before his time.

DECLARATION

I, Brent William Stephens, Student Number 677S5697, Rhodes University, Grahamstown, South Africa, hereby certify that this thesis is my own work.

TABLE OF CONTENTS

ABSTRACT

The problem that was chosen to be investigated, was that, within the white middle class South African white-collar worker there appears to be a tendency to live for the "pie in the sky" - which for most seems to be retirement to the idyllic cottage by the sea.

Within the South African scenario, there seems to be a definite lack of career planning or at least planning for retirement, other than the financial emphasis. Upon reaching the "ultimate" - retirement, retirees take their pension money and move to the coast, expecting pure bliss.

The result of their lack of forethought is that they settle in a totally different climate, away from the support of family and friends, possibly finding their income inadequate, with the result that many fall seriously ill, and then discover a lack of geriatric care or a hospital at the time in their lives when they need it the most. The aim of the research was to investigate these issues using a specific location - Port Alfred, researching the fact that Port Alfred continues to be a retirement haven, despite appearing to lack the necessary facilities required by the elderly.

The method of the research was to initially administer a pilot questionnaire to a few elderly residents at random, which was then followed up by the formal personally administered questionnaire to a sample. The sample of retired elderly residents in Port Alfred was chosen at random primarily from the various old age homes in Port Alfred. This questionnaire was administered in 1983 but due to financial and personal reasons, the results were not written up.

In 1990, the research was continued with a further questionnaire being administered in 1991. The research direction was altered slightly to identify not only what resources were felt to be lacking, but also to identify how well the retired persons of Port Alfred had managed their transition to retirement.

The results showed some similarity between the 1983 and the 1991 research. On the surface the retirees appeared well-adjusted and content, but when it was delved deeper, they appeared to have opted out of making any great effort to change their situation, but rather had taken the view that they had earned their rest, would make the best of what they had, and leave it to someone else to champion their cause. This meant that they relied heavily upon those in their community to meet their obvious needs. The promised hospital that they had arduously raised funds for had not materialised, and that seemed to have been the last effort that they had been prepared to make, they were now at rest.

The conclusion was that, although the retirees had made the best of their situation, this definitely did not mean that their resources were adequate. Various charities and social services were at work in the community to redress the imbalance, but it was felt that these would in turn benefit by the addition of a social worker. This social worker would coordinate these services and take responsibility for the community at large, particularly addressing the need to unify the services with those to the large non-White community, in the (on-going) development of the New South Africa.

TABLE OF GRAPHS

TABLE OF TABLES

CHAPTER 1.

INTRODUCTION

INTRODUCTION

NATURE OF THE PROBLEM AND PURPOSE OF THE STUDY

Life planning is a concept foreign to most people, but a concept nevertheless which has far-reaching consequences. In a nutshell, life planning involves making a plan for one's life, beginning with schooling and ending after retirement.

Career planning may be seen as that part of life planning which encompasses the "work life" of an individual. This requires planning to gain the necessary qualifications, personal strengths and experience that would be required to attain a particular position within a particular time frame.

Retirement is often seen, towards the latter years, as a goal to work towards - rather than as a means to an end. Retirement planning is often purely financial - being "financially secure" in the "dream cottage by the sea".

Due to increased and improved technology, the aged in the modern society can live longer. It is socially acceptable and generally desirable to retire to a quiet, remote area, away from the "rat-race" in a setting conducive to relaxation. The aged in the South African culture seem to be shunned and sent away once they are deemed to have made their contribution and are no longer required. Summarily dismissed, - a definite "unfair labour practice" but apparently socially acceptable.

When the long awaited retirement date arrives and the move is made, there is a rude awakening. There is a change in climate, friends, income, activity (not forgetting town and pace). Then come the further shocks of lack of geriatric care facilities including hospital and the seasonal arrival of tourists and associated increased cost of living.

The following article by Leland P. Bradford entitled "Can You Survive Your Retirement?" dramatically illustrates the point:

"I was the chief executive of an organisation I had helped found, as well as a professional behavioural scientist, and I should have known better. But I didn't. After 25 years of working under the strain of building an organisation, of interweaving the ideas and needs of the key staff with a multiplicity of outside forces, I was ready for the beautiful promised land of retirement. I persuaded my wife to leave our lovely Georgetown home and move to North Carolina, where I could golf to my heart's content and enjoy relief from the stress of having to make daily decisions. I thought it would be just wonderful.

How wrong I was! The first year was awful. The organisation moved on without me. Important decisions I had made were reversed. No one called for advice. As far as I could see, no one cared. I even felt that my professional reputation had vanished. It hurt.

At times I thought with empathy of a friend who had been president of a large multinational company. He had told me, before he retired, that he had everything planned carefully. A year after his retirement, some of his former vice-presidents told me he came to the office at least twice a week seeking someone who was free to lunch with him.

I found that golf did not fill a day. The consultation and volunteer work I did was not satisfying. Other interests paled before the challenges I had faced. Life felt empty. I was not aged, just a little older. I had plenty of energy, and I felt just as competent as I had been.

When for the umpteenth time I complained to my wife about the emptiness of my life, Martha exploded, "I've heard enough of your complaining! You dragged me away from the city and home I loved best. Do you know why I don't like it here? Do you know why I've gone to hospital twice this year for check-ups, only to find nothing wrong? It was because I'm unhappy. Did you consider my life in retirement when you retired?". I hadn't, though I thought we had talked everything over. Maybe I had just talked about my retirement. What she said woke me up, and I listened.

Then we talked for days, for weeks, it seemed like months - at breakfast, tea-time, the cocktail hour, during evenings when there were no parties. We came to know each other's feelings and problems better. We asked ourselves if we were the only ones to react this way, so we looked about us and talked to many others on the golf course and at small parties. We found we weren't alone, although people usually covered up at first before acknowledging the empty hours they dreaded and their sense of futility and uselessness. We learned later of a census study showing that many persons die 4 to 5 years after retirement, seemingly out of a sense of uselessness. And, according to a famous French physician, people can indeed die of boredom.

Only after we had talked through our own difficulties to our satisfaction did we begin to question why this transition period was so very difficult and so different from others we had negotiated. Was it because it marked an ending, or were there other causes?"

"As we thought about what had happened to us and to others, we began to see how organisations inadvertently fulfill a number of basic psychological needs for people. The loss of these gratifications on retirement can be devastating unless effectively accommodated to or replaced."
(Moos (Ed) 1986: 211-219)

In the South African context, the comment about death following a predictable number of years after retirement has been verified by Sanlam, one of the prominent life assurers in the country, who have a chart of life expectancy after retirement. Based upon their records, a male retiring at age 65, would have a life expectancy of 14 years, and a female would have a life expectancy of 17 years.

Leland P. Bradford (Ibid.) outlines the losses one experiences upon retirement as being those of:

- Acceptance and Socialisation.

- Goals, Achievement, and Affirmation.
- Power and Influence.
- Support Systems.
- Routines and Times.

According to Bradford there were resulting marital difficulties from these losses, which resulted in their re-identifying their rights as individual, re-investigating the sex role question and readjusting to that fact that they had grown apart over the years.

The fact that man "lives to die" - is a commonly coined phrase stating basically that the process of death begins with birth. In the initial stages of life there is little concern with retirement, but with the first job it soon becomes reality.

The three possible main sources drawing attention to it are:

- Pension contributions - when the first pay-cheque is received, the automatic involuntary employee deductions are soon noticed, particularly as the first pay-cheque is invariably small.
- Medical aid - a further compulsory deduction effectively shrinking the actual cash in hand also draws the attention to ones mortality and the very real possibility of falling ill at some stage in the future.
- Insurance policies - in the South Africa economy, half of the companies seem to be owned (ultimately) by the assurance companies. Seldom a year passes without an attempt by an insurance agent to sell an assurance or life insurance policy, a further reminder to plan for the future.

The world is in a state of constant change. The only thing constant is change. With the information revolution, and other increases in technology, it appears that people do not stay with one company for their whole career (although this tendency is still most prevalent and noticeable within government institutions), but rather make an average of five career moves to other companies.

In our economy and culture, this appears acceptable as although "a rolling stone gathers no moss" someone added "it does acquire a certain polish!" in that the exposure to the different styles of management or different types of technology would be of long and short term value to the company or individual. Within the Japanese model, however, it appears possible to remain with one company for life.

With each move to a each new company, the individual is reminded once more of the issues of pension and medical aid, as each company seems to have their own scheme. Awareness of the future is therefore related to one's stage in life. To illustrate the point, at the age of twenty, retirement is of little or no concern. At the age of thirty, further into the career, it is a consideration, but one that does not immediately affect career decisions.

At the age of forty, however, the issue of the future has reached prime concern, half a working lifetime is over, and any career decision to be made weighs strongly on this element. At the age of fifty, it becomes a critical issue, and however uncomfortable the current position might be, if it is secure, it will be held on to. Individuals who at this stage find that they have not yet planned for their future, need to assess their financial situation carefully or risk working for the rest of their life (should their health allow) - as they might not be able to build that financial "buffer" in time.

Retirement therefore becomes the "pie in the sky". Work is no longer viewed as a means to an income and a comfortable living, but rather as a means to an end - retirement. This is particularly true of people in their later forties. Unable to leave a company due to loss of pension benefit, they stay on, often bitterly unhappy. When they finally retire, it is only to discover that retirement, too, has it fair share of disappointments and frustration.

Port Alfred, it would appear, has been identified as a typical retirement town - being on the coast, having seasonal tourism, and already having a large aged resident population makes the picture all the more attractive. These resident aged however, having "achieved" the ultimate goal of retirement, have found that the setting is not as conducive as it first appeared.

The aim is to investigate these issues, using the retired resident in Port Alfred as the sample. Research is also required into the circumstances of the non-white population, who were excluded from the scope of study due to difficulties involved in such studies due cultural barriers and more important, difficulties in the administration of questionnaires and abilities of respondents in providing accurate feedback. Current political changes would indicate that a follow-up study of the non-white population would be desirable, but this can possibly be addressed at a later stage by a community social worker, should one be appointed.

The aged have needs - especially with reference to medical services - of which Port Alfred has little. A hospital was promised after many years of social action, but as it would not have been a provincial (state funded) hospital, it would have been a further drain on the community and its fate is still in the balance due to lack of funding. Further resources - such as counselling services,

escort services, meals on wheels, home visiting, reader services, would also appear to be lacking in Port Alfred, together with the need for the aforementioned social worker who would be able to coordinate these services.

The main topic areas that were identified for investigation, were: the situation and adjustment physically, socially, emotionally, intellectually, and spiritually, of the retired persons resident in Port Alfred.

The basic purpose of the study was to answer the questions:

- Why the aged retire to Port Alfred
- What social resources appear to be lacking
- How well the aged manage their transition to retirement
- The necessity for a social worker
- The criteria that require additional research

From the answers to these questions, recommendations will be made on how to meet these needs.

SCOPE AND METHOD OF THE INVESTIGATION

In order to understand the topic more fully, a literature study was undertaken encompassing:

- aging and transition,
- life and career planning,
- retirement,
- death and dying,
- community work,
- social work with the aged
- institutions
- the history of Port Alfred.

A questionnaire was then administered which attempted to investigate these issues. The questionnaire included an attempt to identify the financial situation (or plight) of the elderly and the effect that it had on their (on-going) adjustment.

The initial scope of the investigation (the 1983 research) was limited to identifying the needs of the elderly white persons over the age of sixty years, who were permanently resident in Port Alfred.

This age group was selected as it was felt that people of that age would be in the best position to comment upon their situation, being more acutely aware of it. This was broadened in the 1991 study to include all retirees, as age was found to be a limiting criteria in the 1983 research, as some of the aged encountered who were in their fifties had more unmet needs than some respondents in their seventies.

The 1983 questionnaire was presented on a one-to-one basis although administered in such a way so as to enable the interviewee to read and write the answers to the questions themselves, with the interviewer present to guide their responses. For this reason it was attempted to make the questionnaire as clear and as lucid as possible, with no vagueness or ambiguity.

The 1991 study was also administered on a one-to-one basis, but in this instance the interviewer asked the questions and filled in all the answers, as from the 1983 research it was clear that some respondents had difficulty reading the questionnaires, and their handwriting was almost illegible, making analysis very difficult.

For convenience, most of the sample came from the old age homes, where most of the aged in Port Alfred were to be found, while others were traced through the various service organisations. The method was to request the staff of the old age home to select at random a number of the more lucid of the aged. In order to simplify administration of the questionnaire, if a person due to be interviewed was unavailable and would not be available during the time period laid out for the administration of the questionnaire, then the next person on the list was interviewed. This was continued until the desired number of interviewees was reached in the available time.

NATURE OF THE FINDINGS

Research tends to raise more questions than it manages to answer, and the 1983 questionnaire was no exception. In this instance, fortunately, there was a further questionnaire in 1991 which meant that some of these new questions could be addressed. The results of both questionnaires confirmed the concern that Port Alfred lacks the necessary facilities to warrant being the retirement haven that it has become, but both questionnaires identified that the retirees accepted what they had as their "lot" in life.

The ongoing influx of the aged creates a "catch 22" situation, as future retirees see the large aged population and assume that they, the current elderly residents, chose Port Alfred after having fully investigated it and therefore it must have the necessary facilities. The problem is therefore

compounded as the aged population grows larger, putting undue strain on the local volunteer resources.

The study was of an exploratory-descriptive design due to the fact that no previous similar research could be located. The noted limitations to the study, were that: statistical information was difficult to gain, the questionnaire had to be personally administered, a representative sample was difficult to identify and the aged tended to be unpredictable in their responses, perhaps affecting the reliability of the responses. It was also difficult to control the 1991 administering of the questionnaire, living in Johannesburg at the time, and therefore unable to coach the students personally. If the statistics had been computer generated, it was also felt that more use could have been made of the raw data. there was talk of doing just that using the main-frame in the computer department at the time, but it was felt that the sample was to small to warrant it. That same information, ten years later, could be easily managed by personal computers and readily available software.

The outcome of the study was that it appeared that, as a whole, most of the aged were fairly well-adjusted to their retirement. Most seemed to have "opted out" of trying to change their situation; but had rather adopted an accepting attitude, perhaps feeling that any changes they might affect, possibly would not happen in their life-time, or that they had earned their right to sit back. They therefore made the best of their situation and were content with whatever income they had, even if they were living close to the bread-line.

The facility felt to be most lacking was still the hospital and although many interviewed in the 1983 research had felt it was only a matter of time before Port Alfred would have one, by the 1991 research it was clear that the hospital was still an undefined issue. In its present planned form, the hospital would have to be funded by the local community, which, lacking the necessary capital, would delay the hospital issue further. A private hospital would defeat the aim of affordable hospitalisation, as it would then only be affordable by a select few.

The main reasons the sample interviewed chose Port Alfred to retire to, were climate, prior holiday visits, relatives and the existing facilities e.g. the library, sporting facilities. The slow pace of life which was an attraction to the 1983 sample now did not feature in the 1991 research - possibly as with the new marina and the nearby casino attracting younger residents, the pace was now faster.

The need for a social worker became ever more evident from 1983 to 1991, as had there been someone of that calibre there during that time, perhaps the existing social services could have

become more streamlined, and there would have been extra weight carried in the lobby for a government funded hospital. The aged definitely needed a "champion" for their cause, as they were unwilling or unable to do anything about their circumstances, other than to admit that they had unmet needs.

Another interesting finding of the research was that the hospice movement had made considerable ground since first opening up in South Africa, in that in the 1983 research, 36% felt the need for a hospice in Port Alfred, while in 1991 this figure had grown to 81%.

With the prospect of the "New South Africa" the future research most pressing to be addressed will be the integration of the services currently offered to the white population, with those offered or needing to be offered to the non-white population.

CHAPTER 2.

RESEARCH DESIGN & METHODOLOGY

RESEARCH DESIGN & METHODOLOGY

The form of research that was chosen was that of an exploratory-descriptive design, as no reference to previous similar studies could be found. Part of the aim of the exercise would be to explore and set the base for future research of a similar nature, by fully outlining the procedures followed and limitations identified.

The research was aimed at investigating the needs and adjustment to retirement of the retired aged persons permanently resident in Port Alfred. The personally administered interview questionnaire was chosen due to the nature of the research, i.e. the fact that it was to be administered to the elderly, some of whom would have difficulty in reading the questions and writing their answers.

The area to be researched was defined as being the white, retired population of Port Alfred. The 1983 research limited the age of the respondents to sixty years and above, whilst with the 1991 research, the main criteria was that the respondents were retired. This was to ensure that the sample was representative of all retirees resident in Port Alfred. The term "aged" tended to be ambiguous, as many seventy year old participants were more lucid and active than some participants in their fifties. One particular lady in her seventies, still an active tennis player, did not see herself as "aged", but would refer to her younger, less active peers as such.

A further reason for limiting the use of the "aged" term, was that it was felt that the needs which were being investigated should also involve those whose life-span it would still affect, should the research make any definite recommendations. Furthermore, it was evident from the 1983 research that the more elderly retired had opted out of any stressful decision-making options, having disengaged from the community affairs at large. They limited their "world" to the (old age) home they lived in, or in some cases the four walls they were restricted to. They seemed to disregard thoughts of bettering their community, being rather resigned to their present circumstances, possibly realising that any changes made would not be affected in their life-time, and feeling that they had already "done their bit" for society, it was now up to others to do something for them.

There were three questionnaires utilised in all (refer Appendices), the first being a preliminary questionnaire, which was administered early in 1983 as a pilot study. Seven questionnaires out of a targeted ten were administered during the course of a morning at the "Goodwill Club", a local community centre providing morning tea and fellowship for the aged who were in town doing their shopping.

Each respondent was informed briefly the reason for the questionnaire, before it was administered. The average time taken to complete the questionnaire, and the questions which appeared difficult to understand and needing explanation, were noted. A section was included at the end of the questionnaire where the interviewer could note whether the interviewee had appeared senile, had difficulty in answering certain questions, or had answered in an intelligent or acceptable manner, and suggestions for improving future questionnaires.

In addition to this pilot study, discussions were held with community members who were actively involved in the community and were aware of its possible shortcomings, able to give further insight into the situation, e.g. the chief librarian, tourist information officer, the secretary of Damant Lodge, and other voluntary welfare leaders.

The pilot study was followed up later in 1983 with the main questionnaire, which was in turn followed up with a further questionnaire in 1991. In each case, care was taken to ensure the validity (whether the questions gained the information necessary to draw conclusions upon) and the reliability (if repeated, would the results be the same) of the questionnaire.

The "evolution" of the questionnaire over this period of time, meant that it was refined to a large extent. In the later (1991) questionnaire, for example, certain questions from the previous (1983) questionnaires were found to be inconclusive or of little benefit to the study and were omitted, while more pertinent questions were included. In essence, the 1991 study attempted to be more holistic.

SAMPLE

Difficulty in obtaining a sample was experienced with both the 1983 and 1991 questionnaires. The most representative sample that could have been attained, would have been to gain a list of all the retired persons in Port Alfred and then to interview for example every tenth name on the list until the desired number was reached. As such a list was not in existence, and would be extremely difficult to draw up, the inevitable result was that to fulfil the desired quota in the available time, the administrators of the questionnaires had to resort to utilising the old age homes - in 1983 only Damant Lodge was available, while in 1991 the Red Cross Settlers Park was also open. This concentration on the old age homes possibly represented a bias in the sample which could invalidate the result, but it was felt that the sample utilised would suffice for the purposes of the study which was more exploratory / descriptive in design and purpose.

The preliminary questionnaire served its purpose most adequately, soon pointing out shortcomings in research of this kind, and enabling an initial contact with the aged and a "feel" for the topic which was invaluable. General comments made during the administration of the questionnaire enabled some insight, for example, it was mentioned that the phenomenal growth of Port Alfred as a retirement haven began in 1972 or soon thereafter as this was the time when the Nico Malan Bridge was opened, which with the completion of the coastal road, linked Port Alfred with East London and Port Elizabeth. A further factor that was mentioned was that once the new Ciskei Border Post was opened and South Africans or other nationalities wishing to pass through were required to have Passports - Port Alfred citizens would no longer travel to East London, but rather concentrate on Port Elizabeth for their shopping requirements.

With the lessons learnt from the Preliminary Questionnaire, the 1983 questionnaire was developed, and the subsequent experience gained in the administration of the 1983 questionnaire, enabled improved administration of the 1991 questionnaire.

METHOD

For the 1983 questionnaire, the aim was to administer 100 over the period of a few days at the areas where the aged were readily accessible. A large number therefore were personally administered at the Goodwill Society and Damant Lodge. When the time available elapsed and a large number remained incomplete, the remaining questionnaires were handed to the Matron of Damant Lodge, and the Sister in charge of the Convent (a home for retired nuns) and at various other clubs and charities. This was unfortunately the downfall of the research, as a low percentage were returned and even those returned had missing answers, as it was designed to be administered, not filled in. The final total of completed questionnaires was 71 out of the 100 aimed at. Of these, 11 were from the Assumption Convent, which it was felt possibly created a bias for the sample, comprising an unnaturally high single, female contingent.

To analyse the results, these 71 were then divided into groups of 10 (seven groups of ten responses, and one consisting of a solitary individual) for analysis. The analysis was manual, not computer driven, as the low number did not justify the cost of a computer analysis. The reason for grouping the results into tens was to simplify the analysis, in that if an error was picked up, only one group of 10 need be re-collated and not the entire sample of 71 questionnaires. As phone numbers had not been taken, it was impossible to clarify missing answers and the results had to show a number of unknown responses. As the cost to complete the missing answers and to complete the final 29 questionnaires was prohibitive, it was decided to make the best of the results from the 71 received.

For the 1991 research the aim was once more for 100 questionnaires to be administered as this still comprised a representative sample. During the 1983 research it was ascertained from the municipality that there were 4 100 Whites, of whom 50% were over 60, and it was ascertained from community leaders in 1991 (information was not forthcoming from the municipality in 1991, due to staff shortages) that this figure had not changed significantly in the 8 years that had elapsed.

These questionnaires were administered by the 1991 third year Social Work students of Rhodes University under the supervision of Professor Mitchell. They were chosen due to the proximity of Grahamstown to Port Alfred and the fact that they were familiar with the theory of research and administering questionnaires in an unbiased manner. The research could be then treated as a practical application of their theory. In addition, as a back-up, an active retired lady, resident in Port Alfred, was trained on the administration of the questionnaires, in order to complete any outstanding questionnaires, to ensure that the total was brought up to 100, as the students could only be in Port Alfred for one day.

It was arranged for the students to go down to Port Alfred on Thursday, 19th of September 1991. Contact was made with Settlers Park Red Cross Home, Damant Lodge, the Benevolent Society, the Goodwill Club, Care Givers and the Port Alfred Nursing Services prior to their trip, in order to prepare in advance and have a list of names of possible people to be interviewed.

A hundred and ten questionnaires were sent down to the students, packed in parcels of ten, with instructions on their administration (see appendices) and a copy of the method to be used. The ten extra questionnaires were included in case some were lost or spoilt.

According to Professor Mitchell, the best source to be found was Damant Lodge, where there was a large number of aged within the centre available to be interviewed at short notice. By midday, about 45 questionnaires had been completed. The students had gone down on a Thursday as the bowls club operated on Tuesday, Thursday and Saturday afternoons, and it was hoped to make up any shortfall by interviewing residents there. However, after the lunch break, there was apparently no-one at the bowls club and when the students returned to the Old Age Homes, they discovered that the incumbents were taking their afternoon nap.

Subsequent driving around and calling at the addresses of elderly residents apparently proved to be futile, (using the names and addresses gleaned from the various service organisations contacted previously), as not many residents were in. The students returned with 50 of the questionnaires

completed (a further 4 turned up later, but as they were incomplete and the final results had already been collated, they were not included).

The remaining questionnaires were passed on to the previously trained retired lady residing in Port Alfred, who continued the administering of a further 50 questionnaires for the week after the students left, bringing the total completed up to the required 100.

During the analysis of the 1991 questionnaire it was found that there were also missing answers as with the 1983 questionnaire. Fortunately, having learnt from past mistakes, these interviewees could be tracked down as their addresses and phone numbers were on the questionnaire, enabling follow up to gain the missing details.

DATA PRESENTATION AND FINDINGS

The students performed to the best of their ability, but when analysing their questionnaires, many were found to be incomplete. The transition from theory into practice was proved to be a more difficult exercise than initially expected. Dividing the large number of questionnaires into a large number of administrators speeded up the administration, but increased the opportunity for error, as the students did not have sufficient time to familiarise themselves with the questionnaire before having to administer them. What could have made their presentation more effective would have been more in-depth training on the specific questionnaire, with the possible use of role-plays. Attention to detail was not emphasised enough and although considerable effort had been put into writing out a guide to the questionnaire (see Appendices) and detailing the method, the completed questionnaires showed little evidence of them having been read.

With the emphasis on accuracy, completion of the questionnaire required more conscious effort than had been put into it. The consequence of having incomplete questionnaires meant additional effort and cost as respondents had to be telephoned from Johannesburg in order to fill in the missing or incomplete questions. However, as 50% of the questionnaires had been completed, accurate for the most part, with the exception of a few, the exercise was viewed as a success, as it set the wheels in motion for the rest of the questionnaires to be completed.

During the analysis, it was discovered that Question No. 28 had been omitted (only one of the researchers noted and commented upon it - the lady who completed the final 50). The question originally read "Would you plan to leave Port Alfred due to any of the following", but was omitted whilst in the process of being replaced with "What do you like least about Port Alfred". With the

question missing, the answers to No. 28 read as though they were a part of No. 27 and for analysis had to be taken as such.

These questionnaires were then collated manually by:

- ensuring all the questionnaires were properly completed,
- completing the few with missing answers by telephoning the respondents,
- dividing them into 10 groups of 10 questionnaires each,
- tallying ten answers per ten groups, and
- if the tally did not appear correct, redoing that particular group, if necessary looking up in a specific questionnaire.

From this, the research findings were outlined. The report was initially drafted on a rather slow 286.16 motherboard 40 Megabyte IBM compatible computer with 2 meg ram and a svga .36 monitor, using a Word-processing package called "Sprint", which had a rather useful if cumbersome facility to draw tables and graphs. The lines were drawn around the tables with a draw and edit method, and the graphs were created using the same draw method with a larger "nib" selection. The report was initially written in sections, these sections were then edited to form chapters and the chapters were then laid out to create the final item. The first draft was printed on a Hewlett Packard Laserjet IIp which enabled a high quality finish and had the ability to print the graphs.

When suddenly afforded the opportunity of working in the United States of America late in 1992, it delayed the completion of the dissertation by a further two years, but meant the opportunity of accessing new literature at University of the North in Denton, Texas and working with a software package called Microsoft Word, which operates in Windows, the latest in software development. The computer that was used was a modern 486.33SX 170 Megabyte IBM compatible computer with 4 meg of ram and a non lineated (high resolution) svga .28 monitor. The software package enabled the "import" of all previous work, once that it had been "exported" from Sprint by converting into an ASCII file. Although all the graphs and tables had to be redone, this meant that the original typing text did not have to be retyped.

The Microsoft Word software it was discovered had an advanced facility to create tables directly from the text, and graphs from the tables. It was no small feat to discover and refine this process and after much experimenting and asking around, the technique was learnt and found simple to apply. This was a real time saver in comparison with the laborious method of manually creating graphs in the Sprint program. The facility of creating lines around the tables in the appendices

without having to laboriously draw them in, turned out to be an even more difficult procedure to work out, but once learnt, simple to apply. The final draft was printed on a Hewlett Packard Laserjet 4L, which offered the same laser quality of the Hewlett Packard IIp but had the additional new function of draft quality option which meant less use of toner in the initial printings prior to the final version. The final crisis came just before final printing, delaying the printing for a few weeks, was that the thesis had been saved in one file, which became larger and larger, and once the text was converted to graphs, suddenly corrupted the file, which then had to be pieced together from the most recent backup, into 7 different sections.

LIMITATIONS OF THE STUDY

There were numerous limitations of varying significance. One of the limitations was that much of the statistical information was difficult to access, particularly from statal and para-statal organisations. This was partly due to the lack during the 1990/1 period of a Town Clerk in Port Alfred - the previous Town Clerk had resigned and was yet to be replaced. This hampered attempts to gain information from that department, as although the requests were acknowledged, the desired information was not forthcoming. Statistics that were requested were never provided with the result that statistics that were utilised were estimates from previous Census figures, and discussions with community leaders.

It was decided to go ahead with these estimates and to make the best with what information was available, rather than to delay the research. The 1983 research results were no doubt affected in that some questionnaires had to be mailed, and few were returned. Goldstein (1969:216-231) lists a few complexities of the mailed questionnaire, with the possible effects on the results.

He outlines that for the *mailed questionnaire,* the factors to be borne in mind are the length, kinds of respondents to whom sent, internal completeness of the questionnaire, proportion of returns expected, size of sample selected, motivation of residents to reply, follow-up, frequency of follow up and the handling of non-residents. The disadvantages are that only certain people are motivated to answer.

Goldstein (Ibid.) goes on to list some disadvantages of the *personally administered questionnaire* as being error from the participants, units of observation not agreed on, inapplicability to certain situations. These factors no doubt affected the administration of those questionnaires not mailed, but are less limiting than the mailed questionnaire.

Further limitations of the study were the difficulty of finding a representative sample of the permanent residents of Port Alfred (for the 1983 sample - over the age of 60 years), and the fact that the aged could be unpredictable in their thinking - senility was evident in some cases, and a tendency to be tangential. The questionnaire had to be clear and self-explanatory, as there was a tendency for the interviewee to want to see what it was they are answering. It was therefore decided that if the respondents requested to read a copy while they were answering, it would be provided, but was not otherwise not offered.

The sample was chosen, by necessity and convenience, from the aged most accessible i.e. those in old age homes or involved in service clubs. Those interviewed in the homes particularly, generally had geriatric care, medical care, and professional support provided. This meant that to some extent the research did not get to the target population - those in dire need of the services which seemed needed to be offered - geriatric care, social work services and so forth. This could imply a distorted view of those retired in Port Alfred from the sample utilised.

In the "evolution" of the final questionnaire of the three administered, certain questions were rephrased as the study progressed and some questions were left out, as the questionnaire had to be as brief as possible, as the aged have a relatively short attention span, and certain questions were found not to identify any meaningful data.

Possible distortions that were expected were due to the fact that the reports were aimed in a certain direction and geared at a particular sector of the population. This might have given a biased point of view, in that the answers that were predicted might have been attained because the research was geared at those who might answer accordingly, creating a "self-fulfilling" prophecy.

A further limitation was the lack of computer generated statistics. Although the statistics that were generated were more than adequate for the purposes of this study, there were numerous further quantities which could have shown meaningful trends if they were correlated. For example, did all the men (compared to the women), state that their career was a success, did those who chose Port Alfred due to friends state they had a support group, and what relationship was there between those who owned their property to those who felt their income was sufficient.

Another limitation to be mentioned was the application or direct administering of the questionnaire. Being (then) based in Johannesburg, meant that the students could not be fully prepared, and despite comprehensive efforts to compile manuals and coordinate the exercise from afar, the quality of administration was not to the desired level. The lady who administered the final batch

did an excellent job but it is difficult to a certain the amount of bias that crept in, as she was a resident of Port Alfred, and therefore sympathetic to the cause. Furthermore, she knew some of the sample personally, which could have created the situation where they answered as they felt expected to. (Fortunately, this bias was not evident in the questionnaires that she administered).

Other possible limitations were found in the final questionnaire itself, where the omission of Question 28 was unfortunate, as it was geared at identifying the issues in Port Alfred that the residents were most dissatisfied with. A further minor error was that Question 37 read "Are you at peace with our Maker" instead of "Your Maker". The 5% who indicated that they were agnostic possibly would have answered differently if the question had read as it was intended.

Furthermore, the questions regarding the rating of the geriatric and medical facilities, needed to be balanced with questions identifying how much that person utilised the facilities in order for them to be able to judge them. The statistic on the number of married and widowed was also too open as it did not identify how many times they had been married or widowed, and it was also not clarified which marriage they were rating a success for those who had been married more than once.

The results of the research were useful, however, as to a large extent they did answer the questions posed. As expected, however, the results raised more questions than they answered, which was typical of an exploratory study, showing definite scope for future research.

CHAPTER 3.

LITERATURE STUDY

LITERATURE STUDY

AGING, TRANSITION & SUPPORT

In order to understand the topic better, literature on the aged and the aging process were consulted. The literature confirmed that the aged person held a particular place in society, and in South Africa, it is viewed as a position of dependence, seen to offer very little to the community as a whole. The aged are viewed as a people in transition - from being active in the community, to a position of inactivity.

AGING

The phrase " We live to die" is commonly coined but nonetheless true, in that, from the moment man is born, he begins aging - an event which inevitably ends in death.

Physiological changes

Kimmel, 1973 gives a few comprehensive physiological theories of aging, stating that aging may be defined as "... a decline in physiological competence that inevitably increased the incidence and intensifies the effects of accidents, disease, and other forms of environmental stress". The Gompertz curve refers to the fact that with the passage of time, there is a greater probability of dying and death by 'natural causes' meant that enough important life-maintaining processes degenerated so that death resulted.

Kimmel also covers the wear and tear theory, stating that the most common-sense theory of aging is that the organism simply wears out, similar to a machine. Aging therefore is the result of the gradual deterioration of the various organs necessary for life, giving rise to an interest in the replacement of organs such as heart and kidney transplants. He confirms that there is no conclusive evidence that either hard work or increased stress alone are responsible for shortening an individual's life span (Curtis, 1966). For the most part, he states that the effects of hard work and stress are removed by a period of rest, and even the effects of a severe chemical stress, once removed, leave an animal with as long a life expectancy as before, if these stresses did not overwhelm the physiological capacity to adapt to the stress.

A further theory is that of homeostatic imbalance. Kimmel (1973) refers to Comfort (1964) who proposed that the efficiency of crucial homeostatic mechanisms that maintain vital physiological balances in the body is central to the processes of aging. Aging he felt was characteristically an increase in homeostatic faults. There was little change in the mechanisms of self-regulating

equilibrium between young and old persons under resting conditions, Kimmel (1973) quotes Shock (1960) who had demonstrated that the rate of readjustment to normal equilibrium after stress is slower in old subjects than in young.

Comfort (1972) the "optimistic gerontologist", predicted that soon it would be possible to extend life by 10 to 20 per cent if the sort of techniques that work on laboratory animals would work on humans. Kimmel points out the profound social issues raised by this possibility of an increase in life span. One would be over-population, since more people would be living longer, and a related issue would be the increased number of people who would be aged and living in retirement (or swelling the proportion of unemployed to be supported).

Although the problems of the aged in society and the population problem would probably have to be solved regardless of increased life spans, Kimmel (1973) feels serious problems remain, for example, whether this long life "pill" would be available to all, or would it be so expensive as to be used only by the rich? Who would support these aged persons? Would they have to choose between having children or living indefinitely, and who would decide who lived and who had how many children?

The main question Kimmel (1973) felt, was whether this would involve adding years to life or life to years as economic and social advances for the elderly during these added years needed to be fully beneficial. It would appear that, although the increase in medical technology has enabled the resultant lengthening of life expectancy, it would not appear that it has necessarily added life to years, as in the South African context the aged are still treated as "second-class" citizens.

Sexuality

Comfort in his article on sexuality in old age, (Weber, 1981:267) feels that the elderly have been hocussed out of continuing sexual activity by a society which disallows it from the old, exactly as they have been hocussed out of so many other valuable activities of which they are full capable - e.g. useful work or social involvement. Even when the intercourse fails through infirmity, the need persists for other aspects of the sexual relationship such as closeness, sensuality and being valued.

Comfort (Weber, Ed., 1981) describes this as being totally contrary to folklore, the preconceptions of hospital and nursing home, administrators (some of whom seem to dislike sexuality even among the staff), and to the beliefs of many older people themselves. Hancock (1987: 220) agrees with this viewpoint, stating that older people are dealt with as being sexless, yet totally segregated into different wards with little or no privacy during their daily routine. The social image of the dirty old

man and the asexual, undesirable older woman persists, yet, despite this, he quotes Pfeiffer who found 70 to 80% of couples in their 70's still active, including some in the 80+ group.

Hancock (1987: 211) agrees that the association of sexuality with old age is often viewed with disgust, disbelief, or derision. She states that only recently has there been an emphasis on sexual expression continuing through life, helping the individual to maintain a sense of self and satisfying the need for physical closeness to another human being. The need for tenderness, affection, touching and being touched she confirms are not needs that disappear with age.

Comfort (Weber, Ed., 1981) concludes by saying that a lot of older people have been resexualised by turned on sons and daughters - and he feels that this is a service they can do for the elderly in the recreational and relational use of sex, to compensate in part for the service they did in its reproductive use. While Hancock does not say this as boldly as Comfort, she feels the younger generation have difficulty in understanding the earlier attitudes toward sex and sexual expression that existed when member's of today's older population were young. She feels that it is an aspect often avoided in counselling, and one that should be addressed, either in additional training for the social worker, or referral to a trained sexual counsellor.

The fact that sexual expression encompasses much more than the act of intercourse, however, is brought out by Hancock who quotes Reedy, who made the observations that:

"The youthful fires of passion are quieter now ... A smile, a nod of the head, a wink, a kiss, a hug, cuddling, and physical closeness take on added meaning in sexual expressions of love between older lovers. In addition to the immediate pleasure of physical intimacy, sexuality becomes an affirmation of a lifetime of shared experiences and memories." (Hancock 1987: 220)

Pelham and Clark (1986 :25) feel that the sexuality of an elder's life is often not discussed, but it remains an important, personal thing and a valid means of psycho social support. They feel that the aspects that need to be considered are:

- remembering that elders still have a sexual image of themselves;
- keeping in mind that there are few opportunities, a senior centre is not a singles bar - private occasions must be considered and respected;
- understanding that the ability to actually perform the sexual act is compromised by physical impairment;
- consultation from peers, church, or professionals is more readily sought than advice from families;
- always remembering how important sex and physical affection have been to oneself.

Psychological changes

Schein (1978:33-34) refers to the issues to be confronted during development, the specific tasks to be performed for the period fifties to retirement, and outlines the general issues to be confronted as:

- A period of relative stability, but fraught with concerns about 'running out of time' and bodily deterioration,
- A period of mellowing, warming up, and valuing spouse, children, and friends,
- Finally accepting oneself for what one is and ceasing to blame one's parents for one's problems,
- Reviewing one's life work and contribution to the world,
- Growing concern with broader issues of society and community, loss of specialisation, and growth and wisdom".

Schein then goes on to outline the specific tasks as:

- Ensuring that one stays in contact with one's friends, because of loss of interest in making new contacts and friendships,
- Adjusting to a general decline in sociability and a drawing into oneself and well-established patterns,
- Making life easier and more comfortable - an avoidance of emotionally laden topics and issues,
- Establishing adult relationships with one's children, involving mutual reciprocity,
- Learning to be a grandparent.

For the period sixties to death Schein (1978:34) outlines the general issues to be confronted as:

- Coping with occupational retirement,
- A period of transition and uncertainty because of changes in bodily and mental functions, as well as social roles,
- Coping with declining health and capacities and the inward preoccupation that it produces,
- Adjusting to the death of a spouse,
- Adjusting to the dependency on others such as children, friends, or institutions,
- Preparing for one's own death.

and the specific tasks as:

- Adjusting to reduced status and work roles,
- Accepting the fact that retirement and reduced roles are ultimately a reflection of one's own reduced capacities and motives,

- Learning to change one's life-style in terms of physical and health concerns,
- Adjusting to increasing introversion and reduced communications with the outside world,
- Adjusting to a reduced standard of living and coping with new financial problems
- Learning to compensate for loss of speed and physical competence by increasing use of judgement, tact, and accumulated experience,
- Making concrete preparations for death - writing or checking one's will, deciding on funeral arrangements, etc.,
- Making peace with oneself and others - to achieve some sense of integrity and to avoid despair,
- Dying gracefully and at peace with oneself.

Schein (1978:181) goes on to discuss the recognition of one's own mortality, as he feels that most people are aware of death, but the emotional recognition of their own mortality probably does not arise until mid-life, as it does not become a salient emotional issue until a friend, spouse, parent, or child dies or if they contract some illness themselves, which brings their own frailty clearly into consciousness. Whether or not one fears death, he says, its possibility brings home clearly the fact that one's life is not infinite, that one's days are numbered.

This recognition in turn raises questions about whether or not they have accomplished anything in their career and life, what they had set out to accomplish and how much time remained to achieve it. A reassessment of their ambitions and an assessment of their accomplishments in comparison to their dreams often occurs as a result and often produces depression when they realises that there may not be the time, energy, nor opportunity to accomplish all that they had hoped to.

Early in their career, Schein goes on, they can ignore time and operate on the assumption that there is plenty of time to fulfil their ambitions. But by the time they reach age 40 or 50, however, over half of their career is already over, and there may be little time left to do what they hoped to do. Sensing that their energy level is not as high as it used to be, that their physical health is not as reliable, and that their ability to learn and adapt may be slowing down creates additional emotional burdens that must be worked through.

Schein concludes by stating that most people do successfully work through the feelings aroused by such circumstances and reach an adaptive solution which permits some tranquillity, but the issues cannot really be avoided or swept under the rug. He feels strongly that they must somehow be dealt with and worked through, and not be evaded or avoided.

Depression

This is a common complaint amongst the elderly and Dr. Goldfarb (Weber, 1981:273) in his seminar article highlights the fact that it is a situation that is often hidden through a number of acting out behaviourisms. Pincus (Meyer, 1975) refers to McMahon and Rhudick who explore the relationship between the tendency to reminisce and the degrees of intellectual deterioration and depression. They found that:

- reminiscing was not related to the level of intellectual competence or to intellectual abilities known to decline with age and
- there was a tendency for non depressed subjects to reminisce more than depressed subjects.

These findings substantiated his view that reminiscing served an adaptational function.

Suicide

Resnik and Cantor (Weber, 1981:289) feel that suicide is cause for concern, as does Berdes (1978:26) who feels that suicide among the aged is a phenomenon distinct from suicide in general, because of some of its causes, and the fact that societal response to it differs in important respects from responses to those of younger people. It is particularly deserving of attention in an examination of aged death because in some countries old people commit suicide about two to four times as frequently as young people, and the older the person, often the higher the suicide rate. Older men, compared to older women, Berdes (1978) states often have a higher suicide rate (in the United Sates it is two to one) for reasons that are unclear.

The causes for the higher suicide rate, Berdes (1978) says, are psychological and physiological. Emotional loss could also create a suicidal state, the loss or death of a loved one occurred twice as often among suicide attempts, while a whole range of mental disorders can be found in the histories of persons who attempted or committed suicide. It is clear, however, that many persons who commit suicide are not mentally ill.

TRANSITION

The move from work to retirement or middle age to old age may be termed a transition. The current research investigates the adjustment that the respondents have made during the transition to retirement, specifically in Port Alfred with its apparent lack of suitable facilities for the aged.

Moos (1986:9-10) postulates a crisis theory for these transitions, based upon the impact of disruptions on established patterns of personal and social identity as individuals have a need for

social and psychological equilibrium, similar to the requirement for physiological homeostasis,. When people encounter an event that upsets their characteristic patterns of thought and behaviour, they employ habitual problem-solving strategies until a balance is restored. Put more simply, man, when the pressure is on, resorts to habit. If new habits are not learnt in time, often old destructive habits are employed.

A crisis Moos (1986) states, is a novel situation so that habitual responses are insufficient and it therefore leads to a state of turbulence typically accompanied by heightened fear, anger, or guilt. Because a person cannot remain in a state of disequilibrium, a crisis is necessarily self-limited. Even though it may be temporary, some resolution must be found. The new balance may be a healthy adaptation promoting personal growth, or maladaptive leading to psychological problems. A crisis, therefore, is a transition or turning point that has profound implications for an individual's adaptation and ability to meet future crises.

The crisis theory Moos (1986) postulates focuses more heavily on the harmful or catabolic than on the positive or anabolic influence of life events. He feels that, in fact, life transitions and crises often provide an essential condition for psychological development. Stressful life episodes may enrich a person's beliefs and values by making it necessary to assimilate new experiences. If this is related to the sample, it would not seem to be the samples viewpoint, but rather a viewpoint that they should be encouraged toward. The stresses that one complains about during life are the same stresses keeping one alive, as without challenge, there is no purpose to life.

SUPPORT

Inherent in the process of aging, is the support the elderly require as they become more and more dependent. Springer & Brubaker (1984: 104) outline the different kinds of support a person may need at various times throughout their lives, as follows:

- *Ongoing* support, from significant persons or groups in order to deal with particular long-term burdens or stresses.
- *Intermittent, short-term* support from others in order to deal with an acute need or crisis.
- *Instrumental* support involves obtaining actual physical assistance with necessary tasks - running errands or staying with the older family member so the caregiver can relax.
- *Expressive* support is given as a companionship and caring for a person. The systems that give support are *formal* - doctors, lawyers, other social service providers, or *informal* - family, friends, and neighbours.

Social support is defined by George (Markides 1989:247) as referring to the provision and receipt of tangible and intangible goods, services and benefits in the context of informed relationships (e.g. family and friends). Examples of tangible (or instrumental) services include transportation, help when sick, and household repairs. More intangible forms of social support include advice, companionship, and feedback promoting feelings of self-worth.

McGoldrich (Markides 1989:110-111) says that the importance of social support systems in facilitating morale and good health is an area of growing interest to social scientists and epidemiologists, as at times of crisis and life change, close personal relationships have been found to be beneficial in buffering people against stresses experienced. It is likely therefore that at retirement the support of a partner and close family members will be an effective coping resource. This reinforces the view that the widowed and single may experience some problems after retirement due to social isolation. Increasing geographical mobility separates the old from their children and close relatives and retirees are therefore often warned about the dangers of house moves.

McGoldrich (Markides 1989:110-111) continues that it should be noted that lack of family support can in itself be a major source of conflict and stress. In the United Kingdom some early retirees found that wives and children resented the implied status change to a "retired" household, or the re-entry of the husband into the domestic domain caused disruption of established life-styles, (as portrayed in the opening case history).

Chappel and Guse (Markides 1989:220) state that most care comes from informed sources as approximately 80% of all assistance provided to the elderly comes from family members and from friends. Family support usually is provided by one or two members rather than the familial network as a whole. These primary caregivers traditionally have been women - wives, daughters, and daughters-in-law. Elderly individuals receive assistance first from the spouse, if one exists, and then from children, notably from daughters. Daughters tend to provide direct services, i.e. physical maintenance and emotional support. Sons play a more substantial role in decision-making or with financial assistance. However, when no female is available (there is no daughter, or she is geographically distant), sons do provide such care. The sexual division of labour is also evident in the contributions of the children's spouses (the elderly person's children-in-law). If a daughter is providing care her husband tends to accept her role but does not assist. If a son is providing care his wife also assists.

Chappel and Guse (Markides 1989:225) state that the formal care system is established to provide care which, for whatever reason, individuals themselves or the informal support system are unable to provide. Despite current concerns over rising costs of formal health care services, the most prevalent form of care is self-care and informal assistance from others. The majority of illnesses continue to be taken care of without professional consultation and it is estimated that between 70% and 90% of all illness episodes are treated without recourse to expert knowledge. (Lay treatment includes the use of folk remedies, patent medicines, and prescribed medications). Although it is still largely unknown who seeks assistance from the formal care system and why, few argue that where symptoms are severe some kind of formal help is usually requested.

George (Markides 1989:249) states that there is considerable evidence that most older adults are enmeshed, in a reasonably extensive and reliable network of significant others, and are satisfied with the support available to them, which would confirm the research findings.

Brammer (1991:61) says that the underlying assumption that networking support is an effective strategy for prevention of psychological problems is confirmed by research and by common-sense observations. This means that mental health and well-being are enhanced by support networks. There is a prevalent view also that the larger one's circle of friends, the happier one tends to be. However, giving and receiving social support requires heavy commitment in time and energy and taking this responsibility is often stressful because support has all the positive and negative potential of any human relationship. Giving support has been especially stressful for women who, in their traditional nurturing role, have been vulnerable to feelings of frustration, depression, and depletion when they give and give in a relationship.

Furthermore, Brammer (1991) continues, those on the receiving end of persistent supportive efforts often feel harassed and sometimes that their privacy has been invaded or that the helper is too eager to find 'victims' - subjects for helping efforts. They may also be disappointed when the expected or promised support is not forthcoming. There is general agreement among helping professionals that social networks have the potential for being supportive and stressful and it is therefore important to assess the network accurately and regularly.

SOCIAL WORK SUPPORT

Greene (1986:20) refers to intergenerational social work. She states that the family is distinguished by a high level of interdependence and inter-relatedness, so when there is a change in the competencies of the older member, one should expect to see some degree of change throughout the

family. She describes a functional-age model of intergenerational treatment and says that it underscores the idea that the social worker cannot address the older persons' problems without also addressing the issues that affect the whole family system.

According to Kropf (Schneider, Kropf, 1992 : 173) social workers provide important services in home and community care systems by being instrumental in assessing needs and linking a person with appropriate support systems. They contribute to one of the most important goals in long-term care which is maintaining the independence of the older person.

Dobelstein (1985: 170) mentions the need for the "informal support system" - the array of nonprofessionals who provide assistance and support to individuals in times of crisis. It includes family members, friends, neighbours, and a widely diverse group of people whose primary relationship to the person in need is not as a helper with their personal problems, such as the hairdresser, bartender, maid, fellow-worker, or any person who has developed a relationship over time and provides reciprocal support.

In general, Dobelstein (1985: 171) goes on, the services of the informal system resolve day to day problems, or reduce the possibility of significant problems, or support existing strengths of the person in need. These services promote a sense of personal meaning and identity, of security and love, mutual aid and caring, and role and status. The informal system provides goods and services in a voluntary fashion, usually without payment, as needed by the recipient. Some individuals may also act as coordinator between the person in need and other providers in the formal or informal systems of care. He feels that the social worker needs to be aware of this system, and how to use it in the helping process.

Dobelstein (1985: 172)outlines the strengths and weakness of the informal support system as:
Strengths:

- Some older persons do not want to seek help from their children, never wanting to be a burden, however, when critical needs arise, these same individuals usually turn to family as a first avenue of support. In this way, it is the older persons preferred response to their need for help.
- The naturalness of the system - good neighbourliness "the Golden Rule", and family responsibility "Blood is thicker than water".
- The saving to society at large in not having to supply public reimbursement for institutional care.

Weaknesses:

- Unpredictability. No two communities are alike in the resources provided by neighbours or churches. Families in different circumstances may have different notions of responsibility, some of which may stem from financial considerations.
- Grown children sometimes resent the responsibility of caring for an aging, infirm parent.

CAREER

In order to understand retirement, literature on career was referred to, being the phase preceding retirement. It would appear that the feeling of being a success is linked directly to a person's success in their career. Bearing in mind that the concept of career management is fairly new, the sample being interviewed could find it quite a foreign concept. With an expected average age of 60 years, our sample would have been about 10 years of age during the Second World War and in the period following, would have begun their career - a time when to have a steady job was a more important criteria rather than having the opportunity to change to a better job or company.

Consequently, many of the sample can be expected to have spent their career in only one company, which is a considerably different situation than that found at present. The career moves then were more limited and possibly restricted by the different philosophy of the time.

The literature study was hampered by the fact that an overwhelming number of the respondents were women, many of whom did not have the opportunity of a career at all. This was mainly due to the fact that the women of that time were not granted the level of equality that they purport to be granted today, and that culturally, in the time that these women were growing up, they were expected to be "housewives" which entailed primarily bringing up the children and running the home. In the United States this role is described as that of a "home executive" or a "home maker" which are perhaps more apt and dignified descriptions.

Greenhaus (1987: vii) outlines three strongly held beliefs about career and career management:

- Career management is a process by which individuals can guide, direct, and influence the course of their careers.
- It is useful to view a career in developmental terms as it evolves throughout a person's life. Different career stages present somewhat unique tasks and issues, ranging from a young adults' preoccupation with choosing an occupation to an older employee's need to prepare for retirement. Despite these differences, the role of career management is fundamentally the same

at all stages of career development - to make sound decisions based on insight and to implement the decisions effectively.

- Career management efforts must take into account the intertwining of work and non-work lives. Work can affect the quality of life in many ways. Extensive job stress can impair one's physical and emotional well-being, and the potential conflict between work and family lives must be understood by everyone who hopes to combine work and family involvements.

Greenhaus (1987:5-7) offers the view of a career as being a property or quality of an occupation or an organisation, giving the example of the progression of a Law Student through to Judge. He secondly offers the views of a career as a property or quality of an individual stating that everyone accumulates a unique series of jobs, positions and experiences, this view acknowledges that each person in effect, can pursue a unique career.

This definition would allow us to include the housewives as having had a career, and this is confirmed by Isaacson (1985:1-2) who states that the concept of career has undergone change in recent years. Early definitions tended to restrict the application of the work to those individuals who had pursued a single occupation over a very long period of time, with great success. One might speak of the career of a famous statesman, an outstanding physician, or a renowned actress, but one would not likely use the term to refer to a craftsman, a teacher, a nurse or a storekeeper. Recently, usage has broadened so that the word is appropriately applied to almost everyone and there now appears to be considerable consensus for equating the word to an individual's lifelong work pattern.

Beach (1985:232) defines career as being a lifelong sequence of jobs integrated with the attitude and motives of the person that he or she enjoys in these work roles. A career is more than a group of jobs held by a person during his lifetime, it also consists of the training the individual follows in preparation for work roles and the aims, hopes, ambitions, and feelings in regard to these work roles.

Greenhaus (1987:7) goes on to describe career management as an ongoing process in which an individual:

- Gathers relevant information about themselves and the world of work.
- Develops an accurate picture of their talents, interests, values, and preferred life-style, as well as alternative occupations, jobs, and organisations.
- Develops realistic career goals based on this information and picture.
- Develops and implements a strategy designed to achieve the goals.

- Obtains feedback regarding the effectiveness of the strategy and the relevance of the goals.

Greenhaus (1987:9) further defines career development as an ongoing process by which an individual progresses through a series of stages, each of which is characterised by a relatively unique set of issues, themes, or tasks. Greenhaus (1987:10) goes on to outline a more profound meaning of career success as doing something that makes one feel good about oneself, accomplishing something worthwhile, learning new things, developing skills and abilities, and having freedom on the job, and not just possessions, money and status.

Traditionally career success has been defined as being evidenced by a position paying a good salary, having high occupational status, and moving upward to positions of greater responsibility, pay, influence, and prestige. The employee and manager alike have been expected to be committed to the organisation. It has been assumed that if employees worked well and were loyal, then management would reward them with job security, benefits, promotions, and respect. This traditional "organisation man" orientation has been very widespread.

However, authorities on career development have observed that many people nowadays - employees, professionals, and managers - have adopted a somewhat different orientation for themselves. The essence of this newer mode of thinking about one's career is personal freedom, self-determination, and a personal view of success. This is called personal fulfilment career orientation. The main features of this newer pattern of thinking about career satisfaction are:

- The individual tries to control his or her own career development. The person decides whether to acquire additional training, to seek particular jobs, and perhaps, to move out of the organisation.
- Freedom, growth, and self-determination are important personal values.
- The person seeks a healthy balance among job, organisation, family, friends, and recreation, he is not a "workaholic".
- Success is personally defined. This may include the traditional goals of money, advancement, and prestige but it also may include self-fulfilment, self-respect, strong friendship ties, and happiness gained through off-the-job activities.
- The person is not passive and compliant. They plot their own course through life, not being a conforming, organisation person. Rather, they are mobile and assume full responsibility for their own destiny.

Greenhaus (1987:6) then notes three themes:

- Firstly, the advancement theme, which implies that the pursuit of a career has meaning only if a person exhibits steady or rapid advancement in status, money, and the like.
- Secondly, the profession theme, where doctors and lawyers for example are in "careers" and mechanical and administrative staff not.
- Thirdly, the stability theme 'within a single occupational field or closely connected field e.g. career soldier or career police officer'.

Greenhaus (1987:179) talks of early, middle and late career issues. He states that a few late-career employees must prepare themselves for senior leadership roles in the organisation, but for the vast majority, the primary task of the late career is to remain productive and to prepare for effective retirement.

The purpose of including the section on career was to give an overview of the concept of career, with its culmination in retirement. Although the research does not investigate this issue directly other than to query the respondents' self-perception of their success, it was viewed as being necessary as it would seem that the better adjusted retirees would have a better adaptation to their new role if they felt that they had led a fulfilled life, and thereby earned their progressive "withdrawal".

RETIREMENT

Retirement being a central theme to the research, the section on retirement was included in order to gain suitable perspective on that aspect of the research.

The Encyclopedia of Social Work states that:
"retirement, whether chosen by the individual worker or mandated by the employer is a life-altering event. For some, it is as advertised, a graceful accent into the 'golden years', an endless weekend of freedom and enjoyment. For others, it is a time of reassessment and readjustment; although life may be reordered, the quality of life remains essentially unchanged. For still others, it is 'fools gold', an illusion devoid of pleasure and accomplishment, a period of lonely disappointment and despair. Among the factors that determine and influence the quality of retirement are personal and family resources and characteristics, the length and quality of pre retirement planning, the degree of social responsibility assumed by the employer, the resources available in a community, and the level of knowledge and skill employed in using them effectively. The resources available and their quality are of particular concern to the social work profession. An examination of these resources and their use in the three areas critical to the retiree - financial need, retirement planning, and assistance with transition - illustrated why some retirees experience disappointment or despair". (Encyclopedia of Social Work 1987:505)

Hancock (1987: 234) says that fears are sometimes expressed about retiring in relation to becoming ill as a result of retiring, but according to research, this belief is not supported. Hancock feels that most retirees adjust well to retirement, know what they want to do, are able to carry out their ideas - whether continuing in part-time employment or volunteer work, living in a retirement village, travelling, studying, or pursuing other goals. If retirement does not live up to their expectations, the coping skills that they have developed earlier assist them in working out the problem.

Hancock states that very little research has been done on the effects of retirement on women, more has been written about the effects of the husband's retirement on the wife's life-style - it seems accepted that women invest more of their energy and interest in the home and in child-rearing and experience fewer negative effects of retirement - however women who retire report a sharper increase in feelings of uselessness than do men.

Hancock (1987: 235) reports four factors in retirement which make a positive experience more likely:

- Retirement is voluntary rather than forced;
- One's income and health are good enough to live comfortably;
- Work is not the most important thing in one's life;
- Some preparation and planning for retirement have occurred.

Hancock (1987: 235) and Flippo (1984: 55) discuss separating the retirement role into various phases through which an employee may go in experiencing the retirement event:

Pre-retirement - the phase during which fantasies of retirement are developed. It starts many years prior to the retirement date. Very few people expect to die before reaching retirement age, and similarly, very few expect to keep working until they die. At some point, awareness of approaching retirement hopefully has some effect in providing for the two most essential elements of successful retirement - financial security and leisure skills.

Retirement - the second phase occurs just prior to the event and makes the fact of imminent retirement highly explicit. They begin to perceive that fellow employees view them in short-term perspectives. Involvement in major programs tends to lessen and they may be asked to train a replacement, and in many instances, certain rites of passage in the form of retirement ceremonies and receptions are held.

Honeymoon - the individual tries to experience the retirement fantasies, termed by many the 'honeymoon' stage, when they wallow in the new-found freedom and live out the fantasies that finances will permit - travelling, fishing, golfing, seeing the grandchildren, and so on. When asked how the retirement is going, the reply is often 'Why, I've never been so busy!'.

Disenchantment - Not everyone goes through the fourth phase, but when life finally slows down, the honeymoon is over and many people experience a letdown. The highly desired constant travel and visiting become boring. Those who have not developed a variety of interests and skills in preparation for retirement are likely to experience this stage more severely. It may be particularly difficult if they have moved to a different community after retirement.

Reorientation - a more realistic view of alternatives is developed and new avenues of involvement are explored. They attempt to structure a life-style that can run for many years. Help can be obtained from many community agencies and churches that have various programs designed to help retirees determine their level and quality of involvement. It requires exploring new opportunities and making realistic choices in the light of personal interests and skills.

Stability - in the sixth stage of the cycle, the retiree has developed a philosophy and pattern of decision making resulting in a reasonably busy, predictable, and satisfying life. The retirement role has been mastered. The individual is able to cope and adapt to declines in physical capacity that inevitably come with advancing age. They are self-sufficient adults who have translated the roleless role into a dignified, responsible, and meaningful position in society.

The retiree may, of course, die suddenly while experiencing any of the preceding six phases of the retirement cycle. If life continues, they could enter the termination phase, where they are no longer self-sufficient. Loss of able-bodied status or loss of financial support may mark the end of retirement as defined. Hancock mentions that the retirement role can be replaced by other roles, such as the disability role due to loss of financial support. The person ceases to be retired, becomes dependent upon others or societal institutions, and thereby loses some of the dignity associated with the role of retirement.

Neugarten discusses adjustment to retirement and issues that are still relevant today as appearing to depend less on how active a man is than on whether his activities develop out of lifelong needs and interests. For some, retirement is tolerable only if they are able to carry on activities that use job skills or that otherwise preserve their occupational identity. Others welcome the opportunity to

turn to interests outside their jobs. Some find security in social isolation after retirement, or in freedom from pressure and responsibility. Others find isolation lonely and leisure demoralising.

Neugarten (1973) identifies five personality types among men, three who adjusted well to aging and two who adjusted poorly. The three well adjusted types of men adapted to aging differently but equally successfully, while the two poorly adjusted types responded to old age in different ways.

The largest group identified among the well adjusted were called the *'mature'*. These men moved easily into old age where relatively free of neurotic conflict, they were able to accept themselves realistically and to find genuine satisfaction in activities and personal relationships. Feeling their lives had been rewarding, they were able to grow old without regret for the past or loss in the present. They took old age for granted and made the best of it.

A second group, labelled the *'rocking-chair men'* because of their general passivity, welcome the opportunity to be free of responsibility and to indulge in their passive needs in old age. For these men, old age brought satisfactions that compensated for its disadvantages.

A third well-adjusted group termed the *'armoured'* group consisted of persons who maintained a highly developed but smoothly functioning system of defences against anxiety. Unable to face passivity or helplessness in old age, they warded off their dread of physical decline by keeping active. Their strong defences protected them from their fear of growing old.

Among those who were poorly adjusted to aging, the largest group of individuals were called the *'angry men'*. Bitter over having failed to achieve their goals earlier in life, they blamed others for their disappointments and were unable to reconcile themselves to growing old.

The second group of maladjusted men were called *'self-haters'* as they also looked back on their past lives with a sense of disappointment and failure, but unlike the angry men they turned their resentment inward, blaming themselves for their misfortunes. These men tended to be depressed as they approached old age as growing old underscored their feelings of inadequacy and worthlessness.

With the exception of the mature group, many of whom had experienced difficulties in personal adjustment when they were younger, these personality types appeared to have been relatively stable throughout life. Poor adjustment to aging among the angry men and the self-haters seemed to stem

from lifelong personality problems. Similarly, the histories of the armoured and rocking-chair groups suggest that their personalities had changed very little throughout their lives.

Schein (1978:45-46) discusses the decline and disengagement dimensions of the career cycle, and identifies the general issue to be confronted as, firstly, learning to accept reduced levels of power, responsibility, and centrality. Secondly, learning to accept and develop new roles based on declining competence and motivation, and thirdly, learning to manage a life that is less dominated by work. Schein identifies the specific tasks as :- learning how to find new sources of satisfaction in hobbies, part-time work, family, social and community activities, learning how to live more closely with a spouse and assessing the total career and preparing for retirement.

Parker (182:20-25) discusses the achievements of the retired in the USA and Britain as being that:

- More people are living to a healthy old age in retirement.
- There is now a better standard of living for the retired, absolutely if not in comparison with other sectors of the population.
- The average age of retirement has come down and it is more often voluntary.
- The retired population is getting younger, not only in age but also in life-style and outlook.

Parker (Ibid.) outlines the problems as being:

- Demographic pressures are tending to raise the age of retirement, while economic pressures are tending to lower it.
- There are conflicts between the interests of the retired and the working population.
- There is a tendency to relegate the old to non-functional roles.
- Sudden retirement has bad effects on some people.
- Many healthy older people are forced into a retirement they do not want.
- There are increasing difficulties in satisfying the needs of those older people who prefer work to retirement.
- There is a lot of unfounded prejudice against the old, particularly relating to their ability to work satisfactorily.
- Age has a low status in British and USA society, the past tends to be devalued.
- Retirement is seen as the end of life - it needs a new image.
- Acceptable norms have not yet evolved for retired people.

As South Africa tends to follow these two countries in trends, although many years later, the trends identified in the above can be expected to follow, and can be prepared for accordingly.

In conclusion, Parker (1982: 176) says that the future of retirement is a matter, first, of understanding what the various possible roles for older people in society are, and secondly, of taking the necessary steps to see that individual choice is catered for as far as possible. The role possibilities he feels are many, but may be crudely dichotomised as being:

- to encourage retired people to live out their years in pursuit of time-filling hobbies, entertainment and in reflective vegetation, or
- to regard them as a rich source of energy, experience and wisdom, capable of attaining self-realisation and carrying, if they wish, import community responsibilities.

The first alternative Parker feels promises boredom, deterioration, dependency, conservatism, depression and institutionalisation, while the second promises continued growth, preservation of vital functions, purposeful living, continued social usefulness and self-sufficiency.

DEATH AND DYING

Elisabeth Kubler-Ross is a world renowned authority on death and dying and it is for this reason that her book on death and dying of 1969, regarded as a classic, has mainly been referred to.

Kubler-Ross worked with and interviewed over two hundred people dying from terminal illnesses, and came to the conclusion that there were definite, identifiable stages that they went through once they discovered that they had a terminal illness.

Most seemed to have an inherent fear of dying, which according to Kubler-Ross (1969:2) is because death is never seen as possible in regard to oneself. It is inconceivable for the unconscious to imagine an actual ending of its life here on earth, and if this life has to end, the ending is always attributed to a malicious intervention from the outside by someone else. In simple terms, in the unconscious mind it can only be killed; it is inconceivable to die of natural causes or old age. Death in itself is therefore associated with a bad act, a frightening happening, something that in itself calls for retribution and punishment.

Kubler-Ross (1969:3) then goes on to state that in the subconscious mind it cannot distinguish between a wish and a deed, and refers to a child or partner wishing their mother or partner dead, and when this event actually occurs - however far into the future, they feel responsible for their death. This feeling of responsibility is true in any form of loss, be it divorce or separation where there has been an unspoken wish during a heated moment.

Kubler-Ross (1969:4) goes on to discuss situations of self-punishment where someone grieves, beats their chest, tears their hair, or refuses to eat, in an attempt at self-punishment to avoid or reduce the anticipated punishment for the blame that they take on the death of a loved one. This grief, shame, and guilt are not very far removed from feelings of anger and rage. The process of grief always includes some qualities of anger and since no-one likes to admit anger at a deceased person, these emotions are often disguised or repressed and prolong the period of grief or show up in other ways.

Kubler-Ross (1969:5) continues by saying that man has not basically changed. Death is still a fearful, frightening happening and the fear of death is a universal fear even if it is thought of as being mastered on many levels. She outlined five stages of the grieving process: denial and isolation, anger, bargaining, depression and finally, acceptance.

Denial and isolation: This stage, interestingly enough, is regarded by Kubler-Ross (1969:39) as being healthy, as it is a healthy way of dealing with the uncomfortable and painful situation with which some of these patients have had to live for a long time. Denial functions as a buffer after unexpected shocking news, and allows the patient to collect himself and, with time, mobilise other, less radical defences.

The isolation that occurs is either voluntary, to "lick their wounds" or forced upon them by friends and relatives who were unsure how to react to the news themselves, or even by their very location, as hospital wards and rooms can be very isolating.

Anger: In this stage the patient becomes hostile and asks questions like "Why me?" and "Why not Mr. So-and-so who is crippled and old and going to die anyway?" Kubler-Ross (1969:50) says that when the first stage of denial cannot be maintained any longer, it is replaced by feelings of anger, rage, envy, and resentment which in contrast to the stage of denial, is very difficult to cope with from the point of view of family and staff. The reason for this is the fact that this anger is displaced in all directions and projected onto the environment at times almost at random. Most friends are bewildered by this stage, in that they are unable to see it from the patients perspective, not realising that they would also be upset knowing that their plans and prospects were going to end abruptly.

Bargaining: This stage is, according to Kubler-Ross (1969:82-83)less well known, but nonetheless important to the patient in that it gives them a chance to see some hope in the situation. The terminally ill patient knows, from past experiences, that there is a slim chance that they may be

rewarded for good behaviour and be granted a wish for special services. Their wish is almost always an extension of life, followed by the wish for a few days without pain or physical discomfort.

Depression: At this stage, according to Kubler-Ross, the patient's health has reached a stage where they can no longer deny that they are terminally ill. The huge financial costs of treatment means the loss for many of their life savings - their future retirement home, their child's' university fees. Perhaps their spouse needs to go out and work, with resulting loss of attention to the children. All contribute to the patient going into a (reactive) depression.

Kubler-Ross (1969:86-87) refers to a second type of depression - one which does not occur as a result of a past loss - but is taking into account impending losses. The initial reaction to sad people is usually to try to cheer them up, to tell them not to look at things so grimly or hopelessly. When the depression is a tool to prepare for the impending loss of all the love objects, in order to facilitate the state of acceptance, then encouragements and reassurances are not as meaningful, and if they are allowed to express their sorrow they will find a final acceptance much easier, and they will be grateful to those who can sit with them during this state of depression without constantly telling them not to be sad.

Acceptance: This is the final stage, and Kubler-Ross (1969:113) states that acceptance should not be mistaken for a happy stage, it is almost void of feelings. It is as if the struggle is over, and there comes a time for ' the final rest before the long journey ' as one patient phrased it. This is also the time during which the family needs usually more help, understanding, and support than the patient himself who wishes to be left alone or at least not stirred up by news and problems of the outside world. Communications become more nonverbal than verbal.

Herein, then, lies the major difference between loss of a loved one unexpectedly, and the loss of someone through terminal illness. The family are unable to get on with dealing with their own loss but must rather live through it, with the ongoing hurts and frustrations of seeing a loved one suffer.

Hope: Kubler-Ross (1969:138) makes mention that the one thing that usually persists through all these stages is hope. However severe the illness or realistic the patient, there is always the hope that a new miracle drug would become available, or something would happen to miraculously change their circumstances. This is the single biggest factor that keeps many of the patients going.

According to May et al, (1991: 99) there comes a time in the long term care institution when there is nothing more to do than to be there and to care, to try to assuage the fear of the elderly who are dying, to show them that they are not emotionally alone.

When the end is near, according to May, the family's religious and cultural orientation often becomes pronounced, as for some death is a passage to ever-lasting life, while for others the tradition of life after death is not well defined. What matters, however, is the existence in the present, and so there is an urgency to be a strong advocate for the dying relative now. May agrees with the policy at HRCA where one or two days after a resident dies, the social worker on the unit gathers the residents together for the service, family are invited and generally attend. The social worker and rabbi share some thoughts and other residents and family members are invited to do likewise. Prayers are sung, the service takes 30 minutes and it never gets morbid, rather residents articulate their sense of loss, which is a comfort to the family as well as to themselves.

LOSS

The various stages outlined by Kubler-Ross are applicable to any situation involving a loss of some kind. A friend who had pastored a large church in Randburg for some fifteen years was then transferred to a smaller church pending retirement. He confided that, one day, while reviewing his notes on loss prior to counselling a lady who had lost her husband, he realised that he was in a similar situation, having experienced a loss of what had been a large part of his life - the Randburg church. He found that he was going through the same stages as mentioned by Kubler-Ross.

Burnside, in her article on loss (Weber, Ed., 1981:163), describes it as a constant theme in group work with the aged, as she personally experienced it over an 18 month term in a nursing home. She says that there were many variations, but loss was a central theme. By far the most painful loss and the most difficult to accept was the loss of a loved spouse, while there were other significant losses, physical, e.g. eyesight, which she describes as an especially difficult loss, and economic security, which often created a lively discussion.

Meyer (Ed., 1975:2) says that the aging person who must cope with the loss of a spouse or friends or home or possessions has to be helped to move through the anticipated steps of mourning and separation to ready himself to move on and to live with at least some, if not an improved sense of ego integrity for having mastered a necessary transition.

Similarly, in the Port Alfred context it can be expected that many of the elderly are at various stages of loss, either losses that they are still working through from loved ones they have lost, or are busy losing due to terminal illnesses, or their financial insecurity. They could also be working through the loss of the more familiar surroundings that they have moved from or even animals or pets that they have had to leave behind. The initiation of a in-house funeral service as outlined by May (1991) for institutionalised patients could be a therapeutic exercise to be initiated by a social worker.

COMMUNITY WORK

The term community needs to be clearly defined, and Chekki (1979:5) offers a few ideas, firstly referring to Toennies who linked the term *Gemeinschaft* with the small town or village of a traditional society. Secondly, he proposes an option which emphasizes geographical demarcation almost exclusively, or alternatively de-emphasizes geographical demarcation e.g. community of interest. Finally, he refers to Parsons, Warren and Sanders among others, who view the community as a social system composed of people living in some spatial relationship to one another, sharing common facilities and services, developing common psychological identification with the locality symbol, and together framing a common communication network.

Chekki (1979:9) says that the main theme of community development is to develop the competence of a community so that it may confront its own problems. He says that a recurrent theme is the inevitable consequences of an absence of power and self-determination; as, to be powerless and impotent in the shaping of one's society, community and self would lead to apathy, frustration, pessimism and violence. The primary direction, therefore of community development, is to initiate, give direction to and sustain community action.

Fred Milson (1974) outlines three types of community workers, those who work directly with local people, those who do agency and inter-agency co-ordination, and those who do the work of planners, making provisions for sections of the population through analysis and forecasting. The social worker envisaged for Port Alfred would need to be versed in all three of these functions, as there would be involvement at grass roots level, offering case-work and group-work as needed, and coordinating the existing agencies. There would also need to be focus on the future needs of the population, with the particular focus on the changing political atmosphere and unification of services.

Armand Lauffer (1978: xi) refers to "social planning", saying that social planners are a special breed of professionals in the human services - as problem solvers, they deal with those institutional imbalances that combine to distribute resources and opportunities inequitably. Advocating on behalf of those with special needs, they employ new methods to influence the direction of social change. At the local level, they work to modify and expand existing human services, to design new ones and to establish coordinating mechanisms to assure equitable distribution of those services.

Lauffer (1978:1) discusses the fact that, with rapid societal and technological change, the old family/friends support groups can no longer meet the increased demands on them, and welfare services or institutions come into being in an attempt to meet these needs. The development of welfare services is a societal response to the consequence of unplanned change. But it is often an unplanned, ad hoc response, therefore social planning is an attempted corrective to this unplanned aggregate of services and institutions that are frequently insufficient, inefficient, ineffective, or unresponsive. Planning is a method of intervention - a rather systematic method of matching means to goals, of calculating actions to achieve objectives.

Lauffer (1978:1) says that planning may be attempted at both the societal and the local levels. In societal level planning, the goals of the state must be defined and ranked, the costs and benefits of partial and full accomplishment assessed, feasible strategies established, and programs instituted. At the local or community level, planning serves as a substitute for or supplement to societal planning. It frequently fails when it attempts solutions to problems that are actually national or societal in scope.

In the California Project Report (Spear 1967:2) the goal was to attain a new level of services within the welfare department with the following objectives:

- To demonstrate appropriate and adequate service programs so that the experiences could be applied and utilized in operational programs by other county welfare programs.
- To demonstrate that improved and expanded rehabilitative and protective services for the aging would develop and improve with in-service training of public assistance staff.
- To show that the social, emotional, and physical needs of the aging would be more adequately met as public assistance staff improved their skill in meeting the needs of older persons, in utilizing and coordinating existing public and voluntary resources, and in helping to develop new resources as needed.
- To illustrate through this project and its achievements, that community understanding and support of public welfare services for the aging would be enhanced as the interest of key persons and groups throughout the United States were enlisted.

The previous paragraph by Lauffer seems to outline the type of scenario in existence in Port Alfred, justifying the need for a social worker who would need to address the planning issues at the local level, ever mindful of the societal impact of the changing political climate, while the objectives outlined in the California Project report could be directly applied.

SOCIAL WORK WITH THE AGED

Meyer (Ed., 1975:2) states that, in general, most practitioners resist professional work with the aging. This resistance she sees as being related to society's stereotyped notions that the aging are at the end of the line, there is too little time left to accomplish anything in treatment, any success will be short-lived, death is the inevitable end of the case. (This view she says reveals a medical disease model of practice, with its implicit suggestion of a successful ending or "cure" as a consequence of treatment).

Hancock (1987: 161) confirms that in the time that has passed since the Meyer (1975) book, little has changed. She reports in her chapter on nursing homes, that employment in a nursing home is avoided by some health care workers, including social workers, due to the image of it being a place for the old, ill men and women to go to die, fear of working with a population of those closer to death, and the aura of hopelessness that is associated with nursing homes.

Nancy Kropf and Elizabeth Hutchison (Schneider, Kropf, Ed. 1992: 3), however, state that social workers are serving more and more elderly clients. As the elderly are a diverse population, they present a wide range of practice needs and social issues. They have a wealth of experience and varying lifestyle patterns and therefore differ significantly from one another, far more so than their younger cohorts. Kropf and Hutchison identify three levels of intervention: Primary, secondary and tertiary

Primary intervention refers to the older people who still lead active and enriching lives. Practice with clients in this group is geared towards preventing problems from occurring through different activities which promote the health and wellness of the elderly. Health promotion campaigns Kropf and Hutchison (1992) identify as having two forms. The first type attempts to keep people well by increasing their existing good health habits. The second type is geared toward specific protection for a particular group - for example, heavy smokers fall into high risk groups for cancer and heart disease.

Secondary intervention according to Kropf and Hutchison (1992) begins at the onset of a problem. The major effort here is to resolve the problems to the greatest extent possible to prevent a more serious problem developing.

Kropf and Hutchison (1992:5) state that during the aging process, the person often experiences losses without adequate chance for substitution. Multiple and cumulative losses can lead to depression, the most common mental health problem of the elderly. Untreated depression can lead to numerous life-threatening problems, such as malnutrition, alcohol abuse, or suicide attempts. Death of a spouse is an experience many older people face, especially women while loneliness and isolation affect the elderly as social opportunities and resources decrease.

The tertiary level of practice is geared toward the impaired or infirm elderly, including both disability limitations and rehabilitation activities. The aim at this level of intervention is to help the clients regain as much functioning as possible and involves both the older individuals and their caregivers. It is rendered both in the community and in the institutions where some of the functionally impaired may be found.

If the functional impairment is severe, tertiary intervention is required. "For example, dementia is a type of organic brain syndrome, the most common type being Altzeimer's disease. While only about 5 percent of the older population develops a dementia, the effect on the older persons and their families is tremendous. Accompanying symptoms include memory loss, disorientation, speech difficulties and the inability to perform activities of daily living. Support groups are effective methods of helping caregivers deal with the consequences of this illness." (Kropf and Hutchison 1992:6)

Kropf and Hutchison go on to outline five different interventive roles as proposed by Compton and Galaway (1989): broker, enabler, teacher, mediator and advocate.

Broker: a practitioner assesses both client needs and environmental resources and has the aim of linking clients to existing resources that can best meet their needs.

Enabler: a practitioner helps clients to help themselves by assisting the client to find internal strengths and coping mechanisms to meet service goals.

Advocate: the practitioner initiates action on behalf of the client, becoming partisan spokesperson for the individual, group, or community.

Teacher: the practitioner helps clients to develop and build additional skills and other resources.

Mediator: the practitioner attempts to resolve conflict between the client and another system while remaining a neutral party, helping to clarify issues and find common ground.

Kropf and Hutchison (1992) outline various barriers to services for the elderly. They outline that the older people are underrepresented in receiving services, and propose that the three main reasons arise from the clients, practitioners and the service delivery system.

Clients: The current cohort of elderly were raised at a time when receiving social or mental health services was stigmatizing. they are therefore distrustful of any bureaucratic system and attach a negative stigma to receiving services.

Practitioner: Social workers are members of an ageist society, often unaware of the subtle ways in which society discriminates and stereotypes older persons. A major problem in social work training is the lack of training in gerontology.

Service delivery system: A major barrier is the fragmentation of the system, people do not receive services as they are unaware what is available or have limited access to what is needed. Referral programs and formal agencies are an effective strategy to link older people to needed resources. The family physician is frequently unaware of community agencies and their services. The other barrier is method of payment for the services - different medical aid systems cover the services provided differently.

Tobin in his article "Social and Health Services" (Davenport, Ed.: 1975:18) refers to three current trends, translated into structural forms. First, a community-based, local or neighbourhood organisation that is being developed to deliver and to integrate a wide range of social, health and other services in order to prevent premature institutionalisation. Second is the smaller long-term care institution for those aged persons who must have custodial care, institutions that will be an inextricable part of community based service organisation. Third is the terminal care center or the hospice, for persons who are in the terminal phase of life, centers that will be visible and important components of hospitals.

Tobin refers to a non-system, where the components for a system are already in evidence, but not effectively linked to one another or organised so that they are readily available, either simultaneously or sequentially, which will only be achieved if sufficient funds are allocated for that purpose. He refers to home delivered services - outreach, information and referral, telephone

reassurance, friendly visiting, work at home, senior wheels to shopping, doctor, dentist or social functions, escort services, homemaker services, meals on wheels, home health care, foster home care (complete social and health care for the bedridden person at home).

Tobin also refers to congregate delivered services, which he breaks into two sections, the first being congregate organised, including adult education, recreational senior center, nutrition site, day care (day and night hospital). Secondly, congregate residence encompassing senior housing, with recreation and social services, sheltered care, half-way houses, mental hospital, institutional care, intermediate nursing care, skilled nursing care, short-term crisis care, vacation plan and terminal care.

Brubaker (1987:193) feels that the future of service provision to the elderly will be largely influenced by policies and funding directed toward human services. As cutbacks continue to occur, elderly clients continue to require social services and private resources may be tapped to provide for these needs. Resources lacking some sort of centralised coordination can lead to services that are more fragmented, however, as gaps in services widen, some individuals who could marginally function with the aid of human service providers will not be able to live independently once available services have been depleted or become inaccessible.

LONG-TERM CARE RESOURCES IN THE COMMUNITY

According to Elaine Brody (1977: 14) the phrase long-term care in the past referred primarily to care in institutions of various types, while it is now perceived as applying to in a broader sense to encompass various types of care and services provided on a long-term basis.

Pelham and Clark (1986 :5) feel that community based long-term care is a societal attempt to rally and focus technology, expertise and resources to maintain the life, health, and independence of a needy elder whose natural systems have become worn or failed - the notion of community-based long-term care is an attempt to duplicate the nature of the caring family - or more specifically, the caring daughter or wife, creating an institutional surrogate family.

Stanley Brody (1977: 59) feels that the long-term care system should include a spectrum of medical and health-social services in a variety of settings, available in a multiplicity of arrangements, both in institutions and in the community. He states that long-term care is a dynamic, changing process reflecting the trajectory of chronic illness. He lists, inter alia, some of the required resources as being:

Homemaker services - i.e. services that are geared to physical maintenance, such as provision of food and cleanliness of surroundings, as differentiated from personal maintenance.
Home delivered and congregate meals - Meals on Wheels he lists as a good example, and congregate meals as are available in a variety of settings, including senior citizens centres, schools, and institutions.
Chore services - repair of their own homes.
Home health aides - those services which provide for individual cleanliness and grooming, including help in bathing, dressing, and getting about at home. They are usually employed and supervised by a home-health agency.
Supportive medical services - nursing, physical, occupational, or speech therapy aspects of home-health care. Usually offered by hospitals, public health departments, visiting nurse agencies and neighbourhood health centers.
Personal planning - couselling services with the client and his family are offered by social workers to help mobilise community and personal resources to help support the client in the community. Usually provided by family agencies, public and voluntary, community mental health care centres, and home-health care and vocational rehabilitative agencies.
Linkages - information and referral - through private or community senior citizens centres or government agencies
Transportation - many elderly are handicapped because of the lack of public transportation or their inability to utilise the service where available.
Outreach programs - the immobility and isolation of the aged is particularly responsive to outreach services.
Telephone alert - daily or weekly calling to the homebound elderly by police departments, senior citizen centers, family service agencies or voluntary, often religious organisations.
Friendly visiting - as with the telephone calls, regular scheduled visits.

Stanley Brody (1977; 82) sees the social workers role in long-term care facilities as requiring knowledge of community resources. Society and its changing value structure is evidenced by continuously developing programs - to effectuate their role, the social workers need to constantly replenish their store of information about these dynamic resources, to know those that may be available at any one point in time.

Browdie and Turwoski (Pelham & Clark, Ed., 1986 : 31), outline a few of the problems in the long-term care system, particularly providing services to the elderly in their own homes. They say that long-term care suffers from a lack of clarity concerning the roles of the many organisations,

practitioners, and levels of government involved. A worker faces the prospect of contending with client needs, agency policies, referral and intake protocols, turf rivalries, and service gaps without any precise tools to engineer a workable plan. There are logistical problems, as clients are not located in one specific place. Care managers cannot be on site to witness service provision, and meetings with staff members are costly and time consuming, as is coordination to meet with family members.

Other problems Browdie and Turwoski (Pelham & Clark, Ed., 1986 : 31) outline are concerning the reliability of informal caregivers, and gaining information from families (and the clients themselves). Other problems are the clients fears of someone coming into their homes, and the workers fear of going into a high crime area. The last two problems that they mention are the environment, where hostility could come from a family member, or the client themselves could be the problem - unreasonable, verbally or physically abusing, hard to get along with, and for this reason are socially isolated from the family.

HOSPITALISATION

Becky Peters (Pelham & Clark, Ed., 1986 : 76) lists ten commandments for case management during hospitalisation gained from two community based long-term care agencies in Santa Cruz County, California:

1. Thou shalt not stop case management during hospitalisation - do not stand fearful of entering into the fearful hospital system.
2. Thou shalt communicate with the hospital discharge planner - establishing a relationship is crucial.
3. Thou shalt provide support for the hospitalised patient - daily visits are crucial, as the clients are especially vulnerable.
4. Thou shalt maintain the client's home during the hospitalisation - as clients often worry about matters at home.
5. Thou shalt monitor the client's hospital care - making sure that important health or social information is not lost in the admission.
6. Thou shalt recommend the appropriate level of care - utilising professional expertise in its appropriate setting.
7. Thou shalt maximise the benefits of hospitalisation - ensuring that clients receive necessary medical checkups that they might have missed due to transportation, fear of treatment or other problems.

8. Thou shalt encourage early discharge - as it is cost effective and reduces chances of hospital-acquired complications.
9. Thou shalt begin making discharge plans early - from as early as the day of admission, planning live-in assistance, home-delivered meals, nurse visits, emergency alert system.
10. Thou shalt influence nursing home care or residential care home placement - if returning home is no longer an option, insure that they are referred to the appropriate institution.

INSTITUTIONALISATION

According to May et al (1991: 71) institutions are perceived as "cold", and families are unfailingly "warm". "Putting" an aged relative into a nursing home is regarded as spurning and summons images of a family unit that is, at the root, insufficiently familial. Looking after an elderly parent at home is perceived by our culture as selfless, even heroic, while institutionalisation is disparaged as selfish and blameworthy.

The reality of the matter is that many elderly people actively participate in the decision to enter a nursing home, and many families continue to care for an impaired person under conditions of such severe strain that there is deprivation and suffering for the entire family unit. May et al propose in the light of this, that a primary team concept, with its emphasis on family interaction and involvement in life cycle decisions, is one way to address the problem, while other approaches are family seminars which focus on inter family dynamics and the psycho social issues relating to institutionalisation and family days, encouraging interaction between staff and families, attempting to define what constitutes quality care for their infirm elderly relatives.

Stahlman (Schneider, Kropf 1992: 237) states that the elderly are the fastest growing age group in society, which will necessitate the expansion and creation of programs to meet the biophysical needs of the elderly. The changing demographics, he feels, will provide many challenges for the social workers, as they must be appropriately trained to meet the psycho social needs of the elderly - including skills for ethical decision making, and the ability to advocate for and on behalf of clients. Stahlman is cautiously optimistic about the future outlook for social workers in nursing homes. He expects that additional knowledge, technologies, and instruments will be developed that more effectively meet the psycho social needs of nursing home residents, so social workers will be called upon to meet these challenges on behalf of the elderly population.

Johnson et al (Weber 1981 : 158) outline the role of the social worker in the long-term care facility (mostly part time position but full time in the larger institutions who can afford them). They stress

that the social worker needs to be constantly aware that the home is operating on a budget and that progress will be slow at first. They will find opportunities to work creatively in many different areas. The basic element that social workers can bring to the home is a knowledge of the psycho social components of care. The role has many facets: it can include working with the patients, their families, administration, staff, and the community. With the many skills that the social worker brings to the home, a plan must be developed to address the most pressing needs. This plan will vary from home to home, in some cases it will focus on the patients, in other cases it will focus on the activities within the home - depending on the most pressing needs and the individual skills of the social workers involved.

Gordon (1988: vii) has a somewhat more positive view on institutions when he states that retirement facilities were once considered a last resort for the old, but are now being designed as resorts for active seniors, with a full panoply of services, amenities, and care available when needed, or as a mere convenience. He feels that this is due to the burgeoning growth of the elderly population, with an increasing preeminence as a bastion of wealth and influence has helped to draw newcomers to the field of retirement facility development. Gordon feels that many entrepreneurs and major corporate concerns have recently entered the field traditionally dominated by church and fraternal groups. He is so convinced of this trend, that his whole book is devoted toward business, legal and tax guidelines toward the establishment of a retirement facility.

Dobelstein (1985: 6) would agree that the conception that the aged are a poor, helpless burden, by quoting the Final Report: The 1981 White House Conference on Aging

"There appears to be a misconception among some that the aged in America are: victims of poverty; abandoned by their families...; living in deteriorated housing; victims of inflation; prisoners in their homes and neighbourhoods; isolated from family, friends, and society; forced into premature retirement....Indeed, emphasis on the problems of the elderly has obscured the single most extraordinary fact about the great majority of the elderly American: They are the wealthiest, best-fed, best-housed, healthiest, most self-reliant older population in our history."

Dobelstein (1985: 11) goes on to make an interesting comment that the heavy emphasis on independence is derived from ideological preferences deeply rooted in this generation - most older people object to accepting government aid, and many even dislike accepting social security cheques, even though the right to the cheque was established by their contributions as workers. He feels that helping older people requires an understanding of the delicate relationship between personal economic security and personal independence - when income falls, older people quickly

lose a sense of personal security - thus, efforts to assist older people to maintain their financial stability are basic to all other efforts to assist them.

OLDER WOMEN

Becker and Schneider (Schneider, Kropf 1992 :323) refer to the fact that, although (in America) legislation has been enacted to foster equal treatment of women in all areas of society, the need for attention to women's issues continues. Women, in general, and older women in particular, comprise a numerical majority in America, and are oppressed and in other ways treated as a minority group. They are discriminated against in many areas, including the economic, education, health, and criminal justice systems.

Becker and Schneider state that 60 percent of those sixty-five years of age and older are women, 66 percent over the age of seventy-five are women. The ratio of women to men increases over the life span, large numbers of women outlive their husbands, often by as much as two decades, a significant number outlive their eldest son. The problems associated with aging, greater risk of chronic illness, reduced economic resources, increased poverty, increased care giving, surviving one's closest friends and relatives, increased risk of death and institutionalisation are predominantly the problems of women (their figures were gained from the 1984 census).

Despite this rapidly rising number of older women, research and social policy, according to Becker and Schneider, usually overlook this important group of the elderly. They go on to outline (Pg. 325) the demographic profile of women as:

- Elderly women outnumber elderly men three to two. At age eighty-five and older there are forty men to every one-hundred women. At age sixty-five, women have an average of eighteen years remaining.
- In 1986, older men were nearly twice as likely (77 %) to be married as older women (40%). Among those who married after sixty-five there were nine bridegrooms to every bride. Older men are several times more likely to remarry than women.
- Widowhood is the marital status of the majority of older women and is also long-lasting.
- Half (50%) of all older women in 1986 were widows.
- Most women over seventy-five are widowed, while most men over seventy five are married.
- The majority (67%) of older non-institutionalised persons lived in a family setting in 1986. About 83% of older men and 57% of older women lived in families. The proportion living in a family setting decreased with age.

- About 30% of all non-institutionalised older persons in 1986 lived alone. Almost half the women seventy-five years and older lived alone compared with 21% of men. Eighty percent of the elderly who lived alone were women.
- Women outnumber the men in the older population not only generally, but particularly in institutions where it is at a two to one ratio.
- About half (54%) of the workers over sixty-five in 1986, 49% of men and 61% of women, were employed part-time.
- The educational level of the older population steadily increased between 1970 and 1986. Their median level of education increased from 8.7 years to 11.8 years and the percentage who had completed high school rose from 28% to 49%. About 10% in 1986 had four or more years of college.
- In 1984, 33% of older women had difficulty in one or other home management activities such as managing money, shopping, preparing meals, or doing housework.
- Seventy-five percent of the households headed by older persons in 1986 were owners and 25% were renters. Older male householders were more likely to be owners (83%) than were females (65%).
- Among women seventy-five and older, three out of four paid more than 35% of their cash income on housing.

Becker and Schneider feel that this profile illustrates many of the particular problems and circumstances facing elderly women. They feel that elderly women are primarily the ones who experience loneliness, isolation, widowhood, part-time employment, few opportunities to remarry, and life in long term care institutions. They feel that service providers such as social workers must be aware of these data and intervene in ways that take into account the needs of this increasingly large group of elderly individuals.

ADULT DAY CARE CENTRES

Weissert et al (1990:3) feel that adult day care is one of a number of rapidly growing long-term care options that have become available as health care expanded to encompass a variety of home- and community-based settings and services. Adult day care they describe as representing an entirely different setting for care, apart from the home outpatient clinic, or institution. In their investigation, Weissert et al found there to be two broad categories of day care centres: health orientated and service orientated. A large majority of day care centers were found to be housed in multipurpose facilities, such as nursing homes, senior centres, and churches. They had a variety of equipment, from arts and crafts to audiovisual to sewing machines to exercise equipment.

In their survey of these adult day care centres, Weissert et al found that the participants tended to be 85 years and older, women were more frequent users of the centres, married persons were less likely to use the centres, higher levels of participant functional dependency individuals tended to use the centres (i.e. most needed assistance in eating, toileting). Those with less mobility and a history of mental illness were also more inclined to use the centre.

According to Goldston (1989:1) adult day care, in the form of day hospitalisation, began in Europe and the Soviet Union as early as the 1920's. Programs for day hospitalisation, or "day care" designed for geriatric patients, she says is a more recent development. The first developments in the United States she tracks back to the 1960's, when Dr. Lionel Cosin of Great Britain introduced adult day care as part of his work with Cherry hospital in Goldsboro, North Carolina. It continued to expand rapidly from a dozen centres in 1969 to more than a 1,000 by 1984. This growth was in a realisation that the present system of long term care - mainly institutionalisation of the frail elderly - is now inadequate, and will be in the future inadequate and in fact inappropriate for many, and at great cost to the countries.

Goldston feels that adult day care is a new service concept that is undergoing a developmental period, with continuous efforts to refine and clarify what it is meant to be and who it is meant to serve. She feels that the fact that the service began as a grass roots effort (than a governmental program) is both its strength and its weakness. Lack of definition and imposed limits has prolonged the development and classification process, but on the other hand, providers have been able to be flexible and creative in their service approach. She also feels that the wide variation in auspices, location, funding sources, and treatment emphases has sometimes created schisms among providers, however, the common and unifying theme in adult day care supervision has been that of offering whatever services are needed and using whatever resources are available to help recipients increase or maintain their independence and improve their quality of life.

THE HOSPICE MOVEMENT

Berdes (1978:15) says that one of the most innovative methods that communities around the world are using to address the problems of the dying is the establishment of palliative care units in the hospitals or in independent hospices. She describes 3 categories of individuals who might benefit from ending their lives in hospices.

First, there are those who would otherwise be alone, lonely and progressively less able to care for themselves. Secondly, there are those who are living with their families who are unable or unwilling to care for them. Admission is based upon the family's caring resources. Finally, there are those patients admitted from hospitals, who are considered "bed-blockers", frustrating hospital staff because there is no longer any purpose in their curative efforts.

Berdes explains that the term "hospice" is derived from the name for the pilgrim way-stations in the Holy Land. The first modern hospice was opened in Dublin in 1815 by the Irish Sisters of Charity. Three more were opened in London around the turn of the century (one by the Catholic, one by the Methodist and one Anglican churches). The movement only began to grow rapidly in the 1950's when the Marie Curie Foundation surveyed local health needs and established its hospice in London. Soon afterwards, hospices began to be partially supported by the British National Health Service and in recent years there has been a further growth of the hospice movement in Great Britain and abroad, due in part to emulation of these early pioneers and in part to a grassroots recognition of the need for such services.

All staff are encouraged to listen, and share their understanding of the patient with other staff. Equally free and open communication is encouraged. There is a flexible admissions policy, allowing patients to shift back and forth from hospice to home as their strength allows. There is a round the clock visiting and telephone service.

Finally, hospices are small, integrated communities, far from the sterile places that hospitals are, pets and children are welcome, many rooms open out to gardens, decor is more decorative than functional. Daycare is often provided on site to lighten the atmosphere and help reduce staff turnover.

A welcoming and supportive atmosphere is enabled and religious belief and psychotherapy is available to help the dying to come to terms with their approaching deaths. All these constructive actions come together at the moment of death to produce a wholly unfrightening experience. In the aftermath, the hospice may provide counselling for family members for a period of months.

CHAPTER 4.

PORT ALFRED

PORT ALFRED

Port Alfred is a small coastal town on the east coast of South Africa, midway between East London and Port Elizabeth. It was one of the original settler towns and were it not for certain incidents regarding the construction of its natural harbour on the river, it could today have been a bustling harbour city, much as Port Elizabeth has developed into. The interest waned in developing Port Alfred further when it was found that her harbour could not be safely entered, due to miscalculations that were made when the pier was being constructed, and the natural path of the river altered. It was also difficult to transport goods inland due to the mountainous terrain, a further obstacle.

HISTORICAL BACKGROUND

According to Connolly's Guide to Southern Africa (1982:105), the name Port Kowie dates from 1821, which was the year in which the schooner Elizabeth crossed the bar and entered the river. The place was renamed Port Frances in 1825 after Frances Somerset, the wife of the frontier commandant, Colonel Somerset (son of the governor). This was again renamed in 1860 to Port Alfred, in honour of the visit to the town of Prince Alfred, second son of Queen Victoria.

The origin of the name "Kowie" is unclear. E. T. Du Plessis (1973) outlines four possible answers:

- From Dr. Cowie - District Surgeon of the Albany district who undertook a trip to Delagoa Bay in 1828 with his friend, Benjamin Green, and died there of fever. This is disregarded - as reference to the Kowie River can be found as far back as 1752.
- From the Xhosa word "E Cawi" or "Cawa" meaning Sunday - supposedly when they saw Dutch Afrikaners around 1793 busy with a "Nagmaal" meeting.
- From the Xhosa word "Qohi" meaning pipe as on the sides of the river grows the trees from which the "Bantoes" make pipes.
- From the interpretation of the Whites of the "Bantoe" name "I Qoyi" which is itself an interpretation of the Hottentot word "Kuwi" meaning noisy, rushing. Du Plessis agrees with this last explanation as it also ties in with previous expeditions' references as far back as 1752 to the river "Thouhie" - a phonetically similar pronunciation.

According to Connolly's Guide to Southern Africa (1982:105), the harbour is the main reason why Port Alfred is as it is today. Early government attempts to establish a port failed, so in 1841, William Cock (an 1820 settler and wealthy printer from Cornwall) developed a private harbour by changing the course of the Kowie River where it entered the sea. He also built Cocks Castle -

which can still be seen, and founded his own company, the Kowie Navigation Company which exported wool and beef.

The government gave renewed assistance to the harbour development in 1857 and soon the port was flourishing. The Union and Castle Line mail ship called regularly and there was regular dredging of the bar. Despite this, no less than five tugs were in its employ and all five were wrecked in the harbour mouth, which had deviated from the plans and been constructed too narrow. Port Alfred went into decline as a port after 1881 when the privately owned railway to Grahamstown was completed and the traffic was coupled with Port Elizabeth. In the 1890's Port Alfred ceased to function as a fiscal port.

The railway line to Grahamstown was private, so the income had to be raised from various sources, and when it came to the actual survey of the route it was decided to cross the worst spot on the route, called the Blaauwkrants by a high level bridge. When constructed, 300 feet above the bottom of the gorge, it was described as the most graceful in the Colony. The railway was opened in 1884. The contractor George Paling, said that it was the strongest and lightest of its kind and that as long as it was properly maintained, it would fulfil its purpose. This same bridge was the scene of one of the worst railway disasters South Africa has known, as the line was bought by the Government in 1912 at 1/8th of its original cost, and soon after a few carriages carrying people were derailed whilst crossing the bridge and many plummeted to their death.

Port Alfred also boasts an aerodrome which in 1929 was used by the legendary Major Miller to carry out the take-off and landing tests for certification of the seven seater "Fokker Universal" imported by Union Airways, forerunner of South African Airways. The aerodrome has been described as one of the finest natural aerodromes in the country.

The Nico Malan Bridge was opened in 1972, becoming the third bridge on the Kowie River. This linked East London and Port Elizabeth by the coastal road, no longer necessitating travel through Grahamstown. Port Alfred has been described as having an 1820 settler atmosphere in a riverine setting with a favourable climate. There is little fog, smog or frost. The Kowie River is 72 km long and is navigable for small craft for 30 kilometres from its mouth.

The beaches are safe for bathing, the most popular being on either side of the river mouth where surfing is a popular sport. Golf is also popular, the Royal Port Alfred Golf Course (granted its regal status by the Duke of Windsor when he spent a brief holiday at the Kowie during his tour of

the Union as Prince of Wales), is laid out on the west bank with outstanding views of the coastline and ocean.

The river forms lagoons on its way to the mouth, popular and safe children's bathing spots - possibly formed when the river course was altered. The East Bank was apparently developed before the West Bank, although Cocks Castle was built on the West Bank in 1844. The countryside is comprised of grassland but in areas, especially nearer the coast, comprises dense bush and trees. In these settings holiday cottages are found, making them an added attraction besides being close to the sea.

The fishing is good both in the river and in the sea and is a popular past-time for residents and for holiday-makers. Many large catches have been recorded, perhaps the most notable being that of a Brindled Bass weighing 600 lb. which had to be shot with a rifle.

The weather in Port Alfred is described as never being too hot, neither too cold. The rainfall is usually 24 inches a year, the best in the winter months with March and October showing the highest average. Port Alfred has outgrown its water supply, as since the 1982/3 drought, Port Alfred finds itself in the critical condition of having very little water. In the past water was pumped from the Kowie River into the Mansfield Dam which supplied the reservoir for the water to be purified, from whence the town drew its supply. The annual influx of 1 500 holiday-makers over the Christmas season, comprises a further drain on its water supply. At present, water is being pumped from the dunes, and residents generally store rain water for drinking purposes. It is hoped to install a desalination of salt-water process at some stage.

There are three recent items which have direct bearing on the study, and will be covered separately, the marina, the hospital, and the nearby casino.

MARINA

In the past few years a marina was developed on the banks of what was the original course of the river. This has proved to be a hotly contested issue whenever it is discussed by the original residents. The debate revolves around whether Port Alfred should remain as undeveloped and unexploited as possible, or whether it should exploit its natural beauty to bring in more tourists and investors.

At meeting of the Port Alfred Ratepayers Association a few years ago, a King William's Town Member of Parliament, was appointed chairman and a revised constitution unanimously approved. In terms of the new constitution, marina property owners now have a majority on the executive committee responsible for the development - thus achieving their primary aim - control over the running of the marina.

The marina property valuations were also addressed as some sites were valued 4,4 times higher than equivalent sites on the Kowie River. According to a spokesman for the developers Pamcor, all valuations had been reduced by 25%, but they were still not satisfied, saying that the valuations were not in line with comparative properties on the Kowie River and that they would continue to appeal until a system of parity was reached.

The spokesman added that the second opinion sought to confirm the engineering soundness of the marina was still under investigation. Preliminary findings were that:

- the structural integrity of the canal walls was not compromised by overtopping;
- the sewerage system would perform its designed function; and
- the bulk of the damage caused by recent flooding was cosmetic and solutions were available to ensure it does not re-occur.

The report had three outstanding tasks:

- to establish the difference between predicted and actual tide levels for Port Elizabeth and East London in 1989;
- to establish the magnitude and likely frequency of the type of flood which occurred in November 1989; and
- to collect data to establish an accurate assessment of the mean tidal level in the marina .

This call for a second opinion regarding engineering soundness was due to complaints that during the high tides, the sewerage flowed backwards, blocking pipes and creating an unbearable stench.

Since marketing started on the proposed R700 million Marina Martinique further down the coast at Jeffreys Bay, the spokesman said that a further 20 plots had been sold at the Royal Alfred Marina. He believed the rival development had created a market awareness for Port Alfred. Most of the plots available at the Port Alfred marina have been sold and transfer has been taken on many of them.

To some, the general impression is that the marina has been a success, the town coffers are apparently full as a result of it and it has survived where other marinas have failed. There continues to be teething problems as an article in the Financial Mail on May 3, 1991 reported that the Halyards Hotel, on the site of the R80 million Port Alfred marina complex in the Eastern Cape, was placed in provisional liquidation the previous week. The application was brought against the company that owns the up-market 37-room hotel, Royal Alfred Marina Club Hotel, before the Rand Supreme Court by Standard Merchant Bank. The company is believed to have R8 million in debts.

The hotel, which includes 10 timeshare units that were not part of the liquidation, was reported as being at the centre of a row between marina residents and the developers, Port Alfred Marina & Small Craft Harbour Development, because it was built on a site intended for a community centre. The Royal Marina Club Hotel was then in the process of buying the hotel from the developer for more than R2 million.

HOSPITAL

One of the facilities apparently most lacking in Port Alfred due to the high number of aged residents, is the hospital. It was even reported in an article in the Sunday Times, on the 23rd of June, 1991, where it was noted that workmen were racing against the clock to complete the hospital by mid-July - which would be a white elephant, doomed to remain empty. The Port Alfred hospital was listed as a casualty of a financial crisis as the Cape administration earlier in the year had ordered a temporary shutdown of vital services throughout the province until a new budget was approved. The Port Alfred District Surgeon, Dr. John Dempers, who had led a 13-year campaign to get the 67-bed hospital for the fast-growing East Cape coastal resort, said that the town's fundraising committee would still be liable for 10 percent of the hospital's upkeep - even though no income would be generated.

Dr. Dempers said that the entire community had contributed - white and black together. The committee was non-racial and the money had come from everyone. More than R500 000 was collected locally over a 12-year period. Now residents are toying with the idea of a lottery - illegal in Port Alfred but allowed in Ciskei, a mere 30 km away - as a last resort to get it operational. The investment included a new operating theatre, maternity and casualty wards, kitchens and administrative sections.

The report also mentioned that workmen were paving parking areas and tarring roads in preparation for the handing-over ceremony on July 12. If the contractors were late, they would suffer tough financial penalties - even though no one would be using the facilities. In terms of a subsidy scheme, the Cape had undertaken responsibility for 95 percent of the building costs and 10 percent of the running costs. Dr. Dempers rejected the option of privatisation as this would restrict access to an elite 10 percent who could afford it. He said he had already received hundreds of job applications from nursing and administrative staff.

CASINO

Port Alfred is based 30 Km from the Fish River, the boundary to the Ciskei, one of the proclaimed independent homelands. The Fish River Sun Hotel built next to the river in the Ciskei, comprising an extensive casino. Although gambling and pornography is banned in South Africa, it is free to operate across the border in the "homelands". The Casino proved to be so successful that the cinema was removed after a few months, and the gambling area extended. The new extensions apparently cost a few hundred thousand, and was paid off out of the additional profits from the new machines within a few days.

The full impact of the casino is hard to assess. It no doubt attracted a fair number of retirees, the calibre of whom it is too soon to ascertain, but could also have had a further negative impact in encouraging the existing retirees to gamble what little financial resources that they had.

EXISTING SOCIAL SERVICES

Port Alfred has an estimated 4 500 White permanent population, of which 1 200 are over 60 years of age. There are 1 200 Coloureds and an estimated 17 000 Blacks. The figures are estimated as many homes are holiday homes and empty most of the year, and the Black population are widespread and the census figures therefore unreliable.

Port Alfred currently has 4 doctors and one dentist. There are no government social welfare services based locally but it has a number of voluntary welfare organisations offering services to the aged and social pensioners. There is the Benevolent Society which is especially active, notably in its Goodwill Club, which enables the aged to meet weekly over a cup of tea at a central location. There is the Red Cross Society, the S A Legion and a branch of the Lions. There are many churches, each serving particular functions to meet the needs of their congregation and those of the broader community where possible.

Damant Lodge, a home for the aged was opened on Thursday, 14 November 1974. It is able to accommodate 32 infirm aged, 28 bedridden extremely infirm aged (for whom full nursing facilities are available on a 24 hour basis), in 10 sub-economic flats and 36 endowment cottages.

There is more recently, the Red Cross Settlers Park Home which has 8 flats, 10 bed-sitters and can accommodate 230 aged in total. The Red Cross Settlers Park Service Centre, provides budget priced meals on a daily basis. There is also the Port Alfred Nursing Services, which provides nursing care to those requiring assistance in their homes. There is an association called Care Givers, which also seeks to meet the needs of the aged outside of institutions.

For its size, Port Alfred appears to have a large number of service organisations, which have been established to meet the existing needs of the large retired population, as these services are not provided through the formal channels. There would appear to be a definite need for these services to be formally provided, or at least have a professional present to coordinate and where possible improve and support the existing services.

CHAPTER 5.

1983 RESEARCH FINDINGS

1983 RESEARCH FINDINGS

INTRODUCTION

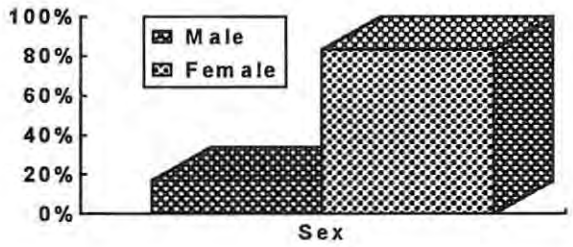
As no other similar research could be located, the research was of an exploratory / descriptive nature. It was originally undertaken as a pilot study, which would set the base for future similar research. The 1983 results are presented first using graphs with each graph followed by a brief discussion of the findings. The section is completed with a general discussion of the findings. The 1991 research follows, also using graphs with individual discussions of the findings. This is followed by a comparison of the 1983 and 1991 research findings using graphs and individual discussions. Finally there is the chapter containing the findings of the research as a whole and the conclusions that can be drawn from them. The number of the question from the questionnaires (which can be found in the appendices) is listed on the left hand side side of each graph, and each graph is centrally numbered for easy reference from the table of contents. The actual tables used, broken into the sections used for the manual tally of the questionnaires, are also available for detailed reference in the appendices.

GRAPH & ANALYSIS

1983 SURVEY

4. Sex

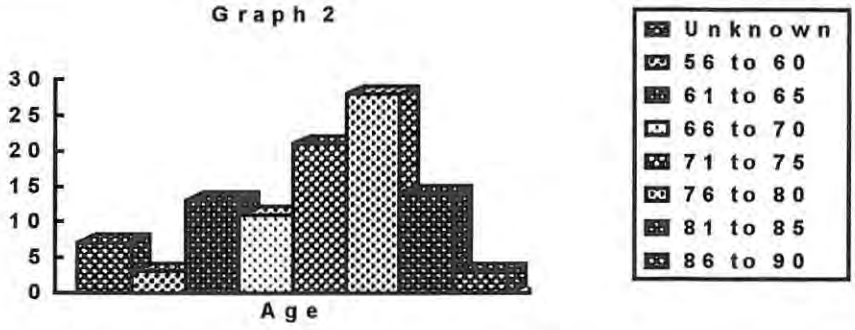
Graph 1



By far the majority of the respondents were female (83,1%) which would confirm what was outlined in the literature survey.

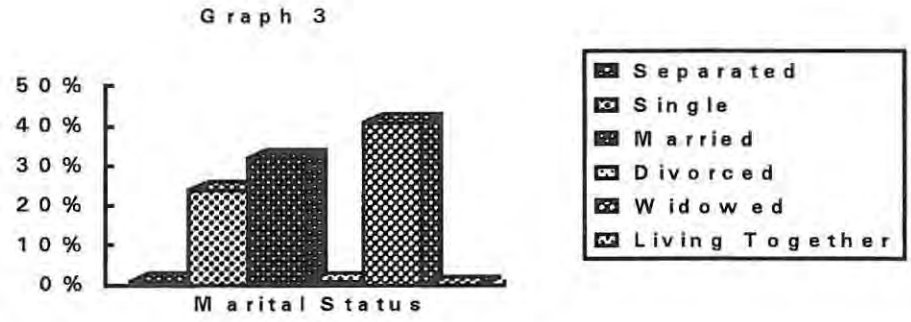
5. Age

Graph 2



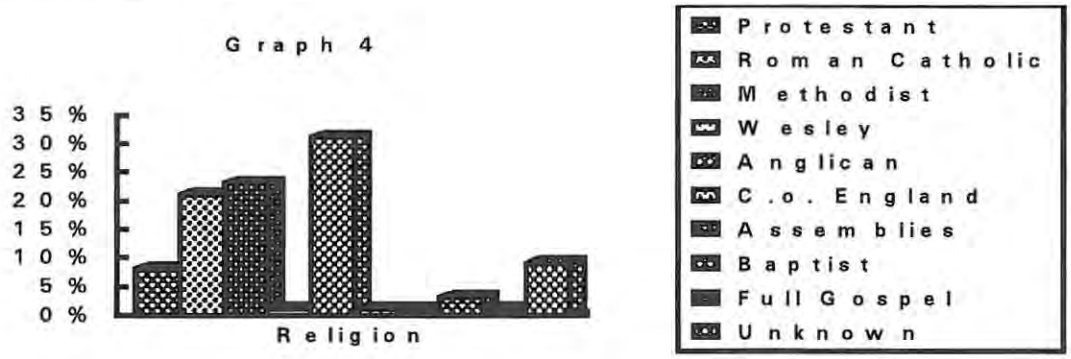
The age spread of the sample was from 60 to 90. The average age was 69,8%, while the median was 75%. the grouping is clearly shown on the graph, most of the ages being in the 70 to 80 year bracket.

6. Marital status



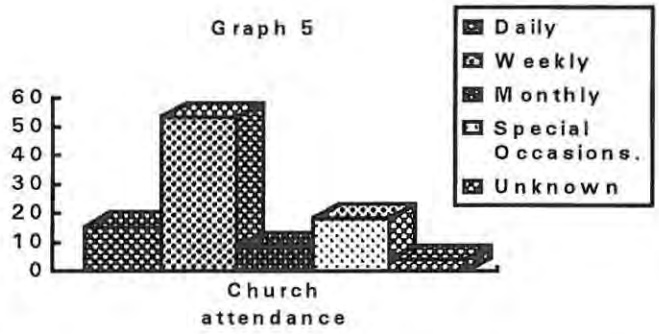
The marital status of the sample showed that most were widowed (40,85%) or married (32,39%), a figure which could have been higher were it not for a possible skewing of the graph due to the high number of nuns who were included, which is also reflected in the large single response (23,94%).

7. Religion



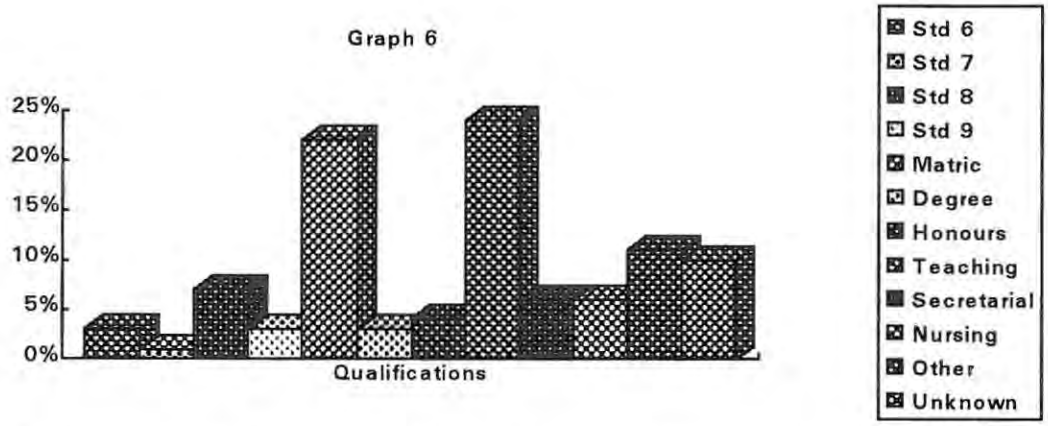
There was no dominant religion amongst the retired population although Anglicans were well represented (30,98%), followed by Methodists (22,53%), Roman Catholics (21,13%), and Protestants (8,45%).

8. Church attendance



Church attendance was particularly high as a weekly event (69,01%) with special occasions the next highest (18,31%). The fairly high daily attendance figure (15%)was a direct result of the inclusion of the nuns in the sample.

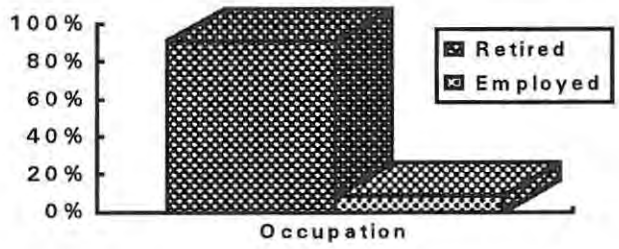
9. Highest qualification



The qualifications represented in the sample showed a large percentage with post-Matric (53,52%) with most having Matric (22,53%) while 14,09% had Standard 9 or below.

10. Present occupation

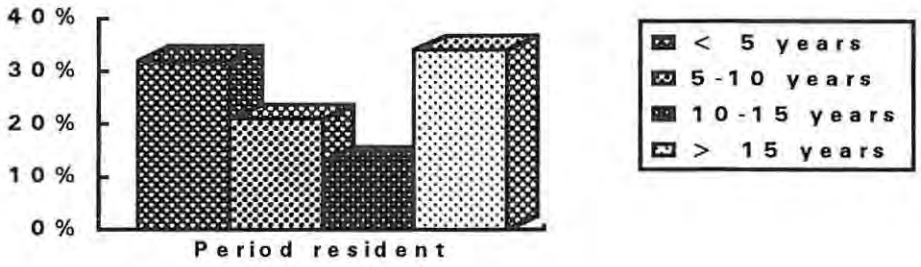
Graph 7



The sample was targeted directly at the retired. However, some of those interviewed had taken a formal position in order to supplement their grant or income. "Working" therefore had to be included as an option on the questionnaire, but was defined as formal, salaried positions. The 91,55% retired figure includes those who listed "housewife" under present occupation (who would find the term "retired" a debatable topic, as in most cases, their lifestyle had not altered, other than to accommodate for the increased presence of their spouse). The remaining 8,45% who held formal positions includes the nuns who only were only considered "retired" when there was no further contribution that they could make.

11. Period resident in Port Alfred

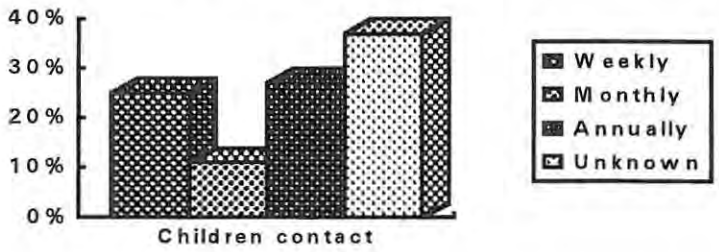
Graph 8



In terms of period resident in Port Alfred, there were two outstanding groups, which were at opposite ends of the scale. They were those who had been resident for less than 5 years (32,39%), and those resident 15 years or more (33,80%). Those resident 5 - 10 years were the next highest (21,13%), and the 10 - 15 bracket were last (12.7%).

12. Frequency of contact with children

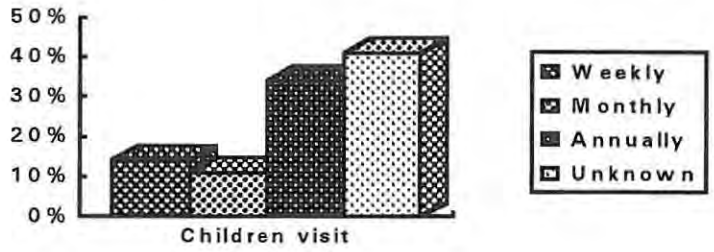
Graph 9



Contact with children was mainly on an annual basis (most likely when their children came to the coast for an inexpensive holiday), scoring 26.76%, while a similar number had weekly contact (25.35%), with the remaining (11,27%) having contact on a monthly basis.

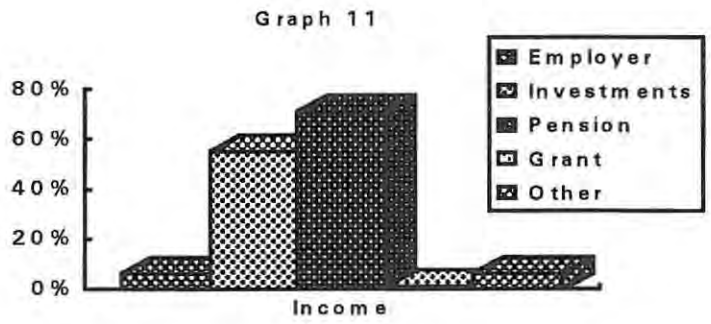
13. Frequency that the children visit

Graph 10



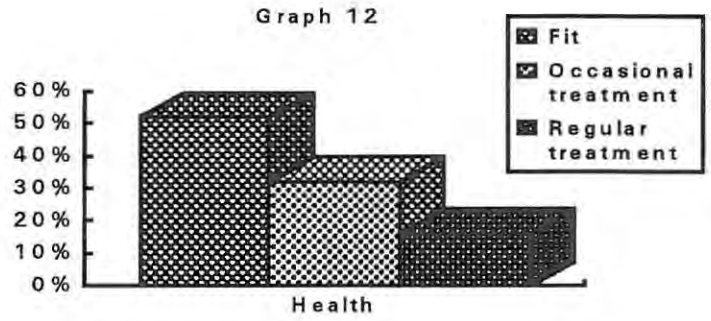
Most children visited on an annual basis (33,80%), taking the opportunity of spending their annual leave visiting the family and the coast, enabling relatively inexpensive holidays. There were low levels of weekly visits(14,08%), and even lower levels of monthly (11,27%) visits. The high percentage of unknown responses was due to the fact that allowances had not been made on the questionnaire for those without children, which in this case was perhaps higher due to the number of responses included from the (single) nuns.

14. Source of income



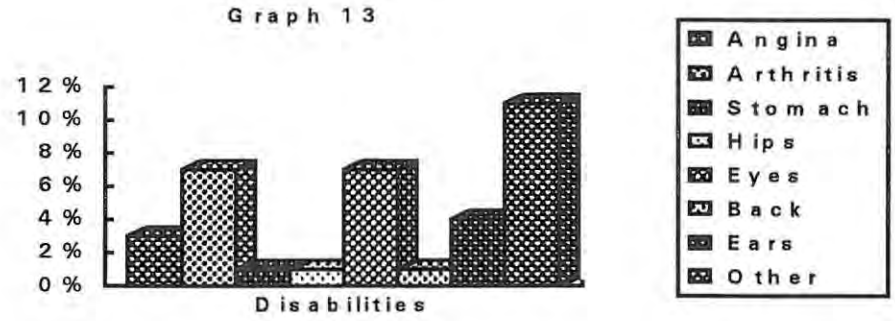
Income was derived mainly from pensions (70,42%), either state or private, (an option which was not separated on the questionnaire), while investments were the next highest source (54,93%). Those who listed alternate sources were a low 7,04% and those who received income from employment a lower 5,63%. This last was an intriguing figure, as 8,45% had stated they were employed, and therefore the income figure could be expected to read the same. No explanation is available other than to surmise that some received pay in kind and therefore did not see it as income to be noted as such.

15. Health



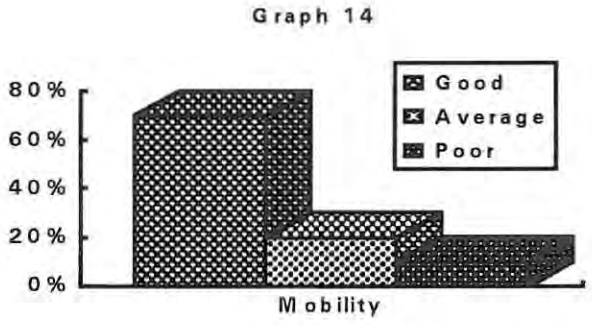
While the aged may exaggerate their health to indicate they are either sicker or healthier than apparent, there was a high percentage who indicated that they were fit (52,12%), those who stated that they received occasional treatment the next highest (32,39%) and those who stated that they received regular medical attention lowest (11%).

16. Disabilities



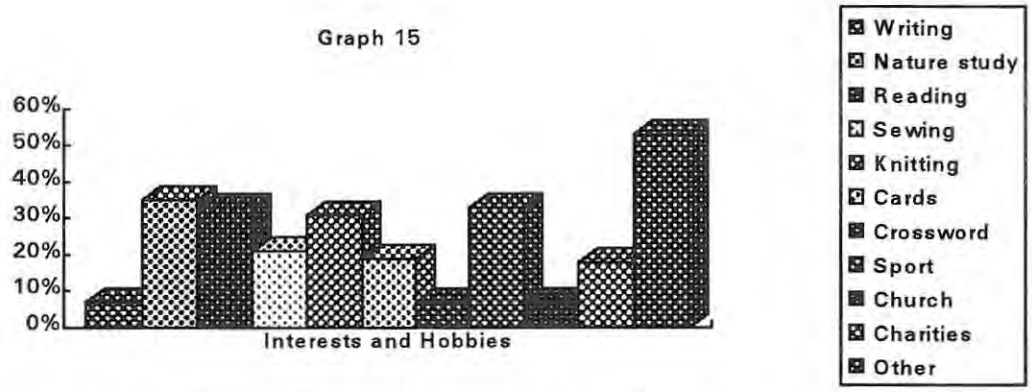
This was an open ended question and the disabilities that are listed above were not prompted. Arthritis and eyes were the most mentioned disabilities (7,04%), apparently common problems for the aged.

17. Mobility



The low disability response related well to their stated mobility, with 70,42% having good mobility, 19,72% having average mobility, and 9,86% stating poor mobility.

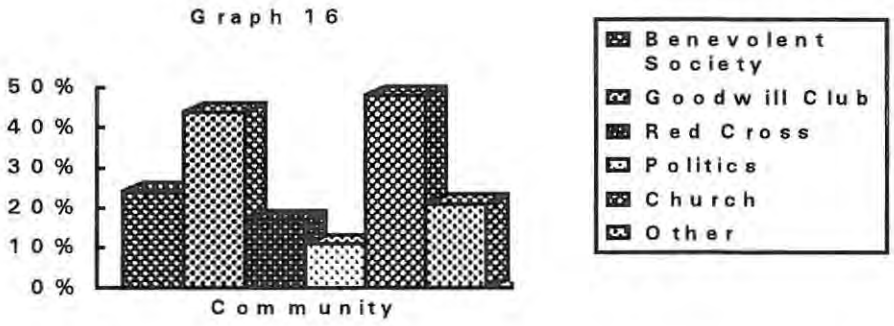
18. Interests and hobbies



The interests of the sample were fairly varied. Reading, gardening, knitting and sewing were the most popular. Sport as in bowls and golf were the most popular for the more active aged. Walking was also very popular with cards, notably Bridge particularly popular amongst the less active. There was a surprisingly high number (24%) who were still active in services to others, for example, church work, community services work including visits to the house-bound.

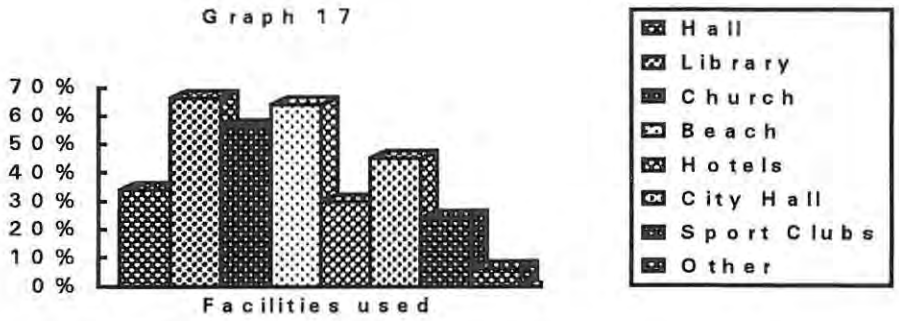
Notes: The "nature" response included gardening, flower arranging, and the "sewing" response includes handicrafts, "knitting" includes crochet, "cards" includes bridge, "crossword" includes scrabble, "sport" includes walking, "charities" includes community services.

19. Participation in community affairs



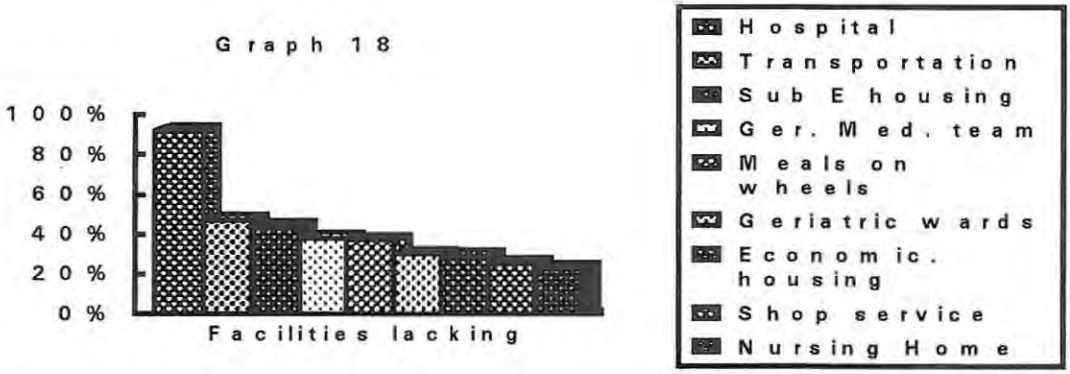
Church organisations received the highest score (47,89%) and the Goodwill Club (43,66%) the next highest. These appear to be important community activities for most (almost half) of the sample. Involvement in the Benevolent Society was also a popular pastime (23,96%).

20. Facilities used



The facilities used most, in order of popularity, were the Library (66,20%), the Beaches (61,97%), the Churches (56,34%), the City Hall (45,07%), other Halls (33,8%), the Hotels (29%), and finally, the sport complexes (23,94%).

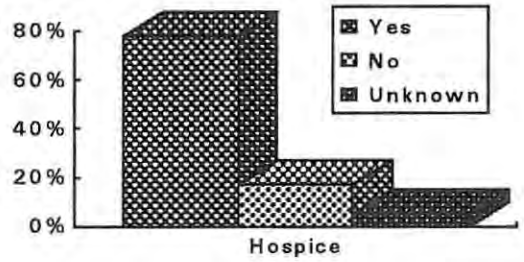
21. Facilities felt to be lacking



Under facilities felt to be lacking, the most important facility deemed to be lacking was the hospital as indicated by an over-whelming 91,55%. Second was a need for transportation services (46,48%), while sub-economic housing was listed a close third with 43,66%, and the geriatric medical team fourth with 38,03%. Others high on the list were Meals on Wheels (36,62%), additional geriatric wards (29,58%), economic housing (28,17%), a shopping service (25,35%), and a nursing home (22,54%) (bearing in mind that in 1983 the Red Cross Home was yet to be built). For brevity only the top nine were presented in the graph, the full list is available in the appendices.

22. Know what a hospice is

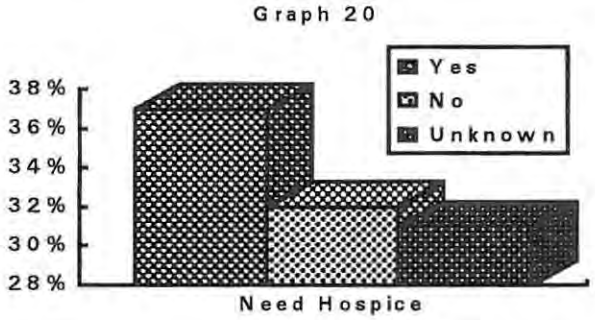
Graph 19



Most of the respondents knew what a hospice was (77,46%), while only a few (16,9%) did not, although the unknown response could no doubt be included in this figure making the total 22,5%, on the assumption that it was left blank as they did not positively know.

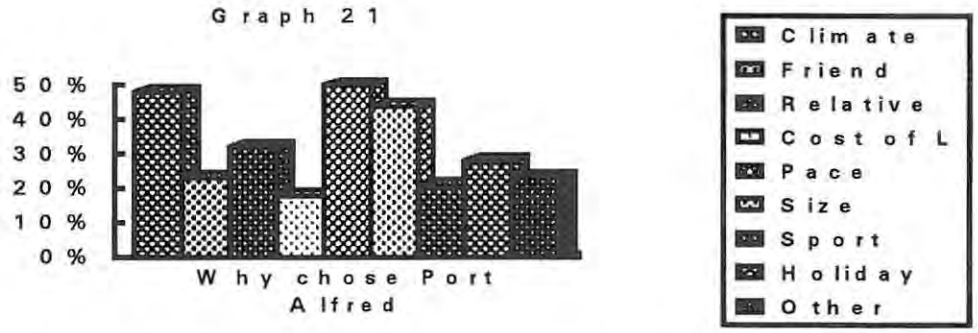
23. See the need for a hospice

Graph 20



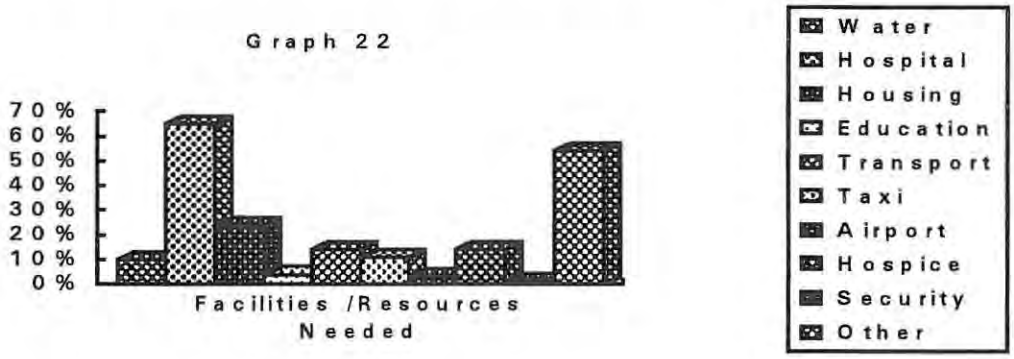
Of the sample, despite the high response to the knowledge of a hospice, only 36,62% felt it was necessary, and 32,39% felt it was unnecessary, while 30,99% left it unanswered - indicating they were either unsure what a hospice was or were possibly undecided as to whether one was necessary.

24. Why chose Port Alfred



The major reason for choosing Port Alfred was the pace of life (49,3%), the climate (47,89%) was a close second reason, followed by the size of Port Alfred being the third reason (43,66%).

25. Stated in order of importance the facilities/resources most needed



The facility deemed most important that was needed was once more the hospital (64,79%). Providing transport was noted as second most important (25,31%), third was sub-economic housing (23,94%), with Meals on Wheels, home health services, and home repair services gaining equal support (15%). Other suggestions were to improve the water supply, build another old age home, provide entertainment and build more geriatric wards.

DISCUSSION

The main contribution of the 1983 results was that they enabled an understanding of the local community and paved the way for the 1991 research. The results were especially significant when compared with the 1991 results, as between 1983 and 1991 the marina was built, the casino was established, and further effort completed toward the development of the hospital. The experience gained from the 1983 questionnaire assisted greatly in the drafting of the 1991 questionnaire, which was broadened in scope. The graphs showed the trends of the inhabitants of Port Alfred, with a small bias perhaps from the inclusion of nuns in the sample.

Inclusion of the nuns in the sample

Although it was not considered at the time, the inclusion of the nuns in the response perhaps biased part of the picture. The areas that the nuns did affect were in the high single response, the age categories, as the nuns were in the higher age brackets, the oldest respondent was also a nun (90 years). Although the nuns indicated retired on their response, in fact they were active for most of their life, only retiring at a later age and this affected the period resident response, as most of the nuns in the 75-85 year bracket had been retired less than 5 years, or were reflected in the 5 - 10 year bracket. Under religion, 11 out of the 15 responses were the nuns, under church attendance, all of the 11 daily responses were the nuns, while of the 53,52% qualified with post-Matric, the nuns occupied 15,49% of that number. It is also possible that the nuns were not able to choose where they retired, that being possibly dependent upon which retirement home was available to their order, or which one had vacancies at the point that it became apparent that a move to a home was called for.

Frequency of contact with children - of the 26 blank replies, 11 can be attributed to the nuns, while in the frequency that the children visit column, 11 out of the 29 blank replies can be attributed to the nuns. In their source of income, most of the nuns received the government old age pension as their only source of income. Under health, the nuns were generally fit, although under disabilities 5 of the 11 admitted eye trouble.

The interests of the sample were fairly varied. Reading, gardening, knitting and sewing were the most popular. Sport as in bowls and golf were the most popular for the more active aged. Walking was also very popular with Bridge particularly popular amongst the less active. There was a surprisingly high number (24%) who were still active in services to others, for example, church work, community services and visits to the house-bound.

In participation in community affairs, 11 of the 34 who indicated they participated in church organisations were the nuns, while a further element negating the use of the nuns' reports was raised in the last question where the nuns all stated that the 3 facilities most needed were the hospital, Meals on Wheels, and home health. At this point it was realised that the partially sighted nuns had their answers recorded by the other nuns (confirmed in subsequent handwriting analysis) and that it had been filled in with all participating in the replies.

CHAPTER 6.

1991 RESEARCH FINDINGS

1991 RESEARCH FINDINGS

INTRODUCTION

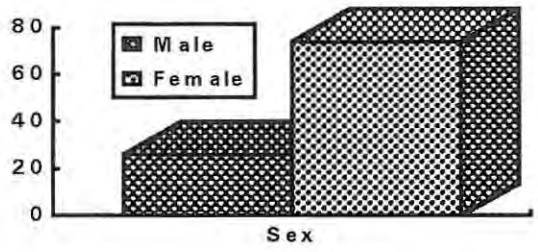
Having gained a perspective on the needs of the retired persons living in Port Alfred from the 1983 study, the 1991 questionnaire was structured to follow-up on the 1983 study, and also investigate further identified areas of interest.

The 1991 questionnaire attempted to be more holistic, investigating all aspects of the elderly persons adjustment physically, socially, emotionally, intellectually and spiritually. Certain questions from the 1983 questionnaire were also omitted for brevity, the new questions attempting to identify the effect of the presence of the elderly on the community, and the community's effect upon them.

GRAPHS & ANALYSIS
1991 SURVEY

4. Sex

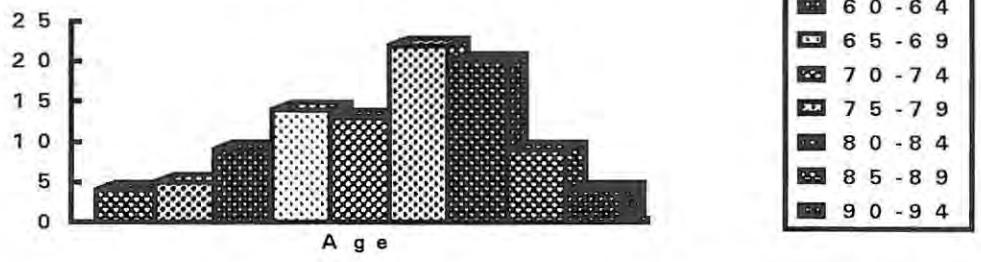
Graph 23



Although the majority of the respondents were female (74%), a characteristic of the aged generally, there were a higher number of male respondents (26% versus 16,9%) than the 1983 sample.

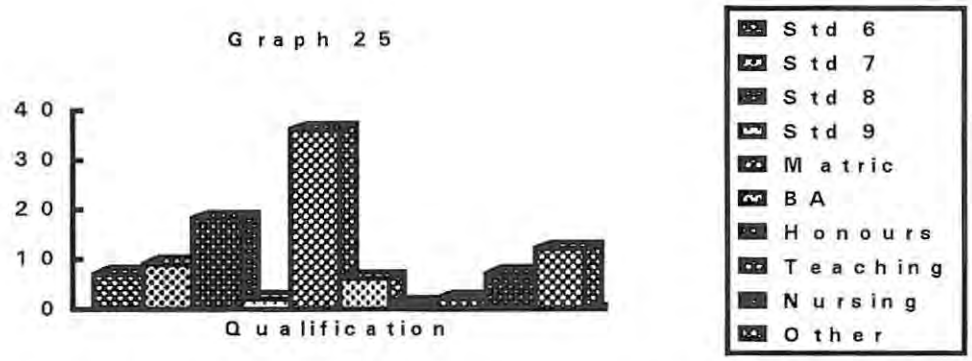
6. Age

Graph 24



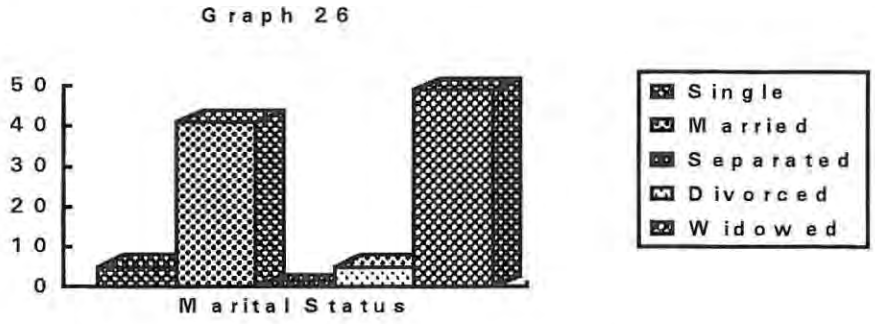
The bulk of the sample was aged between 65 and 84 years (69%). The spectrum in this research was broader, with the ages ranging from 49 to 94 years. Most of the sample were in the 60 to 89 year bracket (87%) showing the retirees to be quite well spread in this aspect.

7. Highest qualification



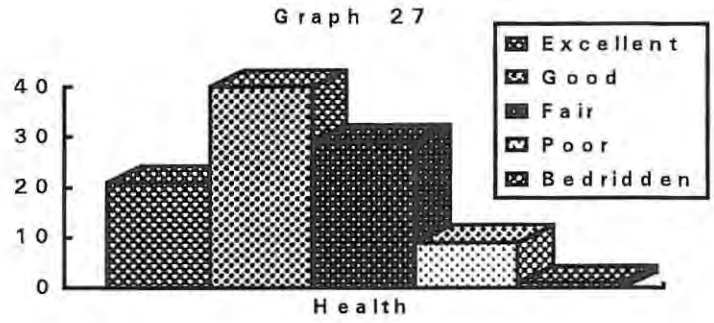
In this sample, 38% had less than Matric, 36% had Matric, while 25% had post-Matric qualifications.

8. Marital status



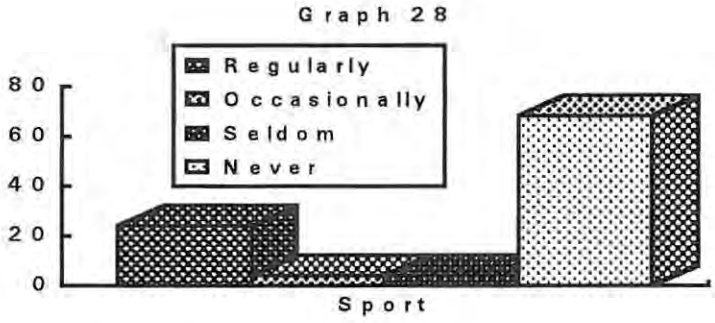
Most of the sample (95%) had been married at one or other time, of whom 5% were divorced, but by far the greatest, almost half the sample (49%) were widowed.

9. Health



The majority of the sample (90%) were content with their health, while 9% indicated that they were in poor health, while few (1%) were bedridden.

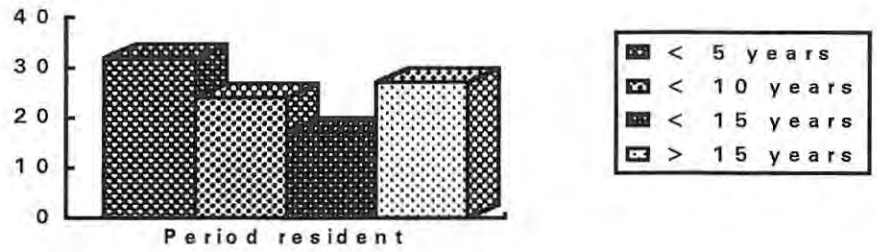
10. Sport



Despite the high indication (90%) of fairly good health, a full 68% stated that they never participated in sport, and only 24% stated that they were regular participants.

11. Period resident

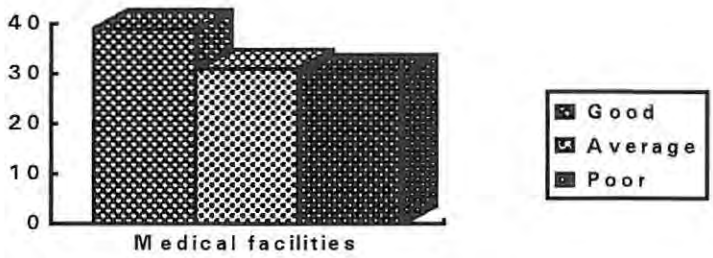
Graph 29



A large number (44%) of the respondents indicated that they had been in Port Alfred for over ten years, while 24% had been resident for less than 10 years, and 32% for less than 5 years. The large number that had been resident for less than 5 years supports the view that it becomes a "Catch 22" situation, with more and more seeing the large retired population and assuming that the resources must be adequate, and basing their retirement plans upon this (false) assumption.

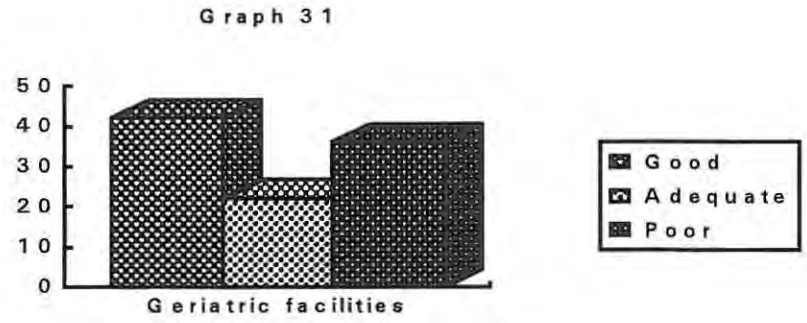
12. Medical facilities

Graph 30



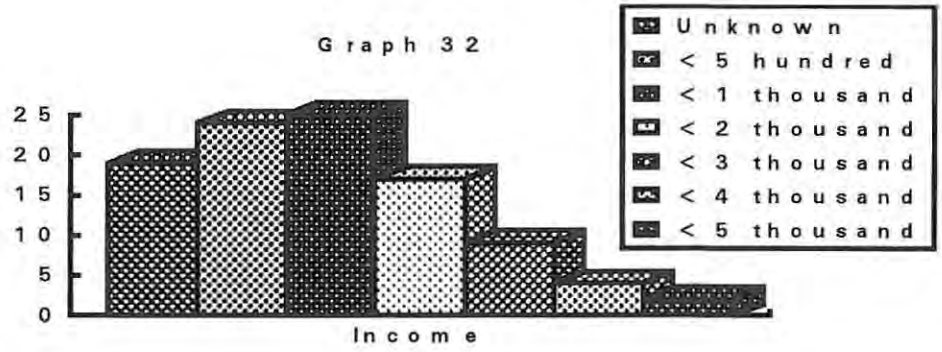
A large number of respondents (30%) felt that the medical facilities were poor or inadequate, which if correlated with the 40% who gave their general health as fair to poor, could indicate that they, as the users of the facilities, were more critical of them than those who did not use them.

13. Geriatric facilities



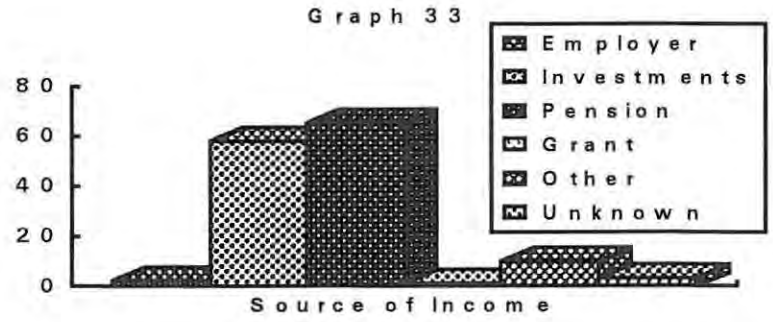
The above conclusion is further borne out by the high number (36%) who felt the geriatric care facilities were poor, whilst 64% felt they were adequate to good.

14. Income



Almost half of the respondents (49%) had an income of less than R1 000, of whom 24% had an income of less than R500 per month. Low as this was, only 17% (Question 20) felt their income was insufficient to meet their needs.

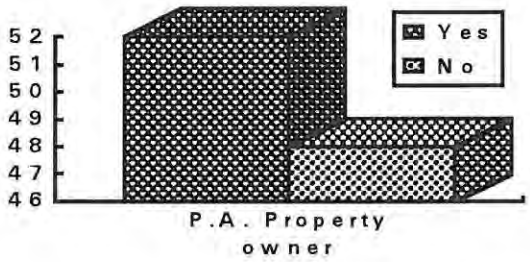
15. Source of income received



The majority (65%) listed their main income as being from pensions, while 58% had either their main or their additional income from investments. It would appear many live on only the government pension, which is increased at a lower rate than inflation, and what was perhaps a healthy pension of R1 000 ten years ago soon dwindled to a meagre sum. The result was that the expenditure available was sufficient only for subsistence, and the impression was gained that the will to live was reduced as a result - they felt too old to work, with no other source of income or prospect of any, particularly if they were unable to even make an article to sell.

16. Owner of property in Port Alfred

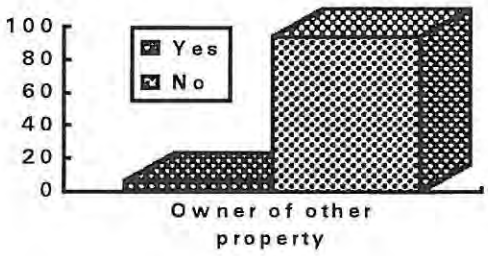
Graph 34



A large percentage (52%) owned their own property, while only 6% owned property elsewhere. This can be related to the pressure during the 1950's and the 1960's to attain the security of your own property. The motivation from the government's perspective was that it was an indication of a sound economy. From an individuals perspective it was the impression that if they were paying rent, they were giving their money away. To pay off a bond, meant that they were investing for their future. This is certainly true - up until retirement, that is. At that point, the bond is paid for, but the capital is frozen. For example, whether living in a R200 000 home or a R20 000 home, if it is paid for, the value is equal. There is no income from either to assist with monthly monetary needs. If one were able to sell and invest the money in such a way as to ensure a regular monthly income exceeding the cost of a rental - it would seem the wiser choice. The risk remains in how the money is invested, however, whilst money tied up in property is still regarded as a safe bet.

17. Owner of property elsewhere

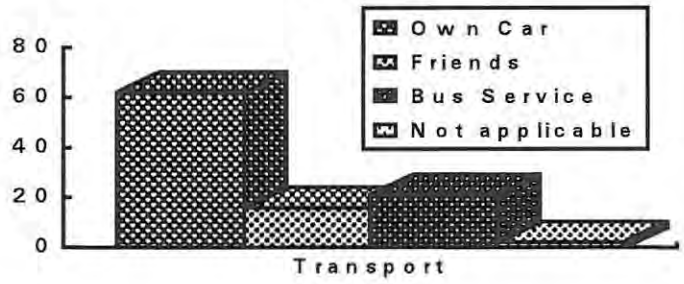
Graph 35



Only 6% of the sample were owners of property elsewhere, most probably having had to sell up in order to afford to buy in Port Alfred.

18. Transport

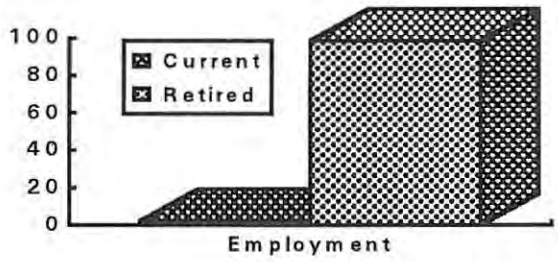
Graph 36



Regarding transport, 62% owned their own car, certainly a high percentage, given their average income. However, this does not give any indication of the age of the car, nor its road worthy condition. Given the average age of the respondents is cause for concern as to the ability of the respondents to drive, a definite failing in South Africa's road policy, where a licence is valid for a life-time without further testing. This further outlines the need for some community transport system.

19. Employment

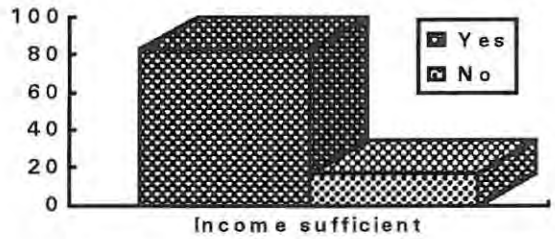
Graph 37



Only 2% of those interviewed were formally employed - a perhaps surprising figure as one would expect more going out to work to supplement dwindling funds due to inflation. Within the current recession, however, jobs were probably not available, limiting those willing to from taking this option. What jobs were available, were possibly not for the aged, as suggested in the literature review.

20. Income sufficient

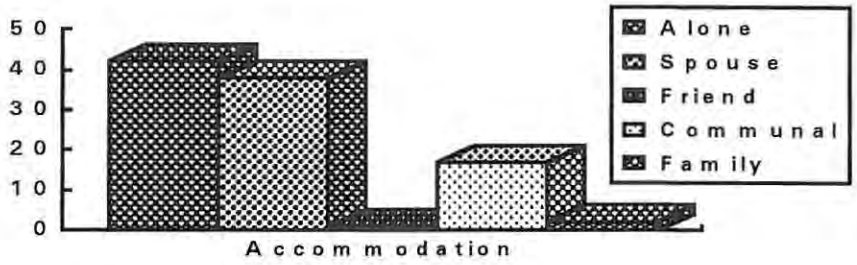
Graph 38



Despite the fact that 49% had an income of lower than R1 000 a month, the large majority felt that this income was sufficient for their needs. This relates directly to the impression that they accepted their circumstances, adjusted accordingly, and made the most of it.

21. Accommodation

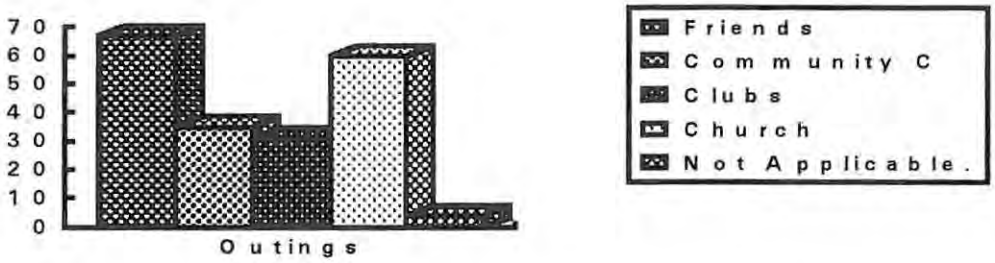
Graph 39



Regarding accommodation, 42% lived alone, 38% lived with their spouses (as 41% indicated they were married, one might presume that the balance had their spouses perhaps in hospitals or staying with family, as no-one had indicated that they were separated). The live alone statistic was also higher than expected with the security situation, but some of these were in the old-age cottages on secured property.

22. Outings

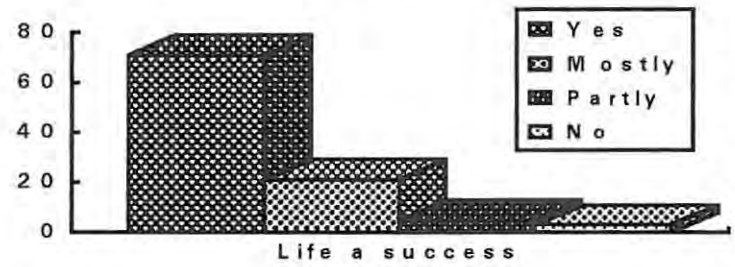
Graph 40



A large percentage (67%) were afforded the opportunity of outings with family and friends, while 60% attended church (confirming the 69% who indicated that they attended church regularly or occasionally [Question 36]).

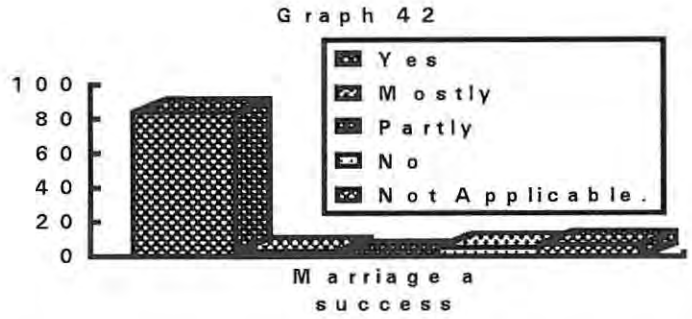
23. Life a success

Graph 41



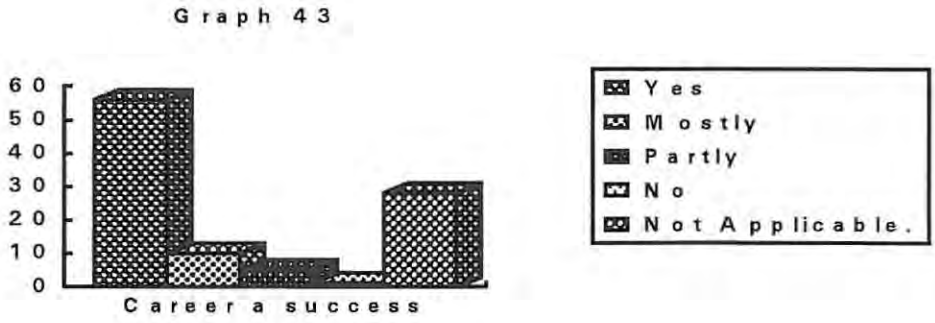
Most of the sample (92%) considered their life a success, or mostly a success while 8% considered their life partly so or not a success. The 3% who did not feel their life a success is very small compared with the 97% remaining, showing a fairly healthy (white) community in South Africa.

24. Marriage a success



By far the majority (90%) of those who had been married considered their marriage a success, although this figure can be misleading as it included those who had remarried. Only 5,5% considered their marriage not to be a success. With two in three marriages ending in divorce currently, a follow-up study in twenty to thirty years could show an interesting trend.

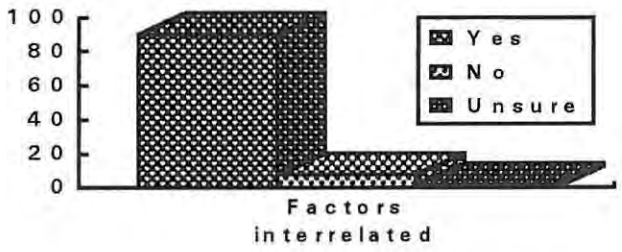
25. Career a success



If the not applicable response is taken out, a high number felt their career to be a success (77%), while 14% felt it was mostly a success, giving a total of 91%.

26. The above factors are interrelated

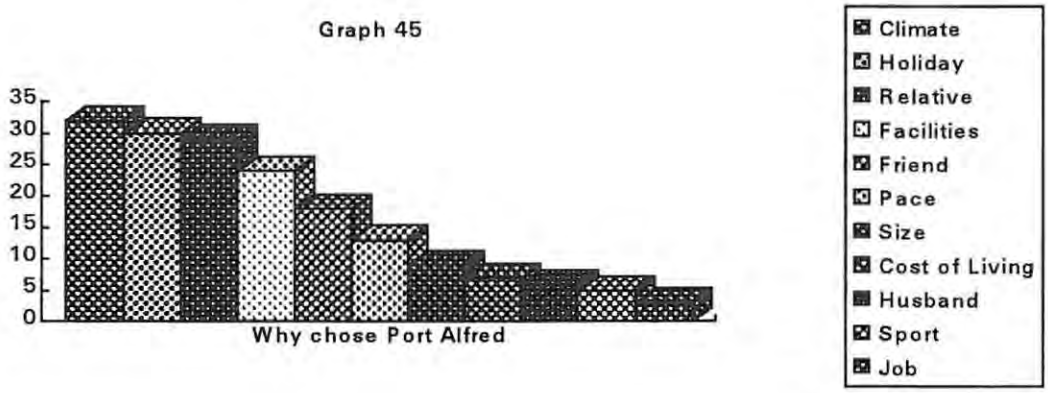
Graph 44



A balanced life is one having constant balanced development of one's physical, social, emotional, intellectual and spiritual life. In this regard 90% felt that their success in life, marriage and career were interrelated, showing that they felt their life was a success when their marriage was a success, and enabled them to be successful in their career, and vice versa. The remaining 8% felt this was not so, and that they could develop one or the other area independently.

27. Reason for choosing Port Alfred.

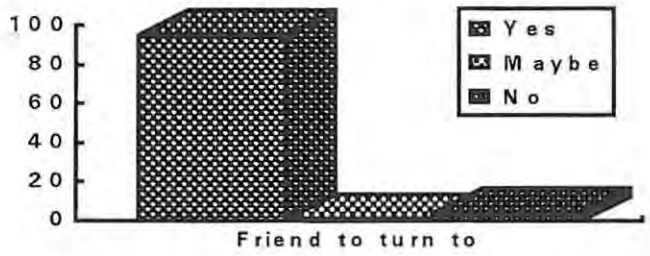
Graph 45



Due to the missing Question Number 28, the answers to Question Number 27 included the answers to Number 28. There were two duplications in these questions, the answers for them were therefore combined. Furthermore, 6% stated that it was not their choice, but that their husbands had chosen Port Alfred, so this was added as an option in the analysis. The main reasons why Port Alfred was chosen were climate (32%), prior holiday visits (30%), relatives (29%), facilities (24%), friends (18%), and pace (14%). Some stated that they chose to return to their roots, being of Settler stock.

29. Friend to turn to

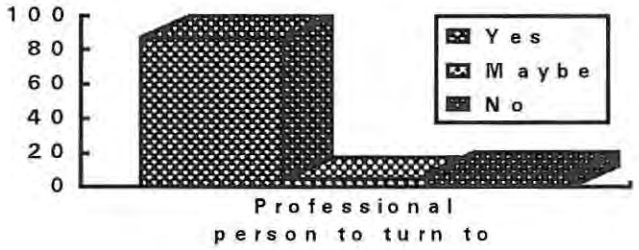
Graph 46



Most of the sample (95%) felt that they had a friend to turn to in time of need.

30. Professional person to turn to

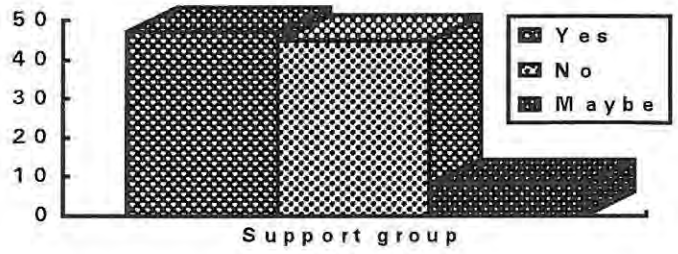
Graph 47



Almost as many (87%) felt there was a suitable professional person to turn to (a doctor, nursing sister, etc.) in time of need.

31. Support group

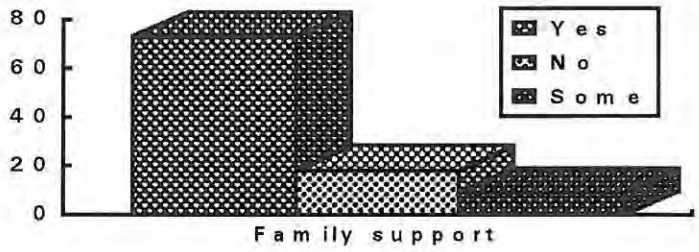
Graph 48



Almost half the sample, 47%, felt that they were part of a support group - perhaps showing a trend toward more intimate personal contact and more group dynamics as they got older.

32. Family support

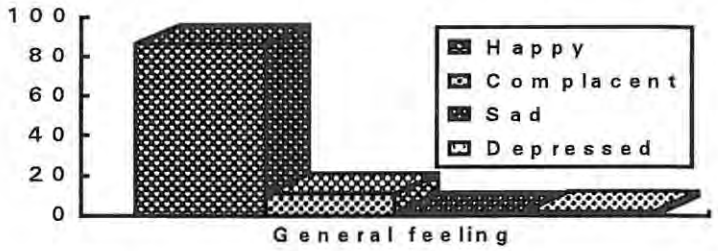
Graph 49



A large percentage of the sample (73%) were supported in one or other way by their families, which is even larger when totalled with the 9% who felt they had some support, making the total 82%. The remaining 18% either had no family or felt they had no support from their family.

33. General feeling

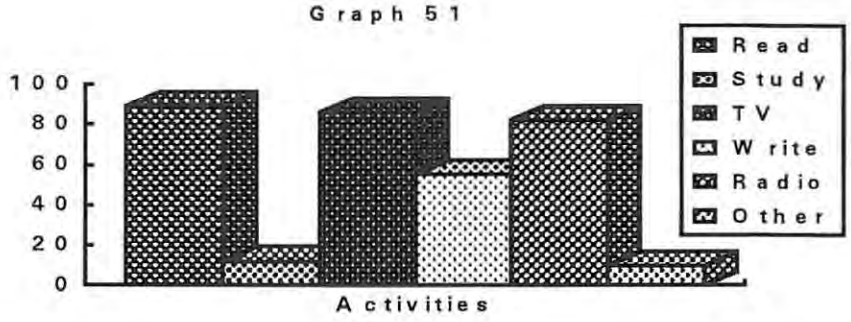
Graph 50



Most of the respondents (86%) felt they were generally happy, which supports the view that they have made the best with what they have got - in all areas of their lives. Of the remainder, 11% felt they were complacent, 2% felt they were depressed and only 1% felt sad.

34. Activities

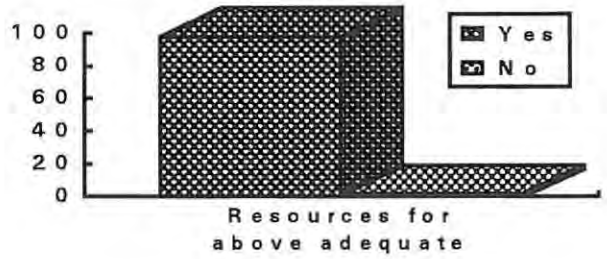
Graph 51



The major activities for the retired were those of reading (89%), watching Television (86%), listening to the radio (82%), and writing (55%). Although the question was not aimed at hobbies, many volunteered their sewing, knitting, card playing, etc. which was included in the results, but cannot be taken to be significant as not all were asked. The area being explored was rather intellectual stimulation.

35. Resources for the above adequate

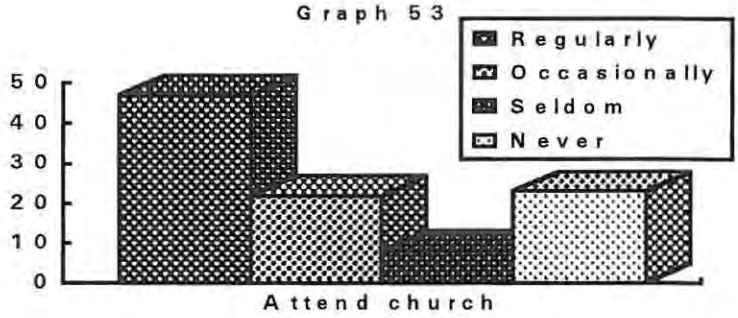
Graph 52



Almost the whole sample (98%) felt they had adequate facilities for watching Television, listening to radio, and that they had a well-equipped library for reading.

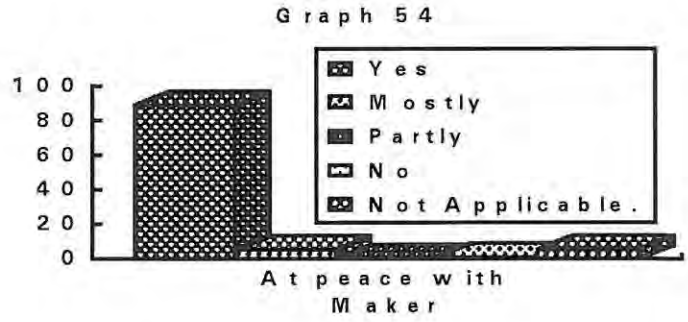
36. Attend church

Graph 53



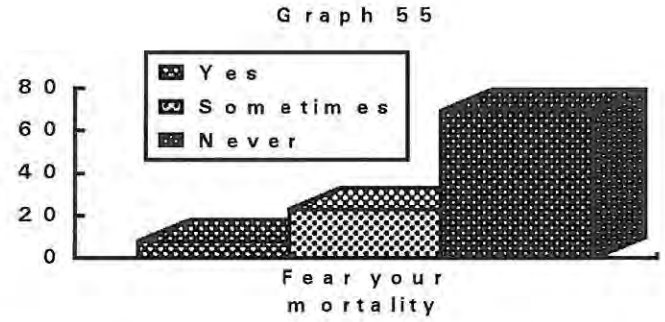
Almost half the sample (47%) attended church regularly, while 22% attended occasionally, totalling 69%, and the remaining 31% attending seldom or never. Although this is a high figure, one needs to take into account the health of the respondents, as sitting through a service is not always a comfortable experience.

37. At peace with your maker



Most of the respondents stated that they felt at peace with their maker (89%), while 5,3% felt they were mostly at peace, bringing the total to 94,3% for those answering positively. Only 1% answered negatively while the 5% who did not believe in a Maker did not feel that it was applicable.

38. Fear your mortality



Despite being at peace with their Maker, only 69% stated that they had no fear of death, while the remaining 31% confirmed that they were concerned about the finality of their life.

39. Need for a hospice

Graph 56

A large percentage (81%) felt the need for a hospice, while 19% felt there was no need.

40. Comments section

Under the section for comments to be entered by the interviewers regarding interviewees, an interesting fact was that 39% noted that the interviewees had mentioned the need for a hospital without being prompted. At the time of the drafting of the questionnaire, a hospital had just been built. Just prior to the application of the questionnaire, however, the powers that be in the government had announced that they would not be paying for the staffing, and overnight it became, in effect, a white elephant. Many were bitter at having given to the Hospital Fund to no accord.

The other comments that were noted on the questionnaire (not in any particular order):

- many mentioned the need for a clinic, hospice, and medical aid,
- some were morbid and cried when talking of death,
- some mentioned their need to be independent,
- a few felt the need for more care givers, and an extended nursing service (particularly one lady who cared for a disabled son),
- one mentioned the reason she chose Port Alfred was to "get this side of the Ciskei and Transkei" (referring to the political climate),
- many commented on the lack of competitive prices in the stores who seemed to show a lack of interest in local residents,
- some commented that the rates were up, due to the new Marina,
- many missed the shopping and other large town facilities,
- some commented on the lack of facilities for the frail aged,
- a few felt the need for a sick bay in Settlers Park,

- one lady suggested converting the hotel on Wesley Hill into an old age home,
- some felt the need for a theatre,
- a few wanted more books and a bigger library,
- some felt the need for a regular bus service,
- comment was made on the sewerage system which apparently flows backward at high tide,

Most commented that the interviewees were helpful and friendly - or as it turned out, too friendly, given the time it took to complete the questionnaire in some cases. This length of time to complete the questionnaire was aggravated by the fact that the questions regarding their health happened to be the almost the first question, and as the old folk enjoyed the unexpected visitor, made use of the opportunity to share their woes at their failing health. One interviewer mentioned that the wife interfered with the husbands answers, while another commented that the interviewee got irate with the questions.

CHAPTER 7.

COMPARISON OF FINDINGS

COMPARISON OF 1983 WITH 1991 RESULTS USING GRAPHS

INTRODUCTION

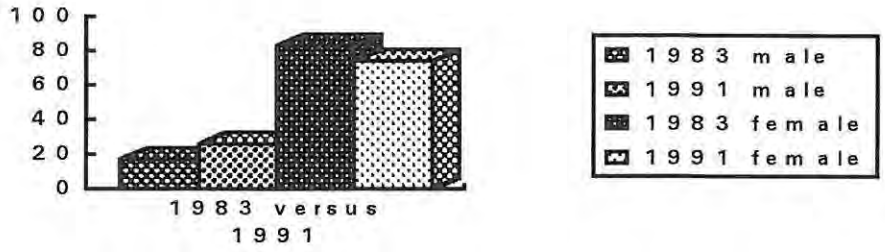
In terms of comparing the findings with other research, the only similar research known of to compare with is the 1983 research which was the reason for the exploratory descriptive style.

When the 1991 questionnaire was drafted, a few questions were repeated from the 1983 questionnaire. The question numbers correlate as follows:

	1983 Questionnaire	1991 Questionnaire
	Number:	*Number:*
Sex:	4	1
Age:	5	6
Marital Status:	6	8
Church Attendance:	8	36
Highest qualification:	9	7
Period Resident:	11	11
Source of Income:	14	15
Health:	15	9
Need for a Hospice:	23	39
Why chose Port Alfred:	24	27

1. Sex

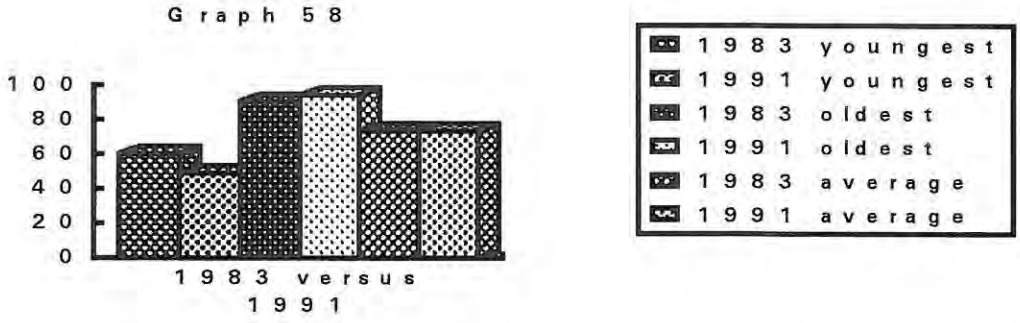
Graph 57



In this category, the number of male respondents increased significantly which could have been due to a number of factors - the inclusion of the nuns in the 1983 research, that more men had retired to Port Alfred since the 1983 questionnaire, or simply that the men were more available to answer the questionnaire in this instance (possibly due to no work being available, or inclement weather preventing them from going fishing or indulging in any other hobby away from their place of abode).

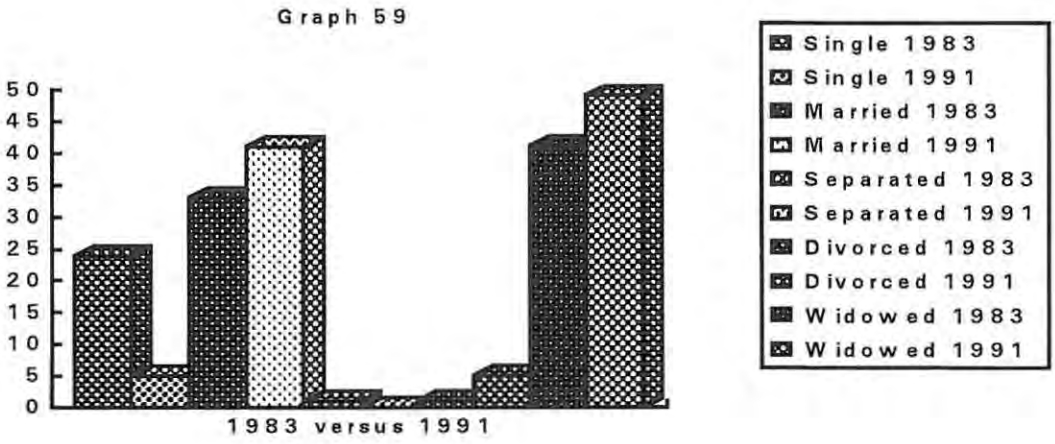
2. Age

Graph 58



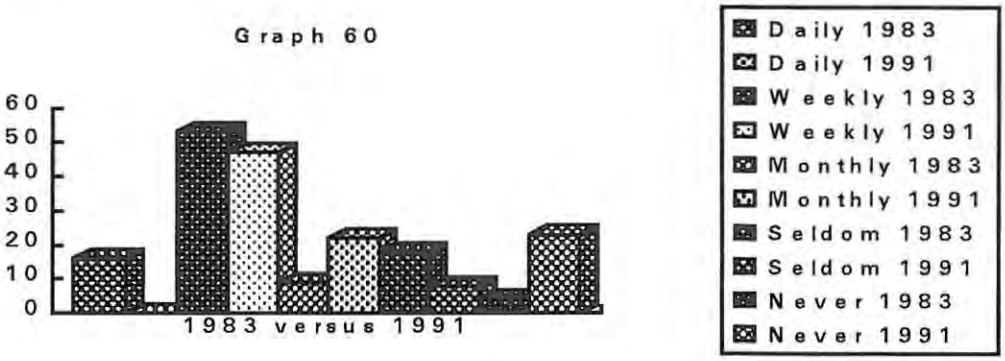
The average age was almost identical, although the 1991 sample had greater variants as it was not restricted to the sixty and over age group.

3. Marital status



The significantly higher single response in the 1983 study was due to the inclusion of the retired nuns from the convent home. The other figures were fairly constant, with no significant discrepancies.

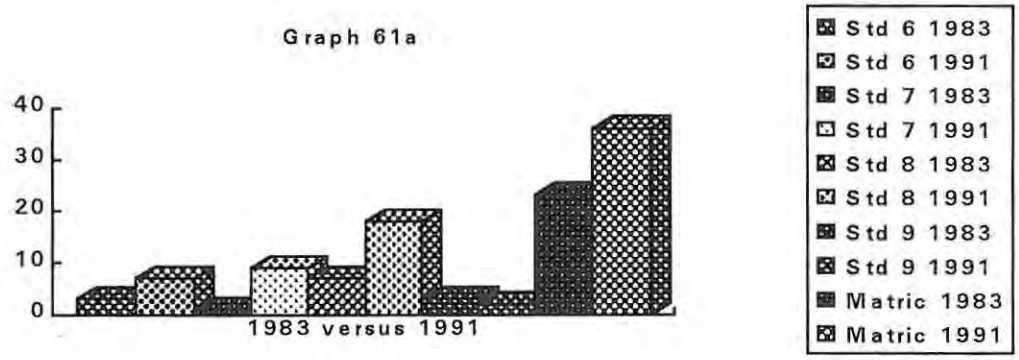
4. Church attendance

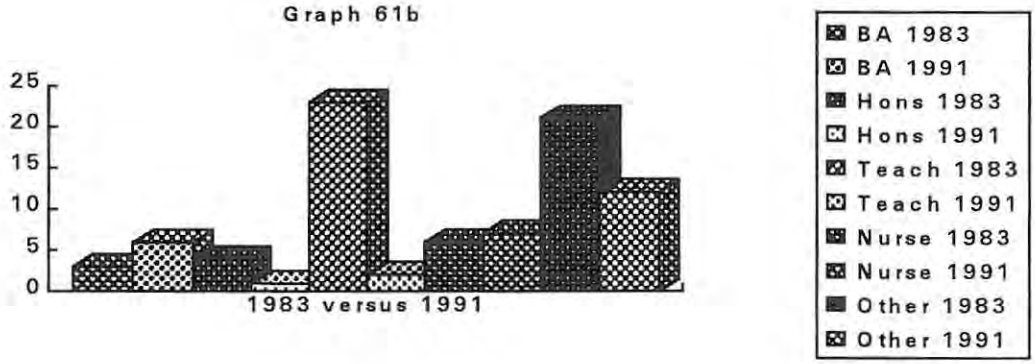


For this comparison, regular was taken to mean weekly, occasional to mean monthly, and seldom to mean special occasions. The high daily response from the 1883 research was a direct result of the inclusion of the nuns in the sample. From the comparison it would appear that where in 1983 there was an active church-going community, there was now a large percentage (a significant gain of 18,77%) who never attend church. This can be put down to any number of factors:

- the advent of a local Christian Television channel, (which has, subsequent to the administration of the research, ceased to broadcast)
- a possible change in the ministers at the local churches.

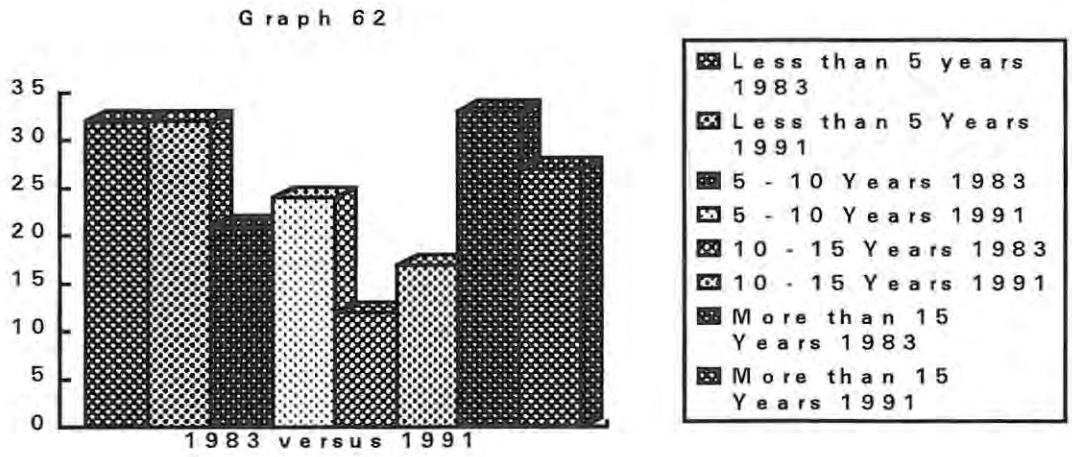
5. Highest qualification





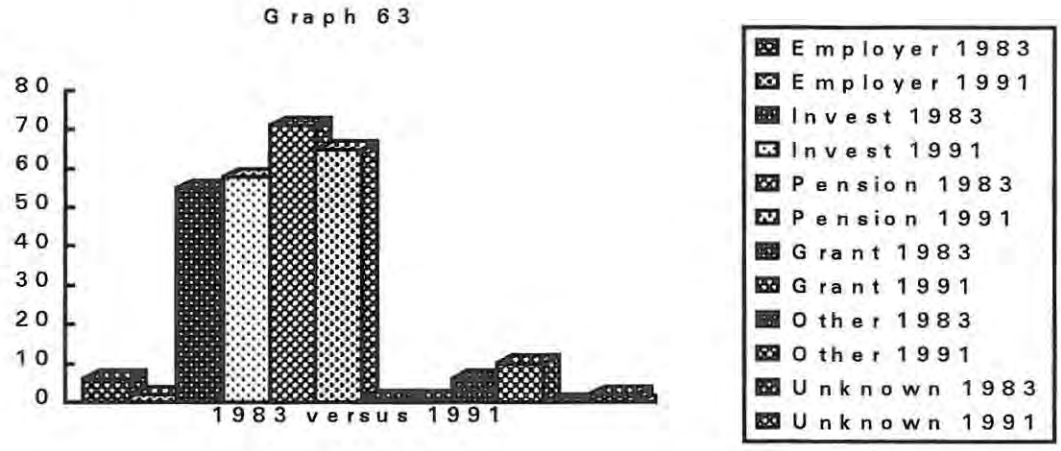
The responses to both the 1983 and 1991 research were fairly similar, the two major discrepancies being Matric and teaching qualifications. As most of the nuns who responded were teachers, that would account for the high 1983 response, which if they had been excluded and others interviewed, could have boosted the 1983 Matric response, making the studies almost identical in composition.

6. Period resident



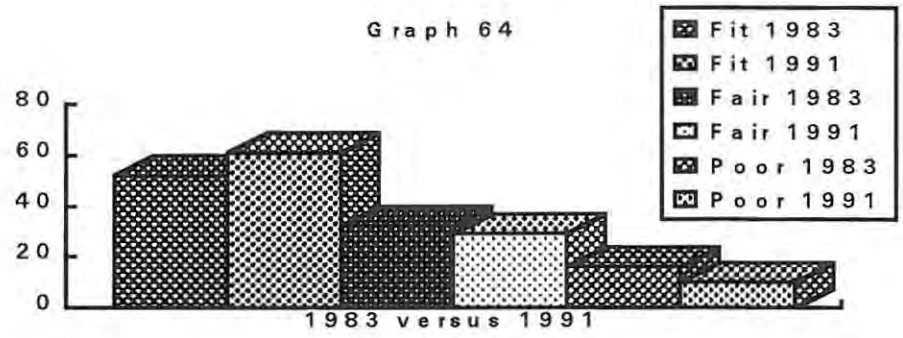
Under period resident it was interesting to note that the responses were almost identical. A similar number had been in Port Alfred for less than five years, and five to ten years. The ten to fifteen years and more than fifteen years responses, if combined, give once more an almost identical answer.

7. Source of income



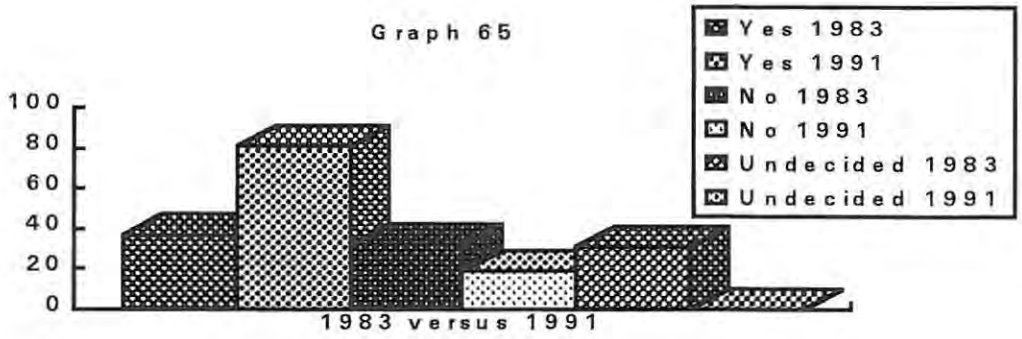
The graphs were once more very similar when comparing the sources of income, the biggest discrepancy being 4,58%.

8. Health



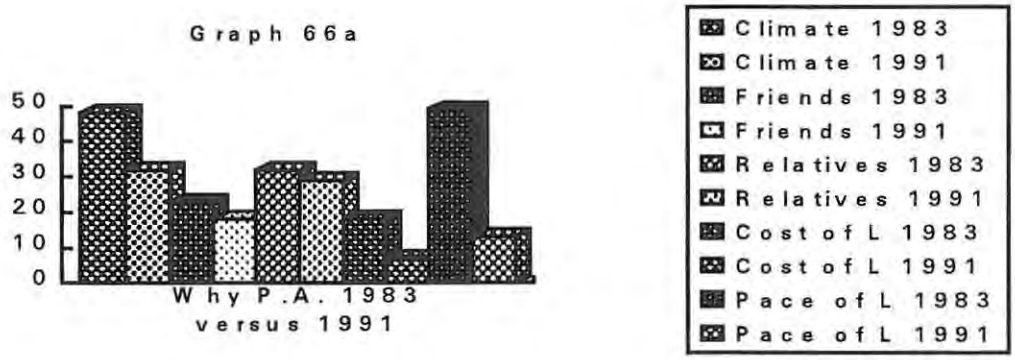
As the questions in this instance were not identical, they had to be interpreted. The responses, however, when compared using this interpretation, show once more a remarkable resemblance.

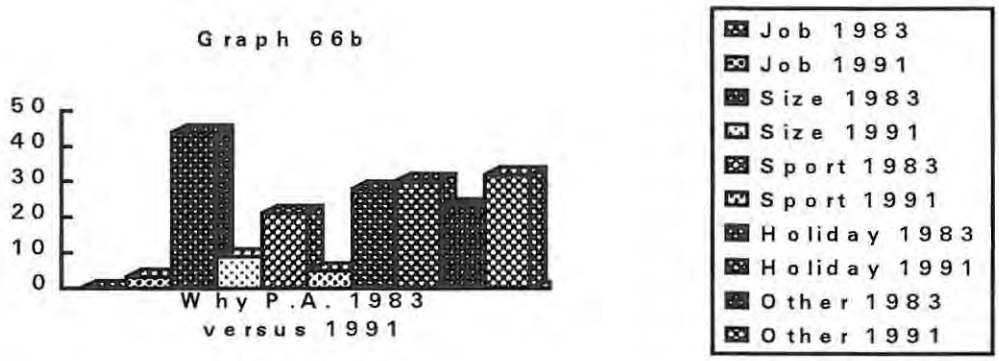
9. Hospice needed



A significant number in the 1991 response now saw the need for a hospice. In 1983, the hospice movement in South Africa was in its infancy, whereas at the time of the 1991 research there were numerous hospices country-wide. The 44,38% gain is a clear indication that this is a facility that the town planners and community of Port Alfred need to look into in the near future.

10. Why they chose Port Alfred





Significant differences were shown up in various responses. Pace of life was the most noticeable - a massive (36,3%) drop, possibly indicating that level of stress had gone up in Port Alfred with the advent of new small businesses and the marina. This could be confirmed by the response to size - another large (34,66%) drop, as Port Alfred is no longer perceived as small, and if anything seems to be growing too rapidly.

The response choosing sporting facilities as a reason for retiring to Port Alfred was lower (16,13%) possibly as no new sporting facilities have been developed. The number of holiday-makers retiring to Port Alfred remained consistent while the cost of living as an option was down 11,31%. Climate as a factor was also down 15,89%.

With few exceptions, the results of the 1991 research were consistent with the 1983 results. The pace of life, and the size of Port Alfred have certainly increased but perhaps no more than one might expect with the passage of time.

CHAPTER 8.

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

The answers to the questions posed at the beginning of the study are addressed individually:

WHY THE AGED RETIRE TO PORT ALFRED

The overall impression one gets is that the retired residents in Port Alfred have adjusted fairly well despite their lack of facilities. Many were apparently unaware of the resources that were lacking when they decided to retire to Port Alfred but seem to have since accepted that as their lot in life. Others that were aware of the lacking facilities, still chose to retire there, which is confirmed by the need for additional retirement facilities being met by the advent of the Red Cross Home between the time of the 1983 and 1991 surveys.

It would appear that many retired based upon the misleading factor that there were already a large number of retired persons, therefore the assumption that there must be facilities to meet their needs. Some perhaps chose Port Alfred on the assumption that the long awaited hospital would become a reality. A tremendous amount of effort went into the funding of the new hospital but since the disclosure that it would now have to be totally privately staffed, it is almost as if the retired residents, having been aroused enough to try and do something, have disengaged once more, and accepted what facilities they have.

The high response that climate received would appear to confirm the "pie in the sky" scenario, the dream cottage by the sea. This is further borne out by the high holiday home response, where the plan to retire to the coast was planned well in advance, while health and wealth were not factors not having their current impact. The retirees in the 1983 response felt size was a big factor, while the tremendous growth that took place between 1983 and 1991 made this a detracting factor. This would also confirm the desire to retire to a quiet little area, away from the (familiar) noise and bustle. This is further borne out by the high 1983 pace of life response which dropped radically in the 1991 response.

The factors seemingly against the "pie in the sky" scenario were the consistently high friends and family responses, as the scenario implies leaving friends and relatives behind. However, when it is put next to the high holiday home response, it becomes apparent that some friendships would have been developed, and when put next to the regularity with which children visit, it could be that the children, as they get older, follow an established path, forgetting the difficulties that their parents had experienced. "History teaches us that man learns nothing from history!"

The research shows a trend of a consistent influx of retired persons to the area, as shown in the number of years the residents had been in Port Alfred. When the 1983 and 1991 graphs were compared they showed remarkable consistency in the number who had been living in Port Alfred for e set number of years. This consistency shows a steady cycle of retirees, with the older end of the 1983 sample possibly dying off. Whatever their reasons, it is seen as a retirement haven, and they keep coming.

WHAT SOCIAL RESOURCES APPEAR TO BE LACKING

The obvious resource most lacking, which has come up time and time again, since the preliminary research in 1983 right up to the present day, has been the hospital. South Africa is hurting financially since the imposition of sanctions, which has a ripple effect throughout the economy. Eventually it will recover, given enough time and hopefully political stability. There is also the hope of foreign contributions, and a hope that it will find its way down through the channels to where it is needed most. It is apparently rumoured amongst the locals that the ANC support the notion of a local hospital, but the fact remains that it will cost a substantial amount of money to operate, and however good the intentions, where there are no funds, they cannot magically be created.

Although a large number of the responses felt that the medical and geriatric facilities were good, one must ask the question "Compared to what?" If their only need for geriatric facilities has been since retiring to Port Alfred, they have nothing to compare the facilities to. For the large number of aged living in Port Alfred, the number of local doctors is pathetically low. With the new political structure, these doctors might find themselves needing to render more services to the community at large, further reducing their effectiveness.

The financial situation of the aged, the majority enjoying an income of R500 to R2000, is a further factor showing the need for a state funded hospital. Medical aid societies world-wide are covering less and less of the medical costs, losing the battle with rising costs. The income as listed would not even cover a few days stay in a private hospital, let alone the treatment that would be received. The net result would be that with one major illness, their life savings could be eroded to the point that they lose their homes and, more importantly, their financial independence. Although most indicated an income sufficient to their needs, the interpretation that there needs were governed by their income might be more accurate. A point will be reached however, where the income is not

even sufficient to meet their basic needs, particularly if the inflation is not brought into single digit figures, and the annual pension increases matches the level of inflation.

The other resource which would appear to be lacking would be the hospice. This could be a part of the hospital in some or other manner, but a high percentage in the 1991 response, after the hospice movement had gained some ground in recognition, felt that there was a need for one. Other lacking resources that were identified in significant numbers were a Meals on Wheels program, transportation (local and to and from Port Elizabeth/East London) and additional geriatric care wards.

HOW WELL THE AGED MANAGED THEIR TRANSITION TO RETIREMENT

Judging by the large number who chose Port Alfred as they had spent a holiday there, and had friends and relatives there, it could appear that some thought had gone into their retirement plans. A high percentage indicated that they viewed their life and marriage(s?) a success and that these aspects were inter-related. Most indicated that they had a friend or professional person to turn to in time of need, but only half indicated that they had a support group. This seems to indicate a fairly lonely existence, someone available if needed, but no regular support network. A high number indicated that their family supported, but this is hard to interpret, as it could indicate simply sending money to meet a particular need.

The majority of the respondents generally felt happy, and had a fulfilling hobby to keep them content. This could be seen to indicate that they had managed the transition to retirement well, however, it gives no indication of timing. Although they were happy now, it does not indicate how difficult the first few years had been, and whether, as it appears when viewing their situation objectively, they have gone through the stages of loss as outlined by Kubler-Ross and reached the acceptance stage, making the best of what they consider to be their "lot". This could be borne out by the high percentage who were at peace with their maker, and had little fear of their mortality.

At face value, the responses indicated that the respondents lived a balanced life. A large percentage were in fair health, most felt that their income was sufficient, that their life was mostly a success, and that their marriage was mostly a success. The majority felt that they had a friend or a professional person to turn to in time of need, and stated that they had some support from their family. Overall, most indicated that they were generally happy, and had enough resources to TV, radio, reading, writing and studying, and where at peace with their maker.

Port Alfred continues to attract the new retirees, although many are under the impression that there is soon to be a hospital. With this "on hold", the possibility is there that new retirees will be less attracted. The nearby settlements of, for example, Kenton-on-Sea and Kleinemond also seem to continue to attract retirees, the assumption seeming to be that Port Alfred is close by and has the necessary resources. If not, the availability of Grahamstown which has a hospital or Port Elizabeth and East London will suffice if need be. The retirees are of the younger more active type. Port Alfred would serve all of these communities if they had a hospital, so this is still the number one need for the area.

Generally, Port Alfred seems a contented, stable community, the retired, particularly in the old age homes are well-adjusted and content. If one were to explore the 50 - 60 age bracket, one might find a different story e.g. discontent with the Council, the new Marina, and the planned development of the area. As retired persons, the sample appeared to have 'opted out' of getting involved with or motivating any major changes.

Looking at the conclusions in the light of retirement, it seems that most people have the approach that they make the best of their lot in life. Port Alfred is not the ideal retirement haven, the weather is not perfect (windy), the facilities are poor - no hospital, no geriatric care services, no transport services, with no or little piece-work to supplement income. However, retirees seem to accept this as their 'lot' and make the most of it. Long term goals are no longer of interest, they have achieved their goal of 'retirement' and associate with it that there is no longer a need to be active in the community, but rather they have earned their right to be passive. Their goals appear to be very short term - for example, to have a pleasant day - which could comprise anything from possibly an outing to town, a visit to a friend, reading a good book, listening to the radio, resting, watching television, and then peacefully going to bed.

No doubt, were one to explore it, daily meals would evoke much interest, giving something to look forward to, a regular occurrence to break the monotony of the day. To get any changes in the community to their benefit would require a younger, more energetic person to champion their cause. Without this, they appear to allow life to run its course.

THE NECESSITY FOR A SOCIAL WORKER

In the literature survey, a vast volume of recent articles concerning social work with the aged became apparent. Where this aspect was previously avoided, it now is becoming an acknowledged

speciality area. Within Port Alfred, there is a tremendous need for a social worker to undertake the tasks as outlined in the literature study.

Firstly, the aged in Port Alfred need to be assisted to develop informal support groups. As indicated in their responses, half did not feel that they had a support network of any kind. The need for a social worker to act as a referral agent and developer in this instance is apparent, developing the informal support system. The spectrum of services outlined by Brody (1977: 59) further identified as being necessary by the research, need to be implemented, or refined where already in existence - homemaker service, meals on wheels, chore services, supportive medical services, personal planning, linkages, transportation, outreach programs, telephone alert, friendly visiting (for more details refer page 46).

Secondly, the need for a social worker to render services to the aged in the institutions is also apparent. Neither of the old age homes which contributed a large percentage of the sample, have social work services. The aspect of sexuality was too sensitive to be addressed in the research, but no doubt is an area requiring attention amongst the elderly. Depression and suicide are realities amongst the elderly, and at least one respondent indicated that she was depressed, needing immediate counselling.

Thirdly, intergenerational social work seems to be an area requiring attention. Not only are the aged visited regularly by their family, but it is possible that many children follow their parents and retire to Port Alfred as well. Although this was not addressed directly, some in their comments section indicated that they followed their roots to Port Alfred. The infrequent contact with family members is no doubt stressful, and could be enhanced by the assistance of a social worker. The large percentage of older women is a further area requiring further attention, as outlined in the literature study. An adult daycare centre is a possibly an alternative to the large number of aged looking after who they consider to be the "aged", enabling them more freedom for themselves.

Fourthly, the need for a social worker to perform the casework, groupwork and community work that is required. There would appear to be a need for counselling in the areas of success in life and career, as by the responses, some needed to come to terms with their life and current situation. Not all responses were accurate in that one tends to protect oneself, and were they afforded the opportunity to develop a meaningful relationship with a social worker, more honesty regarding adjustment to retirement, dissatisfaction with low income, rising costs, poor facilities, might surface. The groupwork could be a useful vessel to bring these feelings to the surface, to allow

them to realise that it was "OK" to admit that they had made a mistake and were suffering as a consequence of it.

In the counselling, emphasis needs to be placed on post-retirement planning. Of the three phases, pre-retirement, retirement and post-retirement, little if any attention is given to the latter. One can understand the attitude of the life assurers in giving life expectancy at "retirement plus fourteen years" (for a male aged 65 years of age) as the stresses one looks forward to leaving behind at retirement, are very much the stresses keeping one alive.

The post-retirement planning phase then, is to establish further goals and aspirations. These need to be applied to all areas of life - physical, social, emotional, intellectual and spiritual - for example, keeping fit, keeping an active circle of friends, securing some income from hobbies, looking at developing some form of emotional attachment, actively reading stimulating material etc.

As most of one's life is spent on gaining possessions, for example, houses, cars, furniture, this trend should not simply stop, but rather should be continued in some way. In other words, there should still be something that can be saved for or seen as a goal, or desired possession. At the conclusion of one's career, rather than having everything just come to a stop, the activity level that one is accustomed to should be continued, perhaps into some sort of civic service. With the wealth of experience of 40 years in the economy, any community could well do with that sort of input. There are numerous services lacking in any community which a retired person can look at meeting, such as inexpensive security gates, home maintenance, assisting with small business development, and one should plan for a transition into this form of activity.

Career planning should peak at a particular point, for example, fifty five years of age, and then be allowed to decline, allowing a more graceful exit from industry, than to have a big office party, an award from the company, and then having all the security one is used to, being summarily removed overnight. As one plans for transition from one position to another, so one needs to plan for transition from work to retirement, retirement to hobbies, hobbies to less active activities.

The need for a community social worker was prevalent throughout the research. Due to the lack of formal assistance, there is a large informal movement working at meeting the needs within the community. Much as this effort is necessary, having been brought about by a need, it has a few consequences in that:

- there are unqualified personnel doing the work of a social worker,
- there is a large degree of activity which is currently coordinated by voluntary bodies,
- there must, by necessity, be a large number outside of the scope of the research needing care that they are unable to care for,
- the new South Africa will demand more attention to the local Black townships than is currently being offered,

From this it is apparent that there is a definite need for the existing services to be professionally coordinated, as Port Alfred is developing at such a rapid rate so as to require the services of a social worker ensuring professional services are provided, and that there is no overlapping or competition.

RECOMMENDATIONS

The Louisiana Commission on Aging (1966) lists the areas they perceived needing attention for the aged as being nine-fold. Firstly, employment of the older worker, promotion of a better understanding about the value of older workers, and the development of training and counselling services for older workers. Secondly, private pension plans, - the effects on the employee and the employer, economic loss to the state through retirement at age 65. Thirdly, involving the older worker in making plans, generally through holding conferences. Fourthly and fifthly, care for the ill - to study the hospital facilities for the chronically ill person, and study the problems of the senile requiring care outside the home. Sixthly, private nursing service under private agencies, seventhly, public housing for the aging, new opportunities required and eighthly, promotion of Golden Age Clubs and similar activities and lastly, develop public interest in the problems of the aging.

The main recommendations are threefold. Firstly, that effort continue in the establishing of an independently run hospital. Secondly, that the viability of a hospice be investigated (there is apparently a disused hotel standing empty which could be converted into either another home or a hospice). Thirdly, that either the government or the community of Port Alfred investigate the possibility of appointing a social worker, who can further develop the issues as outlined in the chapter on "Conclusions". Employed by the community, which is predominantly retired and aged, should ensure adequate backing for the action that needs to be taken. Support by the government would ensure further that needed change takes place.

RECOMMENDATIONS FOR FURTHER STUDY

As this was an exploratory study, it has highlighted further areas that need to be explored. Possible areas that need investigation are:

- how much specific planning was done for retirement,
- what the retirees would change if they retired again,
- what the younger retirees, specifically, feel is lacking in the community
- what the long term development plans for the community are, from a government or municipal point of view,
- what effect the increase in medical care costs and the increasing number of aged (due to advanced technology which also results in a declining birth rate) will have on the economy where fewer workers will be supporting more retirees.
- the needs of the non-White population

Regarding the last factor, Borowitz (1976: viii) states that the twelve old age homes which have been established by the state in the homelands are not popular among African people, as the old people have to live too far away from their families who do not have easy access to them, and too far away from the cities where many of them were born and bred. Furthermore, such separations tear the very fabric of African culture which accords a dignified and special role to the old, who are the custodians of customs, the people who preserve the traditional culture, and are consulted on matters of importance, such as marriages, and, in the traditional culture, are of particular importance at ancestral feasts, for the old are able to communicate with the ancestors.

This highlights just how different the cultures are, what poor facilities are currently provided, and how much political change there has been since 1976. No doubt the book was published before the Soweto riots, and the lawlessness and lack of respect for the aged that seems to have developed from there, particularly in the suburban areas. This is certainly an area which needs urgent attention country-wide.

The discussions at the African Conference on Gerontology at Dakar (Kane 1984) brings awareness how much the welfare picture in the New South Africa will change (South Africa was not listed as being represented), as the new picture will be one encompassing all the population groups, a major difference being that and in the traditional (black) African family, older persons enjoy a privileged position, society is organised on a gerontological basis, elders preserve ancestral values, possess knowledge, wisdom and eloquence and are entrusted with ancestral law, holding a place of honor.

Combine this difference with the fact that the biological and medical features of aging as outlined in the African Conference (which took place under the auspices of the United Nations, the World Health Organization, and UNESCO), include a premature aging as a result of and unfavourable climate malnutrition, tropical endemic diseases, infectious and parasitic diseases transmitted through water, eye diseases and psychological traumas associated with a rapidly changing society, especially in urban areas.

Then add the fact that the Conference quotes the United Nations projections which indicate that the number of aged 60 and over in Africa will rise from 20 million in 1975 to 102 million in 2025, an increase from 5.78% to 9.09% of the total population, and it becomes obvious that some serious planning and preparation, particularly with regard to facilities, needs to take place.

BIBLIOGRAPHY

BIBLIOGRAPHY

Agate, John (1979) Taking Care of Old People at Home ,
London Boston Sydney: Urwin Paperbacks.

Beach, Dale S (1985) Personnel: The Management of People at Work - 5th Edition ,
New York London: MacMillan Publishing Company.

Beauvoir, Simone de (1972) Old Age ,
Great Britain: Deutsch, Aude & Weiderfield & Nicolson.

Berdes, Celia (1978) Social Services for the Aged Dying and Bereaved in International Perspective
International Federation on Aging. Washington

Borowitz, Archie and Hilary Semple (1976) Encounter with age...or How to avoid a nervous breakdown while growing old. Johannesburg: Raven Press.

Bourger, N J The Retirement Community as a Solution to the Aged in South Africa ,
University of Cape Town, Graduate School of Business: MBA.

Bettison, D G (1956) Voluntary Welfare Organisations of the Border and Transkei ,
Rhodes University: D. Phil.

Bettison, D G (1950) A Socio-Economic Study of East London, Cape Province with Specific Reference to the Non-European Peoples , Rhodes University: MA

Botha, P M C and H L CRAUSE 'n Multi Dimensionele Maatskaplike Studie van 'n Gemeenskap van Bejaardes. University of Port Elizabeth, Department of Social Work.

Brammer, Lawrence M (1991) How to Cope with Life Transition: The Challenge of Personal Change ,New York Washington London Philadelphia: Hemisphere Publishing Corp.

Brody, Elaine M (1977) Long term care of older people. A practical guide ,
New York London: Human Sciences Press.

Bromberger, M E (1977) An Evaluation of Service Centres for the Aged in South Africa ,
S A National Council for the Aged

Bromberger, M E Handbook on Services for the Aged. The Multi Purpose Service Centre ,
S A National Council for the Aged

Brubaker, Ellie (1987) Working with the Elderly. A social systems approach ,
Newbury Park Beverly Hills London New Delhi: Sage Publications

Callahan, Edward J and Kathleen A McClusky (1983) Life-Span Developmental Psychology-Non-Normative Life Events , New York London Paris: Academic Press.

Campbell, William Giles (1954) Form and Style in Thesis Writing ,
Boston: Houghton Mifflen Company, Cambridge: Riverside Press

Chekki, Dan A (1979) Community Development. Theory and Method of Planned Change , New Delhi Bombay Bangladore Calcutta Kanpur: Vikas Publishing House Pvy Ltd

Colin, M (1966) Contemporary Social Pathology , Pretoria Cape Town: Academia

Collins, Thomas (1970) The Complete Guide to Retirement , New Jersey: Prentice-Hall, Inc.

Connolly (1982) Connolly's Guide to Southern Africa , Cape Town: Connolly Publications, Printpak.

Craemer, H J (1990) Seminar: A Critical Discussion of Career Development Models. Unpublished, Johannesburg: Rand Afrikaans University.

Davenport, Joseph III & Judith Ann (1975) Social Services and the Aged , Mississippi State University: RFP Publishing, Inc.

Davis, Richard H (Ed) (1981) Ageing Prospects and Issues , Los Angeles: University of California Press.

Dobelstein, Andrew W with Ann B Johnson (1985) Serving Older Adults: Policy, Programs and Professional Activities , New Jersey: Prentice-Hall, Inc.

Droskie, X M (1963) An Investigation of the Personal and Social Needs of the Frail Aged with Limited Means with Special Reference to the Problem of Specialised Institutional Care , Cape Town: Unpublished Thesis, University of the Orange Free State.

Du Plessis, E J (1973) 'n Ondersoek na die Oorsprong en Betekenis van Suid Afrikaanse Berg en Rivier Name. Cape Town Johannesburg: Tafelberg Uitgewers Beperk.

Flippo, Edwin B (1984) Personnel Management - 6th Edition , New York London Montreal Sydney: McGraw Hill Book Company.

Fowler, Dick (1989) Retirement in South Africa: The Golden Years , Hammondsworth New York Victoria: Penguin Books.

Frankfurther, Dwight (1946) The Aged in the Community.(Managing Senility and Deviance) , New York London: Praeger Publications.

Gittell, Marilyn (1990) Limits to Citizen Participation. The decline of community organizations , Beverly Hills London : Sage Publications.

Goldstein, D S W and K HARRIS (1969) Research Standards & Methods for Social Workers , Revised Edition Professional Research, Florida State University: Whitehall Company.

Goldston, Sudie M (1989) Adult day care. A basic guide , Maryland. National Health Publishing.

Gordon, Paul A (1988) Developing Retirement Facilities ,
New York Chichester Brisbane Toronto Singapore: John Wiley & Sons

Greene, Roberta, R (1986) Social Work with the Aged and Their Families ,
New York: Aldine de Gruyter (Selection from SOCIAL WORK NASW)

Greenhaus, Jeffrey H (1987) Career Management ,
Chicago New York London: The Dryden Press.

Grinell, Richard M Jr.(1981) Social Work Research and Evaluation ,
Itusen, Illinois: F E Peacock Publications.

Hancock, Betsy Ledbetter (1987) Social Work with Older People ,
New Jersey: Prentice Hall, Inc.

Harris, Diana K (1980) Sociology of Ageing ,
Boston Dallas: William E Cole, Houghton Mufflin Company.

Hauser, Philip M (Ed.)(1965) Handbook for Social Research in Urban Areas ,
Belgium: Unesco.

Hecscher, August (1963) The Public Happiness ,
London: Hutchinson of London.

Higgins, Edward (1968 Nov.) Family Planning in the White Population of Port Elizabeth ,
D.Phil. thesis: Rhodes University

Howes, M F The Role of Social Work in Preventative Geriatric Services in Durban ,
MA: University of Durban Westville.

Humanities & Social Science Computer printout of research done in related field of study ,
Human Sciences Research Council Centre for Science Development

Ingham, Dan.(1976) So you don't want to retire?
London: Arthur Barker Ltd.

Isaacson, Lee E (1985) Basics of Career Counselling ,
Boston London Sydney Toronto: Allyn & Bacon Inc.

Journals:

"Planning and Organising of Community Services for the Elderly"
Social Work, April 1965, p 21-22

Social Work, July 1966, p 87-94 Vol. 11 No. 3

Nelson, Gary M (1982) Support for the Aged: Public and Private Responsibility ,
Social Work, March 1982, Vol. 27 No. 2.

Rosenblatt, A (1966) Interests of Older Persons in Volunteer Activities ,
Social Work, July 1966 p 87-94 Vol. II No. 4

Jordaan, J H (1990) Retirement Planning: Your Key to a Happy Retirement
Cape Town: Don Nelson.

Kane, Maimouna (1984) African Conference on Gerontology. Dakar, 10-14 December 1984
International Center of Social Gerontology. Dakar: Republic of Senegal

Kahn, Alfred J and Sheila B. Kamerman (1976) Social Services in International Perspective: The Emergence of the 6th System , Washington: Dept. of Health, Education and Welfare.

Kastenbaum, Robert (1979) Growing Old - Years of Fulfilment ,
London: Holland Multimedia, and G B Harper & Row.

Kent, D P (Ed.) Research Planning and Action for the Elderly: The Power and Potential of Social Science

Kimmel, Douglas C (1973) Adulthood & Ageing ,
John Wiley & Sons Inc.

Kubler-Ross, Elisabeth (1969) On Death and Dying ,
New York: Collier, MacMillan.

Lauffer, Armand (1978) Social Planning at the Community Level ,
New Jersey: Prentice Hall

Louisiana Commission on the Aging(1966)Planning for the Aging. A ten year summary 1956-1966
Baton Rouge Louisiana

Lowy, Louis (1979) Social Work with the Ageing (The Challenge and Promise of the Later Years ,
New York London: Harper and Row.

Maas, Harry S (Ed.)(1978) Social Services Research Review of Studies ,
Washington: National Association of Social Work.

Markides, Kyriakos S and Gary L Cooper (1989) Ageing Stress and Health ,
Chichester New York Brisbane Toronto Singapore: John Wiley and Sons.

May, Maurice I; Edvardes Kaminskas; Jack Kasten; David Allen Levine (1991)
Managing Institutional Long-Term Care for the Elderly ,
Gathersburg, Maryland: Aspen Publishers, Inc.

Meyer, Carol H (Ed) (1975) Social Work with the Aging ,
Washington: National Association of Social Workers, Inc.

Milson, Fred (1974) An Introduction to Community Work ,
London Boston: Routledge, Kegan Paul

Minahan, Anne (Editor in Chief)(1987) Encyclopaedia of Social Work 18th Edition 1 , Maryland, USA: Silver Spring National Association of Social Workers.

Moos, Rudolf H (1986) Coping with Life Crises: An Integrated Approach , New York: Plenum Press.

Moos, Rudolf H (Ed) Social Service Research - Review of Studies

Myburgh, E (1974) Maatskaplike Werk met Bejaardes , University of Port Elizabeth: MA (Social Work)

Navorsingsafdeling: Departement Volkswelsyn & Pensione Gemeenskap Dienste as Hulpmiddel in Maatskaplike Werk met Bejaardes. Navorsing 000701267

Nelson, Gary M (1982) Support for the Aged: Public and Private Responsibility , Social Work, Vol. 27 No. 2. March 1982

Neugarten, B C (Ed.)(1964) Middle Age and Ageing , Chicago London: University of Chicago Press.

Parker, Stanley (1982) Work and Retirement , London Boston Sydney: George Allen & Urwin.

Pelham, Anabel O and William F Clark (Ed.)(1986) Managing home care for the elderly. Lessons from community based agencies , New York : Springer Publishing Company

Philip, Alistair E; J Wallace; McGulloch; Smith; J Norman (1975) Social Work Research and the Analysis of Social Data , Oxford: Pergamen Press.

Phillips,PE(1981)The Place of Service Centres in the Engagement of the Aged in Community Life , Rand Afrikaans University: MA thesis.

Pikunas, Justin(1976) Human Development - An Emergent Science -3rd Edition , Kogakusha, Tokyo: McGraw Hill.

Polanski, Norman A (Ed.)(1960) Social Work Research , England Canada Chicago: University of Chicago Press.

Raviv, Sheila Hamburg (1978) National Voluntary Organizations: A Resource for the Vulnerable Aging The Operation Independence Experience. The National Council on the Aging, Inc. Washington

Rip, C M (1966) Contemporary Social Pathology , Pretoria Cape Town: Academia.

Rip, C M (1977) Social Isolation, Loneliness and Normlessness Among Older Persons , Pretoria: Research Findings No. S-N-98

Rip, C M (1979) Retirement: A Sociological Study ,
Pretoria: Report No. S-66

Rose, Brian and Brian Chilvers (1969) The Broken Link ,
South Africa: Nasionale Boekhandel Beperk.

Rosenblatt, A (1966) Interests of Older Persons in Volunteer Activities ,
Social Work, July 1966 (PP 87-94) Vol. II No. 4

Rowlings, Cherry (1981) Social Work with Elderly People ,
London: George Allen & Urwin.

S A National Council for the Aged Handbook on Services for the Aged, Guide-lines to Affiliated Organisations

Schein, Edgar H (1978) Career Dynamics: Matching Individual and Organizational Needs.
Massachusetts London Sydney: Addison Wesley Publishing Company.

Schneider, Robert L and Nancy P Kropf (Ed)Gerontological Social Work. Knowledge, Service Settings, and Special Populations Chicago: Nelson-Hall Publishers

Sonnerfeld, Jeffrey (1988) The Hero's Farewell: What Happens when CEO's Retire ,
New York Oxford: Oxford University Press.

Spear, Mel (1967) Developing Services for Older Persons A report of the APWA-California Project. American Public Welfare Association. Public Welfare Project on Aging.

Springer, Dianne and Timothy H Brubaker (1984) Family caregivers and dependent elderly. Minimizing stress and maximizing independence ,
Beverly Hills London New Delhi: Sage Publications

Stein, Bruno (1980) Social Security and Pensions in Transition ,
New York London: The Free Press.

Stoddard, Sandol (1979) The Hospice Movement - A Better Way of Caring for the Dying ,
London Norfolk: Jonathan Cape, and Lowe & Brydon Printers.

Stoker, F M L (1953 Oct.) Rehabilitation Value of Sub-economic Housing as Illustrated by the Schauder Township, Port Elizabeth. MA Ph. D

Sumner, Greta and Randall Smith (1969) Planning Local Authority Services for the Elderly ,
London: George Allen & Urwin.

Timmermans, F M P (1979) Die Lewensomstandighede van Blanke Alleenlopende Vroulike Ouderdomspensioentrekkers. Pretoria: Report No. S-60

Tobin, Sheldon S; Lieberman; Morton A (1976) Last Home for the Aged (Critical Implications of Institutionalisation). San Francisco Washington London: Jossey Business Publications

Tobin, Sheldon S (1978) Article: Old People ,
Washington: National Association of Social Work.

Turpin, Eric W (1964) Basket Work Harbour: The Story of the Kowie ,
Southern & East Africa United Kingdom North America: Howard Timmins.

Van der Merwe, H W (1965) Community Leadership in Grahamstown.
(S R Research Project N/R/6/891 1965) (First Draft)

Van Zyl, M E (1981) Attitudes of While Older Persons Living in the Community Towards Old Age Homes , Pretoria: Research Finding No. S-N-203

Walker, James W (1980) Human Resource Planning ,
New York London Sydney: McGraw Hill.

Warren, Roland L (1955) Studying Your Community ,
New York London: The Free Press, and Collier, MacMillan & Tim.

Weber, George H (Ed)(1981) Assisting the Elderly in Long-Term Care. A book of readings ,
Springfield, Illinois: Charles C. Thomas

Weissert, William G et al, (1990) Adult Day Care. Findings from a National Survey ,
Baltimore London: The John Hopkins University Press.

APPENDICES

APPENDIX "A"

PORT ALFRED COMMUNITY RESEARCH QUESTIONNAIRE
(PRELIMINARY INVESTIGATION) 1983

C O N F I D E N T I AL
==========

1. SURNAME
2. CHRISTIAN NAMES
3. ADDRESS
4. TELEPHONE NUMBER
5. SEX
6. BIRTH DATE AGE
7. MARITAL STATUS (Married, widowed, single, divorced, separated, living together)
8. HOME LANGUAGE
9. NATIONALITY
10. RELIGION
11. PROVINCE PREVIOUSLY RESIDENT
12. PERIOD RESIDENT IN PORT ALFRED
13. WHERE DO CHILDREN RESIDE
14. FREQUENCY OF CONTACT WITH CHILDREN
15. NATURE OF CONTACT (letter, telephone, visit)
16. CHURCH ATTENDANCE OR INVOLVEMENT IN CHURCH SPONSORED ACTIVITIES
17. SOURCE OF INCOME (pension, grant, children)
18. HEALTH (fit, see Doctor occasionally, regular visits)
19. DISABILITIES
20. PRESENT OCCUPATION
21. INTERESTS AND HOBBIES
22. PARTICIPATION IN COMMUNITY AFFAIRS (Goodwill Club, Benevolent Society, willingness to be involved?)
23. FACILITIES USED (Library, City Hall, beaches, hotels, etc.)

24. FACILITIES LACKING
(Hospital, nursing home, social services, church related services, meals on wheels, geriatric medical team, referral system, crisis centre, legal aid, tax services, housing referral aid, home health services, telephone reassurance service, information service, transportation service, congregate meals, employment agency, continuing education possibilities, counselling services, residential repair services, writer services, fitness classes)

25. ANY KNOWLEDGE OF THE HOSPICE MOVEMENT

26. NECESSITY FOR A HOSPICE

27. REASONS RETIRED TO PORT ALFRED (climate, relations, cost of living, holiday home)

28. WHAT FACILITIES/RESOURCES ARE MOST NEEDED FOR THE RETIRED COMMUNITY OF PORT ALFRED
1. 2. 3. 4.

29. SUBJECTIVE IMPRESSION OF INTERVIEWER (validity of Questionnaire) Positive, ambivalent, negative, mental alertness.

All above information will be treated as Strictly Confidential

==========

APPENDIX "B"

ANALYSIS OF PRELIMINARY QUESTIONNAIRE

All those interviewed were English and a large proportion had immigrated from other countries, namely Zimbabwe, Swaziland and Zambia. A high number (25%) had retained their British passports. Most of the respondents had been in Port Alfred a considerable number of years, the average being 15 years. A large proportion of the sample (37,5%) did not have children and a factor of interest was the large number of women found to be actively involved in the community as opposed to the men - in a more detailed presentation clear trends would probably emerge.

The Questions number 14 and 15 regarding contact with children appeared ambiguous and needed rephrasing to be more accurate. In terms of income it was found that 50% received a pension, 37,5% had investments which provided an income, and 50% were still working and receiving a salary. With some, it was also noted that they stated that they had retired originally, but found they could not cope with the increase in the cost of living, and were forced to go out and find work. In terms of health, 62,5% felt themselves fit, 25% saw a doctor occasionally, and 12,5% saw a doctor regularly although this was only for check-ups.

The sample were found to have varied interests and the amount of activity required was not linked to chronological age, e.g. the eldest (74 years) played bowls while some younger ones only read or knitted. Most were found to be actively involved in the community in one way or another which was to be expected as the questionnaire was aimed at these people. The facility most used was found to be the Library, followed closely by the City Hall, beaches and hotels.

The question (No. 24) on facilities was found to be difficult to answer due to the narrow typing space and some felt that of the items listed were duplicated.

What was found was that certain social services were available in Port Alfred which were not being utilised due to a lack of knowledge that such services existed.

It was obvious that a hospital and nursing home was the most urgently required, followed by meals-on-wheels, a geriatric ward, home health services, telephone reassurance service, transport services, and residential repair services. Only 37,5% had heard of a hospice and when it was explained, 87,5% felt it was a necessity. Climate attracted 62,5% of the sample to Port Alfred while 25% chose it due to relatives being nearby, and 25% chose it for the cost of living - which has risen to sharply in recent years so as to make it a negative factor at this stage, while only 12,5% retired there to a holiday home.

Most (75%) felt there was a urgent need for a hospital, the others felt transport services were more important and economic and sub- economic flatlets. A few (12,5%) made mention of water as a necessity (the male respondents - possibly more practical). Other necessities mentioned were entertainment facilities, a bridge club, cheaper rates and services, additional geriatric wards and institutional wing.

In the final question - which should have been filled in by the interviewer but due to the tendency of the aged to want to fill in the questionnaire themselves, was unable to, the interviewee's generally filled in a positive reflection of themselves.

APPENDIX "C"

1983 Questionnaire

RHODES UNIVERSITY

SOCIAL WORK MASTERS RESEARCH

ASSESSMENT OF THE SOCIAL NEEDS OF THE AGED RESIDENT IN PORT ALFRED

(All Replies STRICTLY CONFIDENTIAL)

INSTRUCTIONS

1. Please print clearly.
2. Mark with a cross where applicable.

1. SURNAME .....

2. CHRISTIAN NAMES .....

3. ADDRESS .....

4. SEX ..... MALE ..... FEMALE

5. AGE .....

6. MARITAL STATUS ..... SINGLE

..... MARRIED

..... DIVORCED

..... WIDOWED

..... LIVING TOGETHER

7. RELIGION .....

8. CHURCH ATTENDANCE ..... WEEKLY

..... MONTHLY

..... SPECIAL OCCASIONS

9. HIGHEST QUALIFICATION .....

10. PRESENT OCCUPATION .....

11. PERIOD RESIDENT IN PORT ALFRED

..... LESS THAN 5 YEARS

..... 5 - 10 YEARS

.....10 - 15 YEARS

.....OVER 15 YEARS

12. FREQUENCY OF CONTACT WITH CHILDREN

..... WEEKLY

..... MONTHLY

..... ANNUALLY

13. FREQUENCY THAT THE CHILDREN VISIT

..... WEEKLY

..... MONTHLY

..... ANNUALLY

14. SOURCE OF INCOME

..... EMPLOYER

..... INVESTMENTS

..... PENSION

..... GRANT

OTHER .....

15. HEALTH ..... GENERALLY FIT

..... OCCASIONAL TREATMENT REQUIRED

..... REGULAR TREATMENT REQUIRED

16. DISABILITIES .....

17. MOBILITY ..... GOOD

..... AVERAGE

..... POOR

18. INTERESTS AND HOBBIES .....

19. PARTICIPATION IN COMMUNITY AFFAIRS

..... BENEVOLENT SOCIETY

..... GOODWILL CLUB

..... RED CROSS

..... POLITICAL PARTY

..... CHURCH ORGANIZATION

OTHER .....

20. FACILITIES USED

..... HALLS

..... LIBRARY

..... CHURCHES

..... BEACHES

..... HOTELS

..... CITY HALL

..... SPORT COMPLEXES

..... OTHER

21. FACILITIES FELT TO BE LACKING

..... HOSPITAL

..... GERIATRIC MEDICAL TEAM

..... NURSING HOME

..... HOME HEALTH SERVICES

..... MEALS ON WHEELS

..... SHOPPING SERVICE

..... TAX SERVICES

..... LEGAL AID SERVICE

..... RESIDENTIAL REPAIR SERVICES

..... HOUSING AID SERVICE

..... ESCORT SERVICES

..... INFORMATION SERVICE

..... BOOKLET ON SOCIAL RESOURCES

..... TRANSPORTATION SERVICE

..... EMPLOYMENT AGENCY

..... ECONOMIC HOUSING

..... SUB-ECONOMIC HOUSING

..... READER/WRITER SERVICES

..... CONGREGATE MEALS

..... ADDITIONAL GERIATRIC WARDS

..... CONTINUING EDUCATION POSSIBILITIES

..... CRISIS CENTRE

..... CHURCH CONTACT VISITORS

..... FITNESS CLASSES

..... ENTERTAINMENT

..... HOLIDAY ENTERTAINMENT

22. DO YOU KNOW WHAT A HOSPICE IS? .... YES .... NO

23. DO YOU SEE A NECESSITY FOR ONE? .... YES .... NO

24. WHY DID YOU CHOOSE PORT ALFRED?

..... CLIMATE

..... FRIENDS

..... RELATIVES

..... COST OF LIVING

..... PACE OF LIFE

..... SIZE

..... SPORTING FACILITIES

..... HOLIDAY HOME

OTHER .....

25. STATE IN ORDER OF IMPORTANCE - THE FACILITIES/RESOURCES MOST NEEDED

1. .....

2. .....

3. .....

Thank you.

APPENDIX "D"

1983
RESULTS

4. Sex

TABLE 1

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Male	3	0	1	1	0	1	5	1	12	16.9
Femal	7	10	9	9	10	9	5	0	59	83.1
Total	10	10	10	10	10	10	10	1	71	100

5. Age

TABLE 2

Age in years	Number	Percentage
Unknown	5	7
56 to 60 years	2	2.8
61 to 65 years	9	12.6
66 to 70 years	8	11.2
71 to 75 years	15	21
76 to 80 years	20	28
81 to 85 years	10	14
86 to 90 years	2	2.8
Total	71	100

6. Marital status

TABLE 3

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Sepera	0	0	0	1	0	0	0	0	1	1.41
Single	1	2	0	0	5	9	0	0	17	23.9
Marrie	5	2	5	4	0	1	6	0	23	32.3
Divorc	0	0	0	0	1	0	0	0	1	1.41
Wido	4	6	6	5	4	0	4	1	29	40.8
Liv.to	0	0	0	0	0	0	0	0	0	0
Total	10	10	10	10	10	10	10	1	71	100

7. Religion

TABLE 4

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Protest	2	1	0	1	2	0	0	0	6	8.4
R. Cat	1	1	1	0	2	9	1	0	15	21.1
Metho	5	2	3	3	1	1	1	0	16	22.5
Wesle	1	0	0	0	0	0	0	0	1	1.4
Anglic	0	14	4	3	5	0	5	1	22	30.9
C.o.En	0	1	0	0	0	0	0	0	1	1.4
Assem	0	0	1	0	0	0	0	0	1	1.4
Baptist	0	0	0	1	0	0	1	0	2	2.8
F. Gos	0	0	0	0	0	0	1	0	1	1.4
Unkno	1	1	1	2	0	0	1	0	6	8.4
Total	10	10	10	10	10	10	10	1	71	100

8. Church attendance

TABLE 5

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Daily	0	0	0	0	2	9	0	0	11	15.4
Wekly	7	6	5	6	4	1	8	1	38	53.5
Month	0	0	2	2	2	0	0	0	6	8.4
Specia	2	3	2	2	2	0	2	0	13	18.3
Unkn	1	1	1	0	0	0	0	0	3	4.2
Total	10	10	10	10	10	10	10	1	71	100

9. Highest qualification

TABLE 6

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Std 6	1	0	1	0	0	0	0	0	2	2.8
Std 7	0	0	0	0	1	0	0	0	1	1.4
Std 8	0	1	0	0	0	1	3	0	5	7
Std 9	0	0	1	1	0	0	0	0	2	2.8
Matric	5	1	1	5	0	2	2	0	16	22.5
Degre	0	0	0	1	0	0	0	1	2	2.8
Honou	1	1	0	1	0	0	0	0	3	4.2
Tdip	2	2	2	0	5	3	3	0	17	23.9
Secret	0	0	1	0	0	3	0	0	4	5.6
Nurse	0	1	1	0	2	0	0	0	4	5.6
Other	0	1	3	1	1	1	1	0	8	11.2
Unkn	1	3	0	1	1	0	1	0	7	9.8
Total	10	10	10	10	10	10	10	1	71	100

10. Present occupation

TABLE 7

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Retire	10	9	10	8	9	10	8	1	65	91.5
Emplo	0	1	0	2	1	0	2	0	6	8.5
Total	10	10	10	10	10	10	10	1	71	100

11. Period resident in Port Alfred

TABLE 8

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
< 5yr	5	1	3	1	6	4	2	1	23	32.3
5-10yr	2	2	3	3	0	3	2	0	15	21.2
10-15y	0	3	1	1	0	2	2	0	9	12.7
> 15yr	3	4	3	5	4	1	4	0	24	33.8
Total	10	10	10	10	10	10	10	1	71	100

12. Frequency of contact with children

TABLE 9

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Wekly	5	3	3	2	0	0	4	1	18	25.4
Motly	1	2	0	1	2	0	2	0	8	11.3
Annul	2	2	5	5	2	1	2	0	19	26.7
Unkn	2	3	2	2	6	9	2	0	26	36.6
Total	10	10	10	10	10	10	10	1	71	100

13. Frequency that the children visit

TABLE 10

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Wekly	2	2	1	1	0	0	3	1	10	14
Motly	1	2	0	1	2	0	2	0	8	11.3
Annul	5	5	4	7	1	1	1	0	24	33.8
Unkn	3	3	3	1	6	9	4	0	29	40.9
Total	10	10	10	10	10	10	10	1	71	100

14. Source of income

TABLE 11

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Emplo	0	1	0	1	0	0	2	0	4	5.6
Invest	9	6	7	6	5	1	5	0	39	54.9
Pensio	7	6	8	4	9	9	6	1	50	70.5
Grant	0	1	0	0	0	0	0	0	1	1.4
Other	1	0	1	2	0	0	0	0	4	5.6
Total	10	10	10	10	10	10	10	1	71	100

15. Health

TABLE 12

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Fit	4	7	6	8	4	1	6	1	37	52.1
Occ.tr	5	2	4	2	5	4	1	0	23	32.4
Reg.tr	1	1	0	0	1	5	3	0	11	15.5
Total	10	10	10	10	10	10	10	1	71	100

16. Disabilities

TABLE 13

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Angin	1	0	1	0	0	0	0	0	2	2.8
Arthrit	3	1	0	1	0	0	0	0	5	7
Stoma	1	0	0	0	0	0	0	0	1	1.4
Hips	0	1	0	0	0	0	0	0	1	1.4
Eyes	0	0	0	0	2	3	0	0	5	7
Back	0	0	0	0	1	0	0	0	1	1.4
Ears	1	0	1	0	1	0	0	0	3	4.2
Other	2	1	0	1	2	2	0	0	8	11.4

17. Mobility

TABLE 14

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Good	8	7	7	9	5	8	5	1	50	70.4
Ave	2	2	3	1	3	0	3	0	14	19.7
Poor	0	1	0	0	2	2	2	0	7	9.9
Total	10	10	10	10	10	10	10	1	71	100

18. Interests and hobbies

TABLE 15

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Writ	1	1	0	1	0	0	2	0	5	7
Natu	3	2	7	5	1	2	5	0	25	35.2
Read	3	2	7	5	1	2	5	0	23	33.4
Sew	1	3	0	4	3	3	1	0	15	21.1
Knit	3	2	2	4	3	7	1	0	22	31
Card	2	4	6	0	1	0	1	0	14	19.2
Xwd	0	1	0	0	1	3	0	0	5	7
Sport	4	0	6	3	1	1	8	0	23	33.4
Chur	2	1	2	0	0	0	0	0	5	7
Char	2	4	3	1	1	0	2	0	13	18.3
Other	5	1	3	7	5	2	5	1	38	53.5

19. Participation in community affairs

TABLE 16

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
BenS	2	4	2	4	1	0	4	0	17	23.9
GwC	4	7	7	6	5	0	2	0	31	43.6
Redx	4	4	1	0	1	0	2	0	12	16.9
Pol	1	1	0	0	1	0	4	0	8	11.3
Chur	6	3	2	3	3	10	7	0	34	47.9
Other	5	0	4	1	0	1	4	0	15	21.1

20. Facilities used

TABLE 17

Group	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Hall	4	3	3	7	4	1	2	0	24	33.8
Librar	6	7	7	9	7	3	7	1	47	66.2
Churc	7	4	2	6	5	8	8	0	40	56.3
Beach	7	4	6	7	6	8	6	0	44	61.9
Hotel	3	3	3	5	2	0	5	0	21	29.6
CitHal	6	4	6	5	3	5	3	0	32	45
SportC	2	2	5	2	2	1	3	0	17	23.9
Other	0	1	0	3	0	0	0	0	4	5.6

21. Facilities felt to be lacking

TABLE 18

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Hosp	8	9	10	10	8	9	10	1	65	91.5
GMe	4	4	5	2	3	7	2	0	27	38
NuH	4	5	1	0	1	1	4	0	16	22.5
HHS	2	0	0	2	3	9	0	0	15	21.1
Mo	4	0	3	1	4	9	5	0	26	36.6
Shop	4	0	1	0	3	9	1	0	18	25.4
Tax	2	1	3	1	2	1	0	0	10	14
Leg	4	1	3	2	3	2	0	0	15	21
RRe	4	1	3	2	0	1	2	0	13	18.3
HAS	2	1	1	0	1	5	0	0	10	14
EscS	3	0	3	1	0	3	3	0	13	18.3
InfoS	3	0	1	2	0	1	0	0	7	9.8
BSoc	2	2	1	3	3	3	0	0	14	19.7
Tran	6	5	5	6	4	2	5	0	33	46.5
Emp	3	1	0	2	2	1	2	1	12	16.9
Eco	2	2	2	5	2	4	3	0	20	28.1
SubE	2	4	5	5	4	6	5	0	31	43.7
Read	2	0	1	0	2	2	2	0	9	12.7
CoM	2	0	1	0	0	3	1	0	7	9.8
Ger	3	3	3	4	2	6	0	0	21	29.6
Educ	4	2	1	3	0	3	0	0	13	18.3
Cris	3	0	1	1	3	0	1	0	9	12.7
Ch.V	5	0	1	0	1	1	2	0	10	14
FitC	1	0	1	0	3	0	0	0	5	7
Ent	3	1	1	2	1	0	3	0	11	15.5
HolE	2	0	1	3	0	1	1	0	8	11.2
Airp	0	0	0	0	1	0	0	0	1	1.4

22. Know what a hospice is

TABLE 19

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Yes	7	8	7	9	5	9	9	1	55	77.5
No	2	2	2	1	4	0	1	0	12	16.9
Unkn	1	0	1	0	1	1	0	0	4	5.6
Total	10	10	10	10	10	10	10	1	71	100

23. See a necessity for a hospice

TABLE 20

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Yes	3	3	5	5	2	2	6	0	26	36.6
No	4	2	2	4	4	5	2	0	23	32.4
Unkn	3	5	3	1	4	3	2	1	22	31
Total	10	10	10	10	10	10	10	1	71	100

24. Why chose Port Alfred

TABLE 21

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Climat	3	4	6	7	3	6	4	1	34	47.9
Friend	3	4	3	3	2	0	1	0	16	22.5
Relat	5	4	3	6	3	0	2	0	23	32.4
CoLiv	1	2	4	4	2	0	0	0	13	18.3
PoLife	5	5	6	7	3	4	5	0	35	49.3
Size	4	3	5	5	3	6	5	0	31	43.7
Sport	2	2	5	3	1	0	2	0	15	21.1
Holid	2	2	3	4	1	6	2	0	20	28.1
Other	4	1	2	2	4	0	3	0	16	22.5

25. In order of importance the facilities / resources most needed

TABLE 22

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Total	%
Water	2	1	1	1	1	0	0	7	9.8	
Hospit	7	6	2	7	5	9	10	0	46	64.8
Housi	2	2	5	4	0	0	4	0	17	23.9
Educa	0	2	0	1	0	0	0	0	3	4.2
Trans	0	1	2	3	2	0	2	0	10	14.1
Taxi	2	1	0	2	2	0	1	0	8	11.3
Airp	1	0	0	0	1	0	0	0	2	2.8
Hspice	0	1	0	0	0	9	0	0	10	14.1
Secur	0	1	0	0	0	0	0	0	1	1.4
Other	6	5	1	4	6	9	7	0	38	53.5

APPENDIX "E"

1991 QUESTIONNAIRE

PHYSICAL CIRCUMSTANCES

1 NAME _____

2. ADDRESS _____

3. TEL NO _____

4. MESSAGES/CONTACT NO'S _____

5. BIRTH DATE _____

6. AGE _____

7. HIGHEST QUALIFICATION _____

8. Marital Status? SINGLE / MARRIED / SEPARATED / DIVORCED / WIDOWED

9. Health? EXCELLENT / GOOD / FAIR / POOR / BEDRIDDEN

10. Sport? REGULAR / OCCASIONAL / SELDOM / NEVER

11. Period resident in Port Alfred (Years)? < 5 / < 10 / < 15 / >

12. Do you feel the medical facilities are GOOD / ADEQUATE / POOR

13. Do you feel the geriatric care facilities are GOOD / ADEQUATE / POOR

FINANCIAL CIRCUMSTANCES

14. Income? 0-500 / < 1000 / < 2000 / < 3 00 / < 4000 / < 5000 / >

15. Source of income? EMPLOYER/INVESTMENTS/PENSION/GRANT/OTHER

16. Owner of property residing in? YES / NO

17. Owner of property elsewhere? YES / NO

18. Transport? OWN CAR / FRIENDS / BUS SERVICE

19. Employment? CURRENT / RECENT / RETIRED

20. Is your income sufficient to meet your needs? YES / NO

SOCIAL CIRCUMSTANCES

21. Accommodation? LIVE ALONE / WITH SPOUSE / WITH FRIEND / COMMUNAL

22. Outings? FRIENDS / COMMUNITY CENTRES / CLUBS / CHURCH

23. Do you consider your life a success? YES / MOSTLY / PARTLY / NO

24. Do you consider your marriage a success? YES / MOSTLY / PARTLY / NO

25. Do you consider your career a success? YES / MOSTLY / PARTLY / NO / N/A

26. Do you consider the above to be interrelated? YES / NO

27. Reason for choosing Port Alfred:

CLIMATE / FRIENDS / RELATIVES / COST OF LIVING / PACE/SIZE / SPORT / HOLIDAY

28.

PROPERTY PRICES / DEVELOPMENT / FACILITIES / COST OF LIVING / HOLIDAYS

EMOTIONAL CIRCUMSTANCES

29. Do you have a friend to turn to in time of need? YES / MAYBE / NO

30. Do you have a professional person to turn to? YES / MAYBE / NO

31. Do you have a support group? YES / MAYBE / NO

32. Does your family support you? YES / MAYBE / NO

33. Are you generally HAPPY / COMPLACENT / SAD / DEPRESSED

INTELLECTUAL CIRCUMSTANCES

34. Do you READ / STUDY / WATCH TV / WRITE / LISTEN TO RADIO

35. Do you feel your resources for the above are adequate? YES / NO

SPIRITUAL CIRCUMSTANCES

36. Do you attend church? REGULARLY / OCCASIONALLY / SELDOM / NEVER

37. Do you feel at peace with Your Maker? YES / MOSTLY / PARTLY / NO / N/A

38. Do you fear your mortality? YES / SOMETIMES / NEVER

39. Do you see the need for a Hospice? YES / NO

40. COMMENTS _____

_____

_____

_____

_____

_____

_____

_____

INTERVIEWED BY: _____ **DATE:** _____ **TIME:** _____

APPENDIX "F"

1991

STATISTICAL RESULTS USING TABLES

As there were 100 in the sample, the final column total is also the percentage.

1. Sex

TABLE 23

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Male	2	2	2	5	1	4	3	0	3	4	26
Femal	8	8	8	5	9	6	7	10	7	6	74
Total	10	10	10	10	10	10	10	10	10	10	100

6. Age

TABLE 24

Age in years	Number and Percentage
49-54	4
55-59	5
60-64	9
65-69	14
70-74	13
75-79	22
80-84	20
85-89	9
90-94	4

7. Highest qualification

TABLE 25

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Std 6	1	1	1	0	2	1	1	0	0	0	7
Std 7	1	1	1	1	0	0	2	2	1	0	9
Std 8	1	2	2	1	0	2	1	2	3	4	18
Std 9	0	0	0	0	0	0	0	1	0	1	2
Matri	4	1	2	5	5	3	5	2	4	5	36
BA	3	1	0	0	1	0	1	0	0	0	6
Hon	0	0	1	0	0	0	0	0	0	0	1
Tdipl	0	1	1	0	0	0	0	0	0	0	2
Nurse	0	1	1	1	1	0	0	3	0	0	7
Other	0	2	0	2	1	3	0	0	2	0	12
Total	10	10	10	10	10	10	10	10	10	10	100

8. Marital status

TABLE 26

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Singl	0	1	0	2	0	0	1	0	1	0	5
Marri	3	4	4	5	4	3	4	3	3	8	41
Seper	0	0	0	0	0	0	0	0	0	0	0
Divor	1	0	1	0	0	2	0	0	1	0	5
Wido	6	5	5	3	6	5	5	7	5	2	49
Total	10	10	10	10	10	10	10	10	10	10	100

9. Health

TABLE 27

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Excel	2	2	0	1	4	1	3	2	3	3	21
Good	5	3	5	3	3	3	4	5	3	6	40
Fair	3	4	2	4	2	5	2	2	4	1	29
Poor	0	1	2	2	1	1	1	1	0	0	9
Bedr	0	0	1	0	0	0	0	0	0	0	1
Total	10	10	10	10	10	10	10	10	10	10	100

10. Play sport

TABLE 28

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Regul	2	3	2	2	3	2	1	4	1	4	24
Occas	1	0	0	0	1	0	2	0	0	0	4
Seldo	0	0	2	1	0	0	0	0	0	1	4
Never	7	7	6	7	6	8	7	6	9	5	68
Total	10	10	10	10	10	10	10	10	10	10	100

11. Period resident in Port Alfred

TABLE 29

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
<5	0	3	3	3	3	5	1	2	4	8	32
<10	4	3	3	3	0	3	1	4	3	0	24
<15	2	1	0	0	3	1	5	2	1	2	17
>15	4	3	4	4	4	1	3	2	2	0	27
Total	10	10	10	10	10	10	10	10	10	10	100

12. Medical facilities

TABLE 30

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Good	1	2	5	4	4	4	5	6	5	3	39
Aver	5	5	4	0	3	1	4	2	3	4	31
Poor	4	3	1	6	3	5	1	2	2	3	30
Total	10	10	10	10	10	10	10	10	10	10	100

13. Geriatric facilities

TABLE 31

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Good	3	0	4	3	6	6	8	6	5	1	42
Adeq	2	4	3	1	1	0	1	3	1	6	22
Poor	5	6	3	6	3	4	1	1	4	3	36
Total	10	10	10	10	10	10	10	10	10	10	100

14. Income

TABLE 32

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Unk	0	3	3	3	3	0	1	3	3	0	19
<5h	1	4	3	2	2	4	3	2	2	1	24
<1th	3	2	1	2	2	4	2	2	4	3	25
<2th	4	0	3	2	1	1	2	2	0	2	17
<3th	2	0	0	0	1	1	1	1	0	3	9
<4th	0	0	0	1	1	0	1	0	1	0	4
<5th	0	1	0	0	0	0	0	0	0	1	2
Total	10	10	10	10	10	10	10	10	10	10	100

15. Source of income

TABLE 33

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Empl	0	0	0	0	0	0	0	0	0	2	2
Inves	8	6	5	6	6	6	4	5	5	7	58
Pensi	4	4	8	5	4	9	6	9	8	8	65
Grant	0	0	0	0	0	1	0	0	0	0	1
Other	1	3	0	0	2	0	2	1	1	0	10
Unkn	2	0	0	0	1	0	0	0	0	0	3

16. Owner of property in Port Alfred

TABLE 34

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	5	5	4	5	7	5	3	5	6	7	52
No	5	5	6	5	3	5	7	5	4	3	48
Total	10	10	10	10	10	10	10	10	10	10	100

17. Owner of property elsewhere

TABLE 35

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	1	0	0	1	1	0	0	3	0	0	6
No	9	10	10	9	9	10	10	7	10	10	94
Total	10	10	10	10	10	10	10	10	10	10	100

18. Transport

TABLE 36

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Own	7	7	6	7	5	6	4	7	5	8	62
Frien	1	3	1	1	2	2	2	0	2	2	16
Bus	2	0	4	2	3	1	4	2	3	0	21
N/A	0	0	0	0	0	1	0	1	0	0	2
Total	10	10	10	10	10	10	10	10	10	10	100

19. Employment

TABLE 37

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Curre	1	0	0	0	0	0	0	0	0	1	2
Retir	10	9	10	10	10	10	10	10	10	9	98
Total	10	10	10	10	10	10	10	10	10	10	100

20. Income sufficient

TABLE 38

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	8	8	7	7	9	7	10	8	10	9	83
No	2	2	3	3	1	3	0	2	0	1	17
Total	10	10	10	10	10	10	10	10	10	10	100

21. Accomodation

TABLE 39

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Alone	6	6	3	3	5	6	3	6	2	2	42
Spous	2	3	4	5	3	3	4	3	3	8	38
Frien	0	0	0	1	0	0	0	0	0	0	1
Com	1	0	3	1	2	1	3	1	5	0	17
Famil	1	1	0	0	0	0	0	0	0	0	2
Total	10	10	10	10	10	10	10	10	10	10	100

22. Outings

TABLE 40

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Frd	6	7	6	9	7	4	4	8	9	10	67
Com	2	3	6	4	1	6	5	3	4	1	35
Clb	5	3	3	3	1	2	3	2	5	4	31
Chu	6	9	4	7	5	6	6	6	6	5	60
N/A	0	0	2	1	1	0	0	0	0	0	4

23. View life a success

TABLE 41

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	8	5	8	6	8	7	7	8	6	8	71
Motly	1	4	1	2	2	2	3	2	4	0	21
Partly	1	1	1	0	0	0	0	0	0	2	5
No	0	0	0	2	0	1	0	0	0	0	3
Total	10	10	10	10	10	10	10	10	10	10	100

24. View their marriage a success

TABLE 42

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	8	7	8	8	9	8	9	10	8	9	84
Motly	0	1	1	0	1	0	0	0	0	0	3
Partly	1	0	0	0	0	0	0	0	0	0	1
No	1	1	1	0	0	1	0	0	1	0	5
N/A	0	1	0	2	0	1	1	0	1	1	7
Total	10	10	10	10	10	10	10	10	10	10	100

25. View their career a success

TABLE 43

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	3	3	5	9	8	7	3	6	4	8	56
Motly	1	1	1	0	1	0	1	0	4	1	10
Partly	0	1	1	1	0	0	1	0	0	1	5
No	0	0	0	0	0	1	0	0	0	0	1
N/A	6	5	3	0	1	2	5	4	2	0	28
Total	10	10	10	10	10	10	10	10	10	10	100

26. Feel life / marriage / career success are inter-related

TABLE 44

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	8	10	8	10	10	8	9	9	9	9	90
No	1	0	2	0	0	1	1	1	1	1	8
Unsur	1	0	0	0	0	1	0	0	0	0	2
Total	10	10	10	10	10	10	10	10	10	10	100

27. Reason chose Port Alfred

TABLE 45

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Clim	3	1	4	4	3	3	3	2	4	5	32
Frien	3	3	3	2	1	1	2	1	0	2	18
Relat	2	4	2	4	5	4	1	3	2	2	29
CoLiv	1	0	0	1	1	1	2	0	1	0	7
Pace	2	0	0	2	1	0	0	1	3	4	13
Job	0	0	0	0	0	1	0	1	0	1	3
Size	0	2	0	1	0	1	0	0	3	2	9
Sport	1	0	2	0	0	0	1	1	0	0	5
Holid	2	1	3	2	3	3	5	3	2	6	30
28.P	0	0	0	1	0	0	0	0	1	0	2
Devel	0	0	0	0	0	0	0	0	0	0	0
Facil	1	1	4	2	3	2	1	4	4	2	24
Husb	1	0	0	2	0	0	0	0	3	0	6

29. Have a friend to turn to in time of need

TABLE 46

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	9	10	10	9	10	10	10	9	8	10	95
Mayb	0	0	0	0	0	0	0	0	1	0	1
No	1	0	0	1	0	0	0	1	1	0	4
Total	10	10	10	10	10	10	10	10	10	10	100

30. Have a professional person to turn to

TABLE 47

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	9	8	8	9	9	8	9	8	9	10	87
Mayb	0	0	1	0	1	1	1	1	0	5	5
No	1	2	1	1	0	1	0	1	1	0	8
Total	10	10	10	10	10	10	10	10	10	10	100

31. Have a support group

TABLE 48

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	3	5	5	4	5	5	8	4	3	5	47
No	6	4	5	4	4	4	2	5	6	5	45
Mayb	1	1	0	2	1	1	0	1	1	0	8
Total	10	10	10	10	10	10	10	10	10	10	100

32. Family give support

TABLE 49

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	6	9	6	7	7	6	8	9	7	8	73
No	2	0	3	3	2	3	2	1	2	0	18
Some	2	1	1	0	1	1	0	0	1	2	9
Total	10	10	10	10	10	10	10	10	10	10	100

33. Generally feel

TABLE 50

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Happ	7	6	9	10	10	8	10	10	8	8	86
Comp	3	3	1	0	0	1	0	0	1	2	11
Sad	0	0	0	0	0	0	0	0	1	0	1
Depr	0	1	0	0	0	1	0	0	0	0	2
Total	10	10	10	10	10	10	10	10	10	10	100

34. Activities

TABLE 51

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Read	8	10	8	9	10	10	9	6	10	9	89
Study	1	3	0	1	1	2	1	2	1	0	12
TV	9	7	8	9	9	10	8	9	9	8	86
Write	6	6	2	6	3	6	6	9	6	5	55
Radio	9	9	7	9	6	9	9	8	9	7	82
Other	0	0	2	0	3	1	0	1	2	1	10

35. Resources for the above adequate

TABLE 52

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	10	10	10	10	9	10	10	10	9	10	98
No	0	0	0	0	1	0	0	0	1	0	2
Total	10	10	10	10	10	10	10	10	10	10	100

36. Church attendance

TABLE 53

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Regul	6	4	3	3	6	3	8	6	5	3	47
Occas	5	3	4	2	3	0	1	1	2	22	
Seldo	1	1	0	0	1	1	2	0	1	1	8
Never	2	0	4	3	1	3	0	3	3	4	23
Total	10	10	10	10	10	10	10	10	10	10	100

37. At peace with their Maker

TABLE 54

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	8	9	9	8	10	10	8	9	9	9	89
Mostl	1	1	0	10	0	0	2	0	0	0	5
Partly	0	0	0	0	0	0	0	0	0	0	0
No	0	0	0	1	0	0	0	0	0	0	1
N/A	1	0	1	0	0	0	0	1	1	1	5
Total	10	10	10	10	10	10	10	10	10	10	100

38. Fear their mortality

TABLE 55

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	1	0	2	0	0	0	1	2	1	1	8
Some	4	2	2	1	2	2	3	0	6	1	23
Never	5	8	6	9	8	8	6	8	3	8	69
Total	10	10	10	10	10	10	10	10	10	10	100

39. Felt the need for a hospice

TABLE 56

Grp	Gp 1	Gp 2	Gp 3	Gp 4	Gp 5	Gp 6	Gp 7	Gp 8	Gp 9	Gp 10	%
Yes	5	7	9	10	8	6	9	9	8	10	81
No	5	3	1	0	2	4	1	1	2	0	19
Total	10	10	10	10	10	10	10	10	10	10	100

APPENDIX "G"

INTERVIEWER'S GUIDE TO THE QUESTIONNAIRE

PHYSICAL CIRCUMSTANCES

1. NAME **Fill in full name**
2. ADDRESS **Fill in postal and full address**
3. TEL NO
4. MESSAGES/CONTACT NO'S **of e.g. Sister / Friend**
5. BIRTH DATE
6. AGE
7. HIGHEST QUALIFICATION **e.g. Std 6 / B. Degree**

8. Marital Status? SINGLE / MARRIED / SEPARATED / DIVORCED / WIDOWED

   Probe current & past i.e. number of times married & number them in the appropriate boxes.

9. Health? EXCELLENT / GOOD / FAIR / POOR / BEDRIDDEN

   If don't agree with comment, use own discretion.

10. Sport? REGULAR / OCCASIONAL / SELDOM / NEVER

11. Period resident in Port Alfred (Years)? < 5 / < 10 / < 15 / >

12. Do you feel the medical facilities are GOOD / ADEQUATE / POOR

13. Do you feel the geriatric care facilities are GOOD / ADEQUATE / POOR

FINANCIAL CIRCUMSTANCES

TICK ALL APPLICABLE

14. Income? 0-500 / < 1000 / < 2000 / < 3000 / < 4000 / < 5000 / >

15. Source of income? EMPLOYER / INVESTMENTS / PENSION / GRANT / OTHER

16. Owner of property residing in? YES / NO

17. Owner of property elsewhere? YES / NO

18. Transport? OWN CAR / FRIENDS / BUS SERVICE

19. Employment? CURRENT / RECENT / RETIRED

20. Is your income sufficient to meet your needs? YES / NO

SOCIAL CIRCUMSTANCES

21. Accommodation? LIVE ALONE/WITH SPOUSE/WITH FRIEND/COMMUNAL

22. Outings? FRIENDS / COMMUNITY CENTRES / CLUBS / CHURCH

23. Do you consider your life a success? YES / MOSTLY / PARTLY / NO

24. Do you consider your marriage a success? YES / MOSTLY / PARTLY / NO

If it is a joint interview, use your discretion regarding answer.

25. Do you consider your career a success? YES / MOSTLY / PARTLY / NO / N/A

26. Do you consider the above to be interrelated? YES / NO

27. Reason for choosing Port Alfred: **TICK ANY**

CLIMATE / FRIENDS / RELATIVES / COST OF LIVING / PACE / SIZE / SPORT / HOLIDAY

28.

PROPERTY PRICES / DEVELOPMENT / FACILITIES / COST OF LIVING / HOLIDAYS

EMOTIONAL CIRCUMSTANCES

29. Do you have a friend to turn to in time of need? YES / MAYBE / NO

30. Do you have a professional person to turn to? YES / MAYBE / NO

31. Do you have a support group? YES / MAYBE / NO

32. Does your family support you? YES / MAYBE / NO

33. Are you generally HAPPY / COMPLACENT / SAD / DEPRESSED

INTELLECTUAL CIRCUMSTANCES

34. Do you READ / STUDY / WATCH TV / WRITE / LISTEN TO RADIO

35. Do you feel your resources for the above are adequate? YES / NO

SPIRITUAL CIRCUMSTANCES

36. Do you attend church? REGULARLY / OCCASIONALLY / SELDOM / NEVER

37. Do you feel at peace with Your Maker? YES / MOSTLY / PARTLY / NO / N/A

38. Do you fear your mortality? YES / SOMETIMES / NEVER

39. Do you see the need for a Hospice? YES / NO

40. COMMENTS_____

_____

_____

_____

_____

_____

_____

NOTES TO INTERVIEWERS

- The questionnaire is to be administered, not filled in by the interviewee although they may follow on a spare unused copy.

- Interviewees should not be compared but perhaps assisted with explanations where necessary.

- Most questions apply to their current situation, the noticeable exception being marital status (No. 8) where it is preferable to have them in order i.e. (1) married, (2) widowed, (3) married, (4) divorced.

- Where more than one answer applies, tick all applicable.

- Under **COMMENTS** (No. 40) indicate impressions of the interviewee i.e. helpful, friendly, aggressive **and/or** note any relevant comments made by them during the interview e.g. Port Alfred was a nice place to be in, **OR** they have never regretted retiring there and see only positive movement.

- Any further questions, please call me at (011) 886-2217 or 886-5631 after hours.

APPENDIX "H"

METHOD & SAMPLING

NOTES FOR INTERVIEWERS

METHOD:

The method that will be used to administer 100 questionnaires to a sample of the aged, retired, preferably over 60 population of Port Alfred. According to the last census, the Total population over 60 years of age is 1 200, therefore 100 will be an adequate sample (and a useful number to work with for statistical purposes).

SAMPLE:

Due to the difficulty in identifying the retired aged using normal sampling methods, the sample will by necessity be selected from the following service/aged institutions:

- Settlers Park Red Cross Service Centre, York Road, Tel. 244255 - contact person Mr. Nigel Coster, 38 Park Road, Tel. 41761. Size: 230, sample: 30-45 names. Allow the Matron to assist in selecting those most able to answer the questions.
- Damant Lodge, Southwell Road, Tel. 42555. Obtain names from the Matron, Helen Landsdell, Tel.(H)42137 and allow her to assist in selecting the sample of 20-30 names. Size: 60 in the Lodge (of whom 28 are geriatric), 38 in 36 cottages, and 12 in 10 flats - Total of 110.
- Benevolent Society, Pearce Street - contact Mrs. Joyce Heny, Tel. 41535. Sample of 10-15 names and addresses.
- Goodwill Club, contact Dulcie Gordon, Tel. 41885, for a sample of 10-15 names and addresses or attend a meeting on a Wednesday to administer to attendants of meeting - discuss with Dulcie in either case.
- Port Alfred Nursing Services, contact Mrs. McCrae, Tel. 41417 for a sample of 10-15 names and addresses.
- Care Givers, contact Mrs. Thora Ford, Tel. 43145 for a sample of 10-15 names and addresses.

In each case, the desired number of completed questionnaires is the first figure, but where a name on the list is not available, simply move on to the next name and stop when the desired number for that sample is reached.

MEETING POINT:

Heather Haller, Publicity Officer, Port Alfred Publicity Association, Tel. 41235, Fax 43531, has offered her offices as a central point to work from and also a point where I can be contacted if need be. She also knows the area which should prove useful.

As a back-up, should the above exercise run into any problems, people can be sourced at the local bowling/golf clubs:

Bowls Clubhouse	Thursday/Saturday afternoons	Tel. 42500
Golf Club "1820's Club"	Thursday mornings	Tel. 41355

NOTES:

With Port Alfred being a small place, no doubt some duplicate names will come up on the lists. Hopefully the extra names will cover this eventually, if not, make up the names elsewhere. The end results must be 100 correctly filled in questionnaires! There are no room for errors!.

The above contact persons have been informed of the research, and need to be notified when it will take place so they can have their lists ready. If they qualify, they may be part of the sample.

HAVE FUN! & THANK YOU!

Brent Stephens
P O Box 783047
SANDTON
2146

Tel.(011)886-2217 (**Office Hours**)
Tel.(011)886-5631 (**After Hours**)

APPENDIX "J"

TABLES OF 1983 / 1991 COMPARISON

1. Sex

TABLE 57

1983 male	17
1991 male	26
1983 female	83
1991 female	74

2. Age

TABLE 58

1983 youngest	60
1991 youngest	49
1983 oldest	90
1991 oldest	94
1983 average	73
1991 average	73

3. Marital status

TABLE 59

Single 1983	24
Single 1991	5
Married 1983	33
Married 1991	41
Separated 1983	1
Separated 1991	0
Divorced 1983	1
Divorced 1991	5
Widowed 1983	41
Widowed 1991	49

4. Church attendance

TABLE 60

Daily 1983	16
Daily 1991	0
Weekly 1983	53
Weekly 1991	47
Monthly 1983	9
Monthly 1991	22
Seldom 1983	18
Seldom 1991	8
Never 1983	4
Never 1991	23

5. Highest qualification

TABLE 61

Std 6 1983	3
Std 6 1991	7
Std 7 1983	1
Std 7 1991	9
Std 8 1983	7
Std 8 1991	18
Std 9 1983	3
Std 9 1991	2
Matric 1983	23
Matric 1991	36
BA 1983	3
BA 1991	6
Honours 1983	4
Honours 1991	1
Teacher 1983	23
Teacher 1991	2
Nurse 1983	6
Nurse 1991	7
Other 1983	21
Other 1991	12

6. Period resident in Port Alfred

TABLE 62

Less than 5 years 1983	32
Less than 5 Years 1991	32
5 - 10 Years 1983	21
5 - 10 Years 1991	24
10 - 15 Years 1983	12
10 - 15 Years 1991	17
More than 15 Years 1983	33
More than 15 Years 1991	27

7. Source of income

TABLE 63

Employer 1983	6
Employer 1991	2
Invest 1983	55
Invest 1991	58
Pension 1983	71
Pension 1991	65
Grant 1983	1
Grant 1991	1
Other 1983	6
Other 1991	10
Unknown 1983	0
Unknown 1991	2

8. Health

TABLE 64

Fit 1983	52
Fit 1991	61
Fair 1983	32
Fair 1991	29
Poor 1983	16
Poor 1991	10

9. Felt a hospice was needed

TABLE 65

Yes 1983	37
Yes 1991	81
No 1983	32
No 1991	19
Undecided 1983	31
Undecided 1991	0

10. Why chose Port Alfred

TABLE 66

Climate 1983	48
Climate 1991	32
Friends 1983	23
Friends 1991	18
Relatives 1983	32
Relatives 1991	29
Cost of L 1983	18
Cost of L 1991	7
Pace of L 1983	49
Pace of L 1991	13
Job 1983	0
Job 1991	3
Size 1983	44
Size 1991	9
Sport 1983	21
Sport 1991	5
Holiday 1983	28
Holiday 1991	30
Other 1983	23
Other 1991	32