

**THE IMPACT OF SOCIAL WORK PRACTICE AND QUALITY OF LIFE AMONG THE
ELDERLY. CASE STUDY NAKAWA DIVISION KAMPALA DISTRICT.**

BY

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**A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF HUMANITIES
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DECLARATION

I, KEMIGISA MELEX declare that this report was my original work and has never been presented for any academic award or anything similar to such. I humorlessly bear and stand to correct any inconsistencies

KEMIGISA MELEX

Signatures 


Date..... 24th / 09 / 2017

APPROVAL

This was to acknowledge that this report has been conducted under my supervision and it is now ready for submission to the academic board of Kampala international university for examination with my approval

University Supervisor

MS KOMUGISA RITAH

Signature.......... Date.....24/09/2017.....

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ABSTRACT

The study aimed at identifying the impact of social work practice on quality of life among the elderly. Case study Nakawa division Kampala district. The objectives of the study were; to determine the role of social work practice in ensuring quality of life among the elderly in Nakawa division, to identify the challenges social work practice face in ensuring quality of life among the elderly in Nakawa division and to find out the solutions to the challenges Social workers face in ensuring quality of life among the elderly in Nakawa division.

This study employed the descriptive survey design specifically the descriptive comparative and descriptive correlational strategies. It deals with the relationship between variables, testing of hypothesis and development of generalizations and use of theories that have universal validity. It also involved events that have already taken place and may be related to present conditions (Kothari, 2004) Further, descriptive surveys are used to discover causal relationships (descriptive correlational), differences (descriptive comparative), to provide precise quantitative description and to observe behavior (Treece & Treece, 1987) The findings showed that 56.7 of the respondents Strongly Agreed with the view that social work practice ensures crisis Intervention Skills, 25% Agreed, 10% Strongly Disagreed and 8.3% Disagreed. The researcher was unable to find a good instrument for this survey, which means possible areas of evaluation may have been missed or overlooked. It's recommended that future researchers should conduct a pilot of the instrument before using it. Some of the issues with this instrument was that terms overlapped one another, such as client feedback tool and assessment tool. Furthermore, allowing respondents to "choose all that apply" limited the ability to identify how many respondents identified each possible response. In future studies, researchers could try to compile other useful surveys that would strengthen the instrument. This would also allow further in-depth review of the evaluation process. Finally, rewording questions would eliminate the possibility of these errors.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter covered the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, scope of the study, and significance of the study.

1.1 Back ground of the study

Historically, social work placed little emphasis on the elderly until the late 1950s. The 1960s brought new and increased resources into the field through governmental policies providing public assistance, such as the Economic Opportunity Act (1964) and the Older Americans Act (1965). Social workers, acting as caseworkers in departments of public assistance and welfare, provided assistance and protective services to elderly individuals who were receiving state or federally funded old age pensions. Community action agencies funded by the Economic Opportunity Act offered opportunities for state social work activities that included community organizing and economic self-sufficiency programs. The Older Americans Act allowed for social casework and social group activities as well as education and organizing activities. In the early 1970s pressure was brought to bear on the mental health system to place more emphasis on programs to meet the needs of the elderly (Cox & Parsons, 1994).

Globally, both the United States and abroad, social work have been an essential component among the elderly for many years. Social work improve access to and increase utilization of primary health care, reduce costs of care, improve quality of care, and reduce health disparities. They achieve these goals by serving as the bridge between clients in need and needed health care and human services. In 1965, Massachusetts established one of the first social work programs under the Economic Opportunity Act of 1964. For over forty years, the Massachusetts Department of Public Health has supported the use of effective outreach through its funding of community-based agencies, as well as in its own public health services. (Brownstein JL, 1992)

Radical cuts in human services in the 1980s dismantled many of the sources of public assistance and social services for the elderly. However, funding of health services such as Medicaid and Medicare were greatly expanded during this same time period. The consequence was the “medicalization” of most services to older adults (Cox & Parsons, 1994, p. 10). Approximately 11% (3.7 million) of older Medicare enrollees received personal care from a paid or unpaid source in 1999. Accounts Commission (1999).

The medicalization or medical model approach forced many Social workers to work with older adults in medically controlled environments, rather than in social service or community agencies. The cuts in funding in social and community settings resulted in available positions filled by volunteers or untrained practice who were paid minimum wages. Current thinking is that the medicalization of services to older adults is necessary as there are about 31% (11.2 million) non-institutionalized older persons who live alone (8.3 million women and 2.9 million men) and 3.7 million older persons (9.7%) living below the poverty line in both 2007 and 2008.

An executive summary published by the Council on Social Work Education (CSWE) noted that there is a significant increase in the diversity and demographics of the aging population. As a result of these increases and changes, there “was a greater need for Social workers to use their skills to enhance the quality of life for older adults and their families and to assist them in navigating ever-changing and increasingly complex health, mental health, social service and community environments” (CSWE, 2001a, p. v). The executive summary notes that social work offers a comprehensive approach to meeting individual physical, emotional, social, and spiritual needs; this perspective or approach is essential in providing services to older Americans and their families. Age Concern Scotland (2004)

Due to this emerging awareness of the need for more social work practice in all types of agencies and settings that serve older adults, practice must articulate what they can contribute to the needs of an aging society and must develop the resources and settings

for making these contributions. Social workers need to “re-establish” their presence and roles in nursing homes, hospitals, home health care agencies, and other medical-model settings to provide interventions that focus on the social and emotional needs of the elderly as they cope with disability or illness and other health issues. Social workers are needed to assist with long-term care housing, income, and other needed resources. In the wider range of non-medical gerontological settings, such as senior centers, legal services, employment and volunteer programs, professional Social workers are needed to find resources and work with or train non Social work is crucial to modern mental health services. Excellent social work can transform the lives of people with mental health conditions and is an essential, highly valued part of multidisciplinary and multiagency systems of support. Yet across the adult mental health sector – from Social workers, employers and educationalists as well as from other professions – there is a call for greater clarity about professional social work priorities and roles. Ashton, P and Keady, J (1999)

In this era of public sector austerity, enormous change in the organisation of health and care services and professional reform and reinvigoration, it is timely to reassert the distinctive value and purpose of social work in mental health. Developing the impact of social work in mental health depends in part on the motivation and dedication of Social workers ourselves. Being a developing profession means taking more responsibility for our practice, our learning and the quality of what we do. This was, in part, what The College of Social Work (TCSW) exists to promote. Ashton, and Keady, (1999)

Social workers in adult mental health are some of the most motivated, capable and well trained in the profession. With the right support, we can help to transform mental health services in England. But this crucially also depends on those with authority and influence in the mental health system recognizing and harnessing the potential of the profession and setting the conditions for great social work. Ashton, (1999)

Social work is, by its very nature, contentious and this has shaped debates about its effectiveness from its beginnings as a profession (Cheetham et al. 1992). Since it has been suggested that some members of the general public – and indeed some academics

(for example, Epstein 2012) – regard social work as having a weaker evidence base than other professions (Hall 2008, Rubin and Parrish 2012), the starting point for this review is noting that interest in effectiveness of social work began earlier than is sometimes supposed (Newman and Roberts 1997, Gibbons 2001, Fisher 2013).

In particular, Fisher (2013: 21) cites Mary Ellen Richmond whose book *Social Diagnosis*, published in 1917, discussed the different types of evidence Social workers could use and the approaches they could take to using their knowledge.

Gibbons (2001) outlines a series of studies from the 1920s onwards in which Social workers became involved in evaluating different approaches to social problems. These included the Cambridge-Somerville Youth Study (Cabot 1940) in which an experimental group of boys living in Massachusetts were given counselling and mentoring and their progress was compared with a matched control group who were simply asked to report to the researchers from time to time so that they could record how the boys were doing. Unfortunately, the initial results from this study showed no difference between the two groups in terms of youth offending and, as time went on, overall outcomes for the treatment group in terms of offending rates, mental health problems and early mortality were actually worse than for the controls (McCord 1978).

Drawing on theories of social work, social sciences, psychology, humanities and Indigenous knowledge, Social workers focus on the interface between the individual and the environment and recognize the impact of social, economic and cultural factors on the health and wellbeing of individuals and communities. Accordingly, Social workers maintain a dual focus in both assisting with and improving human wellbeing, and addressing any external issues (known as systemic or structural issues) that may impact on wellbeing, such as inequality, injustice and discrimination. Keady, (1999)

1.2 Problem Statement

It is important to recognize that problems and complaints are normal. Environments in which people live, work, and interact together always include problems, complaints and the potential for ongoing interpersonal conflict (Ashton, and Keady, 1999). In fact, the greatest percentage of the Social work's time was devoted to problem solving and complaint resolution. Social work practices are used increasingly in the world to address the challenges elderly face in Nakawa division. However, while their role is often described at a policy level, it is not clear how these ideals are instantiated in practice, how best to support this work, or how the work is interpreted by local actors. Social work practice is often spoken about or spoken for, but there is little evidence of social workers' own characterization of their practice, a key challenge lies in institutionalizing and mainstreaming community participation Social workers struggle whether they are given the responsibility of galvanizing or mobilizing communities. (Warren, 2005). Thus the study is aimed at examining the impact of social work practice on quality of life among the elderly. Case study Nakawa division Kampala district.

1.3 General objective

To examine the impact of social work practice and quality of life among the elderly in Nakawa division, Kampala district.

1.3.1 Specific objectives

- i To determine the role of social work practice in ensuring quality of life among the elderly in Nakawa division.
- ii To identify the challenges social work practice face in ensuring quality of life among the elderly in Nakawa division.
- iii To find out the solutions to the challenges Social workers face in ensuring quality of life among the elderly in Nakawa division.

1.4 Questions

- i. What are the roles of social work practice in ensuring quality of life among the elderly in Nakawa division?
- ii. What are the challenges social work practice face in ensuring quality of life among the elderly in Nakawa division?
- iii. What are the solutions to the challenges Social workers face in ensuring quality of life among the elderly in Nakawa division?

1.5 Scope of the Study

1.5.1 Geographical Scope

The study was carried out in Nakawa division. The Nakawa division is located in Kampala district central Uganda.

1.5.2 Content Scope

The study considered the following content scope; the role of social work practice in ensuring quality of life among the elderly in Nakawa division, the challenges social work practice face in ensuring quality of life among the elderly in Nakawa division and the solutions to the challenges Social workers face in ensuring quality of life among the elderly in Nakawa division.

1.5.3 Time scope

The study focused on the period of 5 months. This period was long enough to examine the impact of social work practice in ensuring quality of life among the elderly in Nakawa division.

1.6 Significance of the study

Social work practice play a vital role in health promotion through the provision of services like health education, counselling and advising. In the course of their duties, Social workers attended the elderly with health complications that include among others, urinary

incontinence, muscle weakness, backache and maternal depression. The findings of this study might provide Social workers with information that could enhance their role as health promoters in the area of health services.

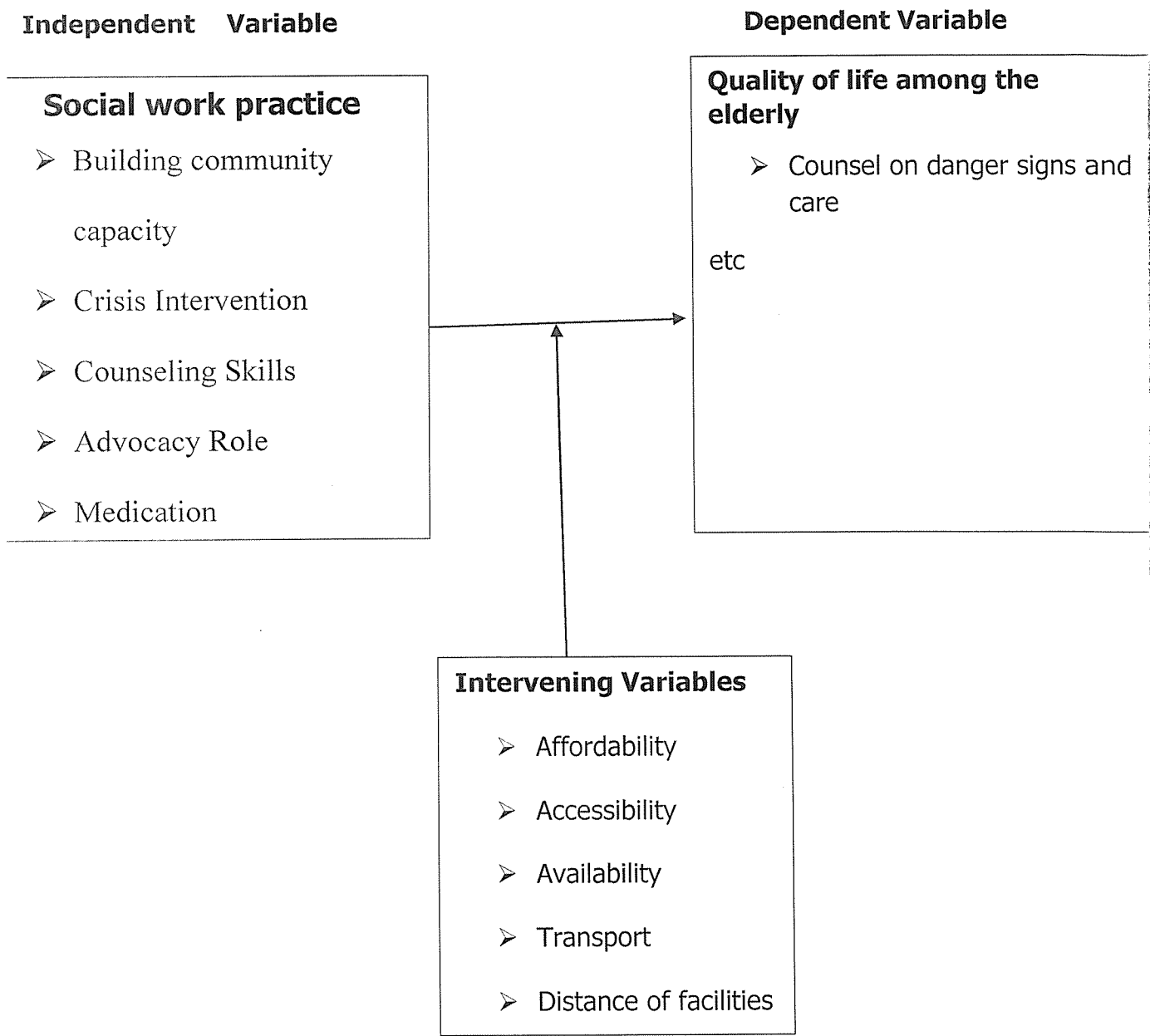
Furthermore, the findings might be disseminated to community members who might get educated on the ways of ensuring quality of life among the elderly.

The recommendations of the study will help social workers about how to improve their services on the postnatal services. The Ministry of Health also might accept some of the recommendations and implement changes in the health care delivery for postnatal elderly.

Finally, researchers could be availed new information on public healthcare so that they can extend, replicate, and modify the study to other health services.

1.6 Conceptual Frame Work

Figure 1: Conceptual frame work



(Source: Author’s own construct, 2017)

The figure 1 above is the conceptual frame work for this study which showed the links or relationship between the roles of Social work practice in building community capacity, crisis intervention, counseling skills, advocacy role and medication. The intervening

variables includes; affordability, accessibility, availability, transport and distance of facilities. Due to the fact that Social work roles are essential in ensuring quality of life among the elderly in communities which leads to reduction of deaths as s provided by Warren et al., (2005).

Social work Workers in communities through better understanding of their duties and creating awareness on ensuring quality of life among the elderly will help them to modify social work attitudes and practices for the better regard to issues concerning the quality of life among the elderly.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents review of the literature on the role of social work practice in ensuring quality of life among the elderly, the challenges social work practice face in ensuring quality of life among the elderly, the solutions to the challenges Social workers face in ensuring quality of life among the elderly.

2.1 The role of social work practice in ensuring quality of life among the elderly

Milne et al. (2013) and (Beresford 2007) observed that since the community care changes in the 1990s, assessment practice has been increasingly focused on demonstrating a person's 'eligibility to receive a service' rather than on 'individual need'. This seems to have had two consequences for the ways that Social workers are perceived by service users and carers. Firstly, Penhale and Young (2015) and Beresford (2007) suggested that many people's experience of social work and social care does not progress beyond the point of assessment as they are deemed to be ineligible for any further support. This gave them a very limited view of social work. Secondly, these types of assessment tended to be very deficit based and failed to consider a person's strengths, biography and aspirations. They thought this further contributed to the negativity of the assessment experience (Keady, 1999).

Social work in aged care is a vast area of practice. Regardless of context, Social workers working with ageing populations (defined as 65 and older) focus on the preservation and improvement of psychological and social functioning. This was paralleled with a holistic and contextual understanding of a client's experience, and a commitment to self-determination, dignity and respect (Bolling, 1998)

A Social work's role is to ensure that in striving towards improved health and wellbeing outcomes of older people, useful and appropriate support systems are in place, engaged

and utilized to their full extent. This includes assisting older people, and in some cases their families, to make significant life decisions based on the best aged care related information and resources available (Keady, 1999).

Social workers collaborate with the older person to ensure person-centred health and wellbeing outcomes are achieved by engaging with appropriate support systems (formal and informal), and evaluating their effectiveness (Asquit, 2005).

Social workers have a unique appreciation of the importance of social support systems, and the isolation experienced by many older persons. In their commitment to human rights and social justice, Social workers advocate for the rights of older people against the discrimination, reduced opportunities and elder abuse they can experience. At the broadest level, Social workers hold the view, that as a life stage older age should provide people with the opportunities to live healthy, positive and productive lives. Connection to, and participation in, the wider community is a vital part of this process. With its focus on holistic care, self-determination and the ability to consider the complexity involved from an ethical, legal, psychosocial perspective, Social workers have a unique and valuable role in providing appropriate and targeted services to meet the diverse and multidimensional needs of older persons (Barnes, 1992).

Social work with older people occurs in a wide variety of settings and encompasses a large range of methods and approaches. The scope of a Social work's practice is influenced by the agency/organisation and by their own role within it. Despite this great variety, Social workers in this field draw upon similar skills sets, regardless of context (Judge, 2001)

Building community capacity

Community capacity building implied the rekindling of community social work skills, working with groups and networks of citizens to foster citizen mutual support and social capital, for instance, to develop greater acceptance of mental health issues. It also implied developing knowledge of diverse communities and their networks, to engage people earlier around the subject of mental health and wellbeing, especially those groups and

individuals who may have been traditionally marginalised from support, perhaps experiencing the most stigma and isolation (Biggs, 1993)

This focus for social work on community capacity, reaching out to diverse communities and helping to build social capital chimes with the change that is needed across the whole mental health system. For reasons of quality, sustainability, user experience and economy, the mental health service offer in England needs to become more preventive, personalized and responsive to diverse community needs. It needs to support autonomy, choice, social inclusion and self-determination for longer-term recovery. It needs to support wellbeing and recovery in the community and to tackle stigma and social exclusion that stand in the way of this (MacDonald, 2000)

To work towards this vision of mental health services of the future, the principles of co-production are increasingly being used. This provides a theoretical and practical framework for how providers and commissioners can work together with citizens to make lasting improvements (Grant, 2004). This includes enabling people to be fully involved in any services they directly use and to be active contributors through determining their own care and support plans. But it also implied enabling people to contribute to the design and delivery of future services and beyond this, being supported to contribute to wider society. Coproduction should be the natural territory of excellent, modern social work (Wilkinson, 2003)

Social workers have a statutory responsibility to intervene when action is required to protect older adults from dangerous situations, including abuse. It was noted in chapter four that older people can experience difficulties created by the onset or continuation of mental health problems. A number of specific duties are imposed on local authorities by the Mental Health (Scotland) Act 1984, including the appointment of Mental Health Officers (MHOs). Guidance states that MHOs should have a professional qualification in social work and have completed an approved training course (Scottish Office, 1996). The main functions of MHOs under the Act relate to their involvement in considering consent to compulsory detention, and the provision of social circumstance reports (SCRs) for the Responsible Medical Officer and the Mental Welfare Commission. The number of older

people subject to detention under current legislation is broadly in the same proportion as for all adults (Grant, 2004).

Crisis Intervention Skills

Throughout the developmental cycle from infancy to adulthood, an individual experiences many stresses. At times, the impact of internal and/or external stressors is severe enough to create a "crisis". A state of crisis is not an illness, but such a struggle with life situations so as to cause emotional distress and behavioral dysfunction. Examples of such crises for older adults include: death of a spouse, retirement, loss of health or mobility, and institutionalization (Wilkinson, 2003).

The goal of crisis intervention is to intercede with the resident before the maladaptive behavior becomes permanent. (Barnes, 1992). Thus, timing is critical. The Social work must recognize that the resident is experiencing a problem and must then begin implementing a plan of intervention. (Also see Chapter 5: Problem Solving and Complaint Resolution).

Facilitating Groups

Many kinds of groups are formed in long-term care facilities for purposes of stimulation, socialization, support, understanding, and information. In fact, many forms of intervention have been developed specifically for group work led by trained social service workers and therapists. This type of therapeutic intervention requires special training and experience of the social service worker (Judge, 2001). The facility Social work that does not have this specialized training may still be asked to lead non-therapeutic groups for residents, families or support groups. These groups usually come together for a common purpose, such as caregiver support, ongoing care planning, information sharing and updates, etc (Asquit, 2005).

Counseling Skills

Counseling is a process that assists individuals in learning about themselves. It assists the individual to make decisions, select alternatives, and develop coping skills. The

counselor, of course, does not act as a decision-maker, but merely acts as a facilitator in the process (Barnes, 1992).

Social work practice is an applied field in which a qualified person (counselor) uses Social workers are often the frontline advocate for the resident. Very often they are the only voice for a resident with crucial needs. Social service workers should be trained in effective advocacy techniques so that the resident's individual needs are met within the facility's policies, guidelines and resources (Judge, 2001).

Medication

Social service workers should have formal behavioral knowledge to assist the client. True counseling can only be provided by a person trained and educated in the behavioral sciences; a qualified Social work, counselor, etc. For the purpose of this manual, counseling in a long-term facility was considered to consist of three levels: informal, formal, and clinical (Biggs, 1993).

Advocacy Role

As an organized training in recognizing the potential side effects and complications of drugs commonly prescribed for residents. The material included in Medication Technician or Level I Medication Aide training manuals should be made available to social service staff for reference to assist in understanding a resident's behavior (MacDonald, 2000).

The preceding by no means represents an all-inclusive list of areas needed in staff development and training for the social service worker. However, it does cover most of the crucial areas needed in training. There are many educational institutions, agencies, organizations and professional groups which offer topical training for personnel who are working with older adults. Such training also may be available through professional organizations and interest groups. Wilkinson, HA (2003).

2.2 Challenges social work practice face in ensuring quality of life among the elderly

Shortage of financial Resources

Lack of professionally-trained social workers is a major constraint on social work in Africa. This problem can be partly attributed to inadequate financial support for social welfare programmes. Owing to chronic recession, conservative ideologies and misguided policies, many African governments, like their counterparts in America and Europe, have been advocating reduced spending on social welfare (Kothari, 2004).

There is widespread belief that investment in social welfare programmes does not contribute, at least directly, to economic growth and development. On the other hand, economic development programmes tend to receive a lion's share of government funding, which makes it difficult for social welfare agencies to obtain the necessary human and material resources to implement their programmes (Macpherson, 1982).

Scarcity of financial resources means inadequate office facilities and supplies (filing cabinets, stationery, tape recorders, etc). Under such conditions, keeping records and confidentiality becomes highly problematic. Moreover, shortage of funds means inadequate transport and communication facilities which in turn implied that home visits cannot be easily or efficiently made, especially in relation of clients residing in rural areas where the bulk of the population lives (Barnes, 1992).

Social work is one of the most overworked, underpaid, under-recognised and distressed professions. As Ankrah (1991:159) points out, lack of recognition by governments manifests itself in the lower levels of remuneration and status accorded to social workers compared to other professionals with similar qualifications. As a result, social workers are very vulnerable to stress-generating situations such as role-overload, role-conflict, role-ambiguity, over-responsibility, and poor working conditions. These stressors tend to cause burnout, which refers to the depletion of the social worker's physical and psychological resources, mainly associated with a desire to achieve, unrealistic expectations and powerlessness. Statham, (2005).

Many social workers in Africa are finding it difficult to handle work-related stress, resulting in frustration and reduced efficiency.

Social workers help people who have problems. This can involve helping a client navigate the maze of signing up for Social Security disability or helping an indigent single mom get moved up on a waiting list for a substance abuse treatment program. Social work is not easy. It can certainly offer emotional rewards, but social workers often report low job satisfaction and suffer a high burnout rate. According to the Princeton Review, over 15 percent of social workers leave the field within their first year on the job (Judge, 2001).

Workload/Limited Resources

Social workers in almost all states have seen their workloads increase over time. This was mostly due to bigger caseloads, but other factors such as greater paperwork and disclosure requirements, as well as having to search longer and harder to find services for clients because of cuts in government funding for many social programs, have also led to significantly increased workloads for social workers. A quarter of the respondents in a 2007 National Association of Social Workers Membership Workforce Study reported that the heavy workload was a major job-related stress (MacDonald, 2000).

Stress/Compassion Fatigue

Social workers generally report high levels of job-related stress. This stress is certainly related to high workloads and challenging clients, but compassion fatigue also plays a role for many social workers. Compassion fatigue is also known as secondary traumatic stress disorder, and manifests as a gradual lessening of a formerly strong compassion for the suffering of others. It is often described as a kind of "emotional depletion," and is also relatively frequent in other helping professions, such as nursing, for example (Wilkinson, 2003).

Challenging Clients

Social workers are not just having to deal with increased caseloads. The extended economic recession beginning in 2008 has led to caseworkers having to deal with more

clients with multiple problems and more severe problems. In the 2007 National Association of Social Workers Membership Workforce Study, 16 percent of respondents mentioned challenging clients as a significant job stressor (Statham, 2005).

Low Pay

Social workers also report low pay as a drawback to the profession and a source of stress in their lives. In the 2007 National Association of Social Workers Membership Workforce Study, over 16 percent of social workers reported that inadequate compensation was a major work-related stressor. Social workers earned an annual median salary of \$42,480 in 2010, according to the Bureau of Labor Statistics (Statham, D (2005)

2.3 Solutions to the challenges Social workers face in ensuring quality of life among the elderly.

Safeguarding

Despite its importance as one of the enduring core functions of social work practice, adult safeguarding has received comparatively little research attention. Most of this has been on structural arrangements and the creation of multidisciplinary partnerships rather than the effectiveness of social work practice within different types of arrangement. While the development of adult safeguarding policy and practice has prompted local authorities to develop specialist safeguarding roles, the implications (Barnes, 1992).

Senior Connections and Access

There is a need for investments to address seniors' access to places, assistance, and resources. This includes improving how older adults learn about and approach the existing network of support in Franklin County, and how they are thereby able to physically access services and amenities throughout the community. Connecting more seniors to the resources that are already available will make an immediate quality of life impact within the community, and will help reduce long-term crisis intervention and chronic illness costs (Asquit, 2005).

System Navigation

Providing new and more efficient ways to help seniors and their caregivers navigate through existing programs and resources could make a distinct impact for seniors almost immediately (Keady, 1999).

Provider Coordination

Community investments can improve how senior advocates and stakeholders coordinate and collaborate across domains and providers. Streamlining the provision of services and the interaction among service providers could make a tremendous long-term holistic impact, leading to a reduction in costs associated with crisis intervention. For example, case manager and care coordination initiatives like those in Restoration Plaza and Upper Arlington provide models in which care providers can collaborate to address underlying challenges faced by local seniors no matter their income level (Bolling, 1998).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter provides a description of research design was which used to collect, process and analyze data; sample size, study population, sample procedures, data collection methods and instruments, data analysis procedure, validity and reliability and ethical considerations.

3.1 Research Design

This study employed the descriptive survey design specifically the descriptive comparative and descriptive correlational strategies. It deals with the relationship between variables, testing of hypothesis and development of generalizations and use of theories that have universal validity. It also involved events that have already taken place and may be related to present conditions (Kothari, 2004) Further, descriptive surveys were used to discover causal relationships (descriptive correlational), differences (descriptive comparative), to provide precise quantitative description and to observe behavior (Treece & Treece, 1987).

The researcher used quantitative research design because it was very original or direct, easy to analyze, categorize, code and interpret large amount of data by computer for simple descriptive statistical analysis which was good for quantifying the figures. The study was based on both primary and secondary data materials regarding on the social work practice and quality of life among the elderly in Nakawa division.

3.2 Population

The target population considered different age groups and gender categories of respondents from Nakawa division that is local administrators, social workers, elderly people and members of the community ranging from 18-50 years, both male and female were selected. Nakawa division has approximate population of 255,500 people.

3.3 Sample selection

Since the total population of 255,500 in Nakawa division is too big, a required sample size of 120 respondent was selected from the entire population because it is relatively smaller that helped the researcher to effectively meet every member of the sample.

The study used stratified and purposive sampling to ensure representativeness of the target population. Stratified sampling involved the use of available information on the population to divide it into groups that were known as strata. The elements in each stratum were more alike than the elements in the population as a whole. The efficiency and accuracy in sampling was enhanced by establishing strata that was internally homogeneous with respect to the characteristics being studied. The strata that was used in the study was based on local administrators, and members of the community.

Sample Size

A sample size of 120 respondents was selected to participate in the exercise. The Sloven's formula was used to determine the minimum sample size.

$$n = \frac{N}{1+Ne^2}$$

n = sample size

N = the population size

e² = level of significance, fixed at 0.005

3.4 Data Sources and collection methods

Data was collected from both primary and secondary sources.

3.4.1 Primary Data,

Primary sources of data was from Nakawa division such as the elderly, community members, social workers, and local communities who filled the questionnaires. Other methods employed in the collection of Primary Data, included observation and interview

following systematic and established academic procedures as proposed by Nunnally & Bernstein (1994)

3.4.2 Secondary data

Nakawa division annual inspection reports, newspaper reports publications and reports were used to study past and present. Current situation. According to Amin (2005) secondary data provided a basis of comparison with the collected Primary Data, results.

3.5 Methods of Data Collection

3.5.1 Questionnaire

The questionnaires were administered to local administrators, social workers and members of the community which enabled the collection of firsthand information. The method was also an advantageous in that it was not stressful to the respondents as they answered questions.

3.5.2 Interview guide

The interviews guide helped to collect the data. Interviews were person to person verbal communication in which one person was interviewed at a time. Interviews were used because they had the advantage of ensuring probing for more information, clarification and capturing facial expression of the Interviewees, (Amin 2005). In addition they also gave an opportunity to the researcher to revisit some of the issues that had been oversighted in other instruments and yet they were considered vital for the study. The reason for using this method, was to collect information that was not directly observed or difficult to put down in writing and captured meanings beyond words.

3.5.3 Observation

The researcher observed what was currently going on in real life situation about the impact of social work practice and quality of life among the elderly in Nakawa division and recorded the results from observations. The observations were made on the social

work practice among other factors. This method was adopted because it offered clear picture about the situation and the researcher was able to get firsthand information.

3.6 Validity and Reliability of research instruments

Validity

Validity, An instrument is said to be valid when it measures what it claims to measure or the extent to which it predict accurately. It is actually the degree to which an instrument actually measures the variable it claims to measure. To ensure validity, pre-test study was done to ten randomly selected respondents'. Research experts including the local people, the elderly and other members of the Nakawa division was consulted to ensure that the instrument measures what it is intended to measure and a peer review was done.

Reliability

Reliability is the ability of the instrument to consistently yield the same results when repeated measurements are taken of similar individuals under the same conditions. Reliability was ensured using triangulation by featuring similar questions in the questioner using different language.

3.7 Data analysis

Data analysis was based on the objectives of the study by use of statically tests performed on collected data to draw meaningful interpretation and conclusion to give findings and suggestions. Data was presented using pie charts, bar graphs and tables by using Excel.

3.8 Ethical Consideration

Before commencing the research, an introductory letter from the Kampala international University was sought and the purpose of the study was explained to the authorities to avoid inconveniences and misunderstandings about the purpose. The information collected was kept with highly confidentiality.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION.

4.0. Introduction

The chapter presents findings of the study and interpretation of data collected on “impact of social work practice and quality of life among the elderly in Nakawa division Kampala district.” Based on the research objectives.

The data was analyzed and presented under the sub-headlines of socio-demographic characteristics, the extent to which the social work practice in ensuring quality of life among the elderly, challenges social work practice face in ensuring quality of life among the elderly and the solutions to the challenges Social workers faced in ensuring quality of life among the elderly with the use of tables and pie-charts effectively applied.

4.1. Socio- demographic characteristics of the respondents

4.1.1. Distribution of respondents by age bracket.

Table: 1 represents the distribution of respondents by age.

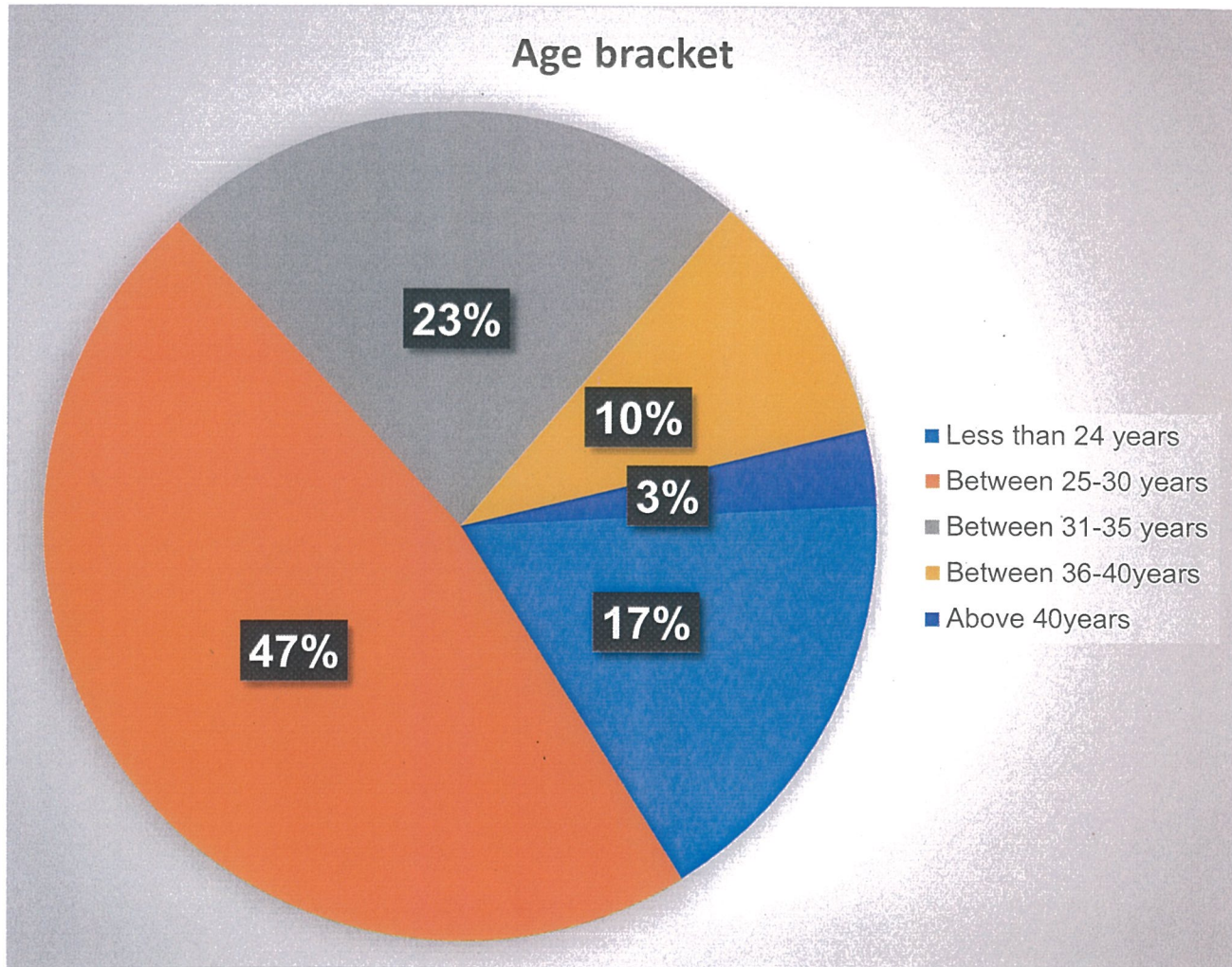
Age	Frequency	Percentage
18-30	34	28
31-40	51	43
41-50	24	20
50 and above	11	09
Total	120	100

Source: Primary Data, 2017

From the above, the findings show the respondents under the study were distributed and categorized as per the questionnaire with majority of the respondents lying in the age bracket of 31-40 with 43%, 28% between 18-30 years, 20% between 41-50 and 9% above 50 years.

years. This implied that there is an adequate representation of the population studied and that the data provided represent the views of the age groups, so that corruption is a detrimental force that hinders democracy and represses individuals

Figure: 1 A chart showing age bracket of respondents



Source: Primary data, 2017

Findings in the pie chart indicated that majority of the respondents were 47% which were between the age bracket of 25 to 30 years, followed by 23% with the age of 31-35 years, 17% below 24 years, and 3% above 40 years.

from the table above majority of the respondents were married with a representation of 74% of total respondents 26% only were not married.

1.1.4 Distribution of respondents by level of education

Table: 4 Level of education

Education level	frequency	Percentage (%)
Primary level	04	02
Ordinary level	74	62
High school	33	28
University level	09	08
Total	120	100

Source: Primary Data, 2017

Distribution of respondents by their education background. The respondents level of education as yet another aspect of the research study which was assessed and revealed the results as below.

From the data presented in the table above, distribution of the respondents level of education in this research presents 8% being the elites at the university level involved in the research study, those who attended primary level represented by 2% those who attended high school represented by 28% and ordinary level leading the majority percentage of 62% of the total respondents. This means that respondents involved in the study had the capacity to interpreted and understand issues in the questionnaire put to them for Data collection thus implying that the data presented commands a lot of validity and measures the success of the research.

4.1.4. Distribution of respondents by occupation

Another aspect in the research socio-demographic characteristics were occupation of each respondent involved in the research study. Details in the table are as below.

Table: 5 Represents the respondent's occupation.

Occupation	Frequency	Percentage%
Social work	20	17
Politician	70	58
Civil servant	30	25
Total	120	100

Source: Primary Data, 2017

In regard to the data in the above table 5: participation of the various categories of the respondents present the majority 58% as being politicians, social work represented by 17% and 25% civil servants. With the majority target of the research study being the Politician as communities, their participation of 58% in this research guarantee appropriate data being presented. To get answers to this question, the researcher further made several other questions and put them to the respondents for data. The questions put the respondents and the findings presented and discussed are as below.

4.2.1 To what extent do social work practice ensure quality of life among the elderly?

This proposition sought to find out the extent to which the social work practice in ensuring quality of life among the elderly. The responses are as below.

Table: 6 Quality of life among the elderly

Response	Frequency	Percentage%
Strongly Agreed	68	56.7
Agreed	30	25
Strongly Disagreed	12	10
Disagreed	10	8.3
Total	120	100

Source: Primary Data, 2017

From the results in the above table 6: showed 56.7 of the respondents Strongly Agreed with the view that social work practice ensures crisis Intervention Skills, 25% Agreed, 10% Strongly Disagreed and 8.3% Disagreed. The above results implied that throughout the developmental cycle from infancy to adulthood, an individual experiences many stresses.

4.2.2. Social work practice helps in Counseling Skills towards the elderly

Table: 7 Counseling Skills.

Response Agreed	Frequency	Percentage %
Strongly Agreed	40	33
Agreed	19	17
Strongly Disagreed	22	18
Disagreed	39	32
Total	120	100

Source: Primary Data, 2017

The findings in table 7 above showed that fifty-five responses with respondents of equal numbers Agreed and Disagreed respectively on the view that social work practice helps in Counseling Skills towards the elderly. Therefore, 33% of the respondents strongly Agreed, 17% Agreed, 18% Strongly Disagreed and only 32% Disagreed. This implied that, in reference to the literature, (Barnes, 1992), confirmed that counseling skill is a process that assists individuals in learning about themselves. It assists the individual to make decisions, select alternatives, and develop coping skills. The counselor, of course, does not act as a decision-maker, but merely acts as a facilitator in the process.

4.2.3 Social work practice provides Medication

Table: 8 Medication

		Frequency	Percentage (%)
	Strongly Agreed	36	30
	Agreed	18	15
	Not sure	24	20
	Disagreed	24	20
	Strongly Agreed	18	15
	Total	120	100

Source: Primary Data, (2017)

The findings in the above table revealed that 30% of the respondents rated that social work practice provides Medication and 15% Agreed. 20% were not sure, also 20% of the respondents Disagreed. The remaining 15% of the respondents strongly Disagreed. For the purpose of this manual, counseling in a long-term facility will be considered to consist of three levels: informal, formal, and clinical.

4.2.4 Advocacy Role for organized training in recognizing the potential side effects

Table: 9 Advocacy Role

Responses		Frequency	Percentage (%)
	Strongly Agreed	40	33
	Agreed	27	23
	Disagreed	23	19
	Strongly Agreed	30	25
	Total	120	100

Source: Primary Data, (2017)

The findings in the above table revealed that 33% of the respondents Strongly Agreed that social work provides advocacy role for organized training in recognizing the potential

side effects, 23% Agreed , 19% Disagreed and also 25% Strongly Agreed. The preceding by no means represents an all-inclusive list of areas needed in staff development and training for the social service worker. However, it does cover most of the crucial areas needed in training.

4.2.5 Social work practice focus on demonstrating a person's 'eligibility

Table: 10 Social work practice focus on demonstrating a person's 'eligibility

Response	Frequency	Percentage%
Strongly Agreed	60	50
Agreed	30	25
Strongly Disagreed	20	17
Disagreed	10	8.3
Total	120	100

Source: Primary Data, (2017)

From the results in the above table 6: showed 50 of the respondents strongly Agreed with the view that Social work practice focus on demonstrating a person's 'eligibility, 25% Agreed, 10% Strongly Disagreed and 8.3% Disagreed. The above results implied that many kinds of groups are formed in long-term care facilities for purposes of stimulation, socialization, support, understanding, and information. In fact, many forms of intervention have been developed specifically for group work led by trained social service workers and therapists.

4.3 Challenges social work practice face in ensuring quality of life among the elderly

This become the second research question put to respondents to examine the challenges met by **the work practice face in ensuring quality of life among the elderly. To generate** the required information, various other questions were generated and put to the respondents as below.

4.3.1 Shortage of financial Resources

The above hypothetical question was put to the respondents to generate data on whether financial Resources impact social workers' effectiveness in ensuring quality of life among the elderly. The respondent's views were presented in the table below.

Table: 11 Shortage of financial Resources

Response	Frequency	Percentages
Disagreed	72	60
Agreed	48	40
Total	120	100

Source: Primary Data, 2017

From the data in the table above, biggest percentage of the respondents (60%) Disagreed with the view that Shortage of financial Resources such as inadequate financial support for social welfare programmes impact social workers' effectiveness. A slightly bigger number of respondents of 40 % were in support of the issues. Implication was that, there was widespread belief that investment in social welfare programmes does not contribute, at least directly, to economic growth and development. On the other hand, economic development programmes tend to receive a lion's share of government funding, which makes it difficult for social welfare agencies to obtain the necessary human and material resources to implement their programmes. Scarcity of financial resources meant inadequate office facilities and supplies (filing cabinets, stationery, tape recorders, etc). Under such conditions, keeping records and confidentiality became highly problematic.

4.3.2. Workload/Limited Resources

This was another proposition that was put to the respondents to ascertain its validity in this research. The table below showed responses and interpretation.

Table: 12 Represents the respondents views on Workload/Limited Resources

Response	Frequency	Percentage%
Strongly Agreed	68	56
Agreed	41	34
Strongly Disagreed	03	2.5
Disagreed	08	7.5
Total	120	100

Source: Primary Data, 2017

In the results above , it is strongly Agreed by 56% of respondents that social workers face a challenge of Workload/Limited Resources 34% Agreed, 2.5% Strongly Disagreed, and only 7.5 % Disagreed. This implied that, Social workers had seen their workloads increase over time. This was mostly due to bigger caseloads, but other factors such as greater paperwork and disclosure requirements, as well as having to search longer and harder to find services for clients because of cuts in government funding for many social programs, have also led to significantly increased workloads for social workers.

4.3.3. Stress/Compassion Fatigue

Table: 13 Stress/Compassion Fatigue

Response	Frequency	Percentage
Strongly Agreed	32	27
Agreed	18	15
Strongly Disagreed	48	40
Disagreed	22	18
Total	120	100

Source: Primary Data, 2017

From the table of findings above majority 27% of the respondents strongly Agreed and 15% agreed with the view there is a challenges of Stress/Compassion Fatigue. The majority 40% strongly disagreed and 18% disagreed with the statement. The above

percentages revealed that, Social workers generally reported high levels of job-related stress. This stress was certainly related to high workloads and challenging clients, but compassion fatigue also plays a role for many social workers. Compassion fatigue is also known as secondary traumatic stress disorder, and manifests as a gradual lessening of a formerly strong compassion for the suffering of others. It was often described as a kind of "emotional depletion," and is also relatively frequent in other helping professions.

4.3.4. Challenging Clients

Table: 14 Represents the respondents views Challenging Clients

Response	Frequency	Percentage%
Strongly Agreed	60	50
Agreed	40	33
Disagreed	20	17
Total	120	100

Source: Primary Data, 2017

In the results above, it was strongly agreed by 50% of respondents that social workers face a challenge of Clients 33% Agreed, and only 17 % Disagreed. This implied that, Social workers are not just having to deal with increased caseloads. The extended economic recession which began 2008 had led social workers to deal with more clients with multiple problems and more severe problems.

4.3.5. Low Pay

Table: 15 Low Pay

Response	Frequency	Percentage
Strongly Agreed	30	25
Agreed	20	17
Strongly Disagreed	40	33
Disagreed	30	25
Total	120	100

Source: Primary Data, 2017

From the table of findings above majority 25% of the respondents strongly Agreed and 15% Agreed with the view that social workers also report low pay as a drawback to the profession and a source of stress in their lives. The majority 33% strongly Disagreed and 25% Disagreed with the statement. The above percentages reveal that, Social workers generally reported that inadequate compensation was a major work-related stressor.

4.4. Solutions to the challenges Social workers face in ensuring quality of life among the elderly.

This was an objective of the study that guided the data collection in the research to suggest possible solutions to the challenges Social workers face in ensuring quality of life among the elderly. To get data on above objective, many hypothetical statements were formed as below.

4.4.1. Safeguarding has received comparatively attention ensuring quality of life among the elderly.

Respondents were asked whether Safeguarding had received comparatively attention ensuring quality of life among the elderly. Results were presented in percentages as below

Table: 16 Safeguarding has received comparatively attention ensuring quality of life among the elderly.

Response	Frequency	Percentage %
Strongly Agreed	00	00
Agreed	86	72
Strongly Disagreed	00	00
Disagreed	34	28
Total	120	100

Source: Primary Data, 2017

From the above table, 72 % of the respondents Agreed to view that there should be safeguarding in order to receive comparatively attention in ensuring quality of life among the elderly. Only 28% of respondents Disagreed and none of the respondent strongly Agreed nor strongly Disagreed. Therefore this implied that, despite its importance as one of the enduring core functions of social work practice, adult safeguarding had received comparatively little research attention. Most of this had been on structural arrangements and the creation of multidisciplinary partnerships rather than the effectiveness of social work practice within different types of arrangement.

4.4.2. There is a need for investments to address seniors' access to places, assistance, and resources

Table: 17 Represents the respondent's views the need for investments to address seniors' access to places, assistance, and resources

Response	Frequency	Percentage %
Strongly Agreed	59	49
Agreed	56	47
Strongly Agreed	00	00
Disagreed	05	04
Total	120	100

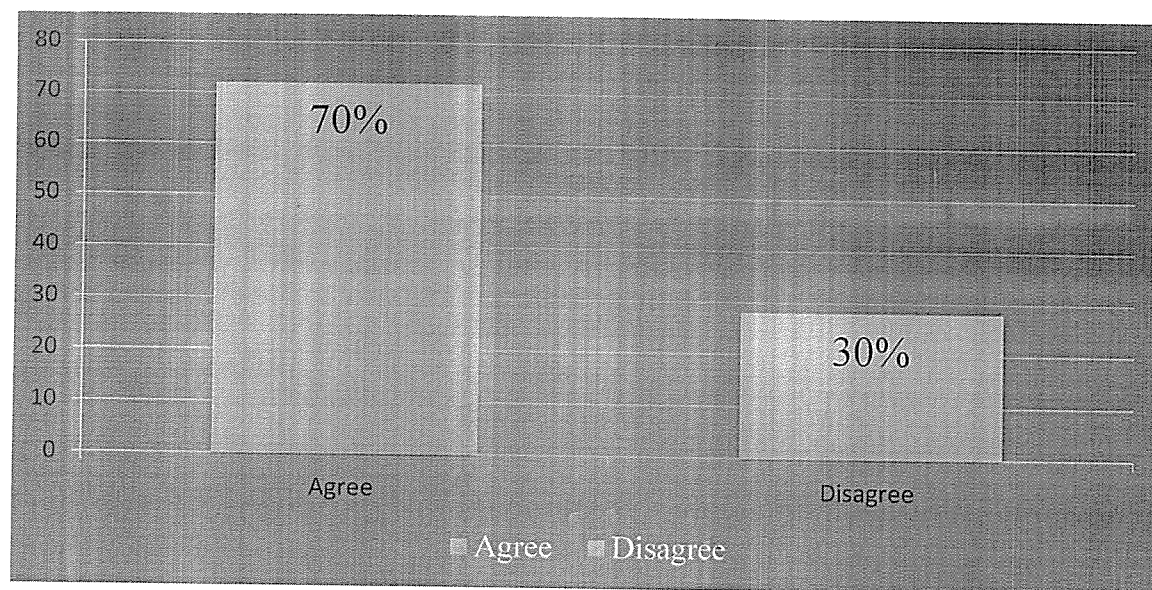
Source: Primary Data, 2017

Findings showed that 49% strongly Agreed, 47% Agreed with the view that there is a need for investments to address seniors' access to places, assistance, and resources. The minority 4% of the respondents Disagreed as though when asked could not give clear reasons to why they were Disagreed to the view. The interpretation of the above investments to address seniors' access to places, assistance, and resources. This included improving how older adults learn and approach the existing network of support in Nakawa division, and how they were thereby were able to physically access services and amenities throughout the community. Connecting more seniors to the resources that were already available was made an immediate quality of life impact within the community, and helped reduce long-term crisis intervention and chronic illness costs.

4.4.3. System Navigation

Respondents were asked whether the development agencies should refocus their finding on System Navigation that were providing new and more efficient ways to help seniors and their caregivers navigate through existing programs and resources could make a distinct impact; results from the above question were presented in the figure as presented below;

Figure: 1 Representing the respondent's views on system Navigation



Source: Primary Data, 2017

The findings in the figure 5 above indicate 70% of respondents Agreed to the view that through system Navigation there should be Provision of new and more efficient ways to help seniors and their caregivers navigate through existing programs and resources could make a distinct impact. 30% of the respondents Disagreed.

CHAPTER FIVE

FINDINGS, CONCLUSIONS AND RECOMMENDATION

5.0. Introduction

This chapter presents the summary of findings, discussions, conclusions, and recommendations for further study.

5.1. Findings of the study

5.1.1 To what extent do social work practice ensure quality of life among the elderly?

The findings showed that 56.7% of the respondents Strongly Agreed with the view that social work practice ensures crisis Intervention Skills, 25% Agreed, 10% Strongly Disagreed and 8.3% Disagreed. The above results implied that throughout the developmental cycle from infancy to adulthood, an individual experiences many stresses.

Also, the findings in showed fifty-five responses with respondents of equal numbers Agreed and Disagreed respectively on the view that social work practice helps in Counseling Skills towards the elderly. Therefore, 33% of the respondents strongly Agreed, 17% Agreed, 18 Strongly Disagreed and only 18% Disagreed. This implied that, in reference to the literature, (Barnes, 1992), confirmed that counseling skill is a process that assists individuals in learning about themselves. It assists the individual to make decisions, select alternatives, and develop coping skills. The counselor, of course, does not act as a decision-maker, but merely acts as a facilitator in the process.

5.1.2 Challenges social work practice face in ensuring quality of life among the elderly

The finding showed the biggest percentage of the respondents (60%) Disagreed with the view that Shortage of financial Resources such as inadequate financial support for social welfare programmes impact social workers' effectiveness. A slightly bigger number of respondents of 40 % were in support of the issues. Implication was that, there was widespread belief that investment in social welfare programmes were not contributed, at

least directly, to economic growth and development. On the other hand, economic development programmes tend to receive a lion's share of government funding, which makes it difficult for social welfare agencies to obtain the necessary human and material resources to implement their programmes. Scarcity of financial resources means inadequate office facilities and supplies (filing cabinets, stationery, tape recorders, etc). Under such conditions, keeping records and confidentiality becomes highly problematic. (Macpherson, 1982).

In the results above, it was strongly Agreed by 56% of respondents that social workers faced a challenge of Workload/Limited Resources 34% Agreed, 2.5% Strongly Disagreed, and only 7.5 % Disagreed. This implied that, Social workers in almost all states have seen their workloads increased over time. This was mostly due to bigger caseloads, but other factors such as greater paperwork and disclosure requirements, as well as having to search longer and harder to find services for clients because of cuts in government funding for many social programs, also led to significantly increased workloads for social workers (Barnes, 1992).

The findings above majority 27% of the respondents strongly Agreed and 15% Agreed with the view there was a challenge of Stress/Compassion Fatigue. The majority 40% Strongly Disagreed and 18% Disagreed with the statement. The above percentages revealed that, Social workers generally reported high levels of job-related stress. This stress was certainly related to high workloads and challenging clients, but compassion fatigue also played a role for many social workers (Statham, 2005), Compassion fatigue was also known as secondary traumatic stress disorder, and manifests as a gradual lessening of a formerly strong compassion for the suffering of others. It was often described as a kind of "emotional depletion," and was also relatively frequent in other helping professions. Statham, (2005).

In the results above, it was strongly agreed by 50% of respondents that social workers face a challenge of Clients 33% Agreed, and only 17 % Disagreed. This implied that, Social workers were not just having to deal with increased caseloads (MacDonald, 2000).

Findings showed the majority 25% of the respondents strongly Agreed and 15% Agreed with the view that social workers also reported low pay as a drawback to the profession and a source of stress in their lives. The majority 33% strongly disagreed and 25% disagreed with the statement. The above percentages revealed that, Social workers generally reported that inadequate compensation was a major work-related stressor (Wilkinson, 2003).

5.1.3. Solutions to the challenges Social workers face in ensuring quality of life among the elderly.

From the findings, there should be safeguarding in order to receive comparatively attention in ensuring quality of life among the elderly. Only 28% of respondents Disagreed none of the respondent Strongly Agreed nor strongly Disagreed. Therefore this implied that, despite its importance as one of the enduring core functions of social work practice, adult safeguarding had received comparatively little research attention. Most of this had been on structural arrangements and the creation of multidisciplinary partnerships rather than the effectiveness of social work practice within different types of arrangement.

Also, the findings showed 70% of respondents Agreed to the view that through system Navigation there should be Provision of new and more efficient ways to help seniors and their caregivers navigate through existing programs and resources could make a distinct impact. 30% of the respondents Disagreed. Thus, providing new and more efficient ways to help seniors and their caregivers navigate through existing programs and resources could make a distinct impact for seniors almost immediately (Keady, 1999).

5.3. Recommendations

This researcher was unable to find a good instrument for this survey, which meant possible areas of evaluation may have been missed or overlooked.

It recommends future researchers to conduct a pilot study on the instrument before using it. Some of the issues with this instrument were that terms overlapped one another, such as client feedback tool and assessment tool.

Furthermore, allowing respondents to "choose all that apply" limited the ability to identify how many respondents identified each possible response.

The study recommends the researchers to compile other useful surveys that would strengthen the instrument. This would allow further in-depth review of the evaluation process.

5.4. Areas of further research.

Future research should perhaps investigate the role of social work practice on the performance of health services.

Also future research could also undertake comparative analysis of the performance of social work practice in Nakwa division and other parts of the country.

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APPENDIX A: QUESTIONNAIRE

Dear respondent,

I am **KEMIGISA MELEX** is a student of Kampala international university pursuing a bachelor's degree in social work and social administration; the researcher is conducting a research study on "impact of social work practice and quality of life among the elderly. Case study Nakawa division Kampala district." The study is conducted in fulfillment of the university requirement for the award of a degree. I kindly request you to contribute to my success by fulfilling the above questionnaires.

Your views were treated with utmost confidentiality for the research study purposes only.

BIO DATA

Please tick where applicable

1. Age

18-30 ☐

31-40 ☐

41-50 ☐

51 and above ☐

2. Sex

Male ☐

Female ☐

3. Marital status

Single ☐

Married ☐

4. Educational level:

Primary level ☐

Ordinary level ☐

High school ☐

University ☐

5. Occupation

Social work ☐

☐☐

Politician

Civil servant

Section Two: The role of social work practice on ensuring quality of life among the elderly?

Key: (1) strongly Agreed, (2) Agreed, (3) Disagreed, (4) Strongly Disagreed

	The role of social work practice	1	2	3	4
1.	social work practice ensures crisis Intervention Skills				
2.	Social work practice helps in Counseling Skills towards the elderly				
3.	social work practice provides Medication				
4.	There is advocacy Role for organized training in recognizing the potential side effects				
5.	Social work practice focus on demonstrating a person's 'eligibility to receive a service'				
6.	They facilitate Groups				
7.	Social work in aged care is a vast area of practice				
8.	Social work practice improves health and wellbeing of older people				
9.	Social work ensures person-centred health and wellbeing outcomes are achieved by engaging with appropriate support systems				
	Social workers have a unique appreciation of the importance of social support systems, and the isolation experienced by many older persons				

Section Three: Challenges social work practice face in ensuring quality of life among the elderly

Key: (1) strongly Agreed, (2) Agreed, (3) Disagreed, (4) Strongly Disagreed

1.	Challenges	1	2	3	4
2.	There is Shortage of financial Resources to be used by social workers				
3.	Social workers in almost all states have seen their workloads increase over time				
4.	Social workers generally report high levels of job-related stress				
5.	Social workers are not just having to deal with increased caseloads				

Section Four: Solutions to the challenges Social workers face in ensuring quality of life among the elderly.

	Variable	1	2	3	4
1	Safeguarding has received comparatively attention ensuring quality of life among the elderly.				
2	There is a need for investments to address seniors' access to places, assistance, and resources				
3	Providing new and more efficient ways to help seniors and their caregivers navigate through existing programs and resources could make a distinct impact				
4	Provider Coordination to improve how senior advocates and stakeholders coordinate and collaborate across domains and providers				

Thank you for your time used to fill this questionnaire

APPENDIX B: INTERVIEW GUIDE

Key informant Interview for Self-help group Leaders

Part I: Background Questions

A. Respondent Identification

1. Interview Code _____ Date of Interview: _____
2. Sex of the Respondent: _____
3. Age of the respondent: _____
5. Duration in the elderly group (when did he/she joined)? _____
6. Level of participation (responsibility): _____
7. Marital status: _____
8. Level of Education: _____
9. Religion: _____
10. How many people usually live in your household?
11. What are the roles of social work practice in ensuring quality of life among the elderly in Nakawa division?
12. What are the challenges social work practice face in ensuring quality of life among the elderly in Nakawa division?
- 13 What are the solutions to the challenges Social workers face in ensuring quality of life among the elderly in Nakawa division?

Thank You

