Sense of belonging in community-based care amongst South African older persons: A rapid review

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Declaration by Researcher and Permission to Submit

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With heartfelt appreciation, I thank you.

Table of Contents

List of Abbreviations

AACODS   Authority, Accuracy, Coverage, Objectivity, Date, and Significance

AARP   American Association of Retired Persons

APA   American Psychological Association

AU   African Union

IHME   Institute for Health Metrics and Evaluation

JBI   Joanna Briggs Institute

LTC   Long-term care

NCD   Non-communicable disease

NICE   National Institute for Health and Care Excellence

PSOC   Psychological sense of community

SDG   Sustainable Development Goal

Stats SA   Statistics South Africa

UN   United Nations

UNDESA   United Nations Department of Economic and Social Affairs

UNDP   United Nations Development Programme

UNFPA   United Nations Population Fund

WHO   World Health Organization

Abstract

The global older population, including in South Africa, faces increases in their absolute numbers. Simultaneously, there is the likelihood of various diseases and disabilities, which highlights the need for the future provision of care for older people. While the *Older Persons Act* 13 of 2006 in South Africa advocates for community-based care for older people and their wellbeing, there are many challenges associated with this type of care.

Community psychology emphasises a sense of community, which highlights mutual care and belonging. Considering the importance of belonging for wellbeing, this study aimed to explore how existing literature describes sense of belonging in relation to community-based care amongst South African older people. Developing an understanding of sense of belonging could be used to inform relevant and emerging decisions regarding the care of the older population.

This study was conducted methodically by means of a rapid review, using particular associated keywords and a time range of January 2009 to June 2020 to obtain the data (existing literature). The search for existing literature entailed three strategies, namely the EBSCO Discovery Service, Google Scholar, and grey literature. The findings were obtained from 23 existing literature sources after rigorous processes of appraisal. Via thematic synthesis, three core themes were identified that contribute to a description of sense of belonging in relation to community-based care amongst South African older people. These themes are: (a) belonging as tangible and intangible inclusion, (b) belonging as contribution and expectations/reciprocity, and (c) belonging as intersectoral inclusion.

The absence of available research on this topic is of concern in view of the growing older population in South Africa, health challenges and the growing need for long-term care. Furthermore, the relevance but seeming disregard of the older population in the field of community psychology contributes to the concerns. The themes suggest that belonging in relation to community-based care amongst South African older people may be described as the

mutual dependence of intangible and tangible inclusion, and the nature of interdependence. Finally, while belonging in the context of policies, guidelines, and frameworks emerged as intersectoral inclusion amongst a range of areas, there was a lack in addressing the explicit feature of a sense of belonging of older people. The sense of belonging descriptors found in this study highlight inclusion and appear to be similar to an existing, theoretical definition of sense of belonging. However, a pronounced finding in the reviewed South African literature was the nature of interdependence that emerged as a close indicator of a sense of belonging.

Deductions and viewpoints based on the study findings are discussed on three levels (conceptual, methodological and practice/policy) in relation to academic, policy and practice literature. By virtue of this study being exploratory in nature, limitations and recommendations are put forward and highlight a great need for research to establish and refine relevant community-based care policies and initiatives. The findings originating from this study may be used as a foundation for future research in this direction.

Preface

- This dissertation was prepared and is submitted for examination purposes, as part of the requirements for the Master of Arts in Clinical Psychology degree at the North-West University, Potchefstroom Campus.

- This dissertation corresponds with the North-West University A-rules and is accordingly presented in the article format.

- This dissertation followed the protocols as set out in the 2020 Manual for Higher Degree Studies at the North-West University.

- Ethical approval for this study was obtained from the North-West University Health Research Ethics Committee (NWU-HREC) (see Appendix A)

- The manuscript, in Chapter 2, is intended for possible submission to the *South African Journal of Psychology (SAJP)*.

- The dissertation complies with the author guidelines as set out by the *SAJP*, which complies with the SAGE house style guidelines.

- Author guidelines are presented as Appendix B. The *SAJP* guidelines indicate varied American Psychological Association (APA) edition styles for structure and referencing. The researcher confirmed the requirements via email correspondence, which stipulated that either APA 6th or 7th edition is acceptable.

- This dissertation was prepared in accordance with publication and referencing guidelines as provided by the APA 7th edition publication manual.

- The *SAJP* indicates a maximum word limit of 5 500 words for new submissions. However, the manuscript in Chapter 2 exceeds this limit. Furthermore, the *SAJP* guidelines prefer tables/images to be presented in the text. However, a comprehensive data-extraction table was compiled for purposes of rigour, which is presented in Appendix C. For *SAJP* submission purposes, these components will be adjusted.

- The South African Acts used in this study were referenced according to the APA guidelines in the 2020 NWU referencing guide.

- The dissertation was submitted to a language editor prior to final submission, with proof of editing presented in Appendix D.

- A Turnitin similarity report was generated prior to final submission, resulting in 6% similarity (see Appendix E)

- Prof. K.F.H. Botha, lecturer at the North-West University Potchefstroom campus, provided research guidance regarding methodology and was a reviewer in the research project.

- This dissertation was supervised by Dr E. Hitge and co-supervised by Prof. J. Hoffman.

- Permission to submit this dissertation for examination purposes was obtained from Dr E. Hitge and Prof. J. Hoffman.

Chapter 1: Introduction

This study aimed to explore how existing literature describes sense of belonging in relation to community-based care amongst South African older people. South African policy advocates for community-based care for older people (*Older Persons Act* 13 of 2006), which is on par with many governments who are directing policy towards the goal of community care and ageing in place (United Nations [UN], 2002). Nonetheless, there appears to be inconsistency in the execution of community-based care as put forward by the *Older Persons Act* 13 of 2006; taking into consideration the current inconsistent quality of community care and lack of organised services for older people (Rankin, 2019; Strydom, 2008; World Health Organization [WHO], 2017).

Coexisting with a primary aim of the *Older Persons Act* 13 of 2006, to take care of the wellbeing of older people, is evidence that "belonging" is important for wellbeing (Cramm & Nieboer, 2015; Fletcher, 2015). Furthermore, a value of community psychology is caring for people and concern related to their wellbeing (Nelson & Prilleltensky, 2005, as cited in Visser, 2012). According to Visser (2012), cultivating feelings of belonging and mutual emotional relations encourages wellbeing. On this basis, in the aspiration of achieving wellbeing, there is a goal towards achieving a sense of community, which highlights aspects of mutual care and belonging (Visser, 2012).

It is against the background of community psychology that this research intends to contribute to the sense of community of older people and more specifically sense of belonging. Chapter 1 serves to contextualise the research and begins by introducing fundamental background components related to studying sense of belonging of older people.

Background

The background information provided in this section is a crucial foundation required to discern the importance of this study. The background entails the following issues:

- Global population ageing, consisting of the demographic and the epidemiological transition;

- A brief overview of care for older people in sub-Saharan Africa;

- Care for older people in South Africa; and

- The theoretical background that underpins this study.

Population Ageing: A Global Perspective

The growth in the global older population has been noted, with more than double the absolute number of older people than the 382 million who made up the older population in 1980 (United Nations Department of Economic and Social Affairs [UNDESA], 2017). Africa is not exempt from this growth, with substantial increases in absolute numbers expected over the next 30 years (UNDESA, 2017). Similarly, with specific reference to the context of sub-Saharan Africa, there is an estimated expected growth, in absolute numbers, of 119 million older people by the year 2050 (WHO, 2017). In South Africa, older people were estimated to constitute an absolute number of 5.3 million or 9% of the South African population in 2019 (Statistics South Africa [Stats SA], 2019), accompanied by a projected increase to approximately 15.9% within the next 30 years, constituting an absolute number of 11.5 million older people (UNDESA, 2017).

Population ageing is an achievement of humanity (UNDESA, 2020) and occupies a position amongst the foremost social transformations of the 21st century (WHO, n.d.). Population ageing denotes the rise in both the median age of the human population (Phillipson, 2013) and the quantity of individuals comprising the cohort of older people in the human population

(UNDESA, 2015). The movement towards growth in the older population is prompted by the demographic transition (Guseh, 2016), which is addressed hereafter.

Demographic Transition

The *demographic transition* refers to the shift that occurs in society from having high fertility and low life expectancy rates towards low fertility and high life expectancy rates (Guseh, 2016; Population Reference Bureau, 2019). Lower fertility rates and lower mortality rates are important drivers for this demographic shift (Bloom et al., 2015; UNDESA, 2017). The occurrence of lower fertility rates is particularly important considering the unprecedented imbalance that will be created by a disproportionate number of older people in relation to individuals in younger age groups (Bloom et al., 2015; Guseh, 2016). Cheng and Heller (2009, p. 162) bring attention to this premise as the "inverted population pyramid", which refers to the occurrence of the older population outnumbering younger age groups (children and adolescents). While the fertility rate in sub-Saharan Africa has only slightly decreased over the time period of 1960 to 2018 (World Bank Group, 2020b), fertility rates in South Africa have decreased substantially, evident from a previous rate of 6.04 newborns per women in 1960 (World Bank Group, 2020a) compared to 2.32 newborns per women in 2019 (Stats SA, 2019).

The cause for concern, emanating from the rapid growth in the older population versus other age cohorts, is whether society will be able to manage the problems related to this demographic transition (United Nations Population Fund [UNFPA] & HelpAge International, 2012). Simultaneous to the demographic transition is the epidemiological transition (UNFPA & HelpAge International, 2012), which highlights the next concept to be discussed.

Epidemiological Transition

The *epidemiological transition* is identified by a change in the primary causal factors leading to diseases and death, from communicable diseases and poor nutrition changing to non-communicable diseases (NCDs) (Bloom et al., 2015; UNFPA & HelpAge International, 2012).

Communicable diseases are those diseases that can be transferred and are thus infectious (Alameda County Public Health Department, n.d.). Conversely, NCDs or chronic diseases are diseases that are likely to be longer lasting (WHO, 2018) and not contagious (Kim & Oh, 2013).

More than 87% of health problems related to the global ageing population are due to NCDs (e.g. cancer, diabetes, and heart disease) (WHO & United States National Institute of Aging, 2011). According to Aboderin and Beard (2015), older individuals in the African context are also confronted with high levels of disabilities and diseases, especially stemming from chronic diseases. This statement corresponds with information from the 2017 Global Burden of Disease data for sub-Saharan Africa (Institute for Health Metrics and Evaluation [IHME], 2020b) and South Africa (IHME, 2020a). Furthermore, findings by Stats SA (2014) reveal that concurrent with higher ages were older people who reported being severely challenged by all functional domains of sight, hearing, communicating, walking/climbing, remembering/concentrating, and self-care.

Multi-morbidities may impact older individuals' capacity to carry out and manage necessary daily tasks (Mor et al., 1989, as cited in Dal Bello-Haas & Tryssenaar, 2009; Su et al., 2016), such as activities of daily living, for instance bathing or eating independently (Carmona-Torres et al., 2019), and/or instrumental activities of daily living, such as preparing food, using the telephone, and shopping (Bonder & Dal Bello-Haas, 2009; Guo & Sapra, 2020). The importance attached to the abovementioned demographic and epidemiological transitions in this study is the rising demand for health-related and long-term care (LTC) (UNFPA & HelpAge International, 2012). Against the abovementioned background dynamics, the rise in the absolute number of older people in sub-Saharan Africa, specifically South Africa, as well as the rise in the disease burden and subsequent care needs, are of particular interest to this research. In view of this interest, the care for older people in sub-Saharan Africa is addressed in the following section.

Care for Older People: Sub-Saharan Africa

According to UNDESA (2017), the older population is increasing at a faster rate in developing countries when compared to developed countries. In the sub-Saharan African region, there are currently nine countries that have and carry out legislative policies relating to the older population (Saka et al., 2019). These are Ethiopia, Ghana, Kenya, Malawi, Mozambique, Uganda, South Africa, Tanzania, and Zimbabwe (Saka et al., 2019). However, amongst the available provision of organised LTC in sub-Saharan Africa, there is generally a lack in both quality of care and inclusion of other services (WHO, 2017). The lack reflects, for example, restricted resources and non-existent management structures; highlighting that government assistance is therefore required (WHO, 2017).

Despite not meeting the LTC demand of the ageing population in their specific countries, only Mauritius, the Seychelles, and South Africa show attempts, at a state level, to develop LTC systems (WHO, 2017). Within the endeavour of LTC for older people in South Africa, this study focused on the concept of sense of belonging. To better understand sense of belonging, it is important to first contextualise South Africa in relation to older people and care.

Care for Older People: South Africa

According to Lloyd-Sherlock (2019), the LTC challenge for the older population in South Africa appears to be a contemporary issue; however, the features thereof are greatly influenced by the history of the country. Globally, South Africa remains to be highly featured amongst societies deemed unequal, regardless of the government's attempts to tackle the aftermath of the apartheid system (Stats SA, 2014). The apartheid system preserved disparities in socioeconomic status amongst the respective racial population groups of South Africa (Stats SA, 2014). In view of this historical impact, delineating the concept of care from the perspective of policy forms the basis of understanding how South African older people are cared for in this study.

Policy and Care for Older People

In South Africa, the *Older Persons Act* 13 of 2006 was promulgated to, amongst other aims, address the difficulties and complications related to the ageing population. Attention is paid through legislation to protect and enable this population, and supporting and looking after their safety, their position in society, their rights, and their wellbeing (*Older Persons Act* 13 of 2006). Most significantly, there was also a change of focus in terms of the care of the ageing population; from institutionalisation to a greater focus on community-based care (*Older Persons Act* 13 of 2006). Community-based care is to ensure that older people continue to live in their homes and communities for a maximum period of time (*Older Persons Act* 13 of 2006). Community-based care appears comparable to what is known as ageing in place, reinforced internationally, and identified when an older person continues to reside in the community with a certain extent of independence, as opposed to residential care (Davey et al., 2004).

According to the Department of Health (2011), community-based care is "care that the consumer can access nearest to home, which encourages participation by people, responds to the needs of people, encourages traditional community life and creates responsibilities" (p. 1). It also allows older people to take up opportunities they wish to engage in for the growth of their potential and to have access to care and security from their family and community members, which is culturally aligned (*Older Persons Act* 13 of 2006). Furthermore, Goodrick (2013) highlights the government being challenged in endeavouring for equal-access institutionalisation and assisted living provisions. As a result of assisted living and institutional care being accompanied by substantial expenses, the South African government promotes that older people live in the community (Goodrick, 2013).

The *Older Persons Act* 13 of 2006 divides community-based care programmes into two parts, namely (a) prevention/promotion programmes and (b) home-based care. The aims of these programmes include empowering older people financially, creating leisure activities,

educational/counselling services, providing healthy meals to underprivileged older people, encouraging older persons' skills and abilities to support their livelihoods, professional services, assimilating care from the community, intergenerational programmes, as well as cultural, spiritual, social, medical, and municipal services (*Older Persons Act* 13 of 2006). The prevention/promotion programmes ensure that older persons living in their community are independent (*Older Persons Act* 13 of 2006). Home-based care refers to frail older people being beneficiaries of a full spectrum of combined services in their community (*Older Persons Act* 13 of 2006). The home-based care may comprise lay and professional assistance at home, providing sanitary and physical care, rehabilitation assistance, respite care, free healthcare services, as well as providing education and counselling to family members, carers, and the community about the life stage and related illnesses of older people (*Older Persons Act* 13 of 2006).

While policy advocates for community-based care, it is necessary to acknowledge that during old age, individuals tend to occupy a larger proportion of their time within the parameters of their homes and immediate surrounding areas (Seifert & König, 2019; Smith et al., 2013). Thus, the necessity of reflecting on the relations between older individuals and their surrounding neighbourhood, community, and society is important as these systems allow for the comprehension of "environment" to be broadened to include aspects such as belonging, concern, respect, trust, involvement, identity, and shared responsibilities (Wahl & Oswald, 2016). While several of these aspects are elaborated on in subsequent paragraphs, it is essential to recognise their importance in preserving the dignity and independence of older people while receiving community care (Wahl & Oswald, 2016). The practical nature of community-based care and belonging is introduced next.

Community-Based Care and Belonging

At present, the majority of LTC for the older population in sub-Saharan Africa, including South Africa, is carried out by family members (Lloyd-Sherlock, 2019; WHO, 2017), despite

them not always having any training or support to engage in such caring roles (Malherbe, 2007; WHO, 2017). This type of care, which is unpaid and provided by family or other individuals, is known as informal LTC (Jesmin et al., 2011; Joubert, 2006). Research indicates that the quality of family care is often unreliable and burdens the family member caregivers who are often single-handedly depended on to take care of the older individual(s) (WHO, 2017). While the majority of older people live with and are cared for by family members (Madhavan et al., 2017), there is also evidence that some older people in South Africa (Kasiram & Hölscher, 2015; Rankin, 2019) do not have family members to care for them.

According to Kotze (2018), family care for older people is considered a responsibility in the South African context, while the alternative option of the government taking responsibility is available in the case of a frail older person lacking family care (Malherbe, 2007). Family care, as a singular method of care, might not be a durable basis of care for older people; considering the escalating number of people constituting the older population, irregular quality of care, the hefty load it poses on female caregivers (WHO, 2017), the inability of the carer to participate in advantageous employment, and cost implications (Aboderin, 2018, as cited in Rankin, 2019).

Furthermore, a study conducted by the Western Cape Department of Social Development (2015) found that a noteworthy hurdle experienced by older people was that of loneliness and social isolation. There were limited occasions to interact with other people, and it was noted that family members may ignore those older individuals who mostly reside independently (Western Cape Department of Social Development, 2015). Considering the prevailing circumstances of the COVID-19 pandemic alongside participation and social engagement is pertinent. Globally, every individual is at risk of contracting COVID-19, but the virus is particularly harmful to older people who become infected (Moore & Hancock, 2020; Ramaphosa, 2020; United Nations [UN], 2020). The president of South Africa addressed the issue of social activities being a crucial part of many older people's lives and, as a result of social distancing regulations, "most of these

activities have been curtailed, potentially leaving them feeling socially isolated and lonely. And leaving their loved ones anxious for their wellbeing" (Ramaphosa, 2020, para. 3).

While the *Older Persons Act* 13 of 2006 puts forth the protection of the older population and a framework as to what community-based and residential care entail, there remains work to be done in terms of older people being incorporated into society and enabling their independent living (Lombard & Kruger, 2009).

When considering which community features could assist in improving the possibility of a worthy old age, community psychology and social gerontology offer a foundation that can be reflected upon (Provencher et al., 2014). This stems from (a) the focus on social justice, belonging, and decrease in bias in community psychology, and (b) the focus on supportive and encouraging places in the social gerontology field (Provencher et al., 2014). This premise highlights the field of community psychology and thus introduces the theoretical foundation of this research study.

Community Psychology

Kloos et al. (2012) propose a definition of *community psychology*, while being mindful of the multifaceted perspectives of community psychologists. Accordingly, "community psychology concerns the relationships of individuals with communities and societies. By integrating research with action, it seeks to understand and enhance quality of life for individuals, communities and societies" (Kloos et al., 2012, p. 12).

This definition firstly conveys the interdisciplinary nature of community psychology, focusing on the manifold relationships that exist between individual, community, and society instead of focusing on the components in isolation (Kloos et al., 2012). Secondly, it highlights that community psychology undertakes to establish credible knowledge in the field of psychology that contributes to life in the community in a beneficial way (Kloos et al., 2012) and aiming to strengthen abilities and resources (Visser, 2012). Credible knowledge is established

via collaborating with the relevant people or community, as well as simultaneously participating and seeking to comprehend and describe the activity of the community (Kloos et al., 2012). Lastly, the definition indicates that such research is then used to construct theoretical foundations and serve as a guideline for action (Kloos et al., 2012).

Visser (2012) also points out that it is challenging to reduce the complex field of community psychology to one definition. From a variety of descriptions, however, Visser (2012) notes core features that arise, some of which include the following:

- The influence of interpersonal exchanges, community systems, and cultural vantage points on behaviour. Behaviour should therefore be considered from these multiple levels and when intervening for change, focus should be directed at the respective appropriate level.

- Advocating for wellbeing and change in society to enable equitable health distribution.

- Supporting, respecting, and valuing diversity (Visser, 2012).

A primary value of community psychology is that of care and concern for people and their wellbeing (Nelson & Prilleltensky, 2005, as cited in Visser, 2012). Cultivating feelings of belonging and mutual emotional relations encourages wellbeing (Visser, 2012). On this basis, in the aim of achieving wellbeing in community psychology, there is a goal towards achieving a sense of community. Thus, sense of community highlights aspects of mutual care and belonging (Visser, 2012). This research intends to contribute to the component of sense of belonging, featuring in the larger sphere of community psychology.

Sense of Community

Considering that a core concept in community psychology is a sense of community (Nowell & Boyd, 2010; Prezza et al., 2001), Bahl et al. (2017) state that it is vital to advocate for psychological sense of community (PSOC) and wellbeing of older people globally, in a world that is ageing. While Nowell and Boyd (2010) deemed information on sense of community as

inadequate, in terms of how it is explained from a basis of theory, they suggested that needs

theory has been largely dependent on understanding an individual's psychological relationship to

a community. Furthermore, they stated that:

> Within this perspective, sense of community is created by the interaction of an
>
> individual's physiological and psychological needs with the community context in terms
>
> of its ability to meet those needs … PSOC within this perspective can thus be redefined
>
> as an individual's sense that their community serves as a resource for meeting key
>
> physiological and psychological needs such as the need for affiliation, power, and
>
> affection. (Nowell & Boyd, 2010, p. 833)

Pertaining to this perspective, the individual is likely to have improved psychological wellbeing

and become involved in the community (e.g. participation) when the community satisfies the

individual's needs (Miner, 2005, as cited in Nowell & Boyd, 2010).

The framework put forth in 1986, by McMillan and Chavis, to define sense of

community continues to be the most widely used foundation (Bahl et al., 2017; Mannarini &

Fedi, 2009; Pretty et al., 2006). The definition is composed of four components, of which the

principal component related to this study is *membership*. Membership refers to the feeling of

affiliation, which comprises a feeling of belonging to the community or being able to relate on a

personal level (McMillan & Chavis, 1986; Prezza & Constantini, 1998). The feeling of

membership features five characteristics, which work in a concerted manner to assist in

determining who is or is not associated with the community (McMillan & Chavis, 1986). These

characteristics are: (a) boundaries, in terms of who is included or not in the group, (b) emotional

safety, (c) a sense of belonging and identification, (d) personal investment, and (e) a common

symbol system (McMillan & Chavis, 1986).

Furthermore, the three remaining components that contribute to a sense of community

are: (a) reinforcement (integration and fulfilment of needs) – by being part of or having access to

the group, there is a sense that one's needs will be fulfilled (McMillan & Chavis, 1986), (b) influence – mutual influence and importance (McMillan & Chavis, 1986; Prezza & Constantini, 1998), and (c) shared emotional connection – trusting that there were or will be mutual experiences, history, time, and places between members (McMillan & Chavis, 1986). A sense of community thus joins individuals into a connected system that allows for meaning, recognition, and belonging (Sonn et al., 1999). Pretty et al. (2006) furthermore state that a sense of community offers social support, protection from symptoms in cases of a resultant condition, and support for adjustment. On the grounds of this study being immersed in the concept of a sense of belonging, an overview of how the current literature defines a sense of belonging is crucial.

Sense of Belonging

This study focuses specifically on sense of belonging in community-based care. According to McMillan and Chavis (1986), *sense of belonging* "involves the feeling, belief, and expectation that one fits in the group and has a place there, a feeling of acceptance by the group, and a willingness to sacrifice for the group" (p. 10). Other definitions of a sense of belonging are elaborated on in Chapter 2 and highlight the following aspects: the ability to freely and safely communicate about oneself, the ability to occupy important positions (Pretty et al., 2006), and safety in relationships (Lambert et al., 2013; Peter et al., 2015; Ryan & Deci, 2004).

In an endeavour to explore how sense of belonging is described in community-based care, this study intends to review existing literature on sense of belonging in relation to community-based care while considering that individuals naturally experience challenges and adjustments commonly associated with old age. An investigation of available syntheses on the topic of this research exhibited no results from the Joanna Briggs Institute (JBI) and Cochrane Library websites. However, a closely related scoping review and conceptual framework study were found, which deal with the aspect of social exclusion of older people although the focus of this study was on international literature (Walsh et al., 2017). Developing an understanding of

how a sense of belonging is described in community-based care could be used to inform any relevant emerging decisions (Khangura et al., 2012; Scientific Resource Center, 2016) regarding the care of this population in South Africa. On the basis of the background contextualisation provided, the research question, aim, and objectives of this study are introduced next.

<div align="center">**Research Aim, Objectives, and Question**</div>

The primary aim of this study is to explore how existing literature describes sense of belonging in relation to community-based care amongst South African older people. The objective of the study is thus to conduct a rapid review of available literature in order to explore how sense of belonging is described in relation to community-based care amongst South African older people in extant literature. The review question is stated as follows: How does existing literature describe sense of belonging in relation to community-based care amongst South African older people?

<div align="center">**Methods**</div>

A discussion of the research design used for this study is provided in the following section.

Research Design

A rapid review was employed to obtain existing literature to explore the research question. The rapid review approach is a method of evidence synthesis (Khangura et al., 2012; Scientific Resource Center, 2016). According to Khangura et al. (2012), rapid reviews are "a streamlined approach to synthesizing evidence in a timely manner" (p. 1). This study did not aim to obtain empirical or individualistic lived experiences relating to a sense of belonging. Rather, the aim was to explore how existing literature describes a sense of belonging in relation to community-based care amongst South African older people. The rapid review approach of synthesising evidence was therefore seen as most appropriate.

It has been acknowledged that the systematic review approach has "become a gold standard for evidence-based decision-making" (Garritty et al., 2010, p. 1). However, Barroso et al. (2006) state that the results produced from systematic reviews are close to being outdated subsequent to completion, due to the developments in the healthcare sector and related research conducted on these developments. In addition, systematic reviews require a great amount of time (Marshall et al., 2019) and resources (Western Sydney University, 2020). Tricco et al. (2017) state that policymakers need valid research to assist with certain urgent decisions regarding health systems. Rapid reviews assist in providing findings of evidence synthesis within a suitable period of time (Khangura et al., 2012). The purpose of the shorter timeframe is generally to inform emergent decisions confronting healthcare sector decision makers (Khangura et al., 2012).

Corresponding with systematic reviews, rapid reviews must be consistent in the core norm of refraining from bias when including, assessing, and synthesising studies (Schünemann & Moja, 2015). Furthermore, the differences in the method, in comparison to a systematic review, should be clearly stated (Schünemann & Moja, 2015) because "at this point, the consequences of various streamlining choices for the validity of conclusions from a rapid review are uncertain, so transparent documentation of the methods used is critical" (Tricco et al., 2017, p. 23).

The type of information generated from this rapid review research study could be of assistance to inform any emerging decisions (Khangura et al., 2012; Scientific Resource Center, 2016) regarding the older population in South Africa whose growth is projected to be exponential (UNDESA, 2017). This study is therefore a crucial contribution. A comprehensive account of how the method was practically carried out is provided in Chapter 2. In concluding Chapter 1, the next section presents the structure of the subsequent chapters.

Structure of the Research

Chapter 1 served as an introduction to this research study. The researcher provided an in-depth account of the growing global older population, a brief overview of care for older people in sub-Saharan Africa, care and belonging for older people in South Africa, and the theoretical background that underpins this study in terms of a sense of belonging.

The importance of the study; the associated theory; the research aim, objectives, and question; and an overview of the chosen method were discussed. The introduction as a whole brought to the forefront the necessity and aptness of the study at hand and underpins the subsequent chapters.

Proceeding from the introduction, Chapter 2 presents the study as a research article, according to submission guidelines of the *South African Journal of Psychology (SAJP)*. The article explores the research question and offers the identified results of the study. Chapter 3 provides a critical reflection on the study and the conclusion. Each chapter is accompanied by a reference list of the sources consulted in the respective chapter.

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Chapter 2: Manuscript for Submission

Sense of Belonging in Community-Based Care Amongst South African Older

Persons: A Rapid Review

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Abstract

This study aimed to explore how existing literature describes sense of belonging in relation to community-based care amongst South African older people. Policy in South Africa advocates for community-based care and the wellbeing of older people; however, there are inconsistencies regarding the implementation of community-based care. Concurrent to community psychology highlighting goals of mutual care and belonging is evidence of belonging being important to wellbeing. This study was conducted by means of a rapid review. Rigorous processes were followed and 23 existing literature sources (including grey literature) were selected to explore the research question. Three core findings emerged, namely (a) belonging as tangible and intangible inclusion, (b) belonging as contribution and expectations/reciprocity, and (c) belonging as intersectoral inclusion. The core themes suggest that belonging in relation to community-based care amongst older people in South Africa may include the following descriptors: the mutual dependence of intangible and tangible inclusion, and the nature of interdependence. Finally, while belonging should be considered in policies, frameworks, and guidelines, there is a lack in addressing the sense of belonging of older people in these documents. As a concept, belonging is highlighted as interdependent inclusion. This research, directed by the explicit focus on a sense of belonging, is a first of its kind in South Africa. The study contributes to the knowledge base on the South African older population and the dearth of research that focuses on the older population in community psychology.

Keywords: Community-based care, description, older people, rapid review, sense of belonging, South Africa

Introduction

The aim of this article is to explore how existing literature describes sense of belonging in relation to community-based care amongst South African older people. South African policy puts forth the protection of the older population and a framework as to what community-based and residential care entail in the *Older Persons Act* 13 of 2006. However, gaps remain in incorporating older people into society and enabling their independent living (Lombard & Kruger, 2009). This article specifically addresses the gap on the conceptual level of sense of belonging.

Background

Central to contextualising this research, a brief background on the nature of the older population is necessary. Globally, there has been an increase in the older population (United Nations Department of Economic and Social Affairs [UNDESA], 2017). The movement towards the growth in the older population is prompted by a demographic transition (Guseh, 2016), which co-occurs with an epidemiological transition (United Nations Population Fund [UNFPA] & HelpAge International, 2012). From a South African perspective, the older population presents with a projected 15.9% increase within the next 30 years, to constitute an absolute number of 11.5 million older people (UNDESA, 2017). Furthermore, in 2019, it was established that South African older people were predominantly affected by non-communicable diseases (NCDs) (Institute for Health Metrics and Evaluation [IHME], 2020).

The demographic and epidemiological transitions are important for this study due to their relation to a growing need for long-term care (LTC) (UNFPA & HelpAge International, 2012). Alongside the growing need for the LTC for older people, the concept of sense of belonging in the South African context is of particular interest in this article. Pertaining to this focus, the concepts of care and belonging in relation to older people are addressed from the context of South Africa, followed by the theoretical background that underpins this article.

Care and Belonging

According to the World Health Organization (WHO, 2017), LTC refers to assisting individuals to preserve a certain degree of functional abilities. This type of care is for individuals who present with or are risk-prone to prominent and enduring intrinsic capacity deterioration, and the assistance provided should be aligned with due rights, dignity, and freedom of the person (WHO, 2017). Granted that the LTC demand is not met, South Africa is one of only three countries in sub-Saharan Africa that presents with efforts, at a national level, to develop LTC systems (WHO, 2017). The *Older Persons Act* 13 of 2006 in South Africa holds prominence in terms of policy, and the purpose thereof is:

> to deal effectively with the plight of older persons by establishing a framework aimed at the empowerment and protection of older persons and at the promotion and maintenance of their status, rights, well-being, safety and security; and to provide for matters connected therewith. (*Older Persons Act* 13 of 2006, p. 2)

The prominent shift, from a focus on institutional care for older persons to emphasis on community-based care, is critically relevant to this study (*Older Persons Act* 13 of 2006). Similarities between community-based care and the international concept of *ageing in place* are evident by older persons' continued residence in the community and being somewhat independent instead of living in a residential care setting (Davey et al., 2004).

Community-based care is a form of LTC (National Institute on Aging, 2017) and is defined as care that is accessible within close proximity to the home, responsive to people's needs, and fosters participation, responsibility, and traditional community life (Department of Health, 2011). The rights associated with community-based care allow older people to engage in opportunities for growth, and to obtain care and protection in a culturally appropriate manner from family and community systems (*Older Persons Act* 13 of 2006). As delineated by policy, community-based care programmes are composed of two parts: (a) prevention/promotion

programmes and (b) home-based care (*Older Persons Act* 13 of 2006). While the prevention/promotion programmes are put in place to ensure that older persons are able to live in their community at an independent level, home-based care is directed towards older people who are frail, to ensure maximum care via an all-inclusive scope of integrated services in the community environment (*Older Persons Act* 13 of 2006).

While policy accommodates the intention of community-based care for older people (*Older Persons Act* 13 of 2006), Strydom (2008) states that

> unfortunately to date the provision both to promote independent living and to provide for the frail elderly in the community remains very limited and unevenly spread across the country. In rural areas the envisaged provision is almost non-existent. Even emergency provision hardly exists. Basic transport and communication systems are not yet in place. The absence of an infrastructure capable of ensuring clean drinking water, adequate diet and proper sanitation undermines the development of services to older persons. (p. 108)

With South Africa featuring characteristics such as unemployment and HIV/AIDS, Madhavan et al. (2017) highlight that these circumstances hamper an ideal ageing trajectory, which possibly encompasses older people making use of pension money as per their needs and the ability to decide on the use of their money, obtaining care from their adult children who are working; and inclusion in a considerable network of social support that offers emotional support, practical assistance, and friendship.

On a national level, the Department of Social Development, along with the South African Older Persons Forum, presents the Active Ageing Programme (Department of Social Development, 2019). The purpose of the programme is to enhance older persons' quality of life (Department of Social Development, 2019). Some of the ways in which it aims to do this are via (a) participation (cultural, social, and sport-related) that attempts to counteract diseases

associated with older ages and (b) supporting independence (Department of Social Development, 2019).

At a provincial level, however, a study by the Western Cape Department of Social Development (2015) identified loneliness and social isolation to be amongst the hurdles experienced by older people. Being ignored by kin, especially for older people living independently, and limited opportunities for interaction were noted in the study (Western Cape Department of Social Development, 2015). In relation to the COVID-19 pandemic, provisions are in place for limiting movement, such as "stay-at-home restrictions, quarantines, and lockdowns" (United Nations [UN], 2020, p. 9) and such seclusion of older people could be of assistance to curtail the spread of the virus (Armitage & Nellums, 2020). However, an international study advises that self-isolating will have a greater effect on older people whose social lives comprise solely of those activities external to their home environment, as well as those who were already socially disconnected (Armitage & Nellums, 2020). The distancing measures put in place concurrently affect older people who are recipients of home/community care (UN, 2020). In the case of those older people in South Africa who lack care from family members (Kasiram & Hölscher, 2015; Rankin, 2019), this statement about the COVID-19 pandemic becomes especially concerning.

In respect of this evidence, Diener and Seligman (2004) state that social connections are important for wellbeing. Furthermore, from a perspective of maintaining wellbeing, there is a need for social belonging and helpful, positive relational bonds (Diener & Seligman, 2004). Similarly, the social connections that older people have in the neighbourhood or community were identified as performing a crucial role in wellbeing (Cramm et al., 2013). In response to (a) the concept of community-based care and concern for wellbeing by policy (*Older Persons Act* 13 of 2006) and (b) the importance of belonging for wellbeing (Cramm & Nieboer, 2015; Fletcher,

2015), it becomes essential for this study to consider the underlying theoretical foundations in the field of psychology relative to older people.

Theoretical and Conceptual Background

Community psychology contributes to a foundation that can be used to reflect on the community elements that may increase the possibility of a good old age (Provencher et al., 2014). While Cheng and Heller (2009, p. 162) note that "community psychologists pride themselves on their values of social equity and their advocacy in championing the needs of socially disenfranchised groups", addressing the challenges associated with ageing is limited. Furthermore, Cheng and Heller (2009) state that the branch of community psychology has (a) infrequently paid attention to the concerns associated with ageing, and (b) seldom gained the interest of those individuals whose work collaborates with older people and their community environments. The abovementioned statements highlight the need for the care and sense of belonging of the older population to be addressed.

This study is therefore situated in the field of community psychology, premised on care for individuals, and concern for their wellbeing (Nelson & Prilleltensky, as cited in Visser, 2012). Visser (2012) states that wellbeing is encouraged via establishing mutual emotional connections and sentiments of belonging. These interventions also highlight the goal to achieve a sense of community, which is indicative of mutual care and belonging (Visser, 2012). This research contributes to knowledge of the older population from the foundation of community psychology, and with particular reference to a sense of community.

Membership is one of four core features that comprise a sense of community, and is indicative of affiliation and a feeling of belonging at a community level or the ability to connect at a personal level (McMillan & Chavis, 1986; Prezza & Constantini, 1998). From the perspective of a sense of community, McMillan and Chavis (1986) state that *sense of belonging* "involves the feeling, belief, and expectation that one fits in the group and has a place there, a

feeling of acceptance by the group, and a willingness to sacrifice for the group" (p. 10).

Likewise, Pretty et al. (2006) state that belonging enables community members to freely

communicate – in a safe environment – who they are, their background, their individual feelings,

and common historical aspects. Furthermore, in the community context, members are able to

occupy rankings that are considered important and they are able to connect in a relatable manner

to group members that have comparable backgrounds (Pretty et al., 2006). Peter et al. (2015)

identify a sense of belonging as the need to have close relationships, which provide a person with

feelings of care, love, and safety.

Relative to social relationships, Lambert et al. (2013) explicate that when relations

provide a perception of safely fitting in, there is a sense of belonging. Furthermore, there is

evidence that a sense of belonging encourages meaning in life (Lambert et al., 2013). Finally,

Ryan and Deci's (2004) description of *relatedness* appear comparable to the sense of belonging

definitions provided above. Relatedness is described in terms of psychologically feeling as if one

is connected to other individuals in a secure manner (Ryan & Deci, 2004). Reflecting on the

definitions provided in this section, it is clear that there are various ways of referring to a sense

of belonging, such as membership, fitting in, and relatedness.

Policy in South Africa prioritises the wellbeing of older persons (*Older Persons Act* 13 of

2006). However, at the level of implementation, discrepancy has been noted in the current

inconsistent quality of community care and in the lack of organised services for older people

(Rankin, 2019; Strydom, 2008; WHO, 2017). In working towards the wellbeing of older persons,

the evidence that reveals that belonging is an important feature of wellbeing (Cramm & Nieboer,

2015; Fletcher, 2015) must be taken seriously.

Furthermore, the importance of wellbeing and belonging is confirmed by community

psychology (Visser, 2012). The interconnected nature of sense of community and sense of

belonging in the field of community psychology (Visser, 2012) underpins the importance of a

sense of belonging, which is at the core of this study. The aim of this study was to explore how existing literature describes sense of belonging in relation to community-based care amongst South African older people, while individuals naturally experience challenges and adjustments commonly associated with old age. The exploration and development of an understanding of how sense of belonging is described in community-based care could be used to inform any relevant emerging decisions (Khangura et al., 2012; Scientific Resource Center, 2016) regarding the care of the older population. Against this background, the methods that directed this study are presented.

Methods

Corresponding with the aim of this research, the objective is to conduct a rapid review of available literature in order to explore how sense of belonging is described in relation to community-based care amongst South African older people in extant literature.

The review question to be explored by this study is stated as follows: How does existing literature describe sense of belonging in relation to community-based care amongst South African older people?

Research Design

This study employed a rapid review to obtain existing literature, with the aim of exploring the research question. The rapid review approach forms part of the methods that synthesise evidence (Scientific Resource Center, 2016). In relation to traditional systematic reviews, rapid reviews expedite the process of synthesising evidence in a more suitable amount of time (Ganann et al., 2010; Khangura et al., 2012). On par with systematic reviews, rapid reviews are required to comply with the fundamental standard of refraining from bias and differences in applying the method should be clearly stated (Schünemann & Moja, 2015). By this account, the methods of expediting this study involved refining the research question, confining the inclusion of grey literature sources to those most strongly related to the topic, making use of

English literature sources only, and employing a rigorous process to formulate the keywords/search fields; however, the keywords were not exhaustive. In addition to the researcher (primary author), three other reviewers – consisting of the second author, third author, and one external reviewer – were involved in the research.

Scope Review

A scope search was performed in the preliminary stages of formulating this study. The scope search made use of basic terms and synonyms related to the research question. This process allowed the researcher to provisionally assess the prospective range and scale of existing literature on the topic (Grant & Booth, 2009). The scope review presented with an adequate amount of literature and was deemed viable after consultation with two reviewers of this study and acceptance by two initial review committees.

Search Strategy

Keywords

Keywords, Boolean operators, and search fields were used to search for existing literature developed over time. The formulation involved the researcher engaging with various literature sources, identifying closely related synonyms of core terms, and consultation with the faculty librarian and two reviewers. While the keywords were inclusive of several variations of terms relating to the topic in order to obtain an optimum amount of literature relevant to explore the research question, it was not exhaustive in nature by virtue of the rapid review approach. The following keywords, Boolean operators, and search fields (indicated in square brackets) were used for the EBSCO Discovery Service search:

Level 1 [title]: "older people" or elderly or aging or aged or "old people" or senior* or "older person*" or "older adult*" or "senior citizen*" or pensioners or ageing

AND

Level 2 [abstract]: "community based care" or "community-based care" or "community care" or "community support" or communit* or "family care" or "family support" or "aging in place" or "community caregiving" or "community assistance" or "community services" or "community based" or "community living" or "age-friendly environment" or "informal care" or "home-based care" or "home care" or "ageing in place" or "community dwelling"

AND

Level 3 [all text]: "sense of belonging" or belong* or isolation or connection or lonel* or relationship or relatedness or abandonment or solitude or remoteness or seclusion or rejection or "fit* in" or "feel* of belong*" or membership or affiliation or acceptance

AND

Level 4 [all text]: "South Africa*" or Gauteng or KwaZulu or Limpopo or "Western Cape" or "Eastern Cape" or "North West" or Mpumalanga or "Free State" or "Northern Cape"

For the Google Scholar search, the following search terms were used:

With all of the words: belong* lonel* elderly community care South Africa

With the exact phrase: "South Africa"

Databases and Identification of Data

Three strategies were conducted to search for existing literature:

1) The EBSCO Discovery Service search platform, available on the North-West University library website (North-West University, 2020). The EBSCO Discovery Service search platform comprises 73 databases, including South African and international databases, namely Academic Search Premier, Africa-Wide Information, Emerald Online, JSTOR, ProQuest Theses & Dissertations Full Text,

PsycARTICLES, PsycINFO, SAePublications, SAGE journals online, SCIELO,

ScienceDirect, Scopus, and Wiley online journals (North-West University, 2020).

2) Google Scholar search. The first 200 results were searched.

3) Identifying relevant grey literature sources (policy documents, organisational

documents) from reputable organisations. Examples include government publications

(The *Older Persons Act* 13 of 2006, Statistics South Africa [Stats SA]),

national/international non-governmental organisations (HelpAge International) and

intergovernmental organisations (UN, WHO, and the African Union [AU]).

There is no absolute standard concerning systematic and robust grey literature searching

and little is recorded in terms of recommendations for performing this search (Godin et al.,

2015). As such, the researcher was aware that grey literature had to be treated in a slightly

different manner in comparison to research articles whilst remaining ethical in method. The list

of grey literature data sources was developed by the researcher engaging with literature on the

topic, handsearching websites of reputable organisations by exploring their

publications/resources, and in consultation with two reviewers.

Inclusion and Exclusion Criteria

EBSCO Discovery Service and Google Scholar search. Inclusion criteria were

restricted to those:

- individuals 60 years and older, as this is the age at which an individual is identified as an

  older person according to the Department of Social Development (2017), *Social*

  Assistance Act 13 of 2004 and the *Social Assistance Amendment Act* 6 of 2008;

- older people living in community-based care;

- older people residing in South Africa;

- English-language text;

- studies conducted and published between January 2009 and June 2020. The timeframe was restricted due to the *Older Persons Act* 13 of 2006 only being accepted as recently as 2006 (Mathiso, 2011) and coming into operation just over a decade ago, on 1 April 2010 (President of the Republic of South Africa, 2010).

The limiters pre-selected for the EBSCO Discovery search were (a) January 2009 to June 2020, (b) English language; and (c) selecting the application of related keywords, equivalent subjects, and searching within full text articles and e-books on the search website. For the Google Scholar search, a pre-selected time range limiter of 2009 to 2020 was employed.

Full-text journal studies, peer-reviewed studies, non-peer-reviewed studies (for contributions by policy documentation), quantitative studies, qualitative studies, mixed-methods studies, PhD studies, and master's dissertations/mini-dissertations (as these studies have generally been conducted over a longer period of time, must meet expected standards and thus provide quality information, and are academic in nature) were included. Studies were excluded on the basis of being (a) review studies or conference proceedings, (b) studies published in other languages besides English, or (c) older people living in institutional settings or similar settings (e.g. residential care facilities, residential care homes, old age homes, or retirement villages).

Grey Literature. The abovementioned inclusion/exclusion criteria were broadened due to grey literature focusing specifically on South Africa being sparse. Inclusion criteria for grey literature were broadened in terms of location, to employ a global perspective due to the nature of international policy documents/instrumentation being a basis for policies in Africa. Grey literature documents followed the same time range, with exception made for acts and policy documents which have been in effect prior to 2009 and remained unchanged since then. The abovementioned parameters of inclusion/exclusion criteria were applied after consultation with one of the reviewers, who is an expert in gerontology.

Appraisal of Sources

Stage 1 – Determining relevancy. For the research studies, the researcher independently screened the titles, abstracts, and the inclusion/exclusion criteria to determine relevancy and compliance. This stage was overseen by the three additional reviewers.

If the title and abstract provided insufficient information, the researcher screened the full text of the source to determine relevancy. Duplicate studies were identified and removed at this stage. Data sources initially classified as uncertain underwent a second review by the researcher. Sources that remained classified as "uncertain" after the second review were discussed in consultation with the three additional reviewers in order to make a collective decision. The final literature sources deemed relevant after this stage were short-listed to undergo an appraisal of quality.

Several data sources from the search challenged the former two inclusion criteria by (a) including a sample population beginning at age of 50 years, and/or (b) the living situation of the sample population was not exclusively restricted to those residing in community-based care (e.g. residential facilities or residential villages). In consultation with two reviewers of the research study, the following was decided:

- When a source met all other criteria besides age, the researcher allowed for a ten-year leeway, to include participants from age 50.

- When the sample population included but did not exclusively represent community-based living, these studies were included through the initial stage.

The decision to include these types of studies was driven by first ascertaining, in lieu of merely disregarding, if the said study specified results to the community-based sample, which could assist in exploring the research question. Throughout the study it became apparent that the abovementioned studies did not specify results to their community-based sample and were thus excluded.
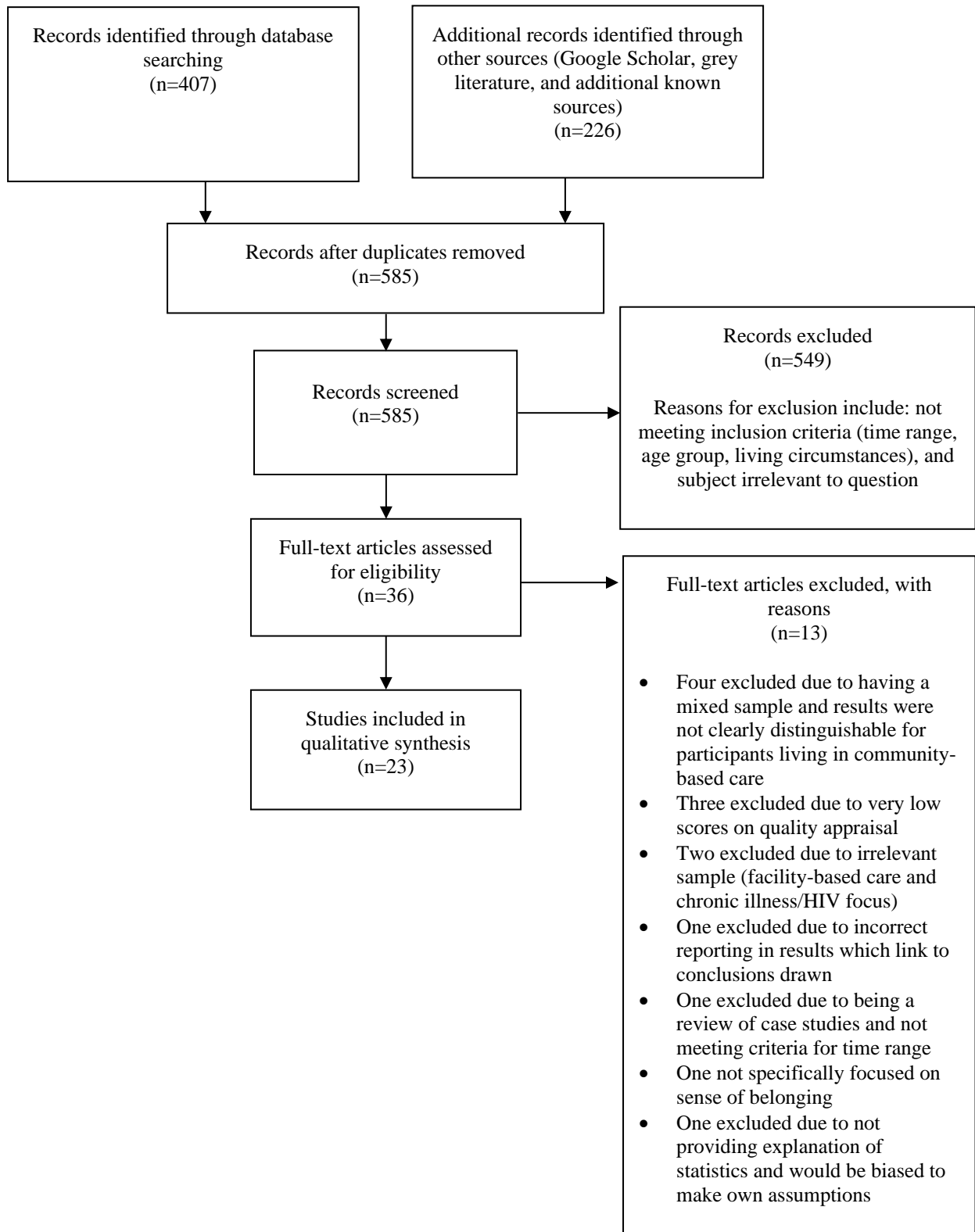
The contents page, introduction, and recommendations sections of the grey literature sources were screened for relevancy. These sections were selected and determined as important in consultation with a study reviewer, who is an expert in gerontology, and are comparable with a study focused on a systematic review (Godin et al., 2015). Terms such as "community care", "ageing in place", "age-friendly", "family care", "loneliness", and "participation", amongst others, used in the search keywords, were considered to determine if the grey literature contained relevant information. Compliance with the inclusion and exclusion criteria mentioned in the previous section was mandatory at this stage of determining relevance.

One of the grey literature sources, *Global age-friendly cities: A guide* (WHO, 2007), did not meet the inclusion criteria in terms of time range. However, in consultation with the reviewers, a decision was made to include this source as none of the other documents contained similar information relative to the explicit focus on the features of an age-friendly city and was thus deemed a core document with valuable data directly related to this research.

Stage 2 – Quality appraisal. The data sources, including grey literature, that were short-listed after Stage 1, were subject to quality appraisal of the full text prior to final inclusion. The quality appraisal instrument used in this study was a compilation of the following established quality appraisal instruments: (a) Joanna Briggs Institute [JBI] Reviewer Manual (The JBI, 2014), (b) Developing National Institute for Health and Care Excellence [NICE] guidelines: the manual (NICE, 2020), and (c) the AACODS (Authority, Accuracy, Coverage, Objectivity, Date, and Significance) Checklist (Tyndall, 2010). The quality appraisal instrument was developed by the researcher in consultation with and reviewed by the three reviewers and is attached as Appendix F.

The quality appraisal stage was performed by the researcher and overseen by all three reviewers. Journal articles were also compared against a list of predatory journals to omit untrustworthy sources, of which none corresponded. Following the researcher's quality appraisal

of the literature sources, one reviewer cross-checked several of the appraisals in conjunction with the researcher. This process warranted the remainder of quality appraisal forms to be reviewed a second time by the researcher and to give final scores. Articles evaluated as "uncertain" were reviewed by the two additional reviewers. A small number of articles yielded dissimilar evaluations between the researcher and reviewers, which reflected low inter-rater reliability. To address the low inter-rater reliability and inconsistency, a meeting was conducted with all the reviewers and justification for the researcher's/reviewers' individual evaluation was discussed. To conclude the final decision-making process of this stage and achieve consistency, a collective decision was reached amongst all reviewers in accordance with the quality appraisal tools and relevance to the research question. Figure 1 represents a summary of Stages 1 and 2.

Figure 1

PRISMA Flow Diagram of Search Strategy and Appraisal Process

Records identified through database searching (n=407)	Additional records identified through other sources (Google Scholar, grey literature, and additional known sources) (n=226)

Records after duplicates removed (n=585)

Records screened (n=585)	Records excluded (n=549) Reasons for exclusion include: not meeting inclusion criteria (time range, age group, living circumstances), and subject irrelevant to question

Full-text articles assessed for eligibility (n=36)	Full-text articles excluded, with reasons (n=13) • Four excluded due to having a mixed sample and results were not clearly distinguishable for participants living in community-based care • Three excluded due to very low scores on quality appraisal • Two excluded due to irrelevant sample (facility-based care and chronic illness/HIV focus) • One excluded due to incorrect reporting in results which link to conclusions drawn • One excluded due to being a review of case studies and not meeting criteria for time range • One not specifically focused on sense of belonging • One excluded due to not providing explanation of statistics and would be biased to make own assumptions

Studies included in qualitative synthesis (n=23)

Source: Moher et al. (2009)

Data Extraction

A total of 23 existing literature sources were included to explore the research question. The data to be extracted were determined by the researcher, guided by existing data-extraction tools and consultation with all three reviewers. Data extraction was conducted by the researcher and overseen by two reviewers. Appendix C presents an overview of the data extracted for each source of literature. The research articles are presented first, followed by the frameworks, guidelines, and policies (grey literature) due to the dissimilar manner of reporting in the latter type of documents.

Data Analysis

Thematic synthesis (Thomas & Harden, 2008) was used to analyse and synthesise the data. Thematic synthesis is an inductive approach (Nicholson et al., 2016) and involves three stages, namely coding, development of descriptive themes, and development of analytical themes (Thomas & Harden, 2008).

During Stage 1 (coding), the researcher read the findings (results, discussion, and conclusion sections) of the included research studies. Grey literature sources varied in structure and did not present in the same structure as research articles. Via consultation with the three reviewers, the following sections were deemed important to analyse: glossary, the relevant chapter to the research topic, the conclusion/summary/next steps, and the preface (where appropriate to the topic) and recommendations in policy documents. Accordingly, the researcher reviewed each grey literature source and documented the sections to be analysed, which was overseen by a reviewer, thus limiting bias. In the case of research studies or grey literature being quantitative/statistical in nature, the researcher extracted and coded the relevant narrative content.

For Stage 1, the researcher highlighted and coded the core concepts and information in these paragraphs in a line-by-line manner (Thomas & Harden, 2008). The codes were based on

the essence of the data (Thomas & Harden, 2008). Thereafter, during Stage 2, the researcher developed descriptive themes by reviewing the developed codes and reviewed for differences or congruency amongst these preliminary codes (Thomas & Harden, 2008). The researcher grouped codes that were similar and created descriptive themes based on the connections between the different codes formed in Stage 1 (Thomas & Harden, 2008). Stages 1 and 2 were performed by the researcher and comprehensively reviewed by a reviewer prior to the commencement of the next stage.

The last stage of the data analysis involved the development of analytical themes. The researcher analysed, reflected, and commented on the information based in Stages 1 and 2, in relation to literature, theories, and other knowledge (Thomas & Harden, 2008). This stage thus went further than what is solely stated in the reviewed studies/material (Thomas & Harden, 2008). The last stage involved an iterative process by the researcher and consultations with two reviewers. The ethical considerations employed by this study are subsequently discussed.

Ethical Considerations

Ethical approval was granted by the North-West University Health Research Ethics Committee, declaring the study as a no-risk study (ethics number: NWU-00425-20-A1). The nature of this study, being a rapid review, made use of existing data and thus did not involve any direct contact with human participants. Nonetheless, it was crucial to be ethically considerate and to follow ethical standards. The quality appraisal process of research studies and grey literature was carried out by the researcher and overseen by three reviewers. This process was crucial to ensuring that the literature used by the review was aligned with ethical standards and quality (Vergnes et al., 2010). In order to minimise the ethical risk of subjectivity (Vergnes et al., 2010) and to ensure credibility, the research project as a whole was overseen by the two primary reviewers associated with this study, who were consulted throughout the research. The third

reviewer, uninvolved in the study, was also consulted and provided an additional objective perspective.

The study took precautions to avoid plagiarism (Wager & Wiffen, 2011) by strictly following the American Psychological Association (APA) 7th edition publication guidelines (APA, 2020). A plagiarism tool (Turnitin) was used to provide a similarity report of this study (Wager & Wiffen, 2011), which indicated 6% similarity. If the information in data sources was not clearly stated or incorrectly reported, this information was cross-checked by the third reviewer and omitted accordingly. The process of omission, during data coding, was overseen by a primary reviewer. The researcher conducted the research in a rigorous manner and a comprehensive account of all the procedures followed in this research is clearly stated, to convey transparency.

Results

By means of a rapid review, the research question was explored using 23 existing literature sources. Due to the variety of features that exist in the concepts of sense of belonging and community-based care, the first two stages of the data analysis resulted in multiple numbers of codes and descriptive themes related to the study. The preliminary codes resulted in a total of 39 primary descriptive themes and 155 sub-themes. The descriptive themes and sub-themes were compiled into a mind map chart and was scrutinised by a primary reviewer, who also engaged in the preliminary coding in an in-depth manner.

An analysis of the descriptive themes resulted in a total of three core themes. These are (a) belonging as tangible and intangible inclusion, (b) belonging as contribution and expectations/reciprocity, and (c) belonging as intersectoral inclusion. Information originating from the data sources and a discussion on how they contribute to the core themes are presented below.

Belonging as Tangible and Intangible Inclusion

"Tangible" in this context implies something that is of a material nature and/or can be touched, such as money, a building, or amenities. "Belonging as tangible inclusion" therefore refers to that which physically exists and can be shown, allowing for aspects such as social care, accessibility, and life satisfaction (considered here as intangible aspects). Intangible aspects were also highlighted in the data and are indicative of that which is abstract and unable to be physically touched. Addressing or considering feelings, behaviours, relational connections, and frame of reference are considered as comprising intangible inclusion in these data. In the descriptions above, it becomes evident that tangible features present with connections to those that are intangible.

Four studies alluded to tangible features, such as infrastructure and resources (Du Preez & De la Harpe., 2019; Rankin, 2019; Roos et al., 2014; Van der Pas et al., 2015). Infrastructure related to day care centres was highlighted in two studies (Rankin, 2019; Roos et al., 2014). Roos et al.'s (2014) study brought attention to physical place connections, and found contrasts in the experience of living in a community during apartheid and the respective participants' current community of residence. Whereas the former community presented with physical components that were valued, such as space (for privacy) and land (for raising cattle), it also allowed for co-existence and to feed family members (Roos et al., 2014). However, in participants' current community, no features of place/land were highlighted as important or strongly connected to. A participant in Roos et al.'s (2014) study highlighted that in their current community, houses were shacks that were close to each other. It was, however, noted that "the only connection to place that they [participants] mentioned was the day care centre, which was a setting that allowed for the development and maintenance of strong social connections with other women" (Roos et al., 2014, p. 18).

Rankin (2019) found that the day care centre services were experienced as good care; however, having transport to the day care centre and a day care building being safe and comfortable were components that would improve the accessibility of care obtained via the day care centre. Furthermore, the "social care in the community is mainly provided by the church and the day care centre" (Rankin, 2019, p. 48), which highlights the role played by these two types of infrastructure in social care (Rankin, 2019). With reference to resources, personal financial resources and day care centre funding were indicated to lead to better accessibility of the day care centre (Rankin, 2019). Furthermore, the unreliability of life-sustaining medication due to the medication either (a) causing illness or (b) an insufficient supply thereof was highlighted in the provision of home-based care by clinics (Rankin, 2019). Occasionally, healthcare workers were also found to be incompetent and lacking in their provision of skilled medical care (Rankin, 2019). It was noted that the delivery of chronic medication and blood pressure/sugar level monitoring from clinics' home-based care had the predominant experience of poor care, with specific reference to access (Rankin, 2019).

Van der Pas et al. (2015) found several resources in the home to be associated with life satisfaction. These resources include having electricity, the availability of an inside toilet, outdoor water, and the belief of having greater or maintained financial status against a two-year timeframe (Van der Pas et al., 2015). Relative to technology, as a resource, Du Preez and De la Harpe (2019) identified the majority of their participants as those who use technology with the purpose of accomplishing a goal. Furthermore, in response to available information about the increasingly strained healthcare systems at a worldwide level, Du Preez and De la Harpe (2014) note that technology may assist with different methods of helping and interacting with older people.

Intangible aspects such as attention, dignity, respect (Hayes, 2014; Rankin, 2019), feelings (Van der Pas et al., 2015), social participation or engagement (Geffen et al., 2019;

Rankin, 2019; Roos et al., 2014; Van der Pas et al., 2015), and technology (Du Preez & De la Harpe, 2019; Geffen et al., 2019) were also brought to the forefront for the development of this theme. Proceeding from the former aspects, Rankin (2019) reported good care as being attentive to needs and being treated with respect. Furthermore, when receiving care, dignity and patience were highlighted as a want and an expectation respectively (Rankin, 2019).

One study highlighted the contrast of social engagement for participants during apartheid and their current community circumstances, noting that "belonging arose or was constrained through close connections to others and sharing of resources, shared rituals and generational relations" (Roos et al., 2014, p. 18). Although it was noted that the current circumstances entailed a smaller community, the focus was on strong bonds present amongst those in the day care centre (Roos et al., 2014). Present circumstances of generational relationships were described as strained in contrast to the "strong, reciprocal generational relationships" of the past (Roos et al., 2014, p. 20). Lastly, the occurrence of shared rituals fostered and maintained belonging. The specific example of ancestral worship was important for a sense of support and upholding connections. Furthermore, it was mentioned that individuals continue to perform these forms of worship jointly, despite the rituals and worship being different from their past experiences (Roos et al., 2014). Recalling past experiences, participants in Roos et al.'s (2014) study noted the care for the vulnerable, the experience of safety from the close community, and the ability of the community to meet its members' needs without reservation. The sense of belonging of participants in Roos et al.'s (2014) study was a main feature of their sense of community.

Rankin (2019) identified the combined use of informal and community-based care, despite participants in the study reporting that they "do not feel the need of 'outsiders' to supplement the care received from their families" (p. 47). Informal social care included tangible and intangible aspects such as instrumental support, physical care, financial assistance, and

companionship (Rankin, 2019). Supplementing the informal social care, Rankin (2019) highlighted companionship, sports activities, and being treated as important in the day care centre as good care. By means of provision by the church, spiritual care was highly valued and food and treats were also occasionally provided by the church (Rankin, 2019).

In Van der Pas et al.'s (2015) study, feelings of safety at home and aspects of accessibility – the period of time to reach the closest healthcare service and being able to do grocery shopping independent of assistance – were related to older people's life satisfaction. Regarding engagement in the community, participation that occurred regularly was also related to life satisfaction (Van der Pas et al., 2015). Considering the use of peer supporters, Geffen et al.'s (2019) findings indicated improvements in wellbeing, social support, physical activity, social activity, and decreases in anxiety, depression, withdrawal, and loneliness. The peer supporters, who were also older people, concurrently benefitted by feeling empowered, more connected to the other individuals and community, less isolated, and experienced a renewed sense of purpose and increases in self-esteem (Geffen et al., 2019). Technology also featured amongst the peer supporters, who were enthusiastic to learn and use technology, and their new skills fostered feelings of empowerment (Geffen et al., 2019). Furthermore, relative to technology, Du Preez and De la Harpe's (2019) study provided a process of decision making that older technology users go through in deciding whether or not to engage with supportive technology services. This process was described as iterative and featured components such as perceived benefits and the web-based user context that is influenced by the social and use context (Du Preez & De la Harpe, 2019). Du Preez and De la Harpe (2019, p. 11) also reported that "product and service design projects and initiatives encourage contributions from aging users to varying degrees", which highlights a sense of inclusion of older people.

The abovementioned aspects are comparable to features mentioned in the grey literature sources. For example, the *Older Persons Act* 13 of 2006 accounts for aspects such as

participation, residing in an accommodating living environment, respect, and dignity. Furthermore, of comparable nature to this theme is the aim of the Political Declaration and Madrid International Plan of Action on Ageing (UN, 2002, Point 10, Part 2), which is to "ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights".

According to findings by Hayes (2014), respect, love, and care were closely related. The study focused specifically on the relationship with middle adolescents and identified respect to be conveyed via older persons' acts of caring, the words used in front of each other, older people approving the use of respectful titles, and expecting vocal expression of gratitude and the respect taught by the older people (Hayes, 2014). Older people in this study were also aware of the reciprocal nature of respect (Hayes, 2014).

Lastly, it was noted that three studies highlighted a somewhat one-dimensional perspective of older people in their relations with adolescents (Mabaso, 2011; Oosthuizen, 2014; Wheeler, 2014). One study referred to the absence of empathy, indicating that older people perceive the intergenerational relationship from their own perspective only, judge younger people based on their own considerations of what is right or wrong, and present with conditional acceptance of younger individuals (Wheeler, 2014). A concluding remark in the same study indicated that "empathy has been identified as a scarce commodity in some low-resource rural areas and this was also seen in this study" (Wheeler, 2014, p. 48). Similarly, in terms of one-dimensional perspective, Mabaso (2011) highlighted the occurrence of older people making use of their own frame of reference and taking on a controlling position in relation with younger individuals.

Yet another study, focused on care, referred to the scarcity of emotional care and a larger focus on physical care by older people (Oosthuizen, 2014). Furthermore, older people had particular parameters in which the expectation of reciprocity in the caring relationships with

adolescents could take place. The study suggested that older people appear to be somewhat fixed in a traditional point of view concerning limitations for care (Oosthuizen, 2014). With reference to literature, this study indicated that "the low resource environment could provide an explanation for the limited and simplistic description of care, offering limited possibilities to explore and few options for alternatives (Evans & Thomas)" (Oosthuizen, 2014, p. 58). Wheeler (2014) highlighted the consequences of the absence of empathy, indicating the young as being invisible, rejecting older people, older people's increasing use of violence, and the use of help from external resources such as the police or church to discipline the young (Wheeler, 2014). By referring to other sources, Oosthuizen (2014) noted that in the absence of emotional care, there are implications for the wellbeing of individuals in both generations. Furthermore, "if the young people continue to withdraw from relationships with the older people, due to the unwillingness of the latter to compromise through empathic understanding, the result could be serious neglect of the older generation by the young" (Wheeler, 2014, p. 47). Pertaining to cited data regarding the young rejecting the older generation, it was found that this predominantly occurs as the "young no longer need to rely solely on the older generation for care because they have the energy to look after themselves or can turn to other adults when assistance is needed" (Wheeler, 2014, p. 46).

Belonging as Contribution and Expectations/Reciprocity

All the articles relative to this theme focused on intergenerational relationships with adolescents. This theme conveys that while older people feel a sense of belonging in contributing in their specific way to intergenerational relationships with adolescents, this contribution should not cease at one-sided giving in the relationship. Rather, this feature of belonging comes together with the adolescent mutually contributing to the intergenerational relationship.

Four studies highlighted aspects related to the nature of contribution and expectations/reciprocity (Hayes, 2014; Oosthuizen, 2014; Roos et al., 2014; Wheeler, 2014).

Two studies indicated that physical care contributed by older people (Oosthuizen, 2014; Wheeler, 2014) was accompanied by expectations of assistance with household chores, completing homework (Oosthuizen, 2014), and obeying and complying with instructions (Wheeler, 2014). Furthermore, older people teaching younger individuals was accompanied by frustration due to the younger individuals not accepting what was taught. In older people caring via disciplining, adolescents were expected to follow with compliance and live in the boundaries put forth by the older person (Oosthuizen, 2014).

Roos et al. (2014) indicated that previously, strong generational relationships were characterised by reciprocal respect; any parent was a mutual parent to all children in the community and engaged in disciplining them when necessary, which in turn saw younger individuals assisting older people. This experience was contrasted with the strained relationships found in the community that was researched, highlighting that "participants felt used by young people who showed no interest in elders' expectations of intergenerational relationships. They said that the unspoken obligation of young people to support older people and to protect them from exploitation was not being honoured" (Roos et al., 2014, p. 20).

Hayes' (2014) study highlighted awareness with regard to reciprocity of respect in that, if older people respected younger individuals, younger people would in turn respect older people. Older people contributed respect in various ways, such as caring, and their manner of communicating, behaving, and teaching respect. This was accompanied by older people indicating forms of reciprocal respect by younger people, conveyed via communication, which included the manner in which they talk, the use of respectful titles, the expectation of expressing gratitude, and expecting the respect that they were taught by older people (Hayes, 2014). Highlighting the reciprocity is the following statement: "The respect is not just freely given, but has to be earned by certain actions from the older generation" (Hayes, 2014, p. 40).

Belonging as Intersectoral Inclusion

Intersectoral inclusion as derived from the data refers to addressing concepts related to belonging for older people in various sectors. This includes sectors such as financial, social, cultural, political, health, and familial spheres.

While pivotal policy documents, guidelines, and frameworks address the older population in a range of different fields, cutting across health, social, and financial factors, amongst others, the concept of sense of belonging was not explicitly evident. However, the components that predominantly addressed aspects related to belonging and inclusion were the following:

1) Active participation (AU, 2016; *Older Persons Act* 13 of 2006; UN, 2002; WHO, 2019;), with the focus on contribution and the recognition thereof, decision making, and preferences in participation.

2) Work and ageing, education, knowledge, training, and income security (AU, 2016; AU & HelpAge International, n.d.; *Older Persons Act* 13 of 2006; Stats SA, 2013, 2017; UN, 2002) addressed matters of being able to continue with income-generating work, employment opportunities, having equal opportunities, access to education, and elimination of discrimination.

3) Living environment (AU, 2016; AU & HelpAge International, n.d.; *Older Persons Act* 13 of 2006; Stats SA, 2013, 2017; UN, 2002; WHO, 2007, 2019) featured a focus on housing, promoting ageing in place, accessible/accommodating infrastructure, and transport, amongst others.

4) Intergenerational solidarity (*Older Persons Act* 13 of 2006; UN, 2002; WHO, 2007) was embraced and recognised as important, and intergenerational programmes were indicated.

5) Poverty and finance (AU & HelpAge International, n.d.; UN, 2002; WHO, 2019) featured awareness of addressing the rights/needs of older people in the case of

strategies to reduce poverty, and considering older people in poverty-reduction plans and data on the South African older people living below the lower-bound poverty line.

6) Health and wellbeing (AU, 2016; AU & HelpAge International, n.d.; *Older Persons Act* 13 of 2006; Stats SA, 2013, 2017; UN, 2002) included equal access, indicating health-related services in community-based care, training of care providers, and involvement of older people in developing primary and LTC services.

7) Social welfare (AU & HelpAge International, n.d.) addressed the creation and implementation of suitable social welfare strategies that are inclusive of older people's concerns.

8) Care for older persons (AU, 2016; Department of Health, 2011; Department of Social Development, 2017; *Older Persons Act* 13 of 2006; UN, 2002) included a focus on home-based and community-based care (including the definition, rights, principles, and proposed stakeholder roles/responsibilities), providing a continuum of care and services, the concept of care, the aim of care programmes, and the multiple aspects defining care.

9) Rights (AU & HelpAge International, n.d.; *Older Persons Act* 13 of 2006; UN, 2002) considered aspects of recognition thereof and protection; rights were also addressed in the context of enabling and supportive environments and community-based care and support services, amongst others.

10) Neglect, abuse, and violence (AU, 2016; UN, 2002; WHO, 2019) were directed towards the elimination thereof, as well as protection, assessment, management, and referral.

11) Gender (AU & HelpAge International, n.d.; UN, 2002) related to the integration thereof in policy relative to older people and programmes and aiming for equality in social protection systems.

12) The concept of an older person (AU, 2016; Department of Social Development, 2017; *Older Persons Act* 13 of 2006; Stats SA, 2013) in terms of defining the age of an older person, defining ageing, and associated words related to older people.

13) Family (AU & HelpAge International, n.d.; *Older Persons Act* 13 of 2006; UN, 2002) included, *inter alia*, recognition of importance, strengthening their role in caring, and developing ways in which older people are empowered to contribute to family.

The ability to work and reduce discrimination in employment opportunities for older people emerged from the grey literature (AU, 2016; AU & HelpAge International, n.d.; *Older Persons Act* 13 of 2006; UN, 2002;). However, none of the South African research studies reviewed in this study focused on the concept of employment in relation to a sense of belonging. Only one study reported on a group of peer supporters receiving a salary that allowed for their economic activity; however, this was not the main aim of the study (Geffen et al., 2019).

One source provided crucial practical recommendations relative to LTC systems in the context of sub-Saharan Africa, which included developing understanding and commitment, national coordination systems, and indicators as to the current circumstances of, and what is needed for, LTC (WHO, 2017). On a continental level, one document provided recommendations to the AU Commission, AU member states, and international development partners with regard to LTC (AU, 2017).

At a global level, the WHO (2015) advises that there is a pressing need for all-inclusive public health action with a focus on ageing. Furthermore, it is necessary for countries/regions to assess their specific contexts and what is likely to be effectively implemented prior to mapping the WHO's highly suitable recommendations (WHO, 2015). The WHO *World report on ageing and health* (WHO, 2015) presented a large focus on areas where action can be taken in working towards the concept of healthy ageing. These areas involved aligning health systems to the needs of older populations served, development of systems for LTC provision, creation of age-friendly

environments, and improving measuring, monitoring, and understanding (WHO, 2015). The

WHO (2015) addressed the concept of age-friendly city/community and point out that

> an age-friendly city or community is a good place to grow old. Age-friendly cities and
>
> communities foster healthy and active ageing and, thus, enable well-being throughout
>
> life. They help people to remain independent for as long as possible, and provide care and
>
> protection when they are needed, respecting older people's autonomy and dignity. (p.
>
> 161)

Similarly, the WHO (2007) indicates that enablement is underscored in an age-friendly city and

highlights the importance of accessibility of spaces and structures. The same source also

specifies "integrated and mutually enhancing urban features" (WHO, 2007, p. 73).

It was furthermore mentioned that action is necessary in several sectors and government

levels for the creation of age-friendly environments (WHO, 2015). Countering ageism and

enabling autonomy and support for healthy ageing in all policies at various government levels

were recognised as key approaches (WHO, 2015). Lastly, in order to accomplish an integrated

2030 Agenda, it is imperative to make arrangements for an ageing population (United Nations

Development Programme [UNDP], HelpAge International & the American Association of

Retired Persons [AARP], n.d.). The final document used in this rapid review addressed the

policy changes that are required in relation to the 2030 Agenda for Sustainable Development,

which addressed the need for a multifaceted and integrated approach (UNDP, HelpAge

International & AARP, n.d.). Via collaboration, initiatives, and research, UN agencies can, *inter

alia*, "mainstream ageing issues in their programmes of work, while stressing the need to ensure

that the rights of older persons, including to income, health, education, security, voice and

participation are addressed" (UNDP, HelpAge International & AARP, n.d., p. 19).

Discussion

To the researcher's knowledge, this is the first study to undertake an explicit exploration of how sense of belonging is described in relation to community-based care amongst South African older people. This was unexpected, taking into consideration (a) that the South African older population is projected to grow two-fold over the next 30 years (UNDESA, 2017), (b) the shift to community-based care for older people in policy (*Older Persons Act* 13 of 2006), (c) the relevance of community psychology in relation to older people (Cheng & Heller, 2009; Provencher et al., 2014), and (d) the evidence that belonging is important for wellbeing (Cramm & Nieboer, 2015; Fletcher, 2015).

Sense of belonging in relation to community-based care amongst South African older people appears to feature at multiple levels. The mutual dependence of tangible and intangible inclusion that emerged from the data is imperative to understand a sense of belonging in community-based care for older people in the context of South Africa. For example, relationships, participation, and engagement (as intangible) were fostered in a day care centre (as tangible). This mutual dependence is comparable to a statement by Rankin (2019), who states that "although infrastructure itself does not constitute good care, it has an impact on care and contributes to the care experience. Care does not meet needs if those in need cannot access it" (p. 50). Similarly, in this study it is apparent that tangible and intangible features work in unity, with the tangible facilitating the development of the intangible, which in turn allows for a sense of belonging.

In the South African context of community-based care for older people, tangible and intangible inclusion are not distinct, independent concepts but rather have the intrinsic potential to work in unison towards achieving a sense of belonging. This conceptual understanding of the mutual dependence of tangible and intangible inclusion impacts on the methodological measures to be taken when addressing the sense of belonging of older people in the South African context.

While tangible inclusion, intangible inclusion, and the mutual dependence thereof give rise to the autonomy of the older person, the additional preference of interdependence amongst South African older people noticeably emerged from this study. In comprehending a sense of belonging in the South African literature, this study advances the base knowledge of merely including older people and allowing them to be autonomous, and indicates that interdependent connections are pivotal for older people's sense of belonging. This premise distinctly contrasts the comprehension of community-based care or ageing in place in international policy and other documentation that focus more on the independence of an older person (Davey, 2006; UN, 2002; UNFPA & HelpAge International, 2012). The concept of independence has also been found in South African policy, relative to community-based prevention/promotion programmes (*Older Persons Act* 13 of 2006) that reflect, for example, its agreement with the Political Declaration and Madrid International Plan of Action on Ageing (TAFTA, 2020; Western Cape Department of Social Development, 2015).

The promotion of independence in policy frameworks is concerning as this study reveals that co-occurring with the autonomous nature of an older person is interdependence. Relative to community-based care, the ambiguity in South African policy became apparent. While policy accommodates the older person's right to "benefit from family and community care and protection in accordance with society's system of cultural values", the development of community-based "prevention/promotion programmes, which ensure the independent living of an older person in the community" obscures the positioning of older persons in community-based care (*Older Persons Act* 13 of 2006, p. 12). The development of a best practice exemplar for service centres or community-based care necessitates the consideration of specific needs associated with a community and thus be purpose-built for those needs (Western Cape Department of Social Development, 2015). This is also referred to as "goodness of fit for the community" (Western Cape Department of Social Development, 2015, p. 6). South African

policy should therefore consider the nature of the older population, their needs, and their sense of belonging to fit community-based care to the South African community.

The finding of interdependence, which is more evident in the South African literature than in the international literature, becomes an important contribution to community psychology, which has paid little attention to concerns associated with ageing (Cheng & Heller, 2009).

In community psychology, the nature of interdependence found in this study highlights the following: (a) the holistic focus, (b) the attention paid to how people and their context fit together (Visser, 2012), and (c) the relationships that individuals have with their community and society (Kloos et al., 2012). In African cosmology, "it is the responsibility of all individuals as a collective to uphold this interdependence through a conscious effort to ensure that the flow remains unbroken" (Semenya & Mokwena, 2012, p. 76). The relationships with other people are valued and emphasised (Semenya & Mokwena, 2012). Furthermore, "to Africans, a person, though he or she is other things as well, is primarily a being in the community. It is in the human community that an individual is able to realize himself or herself as a person" (Mnyaka & Motlhabi, 2015, p. 223). In view of this information, the finding of interdependence becomes crucial and acknowledgement thereof in a practical sense is essential.

Apt (as cited in UNFPA & HelpAge International, 2012) states that fading cultural views of older people being conveyors of knowledge and wisdom, and deteriorating respect towards older people, arise from urban society in sub-Saharan Africa. Globally, alongside increased longevity and decreased fertility, family structures are altering (Powell, 2010). In turn, altering family structures results in (a) decreased alternatives of care for older people (Powell, 2010) and (b) an impact on older people's wellbeing (Treas & Marcum, as cited in Higo & Khan, 2015; Wahab & Adedokun, 2012). Furthermore, in the context of (a) globalisation and urbanisation influencing increases in migration and the possibility of older people living on their own, and (b) in the coming future, family care might fall short of addressing older people's expanded needs in

view of changing gender roles and the wearing away of orthodox familial values (Jesmin et al., 2011), the study findings of interdependence becomes crucial knowledge that requires attention.

When considering that culture is dynamic (Semenya & Mokwena, 2012), community psychology's characteristic of being socially relevant and the perception of behaviour being influenced by multiple levels (Visser, 2012), are important. The findings in this study brought attention to the level of policy and addresses the concurrent importance when considering sense of belonging.

While policies, frameworks, and guidelines consider intersectoral inclusion, there is a gap in the level of sense of belonging. With a lack of an explicit focus on sense of belonging in policies, frameworks, and guidelines, countries appear to be guided by recommendations that are disconnected from a sense of community and a contributor to wellbeing. This lack is crucial considering that in order to accomplish an integrated 2030 Agenda for Sustainable Development, it is imperative to make arrangements for an ageing population (UNDP, HelpAge International & AARP, n.d.). With less than ten years to meet the intended timeframe of the Sustainable Development Goals (SDGs), a "Decade of Action" has been highlighted by leaders at the SDG Summit in 2019 (UN, n.d.). However, belonging in community-based care or as an independent concept was not explicitly addressed in the *Ageing, older persons and the 2030 Agenda for Sustainable Development* (UNDP, HelpAge International & AARP, n.d.) source reviewed in this article. Alongside the noteworthy ten-year timeline, it is important that South Africa needs to be contextually aware of what constitutes older people's sense of belonging in order to attend to the growing ageing population who are encouraged to remain living in their communities (*Older Persons Act* 13 of 2006).

In understanding the literature on South African older people's sense of belonging in community-based care, the existing theoretical definitions appear broadly comparable; however, no direct links are evident. McMillan and Chavis (1986) highlight fitting into, acceptance by, and

sacrificing for the group in defining a sense of belonging, of which the broad finding of inclusion in this study appears similar. Furthermore, the idea of sacrificing for the group (McMillian & Chavis, 1986) could, in some ways, be broadly linked to the finding of interdependence, which appears to be pronounced in the South African literature. The finding of interdependence, distinctly visible in this study, is therefore a crucial contribution to understanding the nature of sense of belonging in South African community-based care. Sense of community highlights the two components of integration and fulfilment of needs, as well as mutual influence and importance (McMillan & Chavis, 1986; Prezza & Constantini, 1998), which, in this study, emerged broadly as interdependence, and specifically a close descriptor of a sense of belonging.

Concurrent to grey literature lacking an explicit focus on sense of belonging for older people living in community-based care, scientific literature features the same lack. Only one of the studies considered in this research had an explicit focus on sense of belonging (Roos et al., 2014). Thus, there appears to be scarcity in addressing sense of belonging on the scholarly, research, professional, and government levels. On account of this being scholarly research underpinned by the paradigm of community psychology, there is a crucial contribution to sense of belonging. This research contributes to filling an explicit conceptual research gap regarding a sense of belonging in relation to community-based care amongst South African older people. A sense of belonging in the context of this study can be described as the mutual dependence of tangible and intangible inclusion, interdependence, and intersectoral inclusion. As a whole, belonging is highlighted as interdependent inclusion.

This study is not without limitations, which should be considered in the interpretation of the findings. The primary limitations include the search keywords, databases/grey literature searched, and language. The research method was transparently delineated alongside the reasoning for various decisions, which should be taken into account alongside the abovementioned limitations. Proceeding from this research, the core recommendation is for

future research to conduct empirical studies, based on the paradigm of community psychology, which works in conjunction with the community to establish credible knowledge (Kloos et al., 2012). It is essential that recommendations are addressed to develop theories and to serve to direct practical application (Kloos et al., 2012) relative to the sense of belonging of older people in South Africa. Lastly, it is recommended that policy elaborates and clarifies the particulars of community-based care, the stakeholders/professionals involved, and accounts for the sense of belonging in policy and programmes for older people.

Conclusion

This research, which brought the older population and their sense of belonging to the fore, will be a catalyst for conducting further research. From a review of 23 existing literature sources, it appears that sense of belonging in community-based care is compressed into and impacts multiple levels and systems. By virtue of the Political Declaration and Madrid International Plan of Action on Ageing (UN, 2002) cutting across a diverse range of fields and efforts, it is recognised that a concerted effort is required to attend to population ageing.

This research is thus an integral contribution to the field of community psychology, which has seldom attended to concerns associated with ageing (Cheng & Heller, 2009). The study contributes to filling the research gap via the provision of a conceptual description of sense of belonging, relative to the South African older people living in community-based care reviewed in this study. The mutual dependence of tangible and intangible inclusion, interdependence, and intersectoral inclusion feature as descriptors of a sense of belonging. Importantly, this study revealed that belonging does not entail one component only, but rather features as an interconnection between all three components and in essence highlights belonging as interdependent inclusion.

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Chapter 3: Conclusion

Introduction

Chapter 3 serves, firstly, as a critical engagement with the findings and discussion from Chapter 2; alongside the broader academic, policy, and practice literature. Secondly, the limitations and recommendations derived from the study are provided.

In summary, the primary aim of this study was to explore how existing literature describes sense of belonging in relation to community-based care amongst South African older people. By means of a rapid review and the detailed methods explained in Chapter 2, the research question was explored utilising 23 existing literature sources and analysed via thematic synthesis. The subsequent results and discussion were provided. As final inferences, the ensuing conclusions are presented.

Deductions and Viewpoints

The deductions and viewpoints originating from this study are summarised and critically engaged with on three levels: (a) conceptual, (b) methodological, and (c) at the level of policy/practice.

Conceptual level

At the conceptual level of sense of belonging in relation to community-based care amongst South African older people, it became explicitly clear that there is an absence of research on this topic. The core contribution of this study is at the descriptive and conceptual level of sense of belonging amongst South African older people living in community-based care. The importance and aptness of community psychology for the concept of sense of belonging were highlighted throughout this study, namely its focus on wellbeing, sense of community, and the holistic focus (Visser, 2012). However, the lack of research on older people's sense of belonging in the context of South Africa and community-based care conveys neglect by the field of community psychology relative to the older population.

At its core, the conceptual understanding of sense of belonging is interdependent inclusion. The findings comprising this conceptual understanding are the descriptors of belonging, namely (a) mutual dependence of tangible and intangible inclusion, (b) the nature of interdependence, and (c) intersectoral inclusion. Belonging thus signifies that interdependence is at the forefront, in terms of preference in way of living, and this is supported by holism in African cosmology where "everything exists interdependently with everything else" (Bodible, as cited in Semenya & Mokwena, 2012, p. 74).

From the perspective of community psychology, there is a focus on the notion of holism and people interacting with their physical and social environments, which highlight the importance of this field. However, alongside factors such as globalisation and urbanisation, older people may not have direct family to live with in an interdependent manner (Jesmin et al., 2011). Even so, the community in which an individual lives may also be depended on for support; considering that there are often efforts to make an individual part of the community when it appears that the individual does not have any kin (Mnyaka & Motlhabi, 2015).

Considering the nature of the South African context, which presents with resource-poor areas (Strydom, 2008) and the health challenges associated with older ages (IHME, 2020), the community as a source of support requires tangible aspects (such as infrastructure and resources) in order to allow space and accessibility to provide care in the community. The space and accessibility may foster intangible aspects (such as relationships and participation), which allow older people to have support, which highlights interdependence. Tangible and intangible aspects are thus mutually dependent on for belonging.

From a community psychology perspective, this study theoretically understood belonging from sense of community. McMillan and Chavis' (1986) definition of belonging highlighted features such as fitting into the group and having a place, acceptance, and being prepared to sacrifice for the group. There appears to be broad similarities between fitting into the group and

the essence of inclusion, found in this study. However, the exact connections between the study findings and the existing definition of sense of belonging are vague. Possible reasons for the indistinct connections may include the specific context of South Africa, limited literature available, the dated nature of the definition of sense of belonging, and, most importantly, the gap in care for older people.

Community psychology draws links between (a) belonging and wellbeing, and (b) belonging and sense of community (Visser, 2012). Thus, the conceptual findings of belonging being interdependent inclusion are possibly also able to contribute to wellbeing and sense of community respectively.

Conceptually, the lack of a comprehensive definition of community-based care for older people and who exactly is involved and to what extent came to the forefront while conducting this study. Government organisations should take the lead in elaborating on the intricacies of community-based care instead of retaining broad descriptions, which could lead to varied subjective understandings. Without a clear definition and detailed indicators of the community-based care concept, in its own right and in the South African context, efforts to work towards and implement community-based care will be challenged. By virtue of this study exploring the conceptual level of understanding a sense of belonging, crucial methodological viewpoints emerged.

Methodological level

Considering the conceptual level of this study, the mutual dependence of tangible and intangible inclusion is central to methodological considerations. Interdependence, in essence, merges with intangible inclusion, and intersectoral inclusion merges with either tangible or intangible inclusion, respective to the aspect it addresses (for example, the aspect of infrastructure would be tangible and the focus on active participation would be intangible).

The mutual dependence of tangible and intangible inclusion is specifically important due to the necessity of tangible inclusion for intangible inclusion and vice versa, and thus its mutual working potential towards a sense of belonging. The mutual dependence was evident in the studies that highlighted a day care centre (tangible), which allowed for social connections (intangible) (Roos et al., 2014), and the use of a church or day care centre (tangible) for the provision of social care (intangible) (Rankin, 2019).

When reviewing the research articles in this study, three articles specifically highlighted the one-dimensional perspective held by older people in relation to adolescents (Mabaso, 2011; Oosthuizen, 2014; Wheeler, 2014). All three of these studies took place in community settings considered to be poor. While two studies suggested the possible impact of the resource-poor environment in their findings, the tangible components were not sufficiently explored and this could be a level at which additional intervention needs to take place. Suggestions from these studies included intergenerational interventions in order to encourage effective negotiation of the relationship (Mabaso, 2011), supporting older people to expand their perspectives of caring and effective skills in needs expression (Oosthuizen, 2014), and support for improving older people's empathic abilities (Wheeler, 2014). While these largely highlight improvements in the intangible viewpoints/perspectives held by older people, recommendations for the tangible aspects were not addressed.

The absence of tangible recommendations presents a query that derives from the mutual dependence of tangible and intangible aspects. It is thus valuable to consider whether provision of resources (tangible) for older people in this community would assist in their relationships (intangible) with adolescents and in the recommended improvement in empathy and communication skills (intangible). From the findings in this study, which highlighted the mutual dependence of tangible and intangible aspects, there is a suggestion that an improvement in tangible components could improve the intangible components. Thus, from a methodological

point of view, there is a need for an integrated perspective of both the physical context and the social context, emphasising community psychology's focus "on people in interaction with their social and physical environment" (Visser, 2012, p. 5).

Lastly, grey literature, which directed large-scale efforts to addressing the occurrence of the growing older population, failed to explicitly address the sense of belonging. The value that this rapid review contributes to the field, is bringing awareness of how various changes occurring in society and population ageing (such as increasing/decreasing population cohorts, fertility rates, globalisation, and urbanisation) have the potential to create an issue for the sense of belonging, which the field of community psychology has not yet adequately addressed. The final deductions and viewpoints relative to level of practice and policy are discussed next.

Practice and Policy

The target audience of this research study includes researchers, policymakers, healthcare educators, psychologists, social workers, and other practitioners in the South African community, in order to serve as a catalyst for change on a public and personal scale.

In the practice of psychology, the statement by Bahl et al. (2017) regarding the importance of advocating for psychological sense of community (PSOC) and the wellbeing of older people is important. At an international level, the American Psychological Association (APA, 2014) validates that psychologists do provide services to older people, in diverse environments, which include community-based care settings at a private or group level (APA, 2010). In South Africa, psychologists are included in proposed roles and responsibilities of stakeholders in the formal system of home-based and community-based care (Department of Health, 2011) and the *Older Persons Act* 13 of 2006 also includes counselling and social services in the component of community-based care. Despite these considerations, specifications for professionals are too broad, considering the nature of the training that psychologists undergo.

As a training clinical psychologist in South Africa, attending to the personal scale of "assessing, diagnosing and intervening in patients dealing with life challenges … and forms of psychological distress" form part of the scope of practice (*Health Professions Act* 56 of 1974, p. 6). However, from the level of tertiary education and attending to the older population in the field of psychology, the researcher experienced an inadequate amount of training in working with the older population. An undergraduate psychology programme necessitates studying developmental psychology, which addresses adult development and ageing. In progressing to postgraduate level, specifically a master's-level programme, subject areas such as psychopathology and neuropsychology address the older population to an extent. However, the amount of theory, knowledge, and time allocated to the older population appears minor compared to the greater focus given to younger age groups and adults.

The limited focus on older people is concerning, considering the researcher's practical experience in a government hospital, where consultation with older people was a regular occurrence. These experiences raise the important question of whether professional people and policy makers in the field of psychology in South Africa are aware of the growing ageing population and the amount of theoretical knowledge and practical experience that psychologists need during training to work with older people or to address issues related to a sense of belonging.

Related specifically to the finding of interdependence in this study, the focus on the individual and the inner process in mainstream psychology has not provided an equivalent attention to "an individual's sense of self as influenced by his or her outer world. This has led to a somewhat limited understanding of cultures that focus more on the holistic understanding of human behaviour" (Semenya & Mokwena, 2012, p. 71). The lower level of attention furthermore raises concerns at the level of practice, especially considering the finding of interdependence in this study.

From a perspective of practice, psychologists may find it useful to consider the descriptors making up interdependent inclusion when an older person presents with psychological distress related to sense of belonging. It is therefore suggested that psychologists make use of the values and viewpoints from community psychology. In addition to the concerns of addressing older people in the field of psychology, are concerns towards those older people living in poorly resourced environments (Rankin, 2019; Strydom, 2008). Therefore, considering improvements to infrastructure and resources are important components which policymakers should be aware of when addressing sense of belonging.

Policy has been put forth to accommodate and include older people; however, in view of a sense of belonging, there appears to be disregard for older people. Policy needs to accommodate older people's preferences of interdependence; in this case, while remaining autonomous. When considering a sense of belonging, tangible aspects should therefore be considered in policy with a view towards autonomy, interdependence, and intangible inclusion in the community. Policy thus needs to make provision for older people's sense of belonging. The integrated nature of sense of belonging found in this study was similarly highlighted in the "integrated and mutually enhancing urban features" allowing for an age-friendly city in a WHO study (2007, p. 73), which could be used as a reference point for policymakers.

The deductions and viewpoints highlight the conceptual, methodological and policy/practice levels that this research addresses. The contribution by this research is also presented within these three levels. Furthermore, the research highlights that there are still many gaps in addressing the older population of South Africa. However, the contribution of interdependent inclusion offered in this study is a crucial foundation for future research, which can be used to address the sense of belonging of older people in South African community-based care. The limitations of the research are important in interpreting the study findings, and are presented hereafter.

Limitations

The researcher conducted the research processes in a rigorous manner; however, limitations should be taken into consideration. This study was limited to literature (a) found on the EBSCO Discovery Service search engine, the first 200 sources on Google Scholar, and the grey literature list compiled by the researcher and gerontology expert reviewer, (b) conducted and published from January 2009 until June 2020, and (c) published in English.

Regarding context, this research did not include studies where the results were not clearly differentiated for community-based participants who were mixed with those participants living in a form of residential/institutional environment. Studies specifically focusing on older people in caregiver roles were not included. However, information regarding the older person as caregiver was not always clearly distinguished when authors solely stated in the sample description that participants lived in the community. Due to this study being exploratory in nature, such studies were included on account of participants residing in the community and the author not specifying their role in caregiving. As an exploratory study, conclusions should be interpreted with caution. From that perspective, the researcher did not make any strong conclusive claims regarding definite relationships, causation, or a final description, but rather offered suggestions that future studies may build upon and/or use as a foundation. Consequently, recommendations are put forth in the next section.

Recommendations

Due to the exploratory nature of this research and the results not being conclusive, it is recommended that the findings, in conjunction with independent further reading and research on the topic, be used to assist in addressing the sense of belonging of older people. Future research is crucial and recommendations are consequently provided.

Considering the modest number of existing studies, it is highly recommended that future empirical research is conducted on sense of belonging in relation to community-based care

amongst South African older people. There is also a need for more research that focuses particularly on community-based care in South Africa, considering that this type of care is advocated for by policy (*Older Persons Act* 13 of 2006). Furthermore, the diverse contexts (gender, socioeconomic status, living environment, and racial and religious groups) of the South African population should be accounted for. By nature, the older population does not form a homogenous group who are unable to protect themselves (Kessler & Bowen, 2020). Exploring sense of belonging amongst those who are living active, healthy lifestyles, and those who are faced with challenges to functional ability or diagnosed with chronic illnesses could be a starting point for noting potential differences, if any, in the diverse population of older people.

The COVID-19 pandemic has raised issues relating to the older population (Armitage & Nellums, 2020; Lloyd-Sherlock et al., 2020) and it is recommended that future research addresses sense of belonging of South African older people in the context of COVID-19. This is crucial considering that ageism during the COVID-19 pandemic could have negative effects on the mental health of older people (Kessler & Bowen, 2020). Considering the importance of intergenerational relationships, interdependence, and changes occurring in society, it would be valuable to conduct research on how different generations can mutually embrace a sense of belonging of older people without compromising one another. The availability of such knowledge could assist in the nature of interdependence in an advancing society.

Lastly, it is recommended that psychologists use their position to constructively advise policymakers on their findings in working towards the sense of belonging of older people, and that policymakers pay attention to the valuable contribution by this research and future research that addresses older people.

Conclusion

By exploring how existing literature describes sense of belonging in relation to community-based care amongst South African older people, this research is able to contribute by

addressing a research question that was not scientifically asked before, despite it being much needed.

      With this research being performed at the scholarly level, a large basis of evidence and background knowledge was used to form the foundation of this study. The nature of a rapid review for this research serves as a contribution by (a) highlighting the gaps in policy documents, frameworks and guidelines, (b) exploring the nature of a sense of belonging in the existing literature, albeit with the use of words related to a sense of belonging, and (c) most importantly, contributing by drawing awareness to the distinct features that assist in describing a sense of belonging in the South African older population living in community-based care.

      The interpretations of the research results have been put forth, to serve as a foundation for future research. Recommendations for further study have been provided, which suggest ways to contribute to the knowledge base of sense of belonging in relation to community-based care amongst South African older people. Finally, the importance of contributing to developing this knowledge base has consistently underpinned this research dissertation. In closing, a quotation by Daisaku Ikeda (2007) is offered as an appropriate reminder to the importance of older people and thus cognisance of their belonging: "The wisdom and experience of older people is a resource of inestimable worth. Recognizing and treasuring the contributions of older people is essential to the long-term flourishing of any society" (para. 4).

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Appendix A

Proof of Ethical Clearance

Private Bag X1290, Potchefstroom
South Africa 2520

Tel: 086 016 9698
Web: http://www.nwu.ac.za

North-West University Health Research Ethics Committee (NWU-HREC)

Tel: 018 299-1206
Email: Ethics-HRECApply@nwu.ac.za (for human studies)

07 August 2020

RESEARCH ETHICS COMMITTEE LETTER OF DECISION: NO RISK

Based on the review by the North-West University Health Research Ethics Committee (NWU-HREC) on 07/08/2020, the NWU-HREC hereby clears your study as a no risk study. This implies that the NWU-HREC grants its permission that, provided the general conditions specified below are met, the study may be initiated, using the ethics number below.

Study title: Sense of belonging in community-based care amongst South African older persons: A rapid review
Principal investigator/Study Supervisor/Researcher: Dr E Hitge
Student: K Fakir – 24291307

Ethics number:

N	W	U	-	0	0	4	2	5	-	2	0	-	A	1

Institution   Study Number   Year   Status

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

Application Type: Single study
Commencement date: 07/08/2020

Risk: **No Risk**

General conditions:

The following general terms and conditions will apply:

- *The commencement date indicates the first date that the study may be started.*
- *In the interest of ethical responsibility, the NWU-HREC reserves the right to:*
  - *request access to any information or data at any time during the course or after completion of the study;*
  - *to ask further questions, seek additional information, require further modification or monitor the conduct of your research;*
  - *withdraw or postpone clearance if:*
    - *any unethical principles or practices of the study are revealed or suspected;*
    - *it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;*
    - *submission of the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or*
    - *new institutional rules, national legislation or international conventions deem it necessary.*
- *NWU-HREC can be contacted for further information via Ethics-HRECApply@nwu.ac.za or 018 299 1206*

Please note: Due to the nature of the study i.e. (a rapid review investigating the sense of belonging in community-based care amongst South African older people:), this study will be able to proceed during the current alert level, following receipt of the approval letter. No additional COVID-19 restrictions have been placed on the study except that the researcher must ensure that before proceeding with the study that all research team members have reviewed the North-West University COVID-19 Occupational Health and Safety Standard Operating Procedure.

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

Yours sincerely,

Digitally signed by Prof
Petra Bester
Date: 2020.06.13
12:31:42 +02'00'

_____

NWU-HREC Chairperson

Digitally signed by Wayne
Towers
Date: 2020.06.07
13:25:47 +02'00'

_____

Head of the Faculty of Health Sciences Ethics Office for Research, Training and Support

Current details: (13210572) G:\My Drive\My Documents 20190227\NWU-HREC\NWU-HREC_Approval Letters\9.1.5.4.3_LOD_NWU-00000-20-A1_2020mmdd.docm
13 February 2020

File reference: 9.1.5.4.3

Appendix B

Manuscript Submission Guidelines

South African Journal of Psychology (SAJP)

The *SAJP* considers submissions focusing on South Africa, African, or international issues, which include:

- o Reports of research investigations

- o Review articles centred on important Psychology issues

The journal gives priority to articles that are relevant to Africa and addressing psychological issues in terms of social change and development. Review by the *SAJP* is restricted to manuscripts that are of sufficient quality, and meeting the corresponding aims and scope of the journal. *SAJP* complies with SAGE house style. Below are the guidelines for submission to the *SAJP*. If necessary, additional information may be obtained from the *SAJP* website.

Format

- Word limit: For new submissions word count is restricted to 5500 words (including references, tables, figures, etc.).

- Manuscript language: English.

- Abstract and keywords: An abstract limited to 250 words and a maximum of six keywords (in alphabetical order) should be included.

- Writing requirements:

  - o High grammatical standard.

  - o American Psychological Association 6th edition (APA 6th) publication guidelines for manuscript preparation.

- Document: Submission of a Word document only.

- Spacing: Double spacing throughout the document.

- Margins: Minimum of 3 cm (left and right) and 5 cm (head and foot).

- Text: Standard 12 point.

- Reference style: *SAJP* follows the APA referencing style. Authors are directed towards the Publication Manual of the American Psychological Association (APA) 7th edition.

- Format for research-based manuscripts:

  o A heading is not necessary for the introduction/literature review section.

  o The following headings should be used after the introduction/ literature review: Method (participants; instruments; procedure; ethical considerations; data analysis [including, if applicable, statistical techniques or computerized analytic programmes]); Results; Discussion; Conclusion; References.

  o Ethical considerations must indicate the institutional organisation that provided ethical approval.

- Artwork, figures, and other graphics:

  o The highest quality and electronic format should be provided.

  o Guidelines:

    ▪ Format: Pictures (TIFF, JPEG); graphs and line art (EPS).

    ▪ Placement: figures, charts and tables created in Microsoft Word ought to be contained within the main text, instead of placement at the end of the document. Figures and other files which were created in applications alternative to Microsoft Word are to be submitted separately.

    ▪ Resolution: Rasterized based files (300 dpi) and line art (minimum 800 dpi).

    ▪ Colour: Colour images should additionally be comprehensible in black and white. Online publication will feature colour images whereas print publication will feature black and white images.

    ▪ Dimension: Artworks are required to comply with or exceed the dimensions indicated by the journal.

- Fonts: There should not be a significant difference in lettering in terms of size and type.

Authorship

- An author should be indicated when a considerable contribution has been made. Dissertations/thesis: The principal author is typically the student on multiple-authored publications that largely originates from their dissertation or thesis.

Acknowledgements

- Contributors who did not fulfil authorship criteria should be indicated in the acknowledgements section.

- Examples include: technical assistance or general support.

Publishing Policies

- Publication ethics: Authors are encouraged to refer to the Committee on Publication Ethics' International Standards for Authors.

Submitting the Manuscript

- SAGE is a supporting member of ORCID (Open Researcher and Contributor ID). Collecting the ORCID iDs from corresponding authors is part of the submission process of the *SAJP*.

Please note: The manuscript in Chapter 2 exceeds the indicated word limit due the exploratory nature of the study. However, the manuscript will be condensed for *SAJP* submission purposes. Due to inconsistency in APA editions stipulated for structure (6th edition) and referencing style (7th edition) indicated on the website, the researcher contacted the *SAJP* via email to confirm the guidelines. The response indicated that the APA 6th or 7th editions would be acceptable. For consistency, the most recent APA publication guidelines (7th edition) were used in preparation of the dissertation.

Appendix C

Data-Extraction Table

Research studies									
No.	**Name of source**	**Author(s) and date of publication**	**Aim**	**Sample**	**Living circumstance**	**Location of sample**	**Methodology**	**Data analysis**	**Core findings**
1	Engaging ageing individuals in the design of technologies and services to support health and wellbeing: Constructivist grounded theory study	Du Preez, V., & De la Harpe, R. (2019).	Propose a theory to be used in designing health and wellbeing services, with a focus on the ageing population.	23 participants (20 females and 3 males): 8 (only interview), 10 (only workshop), and 5 (interview and workshop) *65-85-year olds (y/o)	No mention of specific living circumstances; however, gatekeeper organisation had broad reach in the Western Cape (attracting diverse ethnicity/ socioeconomic backgrounds).	Cape Town, Western Cape	Grounded theory	Double diamond design process; ATLAS.ti	Grounded, substantiative theory that explores the factors and process of ageing individuals engaging with services on the Web. Iterative process proposed when making a decision. Two main factors (perceived benefits and web-based user context) form the foundation for deciding whether or not to engage with an assistive app, device, or service.
2	Peer-to-peer support model to improve quality of life among highly vulnerable, low-income older adults in Cape Town, South Africa	Geffen, L. N., Kelly, G., Morris, J. M., & Howard, E.P. (2019).	Test feasibility of the AgeWell programme and to evaluate the targeted results.	212 participants (75% female), aged 60+	Living independently.	Khayelitsha, Cape Town, Western Cape	Quantitative: Pre-post, pilot design	STATA: paired t-tests (WHO-5 and MOS-SS 8 instruments) SPSS: Delta established between baseline and follow-up scores; value then tested via chi-square statistic (InterRAI Check-Up)	Improvements in wellbeing noted. Improvements in emotional and informational support noted. Pre-post (InterRAI): significant improvement in all aspects except falls (less lonely, anxious, depressed, withdrawn, and increase in physical and social activity). Better mood overall. Empowered AgeWell visitors. Programme effect on visitors' emotional, physical, and individual view of psycho-social wellbeing.

#	Title	Author	Aim	Participants	Community	Location	Methodology	Analysis	Results
3	Older persons' experience of respect from middle adolescents in an economically vulnerable environment.	Hayes, J. M. (2014).	Exploration of older persons' experience of respect in relation to middle adolescents in an economically vulnerable environment.	Twelve participants: (3 men and 9 women) aged 60+	Live in the rural community of Vaalharts.	Vaalharts, Northern Cape	Qualitative Interpretive, descriptive paradigm	Thematic analysis and visual analysis	Four themes were identified: Respect vs love and care. In interactions, respect is conveyed via the use of specific words / respectful titles and verbally expressing gratitude. Respect being reciprocal in nature. Respect instilled via education, being shown, and rewarded.
4	An exploration of the intergenerational relationships between young adults and older people in the Khuma community.	Mabaso, T. P. (2011).	Explore the intergenerational relationship between young adults and the older people in their community.	Two groups: 20-35 y/o (11 males) 60+ y/o: (1 male and 5 females)	Medium-sized community; most older people in the community are retired and pensioners.	Khuma, North West province	Qualitative Phenomenological research design	Textual and visual data analysis	Two main themes were highlighted: The nature of the social bond between the two generations: (a) ambivalent perceptions (by young adults) and (b) negative perceptions (by older adults). Intergenerational relationship: generations appear to have different definitions of the intergenerational relationship and difference in ability to undertake a meta-reflective position.
5	Older persons' experiences of care in relation to adolescents in a resource-constrained environment.	Oosthuizen, S. J. (2014).	Explore how older people experience care in relation to adolescents in a limited-resource environment.	Total of 13 participants. 9 females and 1 male (Mmogo-method); 11 females and 2 males (self-reflective journals) Setswana speaking; between 60 and 84 y/o.	Typical rural community	Valspan, border of Northern Cape and North West provinces	Qualitative Exploratory, phenomenology perspective; constructivist/ interpretivist perspective (epistemological position)	Thematic analysis and visual analysis	Results were divided into three theme and sub-themes: Types of care: physical and emotional in conjunction with giving and receiving aspects in each. Data on emotional care were indirect and scarce. Demonstration of care: downward care by older people (teaching and discipline) and expectation of upward care by adolescents (acceptance and compliance). Lack of care (disobedient, not doing chores or helping). Motivations for care: obligation, protection, and reciprocity.

6	Formal community-based care: Older adults' experiences of home-based and day care services in Sebokeng.	Rankin, S. M. (2019).	Explore older adults' experiences of formal community-based care services in Sebokeng and what older adults consider good care.	20 participants: 5 men and 15 women Between ages 63 and 85	Use day care / home-based care	Sebokeng, Gauteng	Qualitative Social constructivist paradigm using interpretive description strategy	Thematic analysis	Care experienced on a continuum. Three themes on the experiences of care received: (a) lack access to resources, (b) qualities of care: attentive and responsive, and (c) configuration of formal and informal community-based care. Findings in this study are supported by the ethics of care approach.
7	(Re)creating community: Experiences of older women forcibly relocated during apartheid.	Roos, V., Kolobe, P. S., & Keating, N. (2014).	To understand how women rebuild their relational ties and if they can develop a connection to a place they did not choose but are ageing in.	11 women 70+ years old Black population group common experience of forced relocation 50+ years ago	Day care centre	Ikageng, North West	Qualitative	Thematic analysis; visual data informed the understandings and were used in conjunction with their assigned meanings	Findings were grouped into two dominant themes: Connection to place: Community as place was not brought up in new community. The day care centre was the only connection to place. Sense of belonging: Emerged as / was restricted via being closely connected to others, sharing resources, common rituals, and generational relationships.
8	Features of home and neighbourhood and the liveability of older South Africans.	Van der Pas, S., Ramklass, S., O'Leary, B., Anderson, S., Keating, N., & Cassim, B. (2015).	Address the gap in understanding the liveability of older adults in developing regions by focusing on the components of liveability and their impact on life satisfaction among older South Africans in a city in KwaZulu-Natal, South Africa.	1 008 participants aged 60 and older	Community dwelling	Inanda, Ntuzuma and KwaMashu, KwaZulu-Natal	Secondary data analysis: Survey data assessing determinants of health and quality of life for older persons living in the community	SPSS: Descriptive analysis and multiple regression models	Nearby environments of home and neighbourhood were significantly associated with life satisfaction. Home: household amenities, financial resources, people, and safety were significantly associated with life satisfaction. Neighbourhood: available services, people, and safety were significantly associated with life satisfaction.
9	Exploring empathy in intergenerational relationships from	Wheeler, A. (2014).	Explore empathy in older people's perception of the	18 participants: 5 men and 13 women	Vaalharts rural villages	Vaalharts, Northern Cape	Qualitative Explorative and descriptive study;	Thematic analysis, deductive category	Inductive analysis: Care was predominantly expressed via physical care between the two generations. Older people

		younger generation (<16 y/o) in rural Vaalharts, South Africa.	predominantly Setswana speaking between 60 and 85 y/o			interpretive descriptive research design	application, visual analysis	provided downward care to the younger individuals but did not experience upward care from the younger individuals. Empathy was found to be lacking. Deductive category application was divided into themes: (1) Absence of empathy – older people perceive the relationship solely from their own perspective: judgemental and conditional acceptance; (2) implication/effects for intergenerational relationships – younger generation was not represented (thus invisible); younger people appear to reject older people educating or reprimanding them; increasing use of violence to address issues with younger generation; using external resources (individuals/institutions) to help with disciplining younger individuals.
the perspective of a group of older people.								

				Policies, frameworks, and guidelines			
	Name of source	**Author(s) and date of publication**	**Purpose of document**	**Methodology/ how was the document compiled**	**Location of focus**	**Approval**	**Summary of what the source entails**
10	Policy Framework and Plan of Action on Ageing.	African Union (AU) & HelpAge International (n.d.).	Guidance for Organisation of African Unity member states in designing, applying, monitoring, and appraising suitable and integrated country-level policies and programmes	Meeting of experts	AU member states	The Interim Chairperson/ Commission of the AU name is mentioned in the document (wrote the foreword) and	Recommendations and actions provided on rights, health, family, housing and living environment; amongst others.

			that meet the needs of older people (collectively and individually).			the document is part of the AU, which is led by their Constitutive Act.	
11	Protocol to African Charter on Human and Peoples' Rights on Rights of Older Persons in Africa.	AU (2016).	Protocol to the African Charter, to augment the Charter's provisions.	Various declarations, acts, and plans were considered – as mentioned in the introduction	AU member states	"Adopted by the twenty sixth ordinary session of the assembly" (p. 12) and the document is part of the AU, which is led by their Constitutive Act. On the AU website it states that the work of the AU is "implemented through several principal decision making organs".	Articles in the protocol address, *inter alia*, accessibility, discrimination, care, and support.
12	Common African Position on Long-Term Care Systems for Africa.	AU (2017).	Focus on the theme: "Investment in Employment and Social Security for Harnessing the Demographic Dividend" (AU, 2017, p. 1).	African Ministers of Social Development, Labour and Employment	Africa	The document is part of the AU, which is led by their Constitutive Act. On the AU website it states that the work of the AU is "implemented through several principal decision making organs".	Provide recommendations to AU Commission, AU member states, and international development partners.
13	National Guidelines on Home-Based Care (HC) and Community-Based Care (CC).	Department of Health (2011).	Provision of guidelines to help in developing and applying home-based care and community-based care programmes throughout South Africa.	Various stakeholders: colleagues in the Department of Health, universities, tertiary institutions, and non-governmental organisations	South Africa	Foreword written and signed by the Minister of Health; available on the Western Cape Government website.	Provides information about what home-based care and community-based care are, alongside who it is for, manner of organisation, roles played, as well as responsibilities and challenges.
14	Older Persons Amendment Bill, 2017.	Department of Social Development (2017).	Call for commentary on the document regarding the intended amendments by the Minister of Social Development.	Minister of Social Development	South Africa	Available on the government website; specific procedures must be followed for	Amendments and additions to various areas in the *Older Persons Act* 13 of 2006.

						legislative process (Parliamentary Monitoring Group, n.d.).	
15	*Older Persons Act* 13 of 2006.	Republic of South Africa	"To deal effectively with the plight of older persons by establishing a framework aimed at the empowerment and protection of older persons and at the promotion and maintenance of their status, rights, wellbeing, safety and security, and to provide for matters connected therewith" (*Older Persons Act* 13 of 2006, p. 2).	A comprehensive process is followed before an Act can be made (Parliamentary Monitoring Group, n.d.).	South Africa	Assented by the president; available on the government website.	Attends to (a) objects, implementation, application, and general principles, (b) creating an enabling and supportive environment for older persons, (c) community-based care and support services, (d) residential facilities, (e) protection for older persons, and (f) general and supplementary provisions.
16	Social profile of vulnerable groups 2002-2012.	Statistics South Africa (Stats SA, 2013).	To analyse and explore changes in the situation regarding children, the youth, the elderly, and women over time.	Quantitative; secondary data analysis using SAS 9.0 and SAS Enterprise Guide	South Africa	Signed by the Statistician-General; Stats SA is the state agency that provides official statistics and must follow standards (Stats SA, 2019.).	Reports on demography, housing, households, economics, health, vulnerability to hunger and accessibility to food, education, and policy recommendations.
17	Vulnerable Group Series II: The Social Profile of Older Persons, 2011-2015.	Stats SA (2017).	Provide information on: demographic and socioeconomic variables, and living condition of older persons.	Secondary data analysis	South Africa	Signed by the Statistician-General. Stats SA is the state agency that provides official statistics and has to follow standards (Stats SA, 2019).	Reports on demography, housing, households, migration, education, economics, health, public safety, and recommendations.
18	Political declaration and Madrid International Plan of Action on Ageing.	United Nations (UN, 2002).	"offers a bold new agenda for handling the issue of ageing in the 21st century." "Resource for policy-making, suggesting ways for Governments, non-governmental organizations, and other actors to reorient the ways	"The landmark documents presented in this publication were the product of years of hard work and a real spirit of cooperation in Madrid itself" (UN, 2002, p. 1).	Global view	Signed by the Secretary-General.	Recommendations provided in the following areas: (1) older persons and development, (2) advancing health and wellbeing into old age, and (3) ensuring enabling and supportive environments.

			in which their societies perceive, interact with and care for their older citizens."				
			"The aim of the International Plan of Action is to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights."			
19	Global age-friendly cities: A guide.	World Health Organization (WHO, 2007).	"the purpose of this Guide is to become more age-friendly so as to tap the potential that older people represent for humanity" (WHO, 2007, p. 1).	Bottom-up participatory approach	Global view	"All reasonable precautions have been taken by WHO to verify the information contained in this publication" (WHO, 2007, p. ii).	Age-friendly cities should be enabling instead of disabling. It should be accessible, assist with social relations, relationships (including service) should be respectful, and reach out toward older individuals at risk for isolation and economic/language/cultural obstacles. Attends to integrated and mutually enhancing urban features; and goes beyond the guidance provided.
20	World report on ageing and health.	WHO (2015).	"the report aims to move debate about the most appropriate public health response to population ageing into new … territory" (WHO, 2015, p. vii).	Large team involved in document; rich inputs provided by academics/experts; peer reviewed (rigorous).	Global view	Signed by the Director-General of the WHO.	Attends to: adding health to years, healthy ageing, health and old age, health systems, LTC systems, moving to being age-friendly, recommendations.
21	Towards long-term care systems in sub-Saharan Africa.	WHO (2017).	Overview of LTC across sub-Saharan Africa and indicates steps that can be taken to develop LTC systems.	Conceptual analyses; synthesis, and evidence generation	Sub-Saharan Africa	"All reasonable precautions have been taken by WHO to verify the information contained in this publication" (WHO, 2017, p. i/ii).	Attends to LTC in sub-Saharan Africa and practical steps to be taken.
22	Integrated care for older people (ICOPE): Guidance for person-centred assessment and	WHO (2019).	Assist community health and care workers to practically implement ICOPE recommendations.	Rich inputs (academics, experts), large number of individuals involved (rigorous)	Global view	"All reasonable precautions have been taken by WHO to verify the information contained in this	Attends to ICOPE, optimising capacities and abilities, assessment of needs and developing a personal care plan, care pathways to manage various factors, and how health systems and LTC systems can support implementation of approach.

	pathways in primary care.					publication" (WHO, 2019, p. ii).	
23	Ageing, older persons, and the 2030 agenda for sustainable development.	United Nations Development Programme (UNDP), HelpAge International & American Association of Retired Persons (AARP) (n.d.).	Recognise that viewing ageing from a life-course approach is vital. Brings attention to protect and promote older people's rights in applying the 2030 Agenda.	Many individuals involved in contributing supervision/input) to the document	Global	Published on the UNDP website, and many individuals were involved in the document.	Focuses on the 2030 Agenda for Sustainable Development and Older Persons. Attends to evidence on population ageing, ageing/older people importance in development, challenges of ageing, and policy implications.

Appendix D

Proof of Language Editing

14 December 2020

To whom it may concern

Re: Proofreading and academic editing: Ms K. Fakir

I, J.L. van Aswegen of Grammar Guardians, hereby confirm proofreading and academic editing of the thesis entitled "Sense of belonging in community-based care amongst South African older persons: A rapid review" by Keshenaa Fakir (student number 24291307) in December 2020.

Please contact me on 082 811 6857 or at jeanne@grammarguardians.co.za regarding any queries that may arise.

Kind regards,

J.L. van Aswegen

Grammar Guardians

Appendix E

Proof of Turnitin Process

24374830:TURNITIN_DOCUMENT_.docx

ORIGINALITY REPORT

6%	5%	4%	1%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	repository.nwu.ac.za Internet Source	1%
2	science1984.wordpress.com Internet Source	<1%
3	onlinelibrary.wiley.com Internet Source	<1%
4	hdl.handle.net Internet Source	<1%
5	"Promoting Healthy Human Relationships in Post-Apartheid South Africa", Springer Science and Business Media LLC, 2021 Publication	<1%
6	brage.bibsys.no Internet Source	<1%
7	uknowledge.uky.edu Internet Source	<1%
8	www.ncbi.nlm.nih.gov Internet Source	<1%
9	Submitted to University of South Africa Student Paper	<1%

Appendix F

Quality Appraisal Form

QUALITY APPRAISAL FORM					
Study information: - Title, author/s, reference list citation					
Quality appraisal reviewer:					
Date of quality appraisal review:					
Quality appraisal review/process overseen by:					
Title/research question of study conducting the quality appraisal:					

Question	Yes	No	Uncertain	Not applicable	Comment
1) Is the purpose of the study clear (in terms of: research question/s and aim/s)?					
2) 2.1 - Is there evidence of ethical approval from a relevant ethics clearance board or 2.2 - Was the study conducted or carried out in an ethically appropriate manner?					
3) Is the context of the study clearly delineated?					
4) Is the methodology used in the study suitable and scientifically informed?					

5) Was the selected instrumentation or data-collection method appropriate and valid in relation to its context of usage/application?					
6) 6.1 - Are the obtained results reported or stated in a clear manner? 6.2 - Are the data (or part of the data obtained from participants) provided as evidence?					
7) Is the data-analysis process described and does it appear to have been carried out in a reliable manner?					
8) Is the conclusion reached clear, in alignment with the data obtained, and compelling?					
9) Are the limitations of the study put forth?					
10) 10.1 - Is the aspect of bias addressed (if applicable)? 10.2 – Were potential aspects of bias overlooked?					
11) Is a reference list provided?					
Additional questions for grey literature:					
12) Is the organisation (or author affiliated with an organisation) credible?					
13) Is the information used in the grey literature obtained					

from reliable/trustworthy sources?				

Adapted from:

1 - The Joanna Briggs Institute. (2014). Joanna Briggs Institute Reviewer's Manual. University of Adelaide, The Joanna Briggs Institute.
2 - Developing NICE guidelines: The manual (National Institute for Health and Care Excellence [NICE], 2020). Retrieved August 27, 2020, from
https://www.nice.org.uk/process/pmg20/resources/developing-nice-guidelines-the-manual-pdf-72286708700869
3 - Tyndall, J. AACODS Checklist. Flinders University, 2010.
https://dspace.flinders.edu.au/xmlui/bitstream/handle/2328/3326/AACODS_Checklist.pdf

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Decision: **Score:**

Include   ☐

Exclude   ☐

Uncertain   ☐

Additional information/reasoning

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