

Module 6

Community Care and Support

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Lesson 6.1

Social Grants

AIM OF THE LESSON

Lesson 6.1 aims to share information on social grants.

Learning Outcomes

By the end of this lesson learners should be able to:

- Explain different types of social grants for adults
- Explain different types of social grants for children
- Explain which documents are needed when applying for a grant
- Explain ways to help people apply for and get grants

Lesson Contents

- Different types of social grants for adults and children
- Documents needed when applying for a grant

References

1. Paralegal Manual. Social Welfare, Social grants for adults who are 18 years and older (Chapter 7). Undated. Available from:
<http://www.paralegaladvice.org.za/docs/chap07/02.html>
2. South African Social Security Agency. You and Your Grants. 2011 – 2012: Available from:
<http://www.sassa.gov.za/>

Your role as a CCG

Your role as a CCG is to discuss with your clients the types of grants that are available for adults and children, as well the documents that they will need when they apply. You should also refer them to the local South African Social Security Agency office should they need to apply for any of the grants.

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Lesson 6.1

Social Grants

1. Social grants

South Africa's constitution says that South African citizens and permanent residents have the right to get help from the government if they are unable to support themselves and their families. This is known as a social grant. Permanent residents are people who the government has given permission to live in South Africa.



Handy Hints

The South African Social Security Agency (SASSA) is the department that approves and pays out grants.

Social grants help in the following ways:

- Helps parents who are not working to buy basic essentials such as food for the children
- Helps to make sure that children have enough food to grow and be healthy
- Helps to cut down on poverty
- Helps to prevent crime, as some people may be forced towards crime, like stealing, to feed their families

2. Social grants for adults

- a. Disability Grant
- b. Grant for Older Persons
- c. Social Relief of Distress Grant

a. Disability Grant (DG)

The disability grant is given to people who are seriously disabled and because of this cannot find work. This may be due to a disability or illness like TB.

To be able to get this grant a person must:

- Have a report from the doctor to say that they cannot work. This report must not be older than 3 months from the date that they apply and goes to the pension medical officer to be approved
- Have a disability or illness which means that they are unable to get any kind of work. The disability should be permanent or at least be expected to last more than 6 months



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- Be between 18 to 59 years of age
- Be able to show that their spouse cannot afford to support them (or has died). Their spouse must also pass the test to see if they do not have enough income to survive
- Show that they do not live in a place run by the government like a prison or an old age home, where they would be getting food and shelter
- Show that they are not receiving any other social grant
- Be so sick that they could not possibly work, either forever, or for at least 6 months

What documents are needed?

- A green ID book with a bar code
- A recent medical report from a clinic doctor or a hospital doctor
- A specific form also needs to be completed. These are available from hospitals and the Department of Social Development

HIV and AIDS and Disability Grant

The grant is ONLY for six (6) months.

If a person is unemployed, but still fit for work, even though they have HIV or AIDS, the Department of Social Development will not automatically give them a social grant.

How would a person get an HIV disability grant?

- If their CD4 cell count is below a certain level
- If they have a serious opportunistic infection like TB [see Lesson 4.9 on Opportunistic Infections]

b. Grant for Older Persons

This grant is for elderly people who are now too old to work. From April 2010 it is available to all men and women who are 60 years or older.

To be able to get this grant a person must:

- Be a South African Citizen and be living in South Africa
- Not be living in a place run by the government like a prison or old age home
- Not be receiving any other social grant
- Have an income which is not enough to support you



What documents are needed?

- A green ID book with a bar code
- Marriage certificate (if married)
- A copy of their payslip or a letter from their employer to say what they are earning

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- A copy of their spouse's payslip or a letter from the employer to show what the spouse is earning (if married)
- They will have to write down the things that they and their spouse (if married) own like their house and a car if they own one
- If they have a bank account they must take the last three months bank statements
- If they do not have a bank account they will need a document (affidavit) witnessed by a commissioner of oaths (at a police station or post office) saying they do not have a bank account, stamped at the police station or post office

c. Social Relief of Distress Grant (SROD)

The Social Relief of Distress Grant (SROD) is for people who have already applied for a grant but are desperate and cannot survive until the grant comes through. The Social Relief of Distress Grant (SROD) is either given in food parcels or in cash depending on the Province. It is only given for a period of 3 months, and is to give temporary help only.

What documents are needed?

- Some kind of proof of how much the person needs for financial assistance like a letter from the hospital or an affidavit to say what has happened (the house has burnt down etc). An affidavit from the police station is needed. This is a form that a person fills in explaining what has happened and the police will stamp it
- Some proof of identity – ID book, passport or a birth certificate



Handy Hints

IMPORTANT!

Whatever money a person gets with the SROD will be taken off their grant when it comes.

3. Social grants for children

- a. Care Dependency Grant (CDG)
- b. Foster Care Grant (FCG)
- c. Child Support Grant (CSG)

a. Care Dependency Grant (CDG)

The CDG is for seriously disabled children under the age of 18 who need extra care. This grant is not given to everyone who is looking after a child who is severely disabled. The person's income is checked when deciding if the person can get the grant. This is called



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a Means Test. When they do this test they will ask a lot of questions about how much money is earned by the family and if they own a house or a car, etc.

What documents are needed?

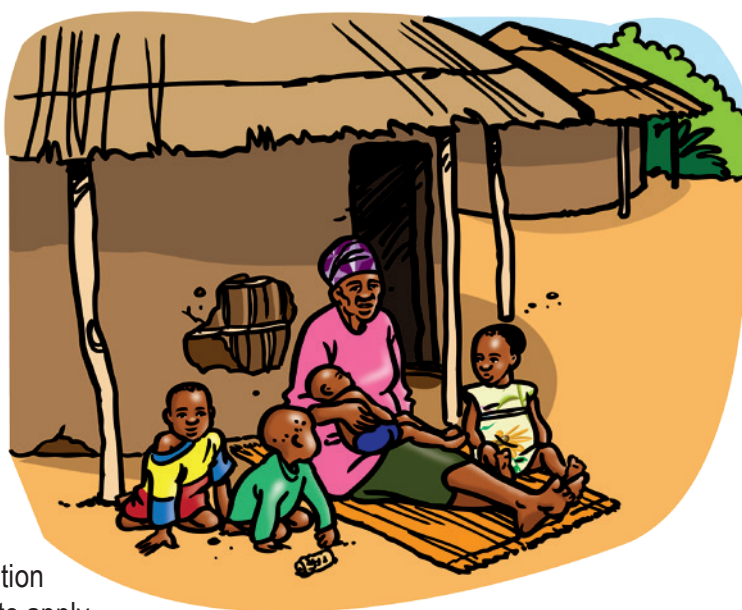
- A medical report from a clinic doctor or a hospital doctor to show that the child is disabled
- A specific form also needs to be completed. These are available from hospitals and the Department of Social Development

b. Foster Care Grant (FCG)

The Foster Care Grant (FCG) is for children who are not with their parents either because they have:

- Been abandoned
- Their parents have died

The FCG is given to the family which temporarily cares for these children, not for poverty alleviation. The FCG is for children up to the age of 18 years. This can be extended up to the age of 21 years if the child is still at school.



What a person will need to do?

- Go to a social worker at a registered organisation (like Child Welfare). They will help the person to apply for foster care
- The social worker will check to make sure that the person applying for the grant can provide basic care for the child/children. The social worker then hands in a report to the children's court saying that the person who is applying for the grant will be a good foster parent. The children's court makes the final decision. If they accept the social worker's recommendation, the court will give the person applying for the grant a Foster Care court order
- To be able to get this grant the applicant must then take this Foster Care court order to the social worker and then apply for the Foster Care Grant. The social worker visits the home at a regular interval for at least three to six months

c. Child Support Grant (CSG)

The Child Support Grant helps to provide for the basic needs of South African children up to the age of 14 years whose parents or caregivers cannot support them because they do not have a job or they do not have money to care for their children.

There are no special rules except that the parents or caregivers cannot be receiving any other money for the child (e.g. Foster Care Grant) and that the parents or caregivers cannot get help for more than six non-biological children (Non-biological children are children that are not their own or that they are not related to).

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When deciding they look at:

- How much money the caregiver or parents earn every month
- Where the child is living, in a rural or urban area
- If the child lives in an informal (shack or hut) house or a formal house (brick/concrete or asbestos walls)

What documents will be needed?

- Proof of what they earn (payslip). They can only apply for a CSG if they are poor
- A green ID book with a barcode and the birth certificate of the child



Handy Hints

IMPORTANT TO REMEMBER

- There are three stages in the process of applying for a grant:
 - Application stage: filling in the application forms, taking fingerprints, interview with South African Social Security Agency (SASSA) officer (2 hours)
 - Notification stage: letter of approval or rejection (less than 2 months)
 - Appeals stage: appeal of the decision within 90 days of receiving a letter of rejection
- No payment is necessary to apply for a grant. If someone tries to charge, this should be reported to the police
- The grant amount of each grant change every year
- If a person is too old or sick to travel to the nearest SASSA Office to apply for a grant, then a family member or friend can apply on their behalf. People receiving the grant can be paid in different ways:
 - Directly into a bank (but banks do charge for the service)
 - SASSA Payment Card
 - At the Post Office or
 - By cash through the SASSA office or at a pension payout point
- When applying it is very important to receive an official form showing proof of application. This has a reference number for all your details. The department has to give the applicant back pay from the date of the application
- Nobody is allowed to make deductions from the grant unless the recipient has given them permission to do so

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The following case studies are examples of how people can be helped getting access to grants when something has gone wrong.



Case Studies

A mother with four children aged between 2 and 17 years live in a shack in Cato Manor. The father is deceased and he was the sole breadwinner (the only person bringing in money). The mother sells apples and makes about R 100 per month. There is no other means of support. What can she do?

- The mother must take her green ID book to the district office and ask for a Social Relief of Distress Grant (SROD)
- If they say no, remind them the law says if the breadwinner has died and there is not enough income for the family, then the person can get a SROD. **Remember:** the person must not be receiving help from anywhere else and no one in the household must be receiving a grant. This should be put in writing. Write an affidavit at the police station or Post Office
- If they still say no, put all that has happened in a letter and send it to the Head of Department of Social Development

What can the CCG do to help a mother or grandmother who is told by the District Office to come back in three months' time to apply for a Child Support Grant (CSG)?

- Advise the mother or grandmother to go to the district office, request that they take the application for the Child Support Grant immediately, and request the Social Relief of Distress Grant (SROD)

What can the CCG do to help a mother or grandmother whose application was rejected? She was told that she earns a salary and does not qualify.

- Check to see if the person is poor
- If there are documents to prove that she is earning less, advise the mother or grandmother to go to the district office and insist that she gets the CSG. Go with her if possible
- Apply for the Social Relief of Distress Grant at the same time

What can the CCG do to help a grandmother caring for a 6-year-old who is neglected by the mother? The child is not receiving food, is in poor health and is not going to school. The father has never visited. The grandmother tells you that the social worker told her to apply for a CSG. The grandmother is old and frail. She wants the child placed in foster care with her eldest daughter. She is also worried that the mother will come and get the child and further neglect the child.

- Advise the grandmother to ask a friend or other relative to accompany the child to the social worker to ask for help
- Follow up with the social worker once a month

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Case Studies

What can the CCG do to help a mother/grandmother apply for a Care Dependency Grant for a child who is ill for a long time or a disabled child?

- Advise the mother or grandmother to go to the local hospital and get a letter of referral from the hospital doctor
- They must then take the letter to the Department of Social Development and request them to accept the application. They will be given a form to take to the District Surgeon
- The mother or grandmother must then go to the District Surgeon. The District Surgeon will send a report to the social worker. Ask the nurse when the report will be sent to the social worker
- Two weeks later, the mother or grandmother must return to the Social Development office to follow-up on the application. At the same time ask for the Social Relief of Distress Grant
- If there is no progress within three weeks then tell the mother to go to the local SASSA office

What to do if an application is rejected (turned away)?

If an application is unsuccessful, the person has the right to appeal against the decision within 90 days. This means the person can ask the department to look at their application again.

Advise the person to go to the local SASSA office with a letter of appeal written by the person stating the date of application and reasons that they do not agree with the decision. An appeal form must be completed at the local SASSA office and handed over with the letter of appeal and the letter of rejection they received from the SASSA office. Advise them to keep copies of all these documents and the dates and names of the people they spoke to.

What to do if a person has been waiting 8 months for the application to go through and meets all the requirements? (Applications are frequently delayed for much longer than they should be and people starve while they wait.)

- Write a letter to the local SASSA office demanding reasons for the delay
- Inform them that they are not respecting their own policy of processing an application within three months

What happens when a grant is wrongly stopped?

There are times when a grant is wrongly stopped. If this happens, the applicant should send a letter to the same office where they made the application. The letter should give:

- All the details of the application
- Date of last payment
- Details of payments missed
- Any reasons that they know of why the correct payments were not made
- Request the money

Keep a copy of the letter and proof that the letter was sent, for example, a registered mail slip.

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CCG's Checklists

General questions	Social grants for adults 18 years and older
<ol style="list-style-type: none"> 1. Name and address of person applying for a grant. 2. What kind of grant does the person want to apply for? 3. What income and assets (items you own such as house, car, TV, etc) does the person have? 4. Will the person pass the Means Test? 5. Will the person qualify for the grant? 6. Can the person be refused/disqualified by any special rule? <p>(Remember to keep all dates and names of people spoken to).</p>	<ol style="list-style-type: none"> 1. Have they already applied for a state grant? 2. When were they born? (How old are they?) 3. Are they working or earning any money? If so, how much? 4. Do they have an identity document or reference book or passport or travel document or birth certificate or baptismal certificate or marriage certificate? 5. If disabled, do they have a doctor? What is their doctor's name? Do they have a medical form stating their disability? 6. Do they get another grant from somewhere else?
If the person received a grant payment in the past, but payment has stopped	Child support grants
<ol style="list-style-type: none"> 1. When was payment last claimed? 2. Did the person not claim the grant because of circumstances beyond the person's control? 3. Has the person been admitted to a state institution (like an old age home)? 4. Has the person received a review card? This is a notification from SASSA to say they will be reviewing the grant in three months time. 	<ol style="list-style-type: none"> 1. Is the father (or mother) of the child alive? 2. Do they know where he (she) lives? 3. What are the ages of their children?

AIM OF THE LESSON

Lesson 6.2 aims to share information on food gardens.

Learning Outcomes

By the end of lesson learners should be able to:

- Show how to create a food garden
- Advise the client where to get help to start and grow a food garden

Lesson Contents

- Creating food gardens

References

1. Gardening eden. Door size vegetable gardens. Available from:
http://www.gardeningeden.co.za/Door_size_Vegetable_garden.html
2. Vegetable Garden Guide. How Planting a Vegetable Garden Can Improve Your Health and Lifestyle. 2011. Available from:
<http://www.vegetable-garden-guide.com/>
3. Extracted from - Pat Featherstone, Starting a vegetable garden. Filed in: green gardening • issue 3 • soil for life <http://biophile.co.za/gardening/starting-a-vegetable-garden>

Your role as a CCG

Your role as a CCG is to discuss with your clients the important role that food gardens can play in making sure that they have enough healthy food to eat. You should also use the opportunity to talk to them about how to create a food garden, the importance of a healthy lifestyle, including healthy eating, exercising and not smoking.

1. The importance of a food garden

It is very important that we eat a healthy diet to stay fit and well [see Lesson 2.2 on Healthy Eating]. Our bodies need different foods to stay strong and fight illnesses. Sometimes there is not enough money to buy some of these foods. One way to save money and have lots of vegetables is to start your own garden.

How big does a food garden have to be?

You do not need a large space. You can grow enough vegetables for your family in four beds the size of your front door.



2. How to create a food garden?

Choose a place for the food garden

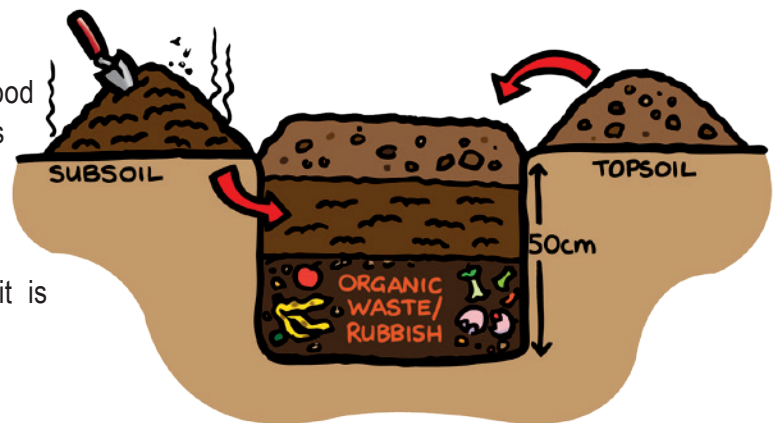
- Vegetables need a lot of sun. Choose a sunny place. Trees, bushes and buildings may be in the way and block the sunlight. If the garden does not get the sun all day, make sure that the garden is placed where it gets the morning sun
- The vegetable garden should be close to the house so that it will be easy to look after it
- It should be close to a source of water
- If the soil is poor, then add rotting vegetables to the soil to help it get moist and ready for planting
- Once the site is chosen, remove all grass, bushes, trees and their roots. Keep all this plant material to make compost (fertiliser). Compost is used to help soil become suitable for growing vegetables

Remember:

- If the garden is on a slope, you should plant your vegetable in rows across the slope so that if it rains the soil will not be washed down the slope
- Make little pathways between each bed. All garden work should be done from the pathways so that the soil in the beds is never trampled
- Paths between the beds should be about half a metre wide
- The best size for each bed is one metre wide by two or three metres long (a metre is about one big step)
- Once the garden is marked out, start preparing the soil in the beds for planting

Preparing the soil

- Soil must have enough air, water and food (nutrients) for the plants to grow. Most soils have been packed together by feet and other traffic and this makes it difficult for the roots to grow well
- If the soil is poor or packed together, it is possible to do something called 'trenching'



Digging the first trench

- Before starting, collect different types of natural rubbish which will provide food for the soil. Natural rubbish could be fruit and vegetable peelings from home and the supermarket, pot scrapings, egg shells, bones, feathers, cardboard, paper, grass cuttings that are collected after the grass is cut, dry leaves, all garden rubbish, manure, seaweed and anything that will rot. Do not use plastic or metals, etc
- Dig out a door size, not more than knee high deep
- Dig out the bottom soil (subsoil), to one spade-head deep and put this soil on the opposite side of the bed. This soil is better than the top soil you dug out. Remove all large stones and rocks
- Loosen the soil at the bottom of the trench with a fork and cover with cardboard
- Put a layer of coarse natural rubbish at the bottom and cover it with a layer of subsoil. Water both layers well
- Continue with these layers, removing any tins, bottles, plastic or rubber, until the trench is full. Water each layer well
- Now add the topsoil that was removed from the trench. Add some topsoil from the paths to the top of the bed. The bed will be higher than the path when it is finished. The bed will slowly sink as the rubbish rots
- Spread one bucket of compost (if available) over each square metre of bed. Work it in and make the bed flat using a rake or a flat piece of wood
- Use a stick to mark each corner and remember never to walk in or stand on the bed
- Cover the bed with a layer of dry grass and leaves, even newspaper and cardboard can be used. This is called mulch and it helps the soil keep in the nutrients
- Leave the trench for one month. After a month the trench bed is ready for planting. Once the first bed is planted, dig and prepare the second one which can then be planted a month later
- Four trench beds – each one about the size of a door – will keep a family supplied with constant fresh vegetables and herbs. It is surprising how much can be planted in door-sized beds

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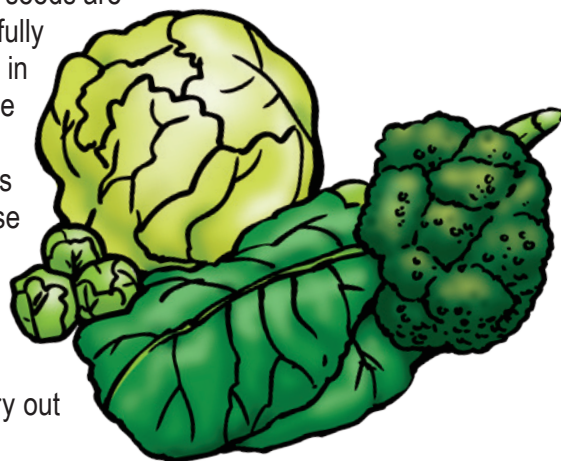
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Lesson 6.2

Food Gardens

Getting a good harvest

- Divide the plot so that different types of vegetables can be planted
- With a stick or your finger, make a small hole in the soil. If the seeds are very large make deep holes with your finger or the stick. Carefully place the seeds in the small hole. Always put a little more in case some do not grow. If too many grow, then they can be moved to another bed, sold, or given to a friend or neighbour
- Cover the seeds with soil from either side of the hole; press them down with the side of the hand so that they are in close contact with the soil. Now water them gently with a watering can made from a tin with small holes punched in the bottom. Do not use a hosepipe; water comes out too fast and will wash the seeds away
- Check every day, twice a day, to see that the seeds do not dry out
- Plant different types of vegetables at the same time



TAKE NOTE!

- Planting seeds is cheaper than buying small plants from a nursery
- If there is a concern about birds eating the planted seeds, or the heavy rain washing them away, a net can be made from plastic mesh bags (like the bags that you buy onions or potatoes in), sticks can be planted at the corners of the beds and the net placed over them. This will stop the birds from getting to the plants
- Creating a garden can be fun and is good exercise
- Teach clients to look after their garden and encourage them to teach others to start their own garden

Handy Hints

Divide into groups.

Each group takes a piece of flipchart paper and pens and draw their food garden. The food garden should include different types of vegetables.

Each group must discuss the process of creating the food garden and harvesting the vegetables.

Group Activity

AIM OF THE LESSON

Lesson 6.3 aims to share information on Identity Documents (ID).

Learning Outcomes

By the end of this lesson learners should be able to:

- Explain the importance of ID documents
- Explain the procedure for applying for ID documents

Lesson Contents

- Importance of an ID
- Procedure for applying for ID documents

References

1. Department of Home Affairs. Applying for identity documents. 2011. Available from:
<http://www.dha.gov.za/identity%20document.html#ID1>

Your role as a CCG

Your role as a CCG is to discuss with your clients the importance of having an ID document, as well as how to apply for an ID document. You should also refer them to the local South African Social Security Agency office should they need to apply for any of the grants.

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Lesson 6.3

Identity Documents (ID)

1. Why do I need an ID?

An Identity Document (ID) is an official document used to identify a person. Everybody that is 16 years of age and older needs to have an ID book. This document is proof that a person is who they say they are. It helps when applying for grants and also helps when applying for bank loans and housing benefits. An ID is needed when applying for a job, whether for a government position or in a private organisation.



2. Who can get an ID book?

A person can get a South African ID book if:

- Born in South Africa and are 16 years or older
- Born outside of South Africa, but have South African parents
- Married to a South African citizen
- They have come to South Africa from another country and have a valid permanent residence permit
- They have a work permit to work in South Africa



Handy Hints

IMPORTANT

Always keep ID documents in a safe place.

If their ID book has been lost, stolen or damaged, they can apply for a replacement ID.

A person can also get a new ID if:

- They have just become a citizen of South Africa
- They have changed their surname (for example if they get married or divorced)
- They are staying in another country for a short while but have had a South African ID before

3. Applying for an ID

A person can apply for an ID by visiting the Home Affairs Offices in their area and filling out the application forms. If the application is successful, they will be given a temporary ID which is valid for only a short period. This temporary ID will be proof of identity while waiting for the ID book to be issued. The first time a person applies for an ID it is free, but if the ID is lost then there is a fee that is charged to get a replacement.

The importance of registering the birth of a new born baby at birth is very important, as it is necessary to have an ID to register at school, at Further Education and Training (FET), at university, or apply for any type of support [see Lesson 6.1 on Social Grants].

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Lesson 6.3

Identity Documents (ID)

To apply a person must have the following documents:

- A birth certificate
- If no birth certificate is available then:
 - A family member, if there is one, must accompany the person applying for the ID
 - A copy of the death certificates, if the parent or parents are dead
 - A baptismal certificate or
 - A letter from the school where they attended their Grade 1 (this letter must be stamped with the official school stamp) or
 - A Clinic Card



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6 Lesson 6.4

Home Community-Based Care (HCBC) and Palliative Care

AIM OF THE LESSON

Lesson 6.4 aims to share information on home community-based care and care of the dying client.

Learning Outcomes

By the end of this lesson learners should be able to:

- Identify clients for home community-based care
- Explain what Palliative Care is
- Show the following procedures in the care of bedridden clients:
 - bed bath
 - feeding
 - care of the back and pressure points
- Show an understanding of assisting a family or individual with death preparation

Lesson Contents

- Home community-based care
- Bathing of a bed ridden client
- Assisting the family to cope with death of a client

References

1. National Pressure Ulcer Advisory Panel. Pressure Ulcers. 2009. Available from: <http://www.npuap.org/resources.htm>
2. Compassionate Community Care. Best Practice: Caring for the Bed Bound Client. Undated. Available from: www.compassionatehomecare.org/0707_caring_bedbound
3. Caregiver Booklet Symptom Management and end of Life Care. Geneva. 2011. Available from: <http://www.who.int/3by5/capacity/palliative/en>
4. eHow. Health. How to Save Money on Home Equipment for the Elderly. 2011. Available from: http://www.ehow.com/how_4476780_money-home-care-equipment-elderly.html

Your role as a CCG

Your role as a CCG is to provide home community-based care, as part of the team, to clients for themselves or family members who are terminally ill. You should provide help with showing them how to give bed baths as well as how to care for and feed people who are terminally ill.

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Lesson 6.4

Home Community-Based Care (HCBC) and Palliative Care

1. What is home community-based care?

Home community-based care is caring for a sick client at home. This may be done by a family member or a community member or the CCG. Home community-based care is achieved by a team of different people, helping each other to provide the basic needs of the client. Basic needs means bathing, care of the parts of the body that can get sores from lying in bed, cooking, feeding, cleaning the house of the sick person, buying necessary items for the household like foodstuff and helping the person go to the toilet.



2. Who should be in the home community-based care team?

The members of the home community-based care team are:

- Family members who are the main caregivers
- Home community-based carer who is the community caregiver
- The clinic or hospital team who supports the community caregiver
- Others, e.g. church or temple caregiver who help with spiritual care, support group

3. Who should receive home-based care?

People should receive home community-based care if they:

- Have an illness that keeps them in bed
- Are dying

It is important that the person agrees to join a home community-based care programme. They will have to have:

- Family members that can manage to take care of them at home
- A trained community caregiver in the community

4. What is a terminal stage of illness?

This refers to the last few months of a client's life, when the client has an untreatable (cannot be cured) illness which will soon cause death.

What is palliative care?

Palliative care is a way of caring that improves the life of the clients and their families who are dealing with a family member who is dying.

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Home Community-Based
Care (HCBC)
and Palliative Care

Palliative care:

- Provides relief from psychological pain and emotional problems
- Helps the client see that dying is a normal process
- Does not slow down the process of death, or make the client die more quickly
- Helps the client to deal with the thought of dying and make spiritual peace
- Helps the family cope during the illness, resulting death and mourning
- Helps the client and the family by offering bereavement counselling if necessary. Bereavement counselling is support and counselling which helps people cope with the death of a loved one

5. What can be done to help?

People who are in bed due to illness or if they are dying often get other conditions as well.

a. Fever

A fever is when the client's body feels hot.

What to do?

- Remove thick clothing or blankets
- Wipe the skin with a wet cloth and fan the body
- Give the client plenty of water to drink

The client should be referred if they have any of the following:

- If the fever lasts for more than 48 hours
- If there are other symptoms such as:
 - Sore throat which stops the person eating or drinking
 - Severe pain
 - Stiff neck with a bad headache
 - Convulsion or fits
 - Yellow eyes
 - Severe running tummy
 - Pregnancy or recently had a baby

b. Diarrhoea

This is when a client goes to the toilet three or more times per day and the stool is watery and loose.

What to do?

Replace the lost body fluids:

- The client should drink frequent small amounts of fluids, e.g. water, porridge, weak tea or soup

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- Mix oral rehydration solution and let the client drink small amounts every 30 minutes or after every time they have been to the toilet
- Encourage the client to continue eating small amounts of food
- Do not give the client very sweet drinks, alcohol, fatty food, or raw food

Sometimes the bottom can become sore and raw:

- After the client has gone to the toilet, clean the bottom with toilet paper
- Wash the bottom with soap and water
- Apply Vaseline to the bottom
- Sitting in salty warm water twice a day may relieve the discomfort
- Always use gloves while working with bodily fluids

When should the client be referred to a clinic?

The client should be referred if they have any of the following:

- Blood in the stool
- Running stomach lasting more than 5 days, with five or more watery stools a day
- Broken skin around the bottom area
- Vomiting and the client cannot keep any fluids down
- Confusion and tiredness
- Losing consciousness

c. Nausea and vomiting

If the client feels like vomiting:

- Give small frequent meals of foods that the client likes to eat. This should be eaten slowly and chewed well. Cool or cold food is better than hot food
- Give salty and sour foods. Avoid sugary foods
- Tell the client to drink slowly and more often, e.g. water, lemon juice or tea
- Don't cook foods with strong smells like cabbage, garlic and onions as this could make the client feel sick again

The client should be referred if they have any of the following:

- The client has felt like vomiting for more than two weeks
- The client's tongue is dry
- Vomits for more than one day
- Passes very little urine
- The client has stomach pain or yellow eyes



Handy Hints

ORAL REHYDRATION

- ½ teaspoon salt
- 8 teaspoons sugar
- 1 litre of boiled water

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d. Cough and difficulty breathing

What to do?

- Give soothing drinks such as lemon tea sweetened with honey
- If the cough is new or continues for more than 2 weeks this could be a sign of tuberculosis (TB). Refer the client to the clinic for a test to see if the client has TB
- Help the client to sit up which will help them breathe easier. Extra pillows can be used for back support
- Encourage the client to take small sips of water regularly
- Open the windows to let in fresh air. Fan the client and avoid smoke if possible
- Tap or gently slap the client's back and chest to loosen sputum and make it easier to cough

How should the phlegm be handled?

- Always use gloves when dealing with any bodily fluids
- Handle the client's sputum with care to avoid spreading the illness
- Provide a bottle or a container with a lid for the sputum. Add an antiseptic (like Dettol) in the container to kill the germs in the sputum. Always cover the container
- Empty the container in the toilet and wash it out with Jik or clean with boiled water

The client should be referred if they have any of the following:

- Fast breathing or chest pain
- Fever and sweating at night
- Blood in the sputum
- Symptoms lasting for more than two weeks

e. Headache

If the sick client has a fever they may have a headache as well. You can help by:

- Rubbing the scalp and neck
- Advising the client to rest
- Advising the client not to drink alcohol

The client should be referred if they have any of the following:

- The headache continues for more than one day, even if the client is taking pain killers
- There is vomiting and the vision is blurred
- There is difficulty in speaking or the client sounds drunk
- Pain in the neck and or a stiff neck
- Weakness in one side of the body
- They do not seem to know what is happening around them

f. Skin problems

Skin problems may include:

- Dry or itchy skin

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- Wounds and sores
- Rashes
- Abscesses

What to do for itchy skin?

- Cut finger nails short so the client does not get hurt while scratching the itchy spot
- Cool the skin with water
- Rub only with flat hand
- Apply lotion like calamine lotion
- Clean regularly with soap and water

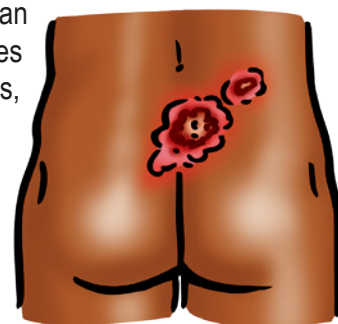
What to do with dry skin?

- Avoid strong soaps
- Use Vaseline, oils or skin lotions

g. Bed sores

How is bed sores formed?

A client who is lying in bed for a long time and is unable to move around may get bed sores. Bed sores, which are also called pressure sores, happen where the bones are close to the skin. If the client cannot turn over easily and lies in one position the blood doesn't flow to that part of the skin and it becomes raw. A client can also get sores if they are lying on a wrinkled sheet or clothes or if the sheets and clothes are rubbing against the skin. Bed sores happen most often on bony areas like the heels, bottom, hips, shoulder blades, elbows and ankles.



How can bedsores be prevented?

- Watch out for and notice early danger signs such as redness of the skin
- Encourage the client to get out of bed as much as possible
- Change the client's position every 2 hours, changing from sides to back
- Keep sheets dry of urine, faeces, vomit and sweat
- Keep sheets straight so that there are no creases under pressure areas
- Put cushions under the body to help spread the weight of the body
- Use soft sheets and blankets
- Use a soft mattress
- Rub pressure areas with the palm of the hand to promote flow of blood
- Clean the skin with mild soap and warm water and gently pat the skin dry
- If the skin is wet or damp, apply baby powder on to it
- Apply lotion to dry skin
- Make sure that the client drinks enough liquids, by giving them small regular sips
- Put a cardboard box (with the side cut out) over the legs from the knees downwards in order to keep the blankets off the feet

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6 Lesson 6.4 Home Community-Based Care (HCBC) and Palliative Care

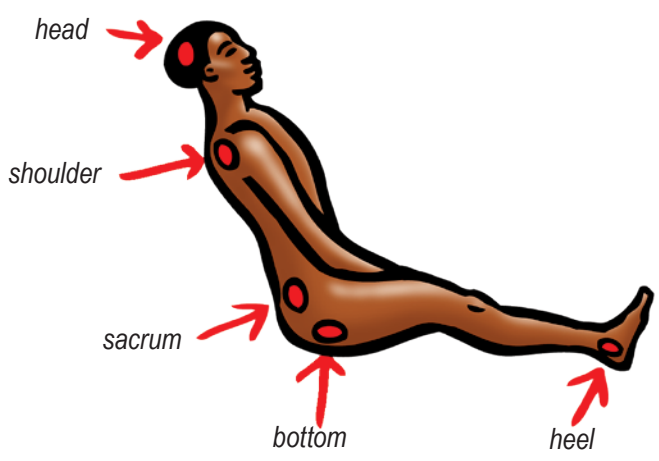
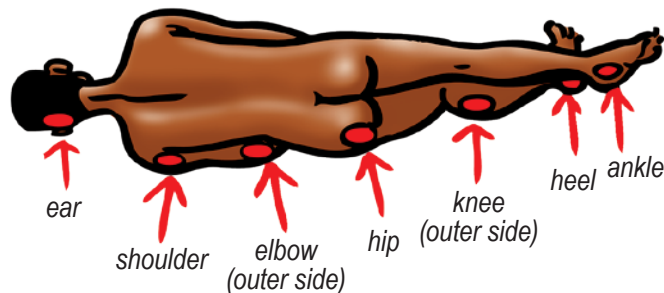
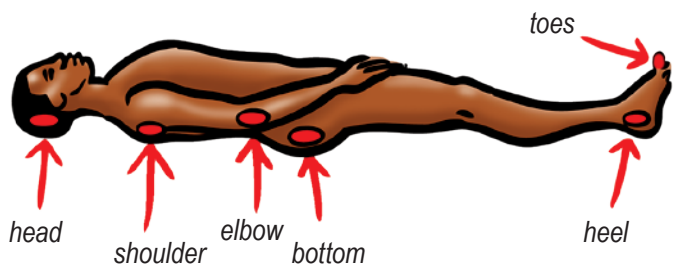
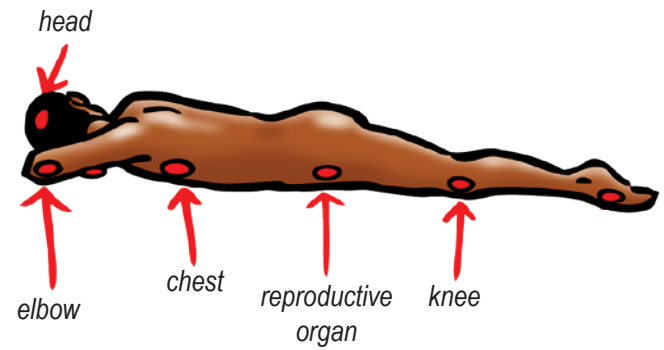
- Exercise the legs and arms in order to stimulate blood flow
 - For the arms: If the client cannot move then hold the arm above the elbow and at the wrist and bend the arm up 15 times every two hours
 - For the legs: Stand at the side of the bed; hold the leg as in the picture and bend the leg at the knee. Repeat 15 times every two hours



How can bed sores be treated?

- Soak a soft washcloth in warm water and thoroughly wash the bed sores. Add a drop of antibacterial soap if available, or ask the clinic for a small bottle. Repeat twice a day, once in the morning and once at night, to keep the body free of germs that can make the bed sores worse
- If the sore is open, ask the clinic for a salt water solution that must be used to wash the open sore every time the dressing is changed. It should also be covered with clean gauze dressings from the clinic

Pressure areas



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The back rub

Rubbing the client's back helps the muscles to relax and helps the blood to flow properly. Rubbing the back of a sick client helps them to feel cared for and loved and this helps them to feel better.

- Wash the back with a mild soap and water, to keep it clean and keep the blood moving
- Dry well by patting
- Massage the area gently with oil, Vaseline or lotion

Refer the client to the nearest clinic if there is a concern about a bed sore developing.

Group Activity

Break into small groups.

- Demonstrate to each other where the pressure areas are and how to care for them
- Practise in pairs to show each other exercises for arms and legs for a client who cannot move
- Talk about how caregivers can respect clients who are suffering

- Discuss ways to motivate a person to get out of bed and move a little if possible and to be positive

6. What is a bed bath?

Giving a bath to someone who is bedridden can be difficult but it makes a person feel better. The bath can also help the blood flow around the body and help the client relax and is a good time to check the client for sores or rashes and to check the pressure points.

It is important for the client to try and help with the bath if possible. It helps them move and stay independent. Check with the client what soap, powder or lotion they have to use.

Remember to protect the privacy of the client. Make sure the parts of the body not being washed are kept covered. This also helps the client to not get cold. Keep the doors and windows closed while bathing a client if it is cold or a draft is blowing. A bed bath is a good time to change the sheets. Be careful to hold the client so that they do not fall out of bed when they are being turned to put the new sheets on the bed.

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It is important to explain everything to the client during the procedure so they know what is happening to them and don't become scared or confused.

How to give a bed bath?

- Make the room comfortable and warm
- Close the windows to prevent drafts
- Close doors and curtains for privacy
- Collect the equipment as listed below:
 - Two chairs with hard seats
 - Wash bowl or large pan
 - Soap and container (a dish is fine)
 - Bath towel(s) and washcloth
 - Change of clothing
 - Newspaper (to protect the chair from water)
 - Body powder, body lotion, Vaseline, deodorant, and perfume
 - Gloves (ask at the clinic for these)
- Place chairs close to the bed
- Cover one chair with newspaper
- Place the wash bowl, soap, and dish on the newspaper covered chair
- Use the second chair for the extra bedcovers
- Remove any extra bedcovers, but leave on a light cover for warmth and privacy
- Wash hands
- Put on gloves for protection
- Remove the client's clothing. Invite them to help
 - Begin at the top leaving the bottom clothing on until the top part of the client has been cleaned, dried, and covered
 - Help the client take off their clothes if they are too weak or have paralysed legs or arms
 - Remove pants by slipping them down over the legs and off the feet. Ask the client to help by lifting his or her bottom. If the client can't lift, remove clothing one side at a time by turning the client
- Cover the whole body except the small area being washed
- Half fill the bowl with warm water
 - Test the water with the elbow
 - Add more hot or cold water if it is needed
 - Change the water as often as possible while bathing the client
- Keep the soap in the dish and use with washcloth only when needed. This helps to stop the water from getting too soapy

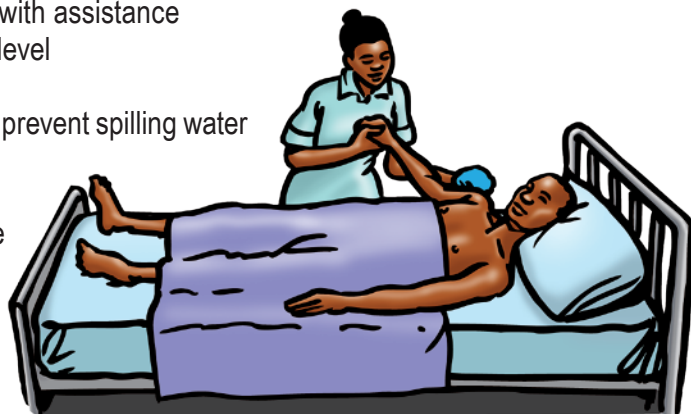
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Home Community-Based Care (HCBC) and Palliative Care

- Wash the client's face
 - Place a towel below the client's neck and over the bedcovers
 - Wet the washcloth a little, squeeze out the extra water, and give it to the client to wash their own face, if possible
 - If the client cannot manage to wash their face, dampen the wash cloth and squeeze out the extra water
 - With the client's eyes closed, wash the eye area wiping from the inner corner toward the ear. The eye may need to be washed several times to get it clean
 - Only use soap on the cloth if the client requests it when washing the face
 - Wash the forehead, nose, cheeks, and chin
 - Rinse the wash cloth and then wipe the client's face in the same order
 - Place the wash cloth in the bowl. Pat the client's face dry with a towel. When drying, do not rub as rubbing with a towel could make the skin sore. If a client's body is rubbed it should only be with hands as material can hurt the skin
- Wash client's neck and ears
 - Wet the wash cloth, and hold edges to avoid dripping
 - Apply soap to wash cloth. Squeeze out the extra water
 - Rinse wash cloth, and rinse client's neck, ears and behind the ears
 - Dry client's neck and ears with the towel
- Wash client's arms
 - Place a towel under the arm away from the person bathing the client
 - Wet and soap the wash cloth. Squeeze out the extra water
 - Lift the arm to be washed, and support it at the elbow
 - Wash the arm with long, firm strokes
 - Wash the underarm while still supporting the elbow
 - Rinse the wash cloth, and rinse the arm and underarm area following the same procedure
 - Dry the arm and underarm well
 - Wash, rinse, and dry the other arm in the same way
 - Check to see if the client can wash their hands with assistance
 - Place the towel at the client's side, about waist level
 - Place the bowl of water on the towel
 - Hold the bowl with one hand to balance it and to prevent spilling water
 - Place the soap in the client's hand
 - Help the client to soap and clean hands
 - Place soap back in the soap dish, and allow the client to rinse and soak the hands
 - Remove the client's hands from the bowl
 - Place hands on towel
 - Return the bowl to the chair
 - Dry the client's hands well, especially between the fingers
 - Cut fingernails, if necessary



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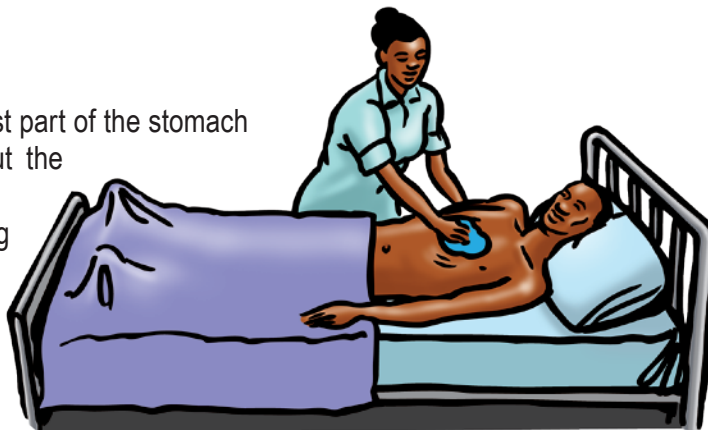
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- Wash the client's chest and stomach

- Cover arms with towels
- Fold a towel over the blanket above the lowest part of the stomach
- Wet and soap the wash cloth. Squeeze out the extra water
- Wash the client's chest and stomach using circular movements
- Wash the folds of skin under the client's chest or breasts
- Rinse the wash cloth. Rinse and pat dry the client's chest and abdomen
- Cover the washed areas with a towel



- Wash the lower front part of the body

- Wet and soap wash cloth. Squeeze out the extra water
- Wash the lower stomach using circular movements
- Be sure to clean the belly button area and any skin folds
- Rinse the washcloth. Wipe using firm, circular movements
- Dry well

- Assist client in washing between the legs (private parts)

- Cover chest and stomach with a towel
- Fold covering blanket to the top of the legs
- Place a towel on the bed under the client's bottom
- Roll the client towards the person bathing them
- Place half the towel on the bed with the second half rolled next to client's bottom
- Roll the client to face away and unroll the towel. Roll the client back
- Fold the washcloth, wet it, and squeeze out the water
- Lightly soap the washcloth
- Hand the washcloth to the client to wash their private parts
- Give the client privacy
- Rinse the wash cloth when the client has finished washing their private parts. Allow the client to rinse these washed areas

- Wash between the legs if the client is unable to perform the task themselves. If the client is unable to hold legs apart with knees bent, gently spread the client's legs on the bed

- Cover chest and stomach with a towel
- Fold covering blanket to the top of the legs
- Place a towel on the bed under the client's bottom
- Roll the client towards the person bathing them
- Place half the towel on the bed with the second half rolled next to client's bottom

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Home Community-Based Care (HCBC) and Palliative Care

- Roll the client to face away and unroll the towel. Roll the client back
- Fold the washcloth, wet it, and squeeze out the water
- Wet and lightly soap washcloth
- Wash the area with strokes from the front of the client's body to the back
- Rinse and re-soap cloth after every stroke to avoid spreading germs
- Rinse thoroughly, especially the skin folds
- Dry completely
- Cover for warmth and privacy. Change water

- Wash the client's legs

- Uncover the leg furthest away. Tuck a blanket under the closest leg and cover the client's entire body except the leg that is being washed
- Raise the leg while supporting it behind the knee
- Place a towel under the leg
- Wet and soap the washcloth. Squeeze out the extra water
- Wash the leg with long firm strokes moving from hip to knee
- Rinse the wash cloth and dry the upper leg in the same way. Cover with a towel
- Repeat from knee to ankle
- Repeat the steps with the other leg
- Cover the client with a blanket except for the feet



- Wash the client's feet

- If a client is able to sit in a chair, do this while the client sits up. Place a tub of water on newspaper. If the tub is large enough, place both feet in the tub to soak. Cut nails after soaking feet
- If the client cannot sit up in the chair and is lying flat in the bed, then help the client to bend the knee to place one foot flat on the bed
- Place a towel on the bed close to the foot
- Put the bowl of water on the towel
- Balance the bowl of water with one hand to avoid spilling the water
- Guide the client's foot slowly into the bowl of water
- Wash the foot, especially between the toes, with a soapy washcloth
- Rinse making sure to get rid of all the soap and help the client remove the foot from the bowl
- Dry foot completely
- Follow the same steps for the other foot
- Have the client keep the knees bent. Remove wash bowl to the chair
- Straighten the client's legs while providing support behind the knees
- Cut nails if needed
- Change water

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Home Community-Based Care (HCBC) and Palliative Care

- Wash the client's back. The side of the body with the most strength and movement should be washed last for comfort

- Help the client turn over onto their side
- Keep client covered for warmth
- Uncover the back
- Fold a towel lengthwise and lay it behind the client on the bed. The towel can be used as a support to help hold the client
- Wet the washcloth, and put soap on it
- Wash the client's back and the back of the neck using long, firm strokes
- Wipe with the wash cloth and dry. Apply lotion gently. Remove towel
- Turn the client onto the washed side. Put the towel in place
- Wash the unwashed side
- Dry completely. Apply lotion while the client is still on their side



- Wash the back part of the client's bottom

- Place the towel under or next to the client's bottom
- Bend the client's upper leg at the knee
- Place a pillow between the client's knees for support
- Wet and soap the cloth
- Wash hip and then bottom using a single stroke from the front to the back
- Rinse and re-soap the cloth after each stroke
- Wipe thoroughly with the rinsed washcloth
- Dry completely. Apply lotion
- Start to change the sheets while the client is lying on their side

- Put a pyjama top on the client, or cover with a blanket to ensure warmth and privacy if the client doesn't wear pyjamas

- Place pyjama top on the client starting with the weak arm if they have a weak arm
- Keep pyjama top loose on top of the client's head while putting in the other arm
- Pull pyjama top down at the back by holding it at the sides of the top and slowly moving it under the client
- Check the client's comfort at this time. Be sure there are no wrinkles in the pyjama top

- Dress the client if the client would prefer clothing to pyjamas

7. Feeding a sick client

It is important that a bedridden client continues to eat a healthy diet [see Lesson 2.2 on Healthy Eating].

- They may need to eat smaller meals, softer food (like porridge or mashed potato) or need help to cut up their food [see Lesson 2.2 on Healthy Eating]

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Home Community-Based Care (HCBC) and Palliative Care

- Help the client to stay as independent as possible and to feed themselves if they can
- If the client cannot see properly, they need to be told where the food is on the plate. It is good to use a clock face as a way to describing where the food is, e.g. the samp is at 6 o'clock

Some people may not be able to feed themselves at all. To assist a client who cannot eat by themselves:

- Give the client privacy if necessary, especially if the client is learning how to feed themselves again due to a stroke or injury
- Tell the client what foods are on the tray
- Sit down next to the client and talk to them throughout the meal, even if the client cannot answer
- Encourage the client to do as much as possible for himself/herself during the meal. Even if the client almost totally relies on the person feeding them, still try to involve him/her in the process as much as possible, for example, by asking the client to hold the cloth to wipe their face
- Use a spoon, not a fork
- Give a small amount of food slowly. Give enough time for the client to chew and swallow each bite
- Give small sips of liquid frequently between bites

8. Preparing for death

Death is a hard thing to accept, both for the client and the family. It is important to respect this and be there to offer support to them.

This can be done in the following ways:

- Express sorrow at (the coming) loss, in a suitable manner using the right language
- Offer to help with practical 'daily living' situations, e.g. cooking meals, getting children to school, making telephone calls, etc
- Be there as a sympathetic listener and act as a bridge to make arrangements for family to talk to support groups, trained counsellors, priests, village elders, etc
- Offer to help with funeral arrangements, if required
- Follow up after funeral to make sure that the family receives continued bereavement counselling



Group Activity

Break into small groups.

- Practice on each other how to wash a sick client in bed
- Discuss how to feed a sick client

AIM OF THE LESSON

Lesson 6.5 aims to share information on the care of older persons.

Learning Outcomes

By the end of this lesson learners should be able to:

- Show an understanding of care and protection of older persons
- Show an understanding of what Alzheimer's Disease is

Lesson Contents

- Care and protection of older persons
- Causes of Alzheimer's Disease
- Caring for a client with Alzheimer's Disease

References

1. Department of Social Development: Care & Services to Older Persons. Caregiver Training Manual. Pretoria. 2009
2. Department of Social Development, Province of KwaZulu-Natal. March 2011. Learning Areas for CCGs on DSD specific Sub-Programmes. Obtained from Department of Social Development, Province of KwaZulu-Natal

Your role as a CCG

Your role as a CCG is to provide help and support to older persons. You should talk to your clients about the needs of older persons and the role that they can play to help older persons. You should also look out for signs of abuse in older persons and refer them for care.

1. Who are the older persons?

Older persons are those people above the age of 60 years. As people live longer, there are more people with chronic illnesses like diabetes, and heart disease. These older persons may need special care. Some older persons may be able to live in an old age home, but most will live with family members.



2. What problems do older people have?

Most problems that older people have are due to their bodies and minds getting weaker. Some older people are unable to live and care for themselves in the community.

The problems that older people can have include:

- Not eating well
- Disabilities due to stroke or arthritis (Arthritis is a swelling of the joints of the body, like the fingers, knees, etc)
- Having minor accidents like falling down the stairs
- Chronic illnesses like diabetes [see Lesson 5.2 on Diabetes] and high blood pressure [see Lesson 5.1 on High Blood Pressure]
- Cancers
- Suffering from confusion and forgetfulness (see Alzheimer's Disease in this lesson)
- Coping with loss and grief
- Dealing with depression

3. Alzheimer's Disease?

What is Alzheimer's Disease?

Alzheimer's disease or Senile Dementia is a something which affects older persons. There is no cure for this disease which usually affects people over the age of 65 years.

How to recognise Alzheimer's Disease?

People with Alzheimer's Disease may have some of the following signs:

- Confusion
- Poor memory for recent things like what they had for breakfast
- Irritability and aggression
- Mood swings from happy to sad to cross
- Difficulty in using their usual words and language
- Slowly forget things that have happened in the past and don't recognise family members anymore



What causes Alzheimer's Disease?

The cause of the disease is not well understood and there is no real treatment.

How should a person with Alzheimer's Disease be cared for?

If the caregiver thinks that one of the clients may have Alzheimer's disease they should refer them to the clinic for assessment and management.

It is important that the person with Alzheimer's has the following:

- Help keep the client's mind active. Show them pictures of family and remind them of the names. Play games with them and encourage them to tell stories
- Help the client to keep physically active, going for a walk with someone (because they can forget where they are and how to get back home), or working in the garden
- Encourage them to eat a healthy diet
- Care all the time once the client has reached a stage where they are confused as they can have accidents and get lost

4. Abuse of older persons

There are different types of abuse affecting older persons but these are all similar to abuse of all ages and genders. These are:

a. Physical

Physical abuse is the most common abuse suffered by older persons. It may also be the easiest to spot as there are often bruises or other marks on the body; e.g. around the wrists from being tied to a bed. Physical abuse can be the following:

- Pain or injury – hurting the older person if they don't do what a person or the caregiver wants them to do
- Physically forcing the older person to do something against their will
- Physically controlling them by tying a person down so they cannot get away; keeping them locked up in a room, or by giving them medicines to keep them sleepy and under control

b. Sexual abuse

Sexual abuse of the older person is harder to see, but it means any sexual contact with an older person without their permission. This can also mean taking photos of them without clothes. Look out for:

- Vaginal infections
- Bleeding from the vagina or anus
- Bruises around the vagina and on the breasts

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Care of Older Persons

c. Emotional or mental abuse

Emotional or mental abuse can be difficult to see. This abuse may be:

- Humiliating (embarrassing) the older person and making them feel bad in front of others when they make a mistake, like shouting at them for dropping something by accident
- Threatening them, e.g. if they don't hand over their pension they won't have anywhere to live
- Punishing them for things they cannot control, e.g. forcing them to sleep in a wet bed, if they urinated in the bed



Some signs that an older person could show:

- Scared to speak openly with others, especially when a certain person is around
- Withdrawing themselves, being quiet and not talking when spoken to
- Fearfulness, anxiety, and helplessness
- Changes in sleep patterns, appetite and behaviour

d. Financial and material abuse

This means that the caregivers may be doing the following:

- Taking things from the older person without their permission
- Taking the older person's money for their own use without permission
- Leaving the older person without money for care and support when they have funds to support themselves
- Changing bank details; forging signatures; using their pin number to draw money from their account without permission
- Illegally changing the will of the older person
- Forcing a person to sign documents against their will or when they do not understand what the document means

e. Neglect

Neglect of the older person is also a form of abuse. Neglect means the caregivers are not giving the proper care to protect the older person from injury or diseases.

Examples of neglect are:

- Not giving them enough healthy food
- Not allowing the older person to get health care if they need it
- Leaving an older person without care and support when they are unable to look after themselves

Look out for the following:

- An untidy, unwashed appearance
- Sores on the skin
- Malnourishment
- Dehydration
- No necessary equipment to help them such as walkers, false teeth or hearing aids
- The older person makes excuses for the caregiver



5. What are the risk factors for older person abuse?

The following things could make the risk higher for abuse of an older person:

- Alcohol addiction in the home, especially the caregiver
- When the older person is confused or aggressive
- If there are financial difficulties in the home
- Overcrowding in the household

Reporting abuse

If an older person says they are being abused or there is some evidence that shows that the older person is possibly being abused, it is essential that it is reported to the clinic or the social worker. If the person is in immediate danger the police can be called.

6. The rights of older persons

Abuse of the rights of older persons happens because the older persons and their caregivers do not know what their rights are. The older person can be abused by their own families as well as people in the community.

Many older persons are denied the right to:

- Information about old age pensions
- Decent housing
- Be able to get healthcare
- Making their own decisions
- Dignity in care

7. What is the role of the community caregiver?

The community caregiver must:

- Be visible and be seen as a help for everyone in the community
- Promote healthy living, help to prevent illnesses, and provide care and treatment as well as helping with rehabilitation
- Help older persons to make the most of their money, encourage them to only allow someone they trust to draw money from their bank accounts or collect their pension
- Help them with the process of living with chronic illnesses and disability. Explain carefully how they can get help from the healthcare and social workers
- Assist the older person speak out against ill-treatment, abuse from family and relatives and being treated badly by the community
- Assist the older person in joining the right support groups
- Assist the older person to bath [see Lesson 6.4 on Home Community–Based Care & Palliative Care]
- Provide basic exercises to help fight arthritis [see Lesson 2.3 on Physical Exercise]



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Lesson 6.5

Care of Older Persons

Exercise

1. Write down the types of abuse that older persons may undergo.

2. What signs might indicate that an older person has been abused?

3. How does the older person feel about being part of decisions that are made about them?

4. Where should one stay when one is old?

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Community Care and Support

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Lesson 6.5

Care of Older Persons

Exercise

5. What does culture say about how older people are treated?

6. How can the CCG make sure an older person has a chance to talk to a CCG without being threatened by household members?

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Community Care and Support

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Lesson 6.6

*Social Services
for Children*

AIM OF THE LESSON

Lesson 6.6 aims to share information on social services for children.

Learning Outcomes

By the end of this lesson learners should be able to:

- Explain what child care forums are, their roles and functions
- Describe what psychosocial support for children is
- Explain children's rights
- Show a basic understanding of caring for children with disabilities
- Show knowledge of where to refer the vulnerable child and child-headed households
- Show skills in providing counselling services to children

Lesson Contents

- Childcare forums
- Support for children
- Children's rights
- Children with disabilities

References

1. UNICEF. Psychosocial support for children. Protecting the rights of child victims and witnesses in transitional justice process. Florence. 2010
2. Department of Social Development, Province of KwaZulu-Natal. March 2011. Learning Areas for CCGs on DSD specific Sub-Programmes. Obtained from Department of Social Development, Province of KwaZulu-Natal

Your role as a CCG

Your role as a CCG is to make sure that children in the community get the care and support they need. You should also know what the signs of abuse are in children and refer children who show any of these signs. You should also look out for vulnerable children, like orphans, and refer and follow up to make sure they get the services they need.

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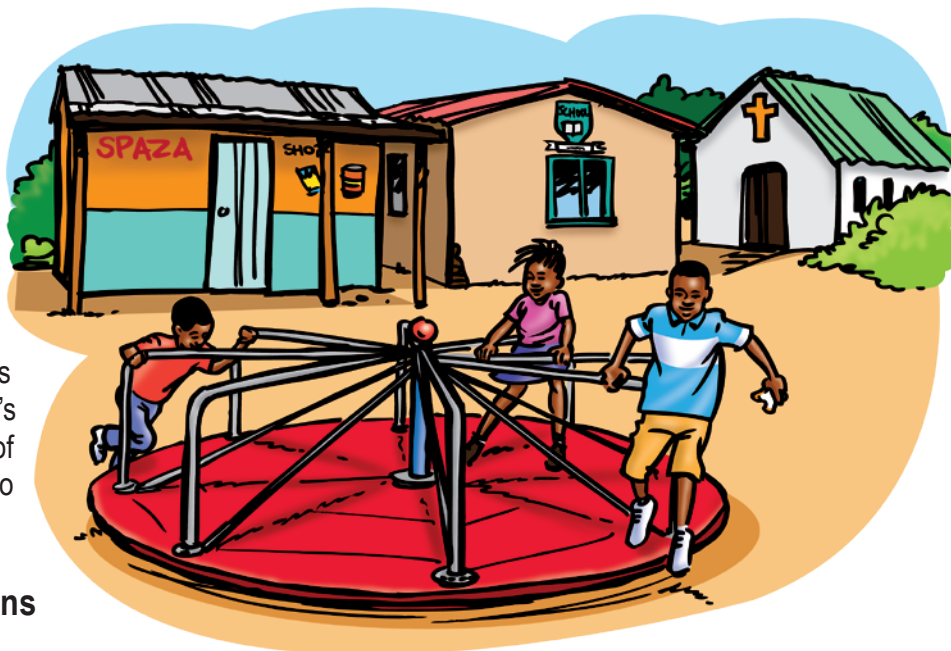
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Lesson 6.6

Social Services
for Children

1. What are child care forums?

Child care forums are places where children could be linked to services that they need and where they could get something to eat, be helped with their school work and spend time after school. They are safe places for children. They are found in places where there are no other children's services. They meet the needs of orphans and vulnerable children also called OVCs.



What are the roles and functions of child care forums?

To help and provide services including the following:

- Help with getting social grants
- Home visits
- Feeding schemes
- Help with schoolwork and homework
- Help with getting treatment and health care
- Help with counselling for mental and emotional health
- Sport and physical activities
- Child protection
- Trauma counselling (Trauma counselling is counselling that takes place in the event of shock caused by, e.g. abuse, rape, having seen something frightening)
- Religious teachings that help guide children on how to live
- Home community-based care

2. What is psychosocial support for children?

This is any type of help that aims to protect or promote the mental health of the children, the way they feel, live and relate to other people in the community and to prevent or care for children with mental illness.

Psychosocial activities include:

- Creating a protective environment for children
- Setting up partnerships with NGOs and child protection agencies that offer psychosocial support
- Referring children to mental health services
- Setting up community-based forums for children and their families to express their experiences during the tough times
- Assistance with housing, education or training for getting work
- Support of the family

3. What are children's rights according to the Children's Charter of South Africa?

Children's rights are human rights of children with special attention to the rights of special protection and care provided to children.

The children's rights are covered in the South African Constitution and the Children's Charter of South Africa.

All children have the right to:

- A name, family care, basic food, shelter and health care
- Be protected from being treated badly, neglected, abused, humiliated and from unfair labour practices
- Express their own opinion and to be heard
- Not to be picked on because of their parents' or families' colour, race, gender, language, religion, personal or political opinion, nationality or disability
- Practice their own religion, culture and belief without fear
- Be protected from all types of violence, e.g. physical, emotional, verbal, sexual, racial, at home, school, in the community or in the street
- Free and equal, non-racial, non-sexist and compulsory education. This a right and not a privilege
- Protection from child labour
- Not being forced to live on the street or forced to return home if his/her basic rights will continue to be abused. Homeless children should be encouraged to return home if it is safe for them to do so



4. What is a child-friendly community?

A child-friendly community is the one where every child would:

- Be part of a loving family group
- Have enough healthy food to eat
- Get clean water, proper toilets and a safe environment
- Have a comfortable healthy home
- Have opportunities for good school
- Have time to play every day
- Get good health and medical care
- Have respect and dignity
- Decide about their own lives
- Live in a community that puts their needs and rights first and every child would be safe and be given special protection

5. Caring for children with disabilities

What is disability?

When a person is disabled this means that a part or parts of his/her body are not able to function properly. The following can be affected:

- Seeing
- Hearing
- Speaking
- Moving
- Thinking
- Feeling
- Controlling a part of the body

Disabled people have the same rights as everyone else. Disabled persons should be helped to be the very best that they are capable of being. Communities often make it difficult for disabled people to reach their full potential by creating difficult conditions. A child who cannot see may find it difficult to go to school because there is no school for the blind near the home.

6. What are the different kinds of disabilities?

a. Physical disability

Physical disability is the disability that affects the working of parts of the body, e.g. blindness, cannot walk or use an arm or cannot speak or hear. Many physical disabilities are a result of injuries or accidents but sometimes people are born that way. It is not a person's fault that they have a disability and a person who is disabled is not a threat.

b. Mental disability

This disability is the one in which the brain development is slower than normal. This child will learn slowly. Some children can learn enough to be able to look after themselves and do simple tasks. Those who are very badly affected may never be able to take care of themselves because their minds remain at a level of a small child. They must be treated with respect and must be protected from those who would want to hurt them.

c. Psychological disability

The person with psychological disability has a mental illness that causes him/her to think and behave in strange ways.

7. Prevention of disabilities

Parents need to be educated about the following:

- Mothers should have check-ups during pregnancy and have someone to help them during birth. This will help prevent some babies being injured during birth which can help prevent brain damage

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Social Services
for Children

- Taking the child to the clinic for all vaccinations
- Taking babies and young children to the clinic to be weighed
- Giving children healthy food
- Seeking help quickly if the child is sick
- Not drinking alcohol, smoking or taking drugs like dagga if the mother is pregnant or breastfeeding
- Teaching children about dangers like being careful when crossing the street, not playing in the road, not touching dangerous things or eating berries or plants they don't know are safe to eat

There are many laws in South Africa which protect the rights of the disabled. You should never allow a disabled person to be treated badly.

Exercise

1. What false beliefs have you or the community had about disabilities?

2. What do you think you can do to help the community to understand disabilities?

8. The responsibilities of community caregivers are to:

- Teach the community on how to prevent disabilities
- Help families in caring for children with disabilities in the community or at home
- Help children to learn how to care for themselves on a daily basis such as bathing, dressing, brushing teeth and how to go to the toilet
- Teach children on how to do exercises to improve movement [see Lesson 2.3 on Physical Exercise]
- Teach children about healthy eating [see Lesson 2.2 on Healthy Eating]
- Teach or refer the family to learn how to use sign language if the child is deaf
- Help the community to make all the facilities easy to get to (ramps for wheelchairs and toilets that are big enough to take a wheelchair)
- Tell the community about the rights of children and disabled people
- Help the community learn more about disability
- Do health education in schools to make children aware of disability so that they can accept disabled classmates
- Involve the children with disabilities and their families in the care of the disabled children
- Work with others in the health team, e.g. another disabled person, teachers, social workers, clinic nurse, the person who gives exercises, helps children to learn and the one who can help children with hearing or speaking

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Lesson 6.6

Social Services
for Children

9. Where to refer the vulnerable child?

Vulnerable children should be referred for the following services:

- Health, refer to the nearest clinic or hospital
- Social development for services like:
 - Social assistance and grants
 - Children's court, where they help children who have been a victim of abuse or neglect
 - Adoption
 - Provision of early childhood development [see Lesson 3.5 on Infant and Child Care]
 - Those that provide assistance to children living and or working on the street
 - Foster care placement
 - Care of children affected by HIV and AIDS
- Education, refer to the local school
- Emotional and spiritual, refer to the local religious leaders
- Community, refer to community leaders
- Police, refer children in danger of violence at home or in the community

10. Counselling children

a. How to create the right environment?

Find a space to talk which is private and quiet and where you know you will not be disturbed. Make sure the seating is comfortable and make sure that it is not too cold or hot.

Let the child know that you have enough time for him/her. Explain that whatever they say will be private and you will not tell anybody.

You also have to tell them that if their story makes you think they are in danger then you may have to tell somebody in order to help them.

Also have some paper and a pen because the child may not want to talk but they can draw a picture of how they feel.



b. How to get the listening right?

One way of encouraging a child or young person to talk is to make sure that they know you are listening. You can do this by just being attentive and showing that you are listening. Sometimes this will be by facing the child and making good eye contact. Sometimes sitting side by side will be less threatening. Try not to interrupt when the child/young person is talking. By occasionally nodding or quietly saying 'yes' or 'aha' the child/young person should be encouraged to open up. Do not raise your voice because this may make the child scared. Speak softly. Reporting back to the child a short summary of what they have just said and asking them if you have got it right is another way of doing this. Make sure you look and sound calm, and caring. Don't tell the child to hurry up.

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Lesson 6.6

Social Services
for Children

c. How to ask questions?

Ask more questions that cannot be answered with yes or no and which encourages a more detailed answer, for example:

- 'How do you feel about that?'
- 'If you do that how do you think that will help?' (advantages)
- 'How may it not help?' (disadvantages)

Avoid closed questions that result in Yes/No answers such as:

- 'Are you sad?'
- 'Are you looking forward to the school holidays?'

d. How to encourage the child to talk?

To help the child talk to you, it is important that you show respect by listening in an accepting way. The message you are trying to get across is 'I think all children must have a chance to say what they think and feel. I will listen to you'. This is not the same as saying that you agree with the child's opinions or actions and it is okay for you to make it clear that your opinions and the way you see things are different, as long as this is done in a respectful way. Also use drawings, stories. Perhaps the child will tell you a story about how they feel or draw a picture. They may use another name in the story to protect themselves.



e. Limiting the advice

Try to limit the direct advice that you give during your conversation. This is more important for older than for younger children as younger children need more guidance. This is especially the case at the beginning of a piece of problem-solving conversation. For example, it is usually better to start with 'What do you think is the best thing for you to do next?' than to say, 'What you should do next is...'

f. How to make it work?

- Do not turn your conversation into just questioning. However good you are at counselling, some children will not be ready to talk to you or want to talk to you. This does not mean that you have failed. It might be that they will talk later or that they will talk to a colleague of yours who they know better or a colleague of the opposite sex. *It takes time to build trust*
- Make sure that you recognise when you are no longer able to cope. If your conversation with a child shows clear proof of abuse or serious mental distress/ill health, get immediate advice from your local mental health specialist team
- After your conversation with a child make sure that you take time out to talk with a colleague or supervisor about the discussion that you have had

Case Study

Simphiwe is a 5 year old boy who has always done well at the crèche and been developing normally. In the last six months he has started bullying other children and has wet his pants several times.

Divide into groups. One member to play the CCG and one to play Simphiwe. Role play counselling of Simphiwe and then the rest of the group to give feedback.

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Lesson 6.7

Youth Friendly Services

AIM OF THE LESSON

Lesson 6.7 aims to share information on youth friendly services.

Learning Outcomes

By the end of this lesson learners should be able to:

- Explain what is meant by 'youth'
- Describe youth friendly services and explain their characteristics
- Advocate for youth friendly services
- Explain what is sexuality
- Describe how is sexuality linked to youth friendly services
- Explain how to help the youth with goal setting

Lesson Contents

- Youth
- Youth challenges
- Youth friendly services
- Characteristics of youth friendly services
- Sexuality
- Linking sexuality to youth friendly services
- Setting goals

References

1. Engender Health. Youth Friendly Services – A Manual for service Providers. 2002. Available from: <http://www.engenderhealth.org/files/pubs/gender/yfs/yfs.pdf>
2. International Planned Parenthood Federation. <http://www.ippf.org/en>
3. National Department of Health. The Primary Health Care Package for South Africa – a set of norms and standards. March. 2000. Available from: <http://www.doh.gov.za/docs/policy/norms/full-norms.html>
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5. UNESCO. FRESH Tools for Effective School Health. 2004. Available from: http://toolkit.inesite.org/toolkit/INEEcms/uploads/1040/Characteristics_Youth_Friendly_Spaces.PDF
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Community Care and Support

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Lesson 6.7

Youth Friendly Services

Your role as a CCG

Your role as a CCG is to make sure that youth in the community get the care and support they need. You should also talk to the youth about what they can do to make sure that they get the services they need.

1. What is youth?

Youth is the period between childhood and adulthood. It involves changes in the body, mind, and knowledge as well as social and economic changes. These changes affect the way young people behave. Some may engage in risky behaviour like having unsafe sex, substance abuse or dangerous recreational activities but you should never generalise or stigmatise youth based on your own perceptions. Young people can be very creative and want to learn about life and sometimes they do not get a chance to explore important topics in a friendly environment. In this lesson, youth are defined as individuals ranging in age from 14 to 35.



2. Why are the youth at risk?

The youth are at risk because they face certain issues like:

- HIV and AIDS which is spread through risky sexual behaviour
- Many households are now headed by boys and girls under the age of 24. This is because their parents may have died, become too ill to care for them or may have left them
- Many youth have turned to crime to be able to support their families
- Substance abuse has increased amongst the youth
- It is very difficult for the youth to find employment due to the lack of skills, training and experience



3. What are youth friendly services?

Youth friendly service delivery is about providing services to the youth based on a good understanding of what young people in that particular community need since they have specific and different needs. Youth friendly services is about creating a service which young people trust and feel is there for them and their needs. It is also important to make sure that these services are in places where youth can get to them easily.

Youth friendly service should consider certain difficulties that young people face in accessing health services, e.g. unsuitable clinic hours, age at which they can access services without permission from their parents or caregivers, concerns about confidentiality, fear of discrimination, in particular among sexually active girls and being treated with disrespect, are among the factors that can stop a young person accessing health services.

The CCG can advise the youth that they can get youth services at clinics, at youth specific centres, in schools or in the community.

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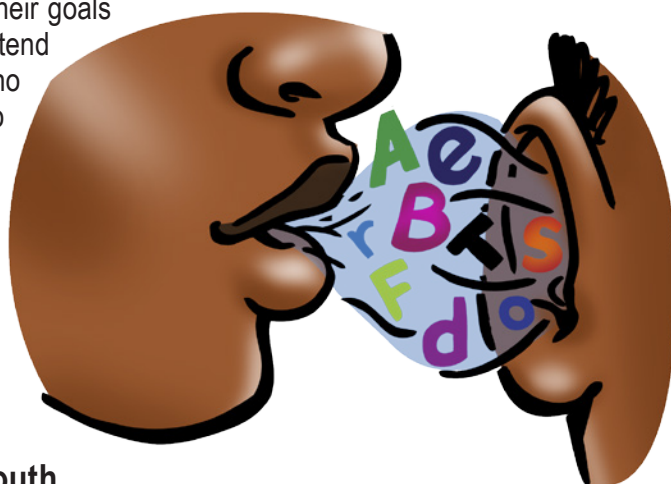
Lesson 6.7

Youth Friendly Services

4. How should the CCG treat the youth?

It is very important that a CCG be youth friendly themselves. This means the CCG will:

- Be sensitive to the thoughts and feelings of young people. Even if they are not the same as their thoughts and feelings
- Be patient with young people as they do not always reveal their true feelings and thoughts immediately; therefore the CCG should use the listening skills [see Skills Development in Lesson 1.2 on Community and Household Entry and Screening and Referral] to assist them
- Talk to the youth in a way that does not judge them but encourages them to talk openly about their fears and feelings in their own language
- Show a positive attitude towards the youth and focus on young people's special concerns
- Show respect for young people
- Keep the information about the youth confidential
- Give enough time to the youth so that they feel their problems are important
- Motivate the youth by getting them to think about their goals and dreams and a positive approach to life. Youth tend to feel left out and misunderstood. In many cases no one has taken the time to listen to what they want to do with their lives
- Be a positive listener and inspire them to do better and want more from their lives. Use questions like 'what music do you like?' 'what movies or soapies do you watch?' etc. so that they can relate to the youth and the youth can feel more comfortable to discuss issues



5. How can the CCG advocate for and support youth friendly services?

A youth friendly service approach needs to start right in the home with the CCG. Having an understanding of the issues that face young people, such as peer pressure and knowing how to create a culture of youth friendliness will enable youth to feel comfortable to access health and other services they need. It is therefore important for the CCG to develop a good network of health and support service providers available in the area to encourage youth to feel free to access these services. The CCG can make the difference in bringing about a change in the way youth see these services providers.

The CCG should:

- Know the youth-related activities and services that are available in the community i.e. what is available in terms of sports activities and youth clubs and refer them to these services
- Encourage the youth to join clubs, get involved in recreational activities and sports etc.
- Try to encourage the youth to start their own support groups, sports groups etc. If there are no youth services available, and assist the youth to start a sports group or refer them for counselling [see Lesson 6.8 on Support Groups]
- Include the youth in any programmes being planned for youth
- Call meetings of youth to identify their needs and involve the youth in the process
- Ask the youth what kind of services they require and put forward these suggestions to the relevant organisations

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Lesson 6.7

Youth Friendly Services

for example, requesting that the clinic is open after school hours

- Link the youth with NGOs and CBOs that offer youth friendly services and programmes in their communities
- Encourage the youth to access information at the clinics and other places where youth services are available
- Encourage the youth to learn computer skills in preparation for future employment
- Encourage the youth to complete their school assignments and ask for help if necessary
- Encourage youth to join or start music and other clubs where possible
- Be familiar with issues that the youth face in the community such as unemployment, lack of educational opportunities, boredom, sex, teenage pregnancy, alcohol and drug dependence, STIs and HIV in order to refer the youth to the relevant organisations
- Encourage youth to confide in you, honour that confidence and act as advocates for youth friendly services

Group Discussion

Discuss in groups.

1. What are our thoughts and feelings about youth?

2. Are these good or bad?

3. How will these thoughts and feelings affect the services that youth are offered?

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Youth Friendly Services

Group Discussion

4. How can we work together with youth to promote a positive change?



Handy Hints

Call loveLife 24 hours to speak about any youth friendly issue on 0800 121 900 or send a please call me message to 083 323 1023.

Case Study

Thembi, a 16 year old school girl arrives home when you are visiting the household. She is very upset as she could only go to the clinic to fetch her birth control pills after school and when she got there in her school uniform it was about to close. She asked the healthcare worker if she could please be seen as her pills were finished. The healthcare worker told her that the queue was closed and what did she want there, if she was still at school she shouldn't be having sex anyway.



Case Study

Divide into groups and discuss the following:

1. How could the healthcare worker have handled the matter differently?

2. What could the CCG advise Thembi about planning to get her pills a little earlier so that she doesn't run out?

3. What could the CCG discuss with the clinic about adapting the service to accommodate the youth?

4. What can youth do to lobby for better services or how can they start groups/clubs, etc?

6. Why is it important for youth to set goals?

In order to achieve something in life everyone needs to set goals. Sometimes people find it difficult to get started on the path to a successful life and this is where the CCG can help the youth with a few tips. A good way to help prevent HIV transmission, teenage pregnancy, high unemployment, is to help youth understand their goals and to help them plan to reach these goals. This will also help them become confident and will assist them in accessing or advocating for youth friendly services.

Setting goals will give the youth a focus towards achieving their dreams. They also need help to decide on and plan how to achieve these goals.

How do youth set goals?

The main thing to remember is that the goals must be set by the youth themselves and not by someone else. Sometimes the goals may seem unrealistic but they can be broken down into even smaller goals, e.g. becoming a doctor might seem out of reach but one step towards it is to finish high school with the correct subjects and the correct pass marks for these subjects to qualify for the course.

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Lesson 6.7

Youth Friendly Services

What should be considered when setting a goal?

Think about things like:

- What is the goal?
- By when should it be reached?
- What should be done to reach the goal?
- What steps should be taken to reach the goal?
- Who is available to help?
- What resources are needed to reach the goal?

Remember, these goals belong to the youth so it is possible to lead and guide but the CCG must also:

- Have respect (let the youth decide the direction of goal-setting)
- Have patience (give the youth time to make up their mind)
- Be encouraging (support the youth's decision and praise their initiative)

This tool should be used by the youth to write down what they are planning.

My Plan

My goal is to:

I will achieve it by: (date)

My skills are: (write down the skills you have to help you achieve the goal)

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My Plan

What do I still have to learn?

1. _____ Done!
2. _____ Done!
3. _____ Done!
4. _____ Done!
5. _____ Done!

Steps: (write down all that you will do to reach your goal and tick the box when it is done)

1. I am going to

Done!

2. I am going to

Done!

3. I am going to

Done!

4. I am going to

Done!

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Lesson 6.7

Youth Friendly Services

My Plan

Who can help me?

1. _____
2. _____
3. _____
4. _____
5. _____

What other resources could I get hold of to help me?

1. _____
2. _____
3. _____
4. _____
5. _____

AIM OF THE LESSON

Lesson 6.8 aims to share information on support groups.

Learning Outcomes

By the end of this lesson learners should be able to:

- Explain what is a support group and why is it important
- Explain the benefits of clients joining support groups
- Explain how to start a support group

Lesson Contents

- Explanation of a support group
- Kinds of support groups
- Starting a support group
- Advantages and challenges of support groups

References

1. National Limb Loss Information Centre. Starting a support group- the basics. 2007. Available from: http://www.amputee-coalition.org/fact_sheets/start_sg.html
2. How to start a peer-to-peer support group. 2010. Available from: <http://haruteq.com/howtosupport.htm>
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Your role as a CCG

Your role as a CCG is to help your clients understand the important role that support groups can play. You should also help your clients set up support groups that will work to meet their needs.

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Community Care and Support

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Lesson 6.8

Support Groups

1. What is a support group?

Support groups are:

- A place that brings people together who are going through some of the same problems as everybody needs to talk sometimes. It is a place for people to give and receive both emotional and practical support as well as share information
- A place where people can share information about social or health services, see that their feelings are 'normal', educate others or just relax
- A self-help support group is organised and managed by its members. These members are from the community and are volunteers (they do not get paid to do this). They also have gone through the same problems like the people in the group, so they understand better than someone who has not gone through the same problems. These groups are sometimes called fellowships, peer support groups
- Professionally run support groups are managed by people outside of the group and who do not share the problems of the members (like social workers or members of the church). The group leader controls discussions



2. Why join a support group?

Support groups are made up of people with common experiences, that is, people who have been through, or, are going through the same thing as the person themselves. They therefore understand how everyone feels. Support group members share valuable information with each other. It is a great place to find tips and information on rights, care and support, nutrition or on treatment. Support group members feel that, with having more information, they have more power in their situation. Knowing other people or organisations that can help them in this way can also help them become supporters rather than victims. Support groups also help family and loved ones deal with situations and may provide financial help.

3. What are the different kinds of support groups and who should attend?

- For people who need support such as those with a specific condition like HIV
- For family members of someone who is affected by an illness (like family members of someone with alcohol addiction)
- For people looking for services such as temporary help for caregivers, rehabilitation services, or financial help
- For people dealing with a death in the family

4. How is a new support group started?

Steps in starting a support group:

a. Decide on the type of support group and ask the questions:

- What is the problem?
- Who needs support?
- Who should attend?
- What the support group aims to achieve?

b. A suitable venue and time

Choose a venue which is central. If there is not a suitable public venue, the meetings can be held at members' homes. Choose a time that would suit most members. It may be necessary to provide childcare facilities.

c. Getting the group together

Once the focus for the support group is decided, it is time to invite members. Advertise in the local newspaper, at doctors' surgeries, local clinics, schools, libraries or at places frequently visited by people who could be members.

d. Decide on the size of the support group

The size of a support group is important. If the group is too big, some members will never have the opportunity to contribute. Rather split the group into two more manageable groups. If the group is too small, there is a chance that the group will dissolve due to people not attending or dropping out.

e. The first meeting

Use the first meeting to find out what people would like to gain from the group. The group will be more successful if these issues are taken into account.

f. Share the responsibility

Don't take on all the responsibility. It can become a burden. The group should choose a coordinator, treasurer and secretary. The group could also decide to re-elect people every year. Apart from making sure people don't get tired, sharing of responsibility will also give more people the chance to become involved in the group.

g. Prevent drop out

Many support groups stop functioning due to lack of interest. Keep the members active and interested by having a range of activities or topics. Here are some suggestions:

- Invite guest speakers to some of the meetings
- Follow up on the members' suggestions. People can easily become demotivated and feel like their contribution is not important if one member takes all decisions and responsibility for the group

- Give the members a chance to suggest topics and organise meetings. Encourage members to get involved by giving them the opportunity to share their own experiences and knowledge. Depending on the type of group, members could bring cooking recipes along or share tips on how they dealt with specific problems
- Start a library to keep suitable information, brochures, articles, etc that are collected by the members
- Organise social events. This will give an opportunity to get to know one another in a more relaxed way members of similar support groups can also be invited to attend
- Get help from a local clinic or hospital, healthcare worker, church, principal or temple. Religious leaders often know about the health problems of members and can help with sharing of information and bringing people together
- After the group has started, the members may want to advertise it through the local clinic, churches, libraries, newspaper or another organisation so that people can learn about it

h. Where do support groups meet?

Support groups meet anywhere at a central venue. Clinics and hospitals sometimes offer support groups a meeting place. Groups can also meet at a person's home, churches, temples, schools or other community buildings.

i. How often do support groups meet?

- It depends on the needs of its members
- Large groups with many branches may have local meetings once a month and a big meeting for the whole organisation every year. The length of time that each support group meeting lasts depends on the members

j. How to find a support group?

Some ways of how to find a support group include:

- Talking to a healthcare worker, counsellors or therapist at the local clinic or hospital or a religious leader
- Asking the information desk at the local clinic or hospital
- Ask the librarian at a local library
- Ask organisations that deal with that disease or problems, like TBcare or AA (Alcoholics Anonymous)

k. What makes a good support group?

What is good is different for each person. These are some signs that a support group works well:

- They have up-to-date and the right information
- They answer quickly when they are asked anything
- They have meetings often
- They have a strong group leader
- They have rules on keeping information private
- They invite guest speakers such as the nurse from the clinic or a psychologist or a motivational speaker to talk to the group

I. What to think about when choosing a support group?

A person looking for a support group can think about the following:

- How far they can travel?
- Do they need transport?
- Is the kind of group they are looking for just for someone who is ill, or also for the family members?
- Are they looking for the group where they can openly talk about their feelings, or are they interested in getting help with money?

5. What are the advantages of support groups?

The advantages of a support group are:

- A sense of belonging
- Giving members the right information
- They can share their feelings
- Giving support to each other
- Thinking of new ways to do things
- Promoting positive living
- It can be a place to start other activities (e.g. working on a project that will help make money)

6. What are the challenges of a support group?

These are some of the challenges:

- **Stigma:** People often do not want to be linked with anything or anyone that has to do with HIV and AIDS
- **Disclosure:** People are not ready to disclose their status and might not make use of any support or service that deals with HIV and AIDS
- **Poor attendance:** For many reasons people might stop going to the support group
- **Lack of resources:** There is no safe venue and no reliable transport to get to the support group
- **High expectations:** Often a person's expectations of what they should get at the support group are not what the group can do for them (like getting food parcels or money). People are disappointed and do not return
- **Confidentiality:** It can be hard to keep all the personal information a secret

Module 6

Community Care and Support

6

Lesson 6.8

Support Groups

Group Discussion

1. Name the support groups available in the community?

2. Are they successful? If not, then why not and what can be done to make them successful?

3. Are there any support groups that need to be established in the community?

4. Why is a support group important?

Module 6

Community Care and Support

Case Study

Mum Girly Mbuyazi is a retired 63 years old and she lives with her 29 year old daughter Lindiwe, who has 2 children, aged 5 and 12. Lindiwe was working in Durban but returned home after she became too ill to work. She is HIV-positive and had TB. Lindiwe's late brother's son had 3 children - Sandile 20 years, Mbali, 16 years and Sihle who is 8 years old. Since their father died, they have lived with their grandmother, aunt and their cousins. Sandile is doing his 1st year at a local FET college. Their grandmother has been told that she has breast cancer. The medication that she has to take makes her very tired and it is also very expensive. Lindiwe is finding it very difficult to assist her mother around the house as she is no longer able to walk by herself. The local CCG can only come twice a week to help Lindiwe as she has many other clients. Mum Girly had created a vegetable garden before she became ill, where they got most of their vegetables. Sandile has revived the garden and created a door size garden so that his grandmother can have soup made from fresh vegetables like when they were young.



Module 6

Community Care and Support

Case Study

Divide into groups and discuss the following questions.

1. What health screening tools would you use for members of this household?

2. Name the different types of social services that the Mbuyazi family can access should they need it.

3. Where would you refer the Mbuyazi family to access the different types of social services?

4. Discuss if every member of the Mbuyazi family will qualify for a grant. If yes, what type of grant will each and every family member qualify for?

5. What points of discussion should the CCG cover with Mbali and Sandile (youth)?

6. How can the CCG help the youth in this household set goals?

7. In what ways can the youth in this household help the household?

8. What rights do the children in this household have?

9. What types of social services would you recommend for the children in this household?

Module 6

Community Care and Support

Case Study

10. What should the CCG discuss with the children, e.g. Sihle (including schooling, etc)?

11. Are there cancer and other support groups available in this community? If not, what can you as a CCG do to assist?

12. What type of home community-based care and care-of-the-older-person services would you recommend to assist Mum Girly?

13. Describe how you could assist the family in providing home community-based care for both Mum Girly and Lindiwe?

14. What advice would you give this household about the importance of healthy living?

15. Based on their current circumstances, how can they make sure that they change how they live so that they can become healthy?

16. Who would you recommend from this household to be in charge of this?

17. In your experience as a CCG, are there other points of discussion or services you can recommend to help the Mbuyazi family?
