

**THE ROLE OF SOCIAL WORK AGENCIES IN PROMOTING ELDERLY
WELFARE IN KAYUNGA VILLAGE; A CASE OF ROTOM**

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DECLARATION

I, Kebirungi Tracy hereby declare that this dissertation is my original work and has not been submitted to any University or Institution of learning for any award.

.....

Kebirungi Tracy

Date:

APPROVAL

This dissertation has been submitted for examination with my approval as a university supervisor



2/10/2025

Supervisor.....

DR. NAREEBA PETER

DEDICATION

I dedicate this work to my parents, brothers, and all friends and not forgetting teaching and non-teaching staff of Uganda Christian University for the warm welcome.

May God still bless you.

ACKNOWLEDGMENT

I would like to express my gratitude to Almighty God for favour, blessing, and the gift of life that enabled me to successfully achieve the journey. I would also want to thank my supervisor as she guided me through the research project, through learning and teaching that facilitated the process of successfully achieving the project effortlessly. I want to gratefully acknowledge my parents, who guided and motivated me throughout the project in various ways. I take this chance to thank my friends and colleagues because they inspired and took the time to provide what they could to enable this project to be completed.

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ABSTRACT

The study titled “The Role of Social Work Agencies in Promoting Elderly Welfare in Kayunga Village: A Case of ROTOM” was conducted to examine how social work agencies support older persons, guided by three objectives: identifying the social work services provided by ROTOM, assessing the social needs of the elderly, and exploring the challenges faced in service delivery. Using a sample size of 63 respondents, findings showed that ROTOM provides home care, health referrals, counselling, financial assistance, and social support groups, with financial assistance (62%) and social support groups (61%) being most effective, and regression analysis confirming a significant positive effect on elderly welfare (Beta = 0.153, $p = 0.007$, Adjusted $R^2 = 0.096$). Social needs such as healthcare access (80%) and companionship (56%) were critical, though financial stability remained weak, and regression results showed significant influence on welfare (Beta = 0.224, $p = 0.015$, Adjusted $R^2 = 0.077$). Challenges included stigma and ageism (75%), shortage of trained social workers (62%), and limited awareness (68%), though regression analysis showed their effect was weak (Beta = 0.091, $p = 0.169$, Adjusted $R^2 = 0.021$). The study concludes that social work services, though impactful, remain under-resourced; addressing social needs is vital for welfare improvement; and systemic barriers undermine service delivery. It recommends that the government should strengthen funding, integrate elderly care into national programs, enhance social worker capacity, and expand awareness and anti-stigma initiatives to ensure inclusive and sustainable elderly welfare in Uganda.

CHAPTER ONE

1.0 INTRODUCTION

This chapter provided a comprehensive background and context to the study. It included the background to the problem, the problem statement, objectives, research questions, significance of the study, limitations and delimitations guiding the research.

1.1 Background of the Study.

Global statistics reveal a fast aging population as the number of people aged 60 years or more is expected to rise to two billion by 2050 (WHO, 2019). The mandate of social work agencies includes supporting elderly people, promoting their well-being and addressing age related issues (IFSW 2020; Cox & Pardasani 2013). Age friendly societies are being set up for purposes of accessibility, inclusivity and easy access to public transportation (American Association of Retired Persons 2020), pedestrian- friendly infrastructures (UN 2019), and community engagement (WHO 2018). According to research experts, healthy aging is promoted through doing healthy exercises, nourishing meaningful friendships and relationships and providing healthcare and social services to the elderly (WHO 2018)

At regional level, social work agencies are limited by resources, poor infrastructure and ineffective policies while trying to support the elderly (Help Age International 2020). In spite of these challenges, social work organizations remain faithfully committed to improving the livelihoods of the elderly (Makiwane et al, 2016).

In East Africa, the elderly often live in villages that are plagued with limited resources and healthcare services. Though East African governments are trying to support the elderly through social protection programs, these programs are limited in reach and impact. Humanitarian organizations are labouring to bridge the gap by delivering services such as home based care, medical support, counselling and social inclusion initiatives. Nevertheless, these

interventions lack adequate funding, proper documentation and effective integration into national policies thus necessitating such a timely and crucial study.

The ministry of Gender, Labour and Social development together with social work agencies in Uganda are running initiatives like the Senior Citizens Grant (SCG) and Social Assistance Grant for Empowerment (SAGE) to support the elderly persons. In Kayunga, social work agencies like Reach One Touch One Ministries are providing comprehensive care for the elderly through medical outreaches, nutritional support and counselling.

This study purposed to assess the contribution of Reach One Touch One Ministries in supporting the elderly people of Kayunga village, pointing out best practices and areas for improvement. Through a thorough assessment of elderly persons, social work agencies and community members, this study contributed to developing effective strategies in supporting the elderly people of Kayunga.

1.2. The Problem Statement of the Study

The elderly number in Uganda is progressively increasing with more that 1.6 million people aged 60 years and above, representing 3.5% of the National Population (UBOS 2022). In Kayunga village, many elderly people are plagued with social isolation, poverty and poor health, often raising grandchildren without essential care and support. HelpAge International (2021) reports that 63% of the elderly citizens of Uganda lack formal care and over rely on support from community of faith based organizations for survival. ROTOM provides vital health, counselling and nutritional aid though there is limited research on the impact of the organization's services. This insufficiency of literature makes it difficult to determine the effectiveness of these organizational initiatives. The study therefore assessed the role of social work agencies such as Reach One Touch One Ministries in improving the welfare of the elderly persons in Kayunga Village.

1.3 MAIN OBJECTIVE.

To assess the role of social work agencies in promoting the general well-being of elderly people in Kayunga Village.

1.3.1. SPECIFIC OBJECTIVES.

- I. To identify the social work services provided by ROTOM to elderly persons in Kayunga village.
- II. To assess the Social needs of the elderly persons.
- III. To explore the challenges faced by ROTOM in delivering social services to the elderly persons in Kayunga village

1.3.2. Research Questions

- I. What are the social work services are provided by ROTOM to the elderly persons in Kayunga village?
- II. What could be the social needs of the elderly persons in Kayunga village?
- III. What are the challenges faced by ROTOM in delivering Social services to the elderly persons in Kayunga village?

1.4. Scope of the study.

1.4.1 Content scope.

The study focused on examining the role of Social work agencies in enhancing the welfare of the elderly persons, using Reach One Touch One Ministries (ROTOM) in Kayunga village as a case study. The scope was guided by three objectives;

1. To identify the social work services provided to elderly persons by ROTOM.
2. To assess the social needs of the elderly in Kayunga village.
3. To examine the challenges faced by ROTOM in delivering the services to elderly persons.

The study concentrated more on the services offered by ROTOM, the lived realities and needs of the elderly, and constraints that limit service delivery. Other actors such as government agencies, family based care systems were acknowledged but not studied in detail, since the emphasis was on the role of ROTOM as a Social work agency.

1.4.2 Geographical scope.

The study was conducted in Kayunga village, Mukono district Uganda. This location was chosen because it is where ROTOM operates actively and it represents a typical rural community where elderly persons face challenges such as poor health facilities, limited financial opportunities. Focusing on a single village allowed the researcher to interact more closely with the respondents, collect in-depth information and capture day to day experiences of the elderly in a way that might have been diluted in a broader regional study.

1.4.3 Time scope.

The period that was considered for this study was 3years that is 2025-2027, because it reflects recent trends in service delivery and the evolving social needs of elderly persons in Kayunga village. Looking at 2-3 years allowed the researcher to go beyond a single time and instead capture patterns of consistency, change and emerging challenges in elderly welfare. It also made it possible to assess ROTOM's interventions with more realistic perspective, since welfare outcomes such as improvements in health, nutrition and social integration take time to manifest.

1.5. Significance of the Study

The beneficiaries of the study included the elderly persons in Kayunga Village, ROTOM and some other NGOs, Social Workers, scholars and policy makers, community members.

Elderly persons and their caregivers benefited through improved service delivery, as the study highlighted their unmet needs, coping mechanisms and challenges in accessing support. By drawing attention to their voices, the research contributed more inclusiveness and practical interventions that improve their well-being and dignity.

Scholars found value in the study as it filled existing knowledge gaps regarding rural elderly care in Uganda, particularly the role of local actors in social support system.

Social work practitioners used this study to understand effectiveness and limitations of their current approaches in enhancing elderly welfare within Kayunga village and similar communities. The results provided guidance on how to improve community outreach and advocate for better support from donors and local authority.

Policy makers in Mukono district benefited from this study by gaining evidence based insights to guide planning, resource allocation, formulation of elderly care programs that are responsive to grassroots realities. The findings helped them identify existing service gaps and developed strategies for more coordinated interventions targeting elderly persons.

By evaluating how social agencies like ROTOM contributed to their welfare, the study led to improved services, more targeted support and better quality of life. It also gave a voice to their experiences and challenges, encouraging more responsive interventions.

1. 6 Operational Definition of terms:

Health Ageing: According to the (World Health Organization 2019), healthy aging is the process that aims to optimize physical, mental, and social well-being throughout life, enabling older individuals to remain active, healthy, productive, and fully engaged in their communities. Healthy aging encompasses not only the absence of disease but also the maintenance of functional ability, social engagement, and overall quality of life. This concept involved a comprehensive approach, included healthcare, social support, and community-driven interventions, to promote physical, social, and mental well-being among older adults.

Elderly: The United Nations (2020) defines the elderly as individuals aged 65 and above. The age group is often characterized by physical, social and economic changes that can impact their well-being and quality of life.

Health: Health is a state of complete physical, mental and social well-being and not merely the absence of diseases of infirmity (WHO).

Disability: Disability refers to the interaction between individual with health conditions such as physical, sensory, cognitive or mental health conditions and their environment, which can result in barriers to full and effective participation in the society on an equal basis with others. Such as physical impairments e.g. mobility impairments, spinal cord injuries, sensory impairments e.g. blindness, deafness, intellectual impairments e.g. development disabilities learning disabilities and learning disabilities, mental health imparters e.g. depression, anxiety and psychosis and neurological impairments e.g. epilepsy, multiple sclerosis.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The general research objective of the study sought to examine the role of social work agencies in promoting Elderly welfare in Kayunga village and the literature was reviewed according to the three objectives which include; to identify the social work services provided to elderly persons by ROTOM in Kayunga village., to assess the Social needs of the elderly persons., to explore the challenges faced in delivering social services to the elderly persons by ROTOM in Kayunga village.

2.1 Theory of the study.

Activity Theory of Aging (Havighurst J. Robert 1963)

The Activity Theory proposes that successful aging occurs when older persons remain socially active, engaged in meaningful roles, and maintain interactions within their communities. At its core, the theory argues that aging should not be seen as a decline into inactivity but rather as a phase where older persons adopt their roles and remain productive members of society. Humanitarian organizations like Reach One Touch One Ministries provide avenues for addressing social isolation among the elderly people of Kayunga through health programs, counselling and community initiatives. These interventions help in instilling a sense of belonging and self-worth among the elderly. This approach points out their vital roles as caregivers and cultural custodians, sustaining family respect. Participating in social groups, churches and savings clubs strengthens essential support networks confirming that social networks are crucial for their welfare.

Social work which prioritizes empowerment, social justice and well-being, finds enough reason for the activity aging theory. Social workers working with older populations emphasize interventions that encourage active participation and reduce barriers to engagement. In this case, Social workers facilitate programs and spaces where the elderly can

engage in community life such as senior centres and church groups which strengthen social bonds and counter loneliness.

Social workers advocate for policies that provide recreational facilities, elderly clubs and age friendly environments to ensure continued participation in society.

2.2 The social work services provided to elderly persons

Evans, L., & Robinson, K. (2023) intimated that social work services for elderly persons have increasingly emphasized the development of home-based and community-centered care models that integrate medical support with psychosocial assistance. These models aim to promote aging in place by providing services such as personal care, rehabilitation, and social engagement activities within the community context, helping to maintain independence and improve quality of life

Zhang and Chen recommend an integrated approach by social workers and medical practitioners in helping elderly people mostly in urban areas where demographic shifts have increased the need for support services. This approach adapts to China's evolving social structure by addressing physical, emotional, and social needs simultaneously, thus reducing overdependence on institutions or organizations. Social work initiatives such as "Yiyang Jiehe" ensure provision of holistic care among the elderly (Li and Wang 2024). This initiative is collaborative in nature as social workers and medical personnel provided integrated health care and therapy services so address medical needs and social factors like isolation and financial hardship to improve elderly welfare.

Studies conducted by Huang and Zhou in 2022 revealed that family support is important for effective eldercare in China since youth financially and emotionally support the elderly to enhance their well-being highlighting the importance of family-centred social work. Additionally, Chen and Sun (2024) suggest that an elder's outlook and mental resilience are key links between support and health. They recommend flexible interventions that integrate both

economic aids with counselling to address complex challenges faced by the elderly highlighting the need for culturally relevant initiatives.

According to a study by Green and Lewis in 2020, social workers in Britain played a critical role in providing mental health support services to the elderly by identifying and managing conditions such as depression and dementia, often partnering with healthcare providers to ensure holistic care. Evans and Robinson highlight that social inclusion initiatives help in addressing loneliness and social isolation which normally affects elderly people. Together, these studies show Britain's evolving approach to eldercare, recognizing mental wellness and social engagement as essential to modern social work practice.

Reach One Touch One Ministries in Uganda provides services such as home visits, medical support, food distribution and psychosocial counselling which all reflect global best practices and point out the need for further research.

2.3 The Social needs of the elderly persons

The social needs of the elderly, especially addressing social isolation and creating meaningful connections have emerged as a focal point of view in Britain due to the growing number of the elderly. Research indicates that diminished social networks severely impact mental health and overall well-being. Addressing these needs requires a multi-faceted strategy, including community-based interventions that promote inclusion and active participation. Scholars emphasize that effective support must extend beyond physical health to include tailored systems for engagement, highlighting the pressing challenge of loneliness and its consequences. The role of family, peers, and social services is crucial, yet gaps in provision persist, leaving many vulnerable. Innovative solutions, such as digital literacy programs, are increasingly important for maintaining connectivity, especially when physical interaction is limited. This evolving understanding points to the necessity of adaptive strategies that empower the elderly within their social environments.

The heterogeneity of the elderly population necessitates culturally sensitive approaches, as factors like ethnicity and socioeconomic status significantly influence access to support. In Britain, community-led initiatives and inclusive policies are deemed essential for ensuring equitable social participation across diverse groups. Intergenerational programs have emerged as effective mechanisms for fostering mutual understanding and social cohesion,

simultaneously addressing the isolation of the elderly and broader community fragmentation. Similarly, in Germany, loneliness is a pervasive issue, intensified by urbanization and dispersed family structures. Traditional support systems often fall short, prompting a need for interventions that integrate modern technological solutions, like digital platforms, with conventional methods to enhance social connectivity for older adults.

Within the Netherlands, the quality of community relationships and social cohesion are fundamental to the well-being of seniors, with cohesive environments leading to higher satisfaction and better health. Preventive, participatory models that involve the elderly in program planning are shown to boost autonomy, reduce institutional dependency, and strengthen a sense of purpose. In stark contrast, elderly persons in rural Uganda, such as in Kayunga village, confront severe social isolation, economic hardship, and health challenges with limited formal support. While local agencies provide essential services like counseling and healthcare, comprehensive research documenting the adequacy and impact of these responses to their profound social needs remains notably absent.

2.4 The challenges faced in delivering social services to the elderly persons

The effective delivery of social services to elderly persons in West Africa is critically hampered by fragmented policies and the erosion of traditional family-based care. Despite a rapidly aging population, coherent frameworks that integrate healthcare, social protection, and psychosocial support are scarce. This systemic failure is compounded by urban migration and economic pressures, which are breaking down the familial safety nets that have long supported older adults. Consequently, addressing these challenges requires comprehensive policy reform and innovative strategies that adapt community support roles to contemporary realities, ensuring that older persons are not left without reliable care.

Further compounding the issue are significant constraints at both the caregiver and systemic levels. Family caregivers, who form the backbone of elder care, often lack essential training and financial resources, leading to compromised care quality and increased health risks for the elderly. Simultaneously, frontline social workers operate under severe systemic barriers, including chronic underfunding, insufficient resources, and high job turnover, which drastically undercut the effectiveness of service delivery. These workforce challenges, characterized by staffing shortages, low compensation, and excessive bureaucracy, mirror global issues in geriatric care and highlight an urgent need for structural investment. Building resilient support systems necessitates capacity-building for caregivers and systemic

reforms that ensure adequate staffing, better compensation, and streamlined processes to protect this vulnerable population.

Wang, L., & Chen, X. (2022) stressed that delivery of elderly social services suffers from fragmented structuring and deteriorating service conditions. Care providers and labour unions advocate for preventive-oriented care, coordinated recruitment strategies, and stable financial frameworks to sustain quality care emphasizing that current infrastructure fails to support 'good work' principles. Complementing this, Frontiers et al. (2024) highlight how deficient digital infrastructure, especially poor broadband coverage in rural areas, impedes the use of assistive technologies for dementia care. Outdated infrastructure thus deepens urban-rural disparities and hampers efforts to deliver equitable, technology-enhanced social services to elderly populations across the country.

Addo and Badu (2023) affirmed that informal caregivers bear a heavy burden that significantly impacts both their quality of life and the quality of care provided to elderly persons. They observe that caregiver burden stems from insufficient social support, financial stress, and a lack of formal recognition or assistance for caregiving roles. This burden leads to physical, emotional, and psychological strain on caregivers, which in turn can compromise the continuity and effectiveness of care for the elderly. Furthermore, Owusu and Tetteh (2024) point out that social service delivery is challenged by inadequate coordination between government agencies, non-governmental organizations, and local communities, resulting in fragmented care provision.

China's rapidly aging population is placing unprecedented strain on its long-term care systems, revealing significant structural weaknesses. The existing long-term care insurance is underdeveloped, and the critical integration of health with social care remains inadequate, creating severe service gaps, especially in underserved rural regions. This problem is compounded by a acute shortage of properly trained caregivers. While some local governments have initiated programs to train laid-off workers, these brief courses impart only basic skills, resulting in substandard care quality and hindering the delivery of essential social services to the elderly.

Further complicating service delivery are profound societal shifts. The accelerated digitization of services during the COVID-19 pandemic created a deep digital divide, excluding many elderly individuals, particularly in rural areas, from accessing online health and welfare platforms. Simultaneously, the traditional family-based care model is eroding due to urban migration and changing family structures, which diminishes informal support and increases reliance on already strained formal systems. These challenges are exacerbated by a persistent urban-rural divide in healthcare infrastructure and a growing concern over the financial sustainability of welfare programs, necessitating innovative funding and efficient resource allocation to ensure viable long-term care for the elderly people in China.

2.5 Research gap

While the well-being of the elderly is widely acknowledged, there is uncertainty on how social work agencies enhance their quality of life. This lack of focused evidence hinders the development of strategies to empower their unique role.

Most research on services offered by social agencies concentrated on health or financial assistance, neglecting the holistic, person-centred interventions that social workers provided. There was minimal documentation of psychosocial support services, community engagement efforts, and advocacy roles played by social workers in elderly care. This gap left stakeholders without a clear picture of the full spectrum of services required to enhance elderly wellbeing effectively.

While challenges facing elderly care have been widely acknowledged, the specific operational, cultural, and policy barriers encountered by social work agencies remained underexplored. Research tends to generalize difficulties in elderly care provision without focusing on the unique constraints experienced by social work professionals. This limited the formulation of targeted policy interventions to strengthen the capacity of social work agencies in supporting older persons.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter shows research design, area of study, sources of information, population and sampling techniques, variables and indicators, measurement levels, data collection procedures, data collection instruments, quality control, data processing and analysis, ethical considerations,

3.1 Research design

The study adopted a descriptive cross sectional mixed methods design, which combined both qualitative and quantitative approaches. The quantitative component focused on systematically measuring and analysing numerical data using structured questionnaires with closed ended questions. The qualitative component complemented this by capturing in depth experiences, perceptions, and meanings through interviews and focus group discussions.

The mixed methods design allowed for triangulation, ensuring that findings from different data sources strengthen the overall validity and reliability of the study. Quantitative data provided measurable patterns and relationships, while qualitative data offered rich narratives to contextualize these findings.

3.2 Area of study

This study was carried out from ROTOM (Reach One Touch One Ministries) located in Namubiru village, along Kayunga Road, near Mukono town in Uganda's Central Region. Although the road leads to Kayunga, the actual village and operational area of ROTOM falls within Mukono District, specifically close to Kayunga village. This location was ideal for conducting research due to its concentration of elderly beneficiaries and active community-based programs that provided holistic care, including medical services, food support, counseling, and spiritual guidance. The area was served by a well-established network of field staff and volunteers, which enhanced access to accurate data and observation of real-time interventions.

3.3 Sources of information

The study relied on both primary and secondary sources of data.

Primary data, this was collected directly from elderly beneficiaries, social workers, caregivers, volunteers, local leaders, healthcare providers and program coordinators using questionnaires, interviews, and focus on group discussions.

Secondary data was collected from existing literature such as books, journals, policy documents, government reports and ROTOM publications related to elderly welfare and social work.

3.4 Study population

The study used a study population of 75 individuals who were actively engaged or directly benefiting from support initiatives by a faith-based organization operating in Kayunga village. The population consisted of 20 elderly beneficiaries receiving social support, 12 social workers employed by the organization, 10 caregivers or family members of the elderly, 8 community volunteers, 10 local leaders, 10 healthcare providers working with or in partnership with the organization, and 5 program coordinators or administrators responsible for planning and implementation. This population provided a comprehensive overview of stakeholders involved in elderly welfare efforts and ensured diverse insights from both service providers and recipients.

3.5 Sample size determination

Using Slovene’s formula (1960), the study used a sample size of 63 individuals, drawn proportionally from the total study population to ensure representativeness. Specifically, the sample included 17 elderly beneficiaries, 10 social workers, 8 caregivers, 7 community volunteers, 8 local leaders, 8 healthcare providers, and 5 program coordinators or administrators. This breakdown ensured the inclusion of both primary beneficiaries and individuals involved in service delivery and coordination, providing a balanced perspective on the processes and outcomes of support initiatives. The study used Krejcie and Morgan table (1970) as indicated below;

Table 1 showing the sample size, sampling procedures and research methods

Respondents	Population	Sample size	Sampling procedures
Elderly beneficiaries	20	17	Simple random sampling
Social workers	12	10	Purposive sampling

Caregivers	10	8	Simple random sampling
Community volunteers	8	7	Simple random sampling
Local leaders	10	8	Simple random sampling
Healthcare providers	10	8	Purposive sampling
Program coordinators	5	5	Purposive sampling
Total	75	63	

The research study used Slovenes formula of (1960) which include;

$$n = \frac{N}{1 + N(e^2)}$$

$$1 + N(e^2)$$

Where;

n is the sample size

N is the whole population

1 is the constant

e² error in sampling (0.05)

The total sample size was computed as indicated below

$$n = \frac{N}{1 + N(e^2)} \quad n = \frac{75}{1 + 75 * 0.05^2} \quad n = \frac{75}{1 + 0.1875} \quad n = \frac{75}{1.1875}$$

n = 63 Respondents

Sampling techniques

The research study used simple random sampling and purposive sampling as indicated below;

3.5.1 Simple random sampling

Simple random sampling is a probability sampling technique where each member of the population has an equal chance of being selected. It ensures that selection is unbiased, and respondents are chosen randomly from the entire population. Simple random sampling comprised 17 elderly beneficiaries, 8 caregivers, 7 community volunteers, and 8 local leaders. Lists of individuals in each of these categories was obtained from the organization's records and village health registers. From these lists, participants were randomly selected using a lottery method or random number generation, ensuring each eligible individual has an equal chance of selection. This approach reduced bias and allowed for generalized findings, especially from those at the grassroots who experienced the actual effects of the support services on a daily basis.

3.5.2 Purposive sampling

Purposive sampling is a non-probability sampling technique where respondents are deliberately selected based on their knowledge, expertise, or position relevant to the study. Purposive sampling allows researchers to focus on the particular groups that provide rich, relevant and in-depth information. Purposive sampling consisted of the 10 social workers, 8 healthcare providers, and 5 program coordinators. These individuals were selected based on their specialized roles, technical expertise, and direct involvement in planning, managing, or delivering welfare services. Their informed experiences were critical in understanding the structural and operational aspects of support interventions. They were intentionally chosen to provide insights that ordinary community members may not be privy to, particularly regarding policy implementation and professional standards.

3.6 Variables and indicators

This consisted of independent and dependent variables as below

3.6.1 Independent variables

Social work agencies, as an independent variable, play a critical role in promoting the welfare of elderly persons through various components such as accessibility of social services, community outreach, and resource allocation. Accessibility of social services ensures that elderly individuals can easily receive healthcare, psychosocial support, and legal aid, which are essential for their well-being. Community outreach programs help in identifying and addressing the unique needs of the elderly, especially those in remote or marginalized areas, thereby reducing isolation and enhancing inclusion. Furthermore, effective resource allocation such as the provision of food, shelter, and assistive devices directly improves the living standards and health outcomes of the elderly population. When these components are well-implemented by social work agencies, they significantly contribute to the overall promotion of elderly welfare by ensuring their basic needs are met, their rights protected, and their dignity upheld.

3.6.2 Dependent variable

Promoting elderly welfare, as a dependent variable, encompasses key dimensions such as the physical health, emotional well-being, and economic security of the elderly. Physical health involves access to medical care, proper nutrition, and mobility support, which were essential in reducing vulnerability to chronic illnesses and enhancing longevity. Emotional well-being relates to the psychological state of the elderly, including freedom from loneliness, depression, and anxiety, often supported through social interaction, counseling, and family involvement. Economic security ensures that the elderly have sufficient financial resources, such as pensions or social assistance, to meet their daily needs without dependence or exploitation.

3.7 Data collection procedure

The research supervisor approved the research proposal after ensuring it met the required academic and ethical standards. Once approved, a data collection letter was obtained from the head of department of social sciences granting official authorization to conduct the study. This letter was then presented to the local council one (LC1) chairperson of the area to seek for permission and community endorsement. After securing approval from the LC1

chairperson, the researcher proceeded to ROTOM (Reach One Touch One Ministries), Kayunga village where further permission was sought from relevant local authorities to conduct the study within the district. Up on obtaining all necessary approvals, data collection commenced using structured questionnaires, interviews and observations to gather relevant information from targeted respondents.

3.8 Data collection instruments

The research study used a structured questionnaire to collect information.

3.8.1 Questionnaire (Quantitative)

Closed-ended questionnaires were used to collect standardized and quantifiable data from respondents by presenting them with predetermined options for each question. This method allowed for efficient data collection across a large sample, ensuring consistency in responses and facilitating easy comparison and analysis. Questions were designed to capture specific information about service accessibility, quality of support, frequency of outreach activities, satisfaction with received assistance, and perceptions of available resources. By limiting responses to fixed choices such as "strongly agree," "agree," "disagree," and "strongly disagree," the researcher minimized ambiguity, reduced respondent burden, and ensured reliable measurement of key variables related to institutional roles and individual experiences.

3.8.2 Interviews (Qualitative)

Key informant interviews were conducted with the elderly persons, social workers, healthcare providers and program coordinators to obtain detailed insights into program implementation, challenges and strategies for promoting elderly welfare since some of them could not read and write.

Focus group discussions were also organized with groups of elderly beneficiaries and caregivers to explore collective perceptions, experiences and challenges in assessing services

The researcher used non participant observation to assess the living conditions of the elderly and the nature of services delivery during site visits

3.9 Quality control: Validity and reliability of data

3.9.1 Validity

Validity was ensured by designing research instruments that accurately measured the intended variables and by using multiple data collection methods to enhance credibility. Content validity was achieved through expert reviews to confirm that the questions effectively captured all relevant aspects of the study. Construct validity was maintained by aligning the questionnaire.

3.9.2 Reliability

Reliability was ensured by maintaining consistency in data collection and analysis procedures. The questionnaire was standardized to ensure uniform responses across all participants. Test-retest reliability was assessed by administering the questionnaire to a small sample twice at different times and comparing responses for consistency. Internal consistency was measured using statistical tests such as Cronbach's alpha to confirm that different items within the instrument produce similar results. Additionally, training for data collectors was conducted to minimize biases and ensure uniform administration of research tools, enhancing the overall dependability of the findings.

3.10 Data processing and analysis

Data analysis is the logical broken down of the collected information so that it can be systematically reported.

3.10.1 Quantitative data analysis

Quantitative data was analysed using statistical package methods to identify trends, relationships, and patterns. Descriptive statistics such as frequencies, percentages and mean values summarized the data while inferential statistics were used to determine significant differences or correlations. Data was entered into statistical software such

as statistical package for social sciences (SPSS) software version 23. This approach ensured that numerical findings were clearly presented and clearly interpreted.

3.10.2 Qualitative data analysis.

Qualitative data from interviews, focus group discussions and observations was transcribed and analysed thematically. Emerging themes were categorized to highlight patterns in experiences, perceptions and challenges. Direct quotations were used to give voice to participants.

3.11 Ethical considerations

To ensure the protection of all participants, the research process was guided by strict ethical principles. Prior to data collection, informed consent was secured from every individual, confirming their comprehensive understanding of the study's purpose, procedures, and potential impacts. Their participation was entirely voluntary, with the unambiguous right to withdraw at any point without penalty, thereby upholding their autonomy.

Confidentiality was observed through thorough data handling protocols. Personally identifiable information was anonymized by using unique codes instead of names, and all data was stored in password-protected digital systems to prevent unauthorized access. The research design prioritized the well-being of respondents by employing non-intrusive questions and allowing them to skip any items that caused discomfort, ensuring a respectful and safe environment.

The study's approach was founded on the principles of beneficence and non-maleficence, actively working to prevent any psychological or emotional harm. For participants who experienced distress, referrals to appropriate support services were made available. Full compliance with institutional ethical standards was achieved by obtaining necessary approvals beforehand and conducting the research with transparency and integrity, safeguarding the rights and dignity of everyone involved.

1.5. Limitation and delimitations of the Study.

Limitations.

Failure to reach a fully inclusive sample due to the immobility of some elderly people. This was mitigated through arranging home visits and collaborating with local leaders and health workers to connect with these isolated participants.

A potential for recall bias existed due to memory challenges among some respondents. To enhance the accuracy of the information, the researcher employed triangulation, verifying accounts by cross-referencing them with caregivers and available community records.

Furthermore, the findings are based on a small sample size, constrained by available resources and time, which limits their broad applicability. In response, the study prioritized gathering deep, qualitative insights to ensure a strong contextual understanding. This approach provided valuable, localized perspectives that can inform specific interventions and serve as a foundation for more extensive future research.

Delimitations.

The research targeted only elderly persons aged 60 and above who are beneficiaries of ROTOM's services in Kayunga Village, excluding those below this age who may also face similar vulnerabilities. This age bracket was selected because it aligns with Uganda's official definition of old age, ensuring consistency with national policy frameworks and targeted programs.

The study focused only on Kayunga village in Mukono district and did not cover other villages due to resource limitations. These geographical delimitations were chosen to allow for a more in-depth and manageable investigation within a specific context that could offer relevant localized insights.

The study used mainly qualitative methods and not quantitative surveys to allow for deeper exploration of lived experience, perceptions and contextual realities. This methodological choice meant the findings may not be statistically generalizable but would provide rich narratives to inform practice and policy.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND DISCUSSION OF THE FINDINGS

4.0 Introduction

This chapter presented the findings on the role of social work agencies in promoting Elderly welfare in Kayunga village. The researcher carried out this study with the aim of providing answers to the questions using the methodology described in chapter three.

4.1 Response rate

The sample size of the population was 63. Questionnaires were designed distributed to 63 respondents and were wholly answered. This implies that the response rate was excellent.

4.2 Bio Data

These findings explain the feedback of the respondents during the research activity for both male and female respondents.

Table 2 Indicating demographic data of the respondents

Gender	Male	Female			
Number of percipients	20 (32%)	43 (68%)			
Marital status	Single	Married	Divorced	Widowed	
Number of percipients	12 (19%)	30 (48%)	8 (13%)	13 (20%)	
Age	21-30 years	31-40 years	41-50 years	Above 50 years	
Number of percipients	12 (19%)	22 (35%)	10 (16%)	19 (30%)	
Qualification	Secondary	Certificate	Diploma	Bachelor's	Masters
Number of percipients	11(17%)	8 (13%)	25 (40%)	14 (22%)	5 (8%)
Years of working	Less than 1 year l	1-2 years	Above 3 years		

Number of percipients	15 (24%)	38 (60%)	10 (16%)		
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Source: Primary data (2025)

The gender of respondents varied (table 2) above indicates that 32% of the respondents were male while 68% were female, indicating that women in Kayunga village were more responsive and willing to share their views compared to men. This imbalance suggests that females are more directly involved in caregiving and community-based activities that concern the elderly. Their dominant participation highlights their critical role in household and social support systems. Social work agencies can therefore harness this strength by engaging more women in welfare programs for older persons. However, strategies should also be developed to increase male participation to achieve balanced involvement.

The table above also indicates that 19% of the respondents were single, 48% were married, 13% were divorced, and 20% were widowed, reflecting diverse family structures within Kayunga village. The high percentage of married respondents suggests that many households still maintain stable family units, which can provide support to the elderly. The notable proportion of widowed and divorced individuals indicates potential vulnerabilities and social gaps affecting welfare. Social work agencies can design interventions that address the unique needs of these groups to strengthen community support.

It can be observed that out of total sample of the study; 19% were between 21–30 years, 35% were between 31–40 years, 16% were between 41–50 years, and 30% were above 50 years, reflecting a balanced mix of age groups in Kayunga village. The largest group falls within 31–40 years, representing an active working population capable of supporting community initiatives. The significant proportion above 50 years highlights the presence of many older adults who may

require more attention and care.

The table also shows that 17% of the respondents had secondary education, 13% had certificates, 40% held diplomas, 22% had bachelors, and 8% had master's qualifications, reflecting a relatively educated population in Kayunga village. The dominance of diploma holders indicates a strong middle-level workforce with practical skills useful for community engagement. The presence of degree and master's holders shows potential for professional input in welfare-related initiatives. Social work agencies can leverage this educational diversity to mobilize skilled individuals in planning and implementing support programs.

Table above shows that 24% of the respondents had less than one year of working experience, 60% had between one to two years, and 16% had more than three years, reflecting a predominantly early-career workforce in Kayunga village. The majority with one to two years suggests growing exposure and readiness to participate in community programs. Those with less than one year may still require guidance and training to effectively contribute. Social work agencies can tap into the enthusiasm of this youthful workforce while building their capacity for sustainable service.

4.3.0 Research question one: Finding out the social work services provided to elderly persons by ROTOM in Kayunga village

Table 3: Showing the social work services provided to elderly persons by ROTOM in Kayunga village

Detail	SA	A	N	D	SD	Mean	S.D
	(%)	(%)	(%)	(%)	(%)		
Home care services assist elderly persons with daily activities like bathing, dressing, and meal preparation in their own homes.	30.0	24.0	17.0	19.0	10.0	1.681	0.892
Counselling services support mental health by helping the elderly cope with loneliness, grief, and age-related issues	5.0	14.0	6.0	29.0	46.0	2.116	1.136
Health care referrals connect elderly persons to medical professionals for proper diagnosis, treatment, and follow-up care	11.0	22.0	13.0	32.0	22.0	2.967	1.262
Financial assistance helps older persons access pension schemes, welfare benefits, and manage basic needs	33.0	29.0	16.0	3.0	19.0	3.317	1.421
Social support groups encourage peer interaction, emotional expression, and reduce feelings of isolation	48.0	13.0	14.0	22.0	3.0	2.967	1.377

Average		2.610	1.218
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Source: Primary data (2025)

Table 3 below indicates that 30% strongly agreed, 24% Agreed to the statement that home care services assist elderly persons with daily activities like bathing, dressing, and meal preparation in their own homes, while 10% Disagreed, 19% strongly disagreed to the same statement, 17% were not sure hence implying that home care services assist elderly persons with daily activities like bathing, dressing, and meal preparation in their own homes.

When asked whether counselling services support mental health by helping the elderly cope with loneliness, grief, and age-related issues 5% strongly agreed, 14% agreed to the statement while 29% disagreed, 46% disagreed to the same statement while 6% of the respondents were not sure. This concurs with the research carried out by Van der Stede, (2023) affirmed that counselling services support mental health by helping the elderly cope with loneliness, grief, and age-related issues.

It can also be seen that minority of respondents 11% strongly agreed, 22% Agreed to the statement that health care referrals connect elderly persons to medical professionals for proper diagnosis, treatment, and follow-up care, 32% disagreed, 22% strongly disagreed to the same statement, 13% were not sure. This is an indication that health care referrals connect elderly persons to medical professionals for proper diagnosis, treatment, and follow-up care.

It was also observed that majority of the respondents 33% strongly agreed, 29% agreed to the statement that financial assistance helps older persons access pension schemes, welfare benefits, and manage basic needs, 3% Disagreed, and 19% strongly disagreed to the same statement while

16% of the respondents were not sure. This was in accordance to Hindorf (2022) stressed that financial assistance helps elderly persons access pension schemes, welfare benefits, and manage basic needs implying that financial assistance helps older persons access pension schemes, welfare benefits, and manage basic needs.

The table also that 48% strongly agreed, 13% Agreed to the statement that social support groups encourage peer interaction, emotional expression, and reduce feelings of isolation, 22% Disagreed, 3% strongly disagreed to the same statement forming the majority of the respondents while 14% of the respondents were not sure. However, such findings concur with the research carried out by Watson (2020) denoted that social support groups encourage peer interaction, emotional expression, and reduce feelings of isolation hence this is an indication that social support groups encourage peer interaction, emotional expression, and reduce feelings of isolation.

4.2.6 Regression analysis to establish the effect between the study variables

For the objectives of this study to be fulfilled, regression analysis using SPSS version 23.0 was undertaken in order to investigate on the role of social work agencies in promoting Elderly welfare in Kayunga village. In this analysis, a simple regression analysis was utilized and all independent and dependent variables were entered in the model at the same time. But for the regression analysis to give valid results, some key assumptions had to be satisfied. In this analysis, Variance Social Work Agencies Factor (VSWAF) was used to ensure that the assumption of reasonable differences of the independent variables was satisfied. These were all below the threshold of 10. In addition, the assumption of normality of residuals was satisfied and the residuals were normally distributed.

4.2.7 Regression analysis for the social work services provided to elderly persons by ROTOM in Kayunga village

In order to address the first objective of the study, a regressive analysis was done to identify the social work services provided to elderly persons by ROTOM in Kayunga village. The results from analysis are presented in the model summary and coefficients tables below.

Table 4 showing regression model summary and coefficients for the social work services provided to elderly persons by ROTOM in Kayunga village.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	F-statistic
1	.332 ^a	.110	.096	.553	5.693

a. Predictors: (Constant), Social work services

Coefficients^a

Model	Unstandardized		Standardized	Sig.
	Coefficients		Coefficients	
	B	Std. Error	Beta	
1 (Constant)	4.615	.301		.000
Social work services	.153	.091	.132	.007

a. Dependent Variable: Elderly persons

Source: Primary data (2025)

From the table 4 showing the model summary statistics above, a p-value = 0.007 that is less than 5% level of significance indicates that social work services positively (Beta=0.153) predicts the elderly persons and effect is significant at p-value < 0.05. An adjusted R² of 0.096 implies that social work services explains and predicts significantly 9.6% variations in elderly persons and the remaining 90.4% is explained by other factors. Basing on such findings, the researcher therefore concludes that social work services significantly and positively affects elderly persons by ROTOM in Kayunga village.

4.4.0 Research question two: Finding out the social needs of the elderly persons in Kayunga village

Table 5: showing the social needs of the elderly persons in Kayunga village

Details	SA	A	N	D	SD	Mean	S.D
	(%)	(%)	(%)	(%)	(%)		
Companionship is important as it reduces loneliness and provides emotional security	35.0	21.0	3.0	31.0	10.0	2.250	1.230
Health care access ensures proper treatment of chronic illnesses and routine check-ups	33.0	47.0	13.0	2.0	5.0	2.000	.974
Financial stability allows elderly persons to meet their daily needs without dependence	6.0	14.0	24.0	43.0	13.0	1.750	.950
Safe housing provides comfort, reduces injury risks, and promotes Independence	25.0	32.0	10.0	13.0	20.0	1.867	.676
Nutritional support ensures they maintain a balanced diet and prevent malnutrition.	35.0	16.0	10.0	22.0	17.0	3.133	3.605
Average mean						2.20	1.487

Source: Primary data (2025)

With reference to table 5 above, it can be seen that 35% strongly agreed, 21% Agreed to the statement that companionship is important as it reduces loneliness and provides emotional security, 31% Disagreed, 10% strongly disagreed to the same statement while 3% of the respondents were not. These findings were in line with Wallitsch (2021) argues that companionship is important as it reduces loneliness and provides emotional security there by implying that companionship is important as it reduces loneliness and provides emotional security.

However 33% strongly agreed, 47% Agreed to the statement that health care access ensures proper treatment of chronic illnesses and routine check-ups, 2% Disagreed, 5% strongly disagreed to the

same statement while 13% of the respondents were not sure. This concurs with the research carried out by Kannan (2024) affirmed that health care access ensures proper treatment of chronic illnesses and routine check-ups implying that health care access ensures proper treatment of chronic illnesses and routine check-ups.

It can also be seen that it can be seen that 6% strongly agreed, 14% Agreed to the statement that financial stability allows elderly persons to meet their daily needs without dependence, 43% Disagreed, 13% strongly disagreed to the same statement and 24% of the respondents were not sure. This is an indication that financial stability allows elderly persons to meet their daily needs without dependence.

When asked whether **safe** housing provides comfort, reduces injury risks, and promotes independence, 25% strongly agreed, 32% Agreed to the statement, 10% of the respondents were not sure while 13% disagreed, 20% strongly disagreed to the same statement making the minority of the respondents. This is an indication that safe housing provides comfort, reduces injury risks, and promotes independence.

It can also be observed that majority of the respondents 35% strongly agreed, 16% Agreed to the statement that nutritional support ensures they maintain a balanced diet and prevent malnutrition, 22% Disagreed, and 17% strongly disagreed to the same statement while 10% of the respondents were not sure. These findings were in line with Girma (2024) stressed out that nutritional support ensures they maintain a balanced diet and prevent malnutrition. This is an indication that Nutritional support ensures they maintain a balanced diet and prevent malnutrition.

4.3.6 Regression Analysis for the Social needs of the elderly persons in in Kayunga village

For analysis of the social needs of the elderly persons in in Kayunga village, the independent variable was conceptualized in terms of social needs and for the study to achieve its one of the objectives; social needs was regressed to determine its effect on elderly persons. The results from analysis are presented in the model summary and coefficients tables below.

Table 6 Regression model summary and coefficients for the social needs of the elderly persons in in Kayunga village

Model summary

Model	R	R Square	Adjusted R Square	F-Statistic	Std. Error of the Estimate
1	.304 ^a	.092	.077	9.421	.464

a. Predictors: (Constant), Social needs

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	Sig.
		B	Std. Error	Beta	
1	(Constant)	2.892	.325		.000
	Social needs	.224	.089	.304	.015

a. Dependent Variable: Elderly persons

Source: primary data, (2025)

From the table 6 showing the model summary statistics above, a p-value = 0.015 that is less than 5% level of significance indicates that social needs positively (Beta=0.224) predicts the elderly persons and effect is significant at p-value < 0.05. An adjusted R² of 0.077 implies that social needs explains and predicts significantly 7.7% variations in elderly persons in Kayunga village and the remaining 92.3% explained by other factors. Basing on such findings, the researcher therefore concludes that social needs significantly and positively affects elderly persons in in Kayunga village.

4.4.0 Research question three: Finding out the challenges faced in delivering social services to the elderly persons by ROTOM in Kayunga village

Table 7: Showing the challenges faced in delivering social services to the elderly persons by ROTOM in Kayunga village

Detail	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	S.D
Inadequate funding limits the reach and quality of essential services for the elderly	8.0	21.0	11.0	29.0	31.0	2.350	1.448
Shortage of trained social workers affects the provision of specialized elderly care	38.0	24.0	17.0	6.0	15.0	2.383	1.993
Poor infrastructure, especially in rural areas, makes it hard to access services	22.0	29.0	16.0	14.0	19.0	2.267	1.260
Stigma and ageism cause neglect and lack of respect for elderly needs	54.0	21.0	2.0	17.0	6.0	2.667	1.130
Limited awareness of available services prevents elderly persons from seeking help	43.0	25.0	13.0	16.0	3.0	2.367	1.823
Average mean						2.407	1.1308

Source: Primary data (2025)

With reference to table 7 above, it can be seen that 8% strongly agreed, 21% agreed to the statement that inadequate funding limits the reach and quality of essential services for the elderly, 29%

disagreed, 31% strongly disagreed to the same statement while 11% of the respondents were not sure. This concurs with the research carried out by Mureithi (2023) who stated that inadequate funding limits the reach and quality of essential services for the elderly. This implies that inadequate funding limits the reach and quality of essential services for the elderly.

It can be observed that the majority of the 38% strongly agreed, 24% agreed to the statement that shortage of trained social workers affects the provision of specialized elderly care, 6% Disagreed, 15% strongly disagreed to same while 17% of the respondents were not sure. This agrees with the research carried out by Wrigley (2008) stressed that shortage of trained social workers affects the provision of specialized elderly care hence implying that shortage of trained social workers affects the provision of specialized elderly care.

When asked whether poor infrastructure, especially in rural areas, makes it hard to access services 22% strongly agreed, 29% strongly agreed to the statement, 14% Disagreed, 19% strongly disagreed to the same statement mean while 16% of the respondents were not sure. These findings were in line with Danida, (2022) who articulated that poor infrastructure, especially in rural areas, makes it hard to access services. This is an indication that poor infrastructure, especially in rural areas, makes it hard to access services.

It can also be observed that the majority of the respondents 54% strongly agreed, 21% Agreed to the statement that stigma and ageism cause neglect and lack of respect for elderly needs, 17% Disagreed, 6% strongly disagreed to the same statement while 2% of the respondents were not sure. This was in accordance to Várzea (2021) pointed out that stigma and ageism cause neglect and lack of respect for elderly needs. This is a manifestation that stigma and ageism cause neglect and lack of respect for elderly needs.

It can be observed that the majority of the respondents 43% strongly agreed, 25% agreed to the statement that limited awareness of available services prevents elderly persons from seeking help, 16% Disagreed, 3% strongly disagreed to the same statement while 13% of the respondents were not sure hence implying that Limited awareness of available services prevents elderly persons from seeking help.

4.4.6 Regression Analysis for the challenges faced in delivering social services to the elderly persons by ROTOM in Kayunga village

In order to analyze the challenges faced in delivering social services to the elderly persons by ROTOM in Kayunga village, the independent variable was conceptualized in terms of social services and for the study to achieve its objectives; regression analysis to assess its effect on elderly persons was performed using SPSS. The results from analysis were presented in the model summary and coefficients tables below.

Table 8 Showing regression model summary and Coefficients for the challenges faced in delivering social services to the elderly persons by ROTOM in Kayunga village

Model Summary

Model	R	R Square	Adjusted R Square	F-Statistic	Std. Error of the Estimate
1	.194 ^a	.037	.021	8.642	.588

a. Predictors: (Constant), Social services

Coefficients^a

Model	Un standardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
1 (Constant)	3.356			
Social services	.091	.374	.114	.000
		.100		.169

a. Dependent Variable: Elderly persons

Source: primary data, (2025)

From the table 8 showing the model summary statistics above, a p-value = 0.169 that is more than 5% level of significance indicates that social services (Beta=0.091) predicts and affects their elderly persons. However, its effect is insignificant at p-value > 0.05. An adjusted R² of 0.021 implies that social services explain 2.1% variations in elderly persons by ROTOM in Kayunga village. However, these variations are not significant in affecting elderly persons. Basing on such findings, the researcher therefore concludes that social services positively affects elderly persons by ROTOM in Kayunga village much the effect that exists between the variables is significant.

4.5 Qualitative data

Respondents revealed that the services provided to elderly persons in Kayunga by ROTOM extend beyond physical support to include emotional, medical, and social care. Mr. Ssenyonga Peter (Elderly Beneficiary) explained, “*The social workers from ROTOM bring me food like posho and beans, check on my health, and when I was sick, they took me to Mukono hospital for treatment.*” This reflects how health referrals and nutritional aid are central. Ms. Namatovu Grace (Caregiver) highlighted psychosocial interventions, saying, “*The counselling sessions help a lot because most elders feel forgotten, but when they talk to a social worker, they feel loved and valued.*” Similarly, Mr. Okello James (Social Worker) emphasized group engagement, noting, “*We bring elders together for singing, prayers, and games, which makes them active and removes their loneliness.*” Adding a community perspective, Mrs. Nabirye Jane (community member) observed, “*I have seen social workers provide medicines, organize transport for elders to clinics, and even mobilize neighbours to clean their houses, which restores their dignity.*” These voices collectively illustrate that ROTOM provides integrated services covering medical, nutritional, psychosocial, and community support that aim at promoting dignity, belonging, and improved welfare of elderly persons.

When asked about the social needs of elderly persons, participants strongly pointed out companionship, financial security, healthcare, and safe housing as key. Mr. Ssenyonga Peter said, “*Even when I have food, if I spend the whole day alone, I feel empty and discouraged because no one talks to me.*”

Ms. Namatovu Grace emphasized financial vulnerability, explaining, “*Many elderly cannot afford basic things like soap, paraffin, or sugar, so they depend too much on others, which affects their dignity.*” On health, Mr. Okello James noted, “*The elders are always worried about chronic diseases like diabetes and blood pressure, and most of them say they need continuous medical support, which is costly for their families.*” Adding to this, Mrs. Nabirye Jane highlighted the housing problem, saying, “*Some elders live in mud houses with leaking roofs, and when it rains, they suffer in the cold, which worsens their sickness.*” From these accounts, it becomes clear that the elderly need much more than food handouts; they require love, interaction, financial stability, regular health care, and safe living conditions that assure dignity in their later years.

Respondents also discussed challenges that hinder effective service delivery to elderly persons in Kayunga, citing underfunding, poor transport, limited staff, and stigma. Mr. Ssenyonga Peter

shared, “*Sometimes we wait long for help because the social workers do not have enough to give everyone, so some of us miss out.*” Ms. Namatovu Grace added, “*There are times my mother fails to get medicine because there is no money, and she has to stay in pain until the supply comes again.*” Mr. Okello James explained from the provider’s view, “*Transport is a big challenge; many elderly live in remote areas, and without motorcycles or cars, it is difficult to reach them regularly.*” Social stigma also emerged, as Mrs. Nabirye Jane remarked, “*Some community members say old people are a curse or a burden, and this makes the elderly feel unwanted and neglected.*”

Together, these insights underline how financial shortages, logistical

constraints, insufficient geriatric training, and negative societal attitudes limit the impact of welfare programs. They show that while services exist, sustainability and inclusiveness remain threatened unless more resources, infrastructure, and awareness campaigns are put in place to protect the dignity and welfare of elderly persons.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of the findings, conclusions, and recommendations of the study on the contribution of social work agencies in enhancing the welfare of the elderly in Kayunga village, with a focus on Reach One Touch One Ministries (ROTOM). The presentation is guided by the study objectives:

1. To identify the social work services provided to elderly persons by ROTOM in Kayunga village.
2. To assess the social needs of the elderly persons in Kayunga village.
3. To examine the challenges faced in delivering social services to the elderly persons by ROTOM in Kayunga village.

5.1 SUMMARY OF FINDINGS

5.1.1 Social Work Services Provided to the Elderly persons.

The study revealed that ROTOM provides a variety of social work services that significantly improve elderly welfare in Kayunga. They include the following.

- Home-based care services such as bathing, dressing, and meal preparation and general household management. Some of these elderly persons cannot help themselves and therefore need help
- Counselling services to address loneliness, grief, and psychological challenges.

Social workers at ROTOM give free counselling sessions to the elderly persons in Kayunga to

help them cope with the situations they are in especially now that people run to urban areas leaving the elderly persons alone in their homes.

- Health care referrals linking the elderly to hospitals and clinics for diagnosis, treatment, and follow-up. ROTOM refers its patients mostly to Mukono Hospital when the elderly persons have disturbing chronic illnesses.

- Financial support to access welfare benefits and pensions.

- Social support groups to foster peer interaction, reduce isolation, and enhance emotional well-being.

Regression analysis showed that social work services positively and significantly affect elderly welfare in Kayunga, explaining 9.6% of the variation in elderly welfare outcomes.

5.1.2 Social Needs of the Elderly in Kayunga Village

The findings revealed that elderly persons have multiple needs, including:

- Companionship to reduce loneliness and increase emotional security. These elderly persons need to be distracted from the loneliness and grief they be passing through

- Access to health care for treatment of chronic illnesses and routine check-ups.

- Financial stability to meet daily needs without overdependence on others. This emerged as a major concern with the elderly struggling to meet their needs.

- Safe housing to ensure dignity, independence, and protection from risks. This was identified as an unmet need, with many elderly persons living in poor conditioned houses vulnerable to weather conditions and living hazards.

- Nutritional support to maintain healthy diets and avoid malnutrition. This was recognized as essential in preventing malnutrition and ensuring balanced diets. Most respondents noted that poor nutrition undermines quality of life.

Regression results indicated that social needs significantly predict elderly welfare, accounting for 7.7% of the variation.

5.1.3 Challenges Faced in Delivering Social Services

The study found that ROTOM faces several challenges in delivering services to elderly persons, including:

- Inadequate funding limiting the reach and quality of services. Some of the elderly persons do not get the assistance from the organization because of limited resources like transportation

- Shortage of trained social workers, affecting specialized care provision. This constrained the capacity to provide professional and consistent support.

- Poor infrastructure in rural areas, hindering accessibility of services like inaccessible roads also made it difficult to reach elderly persons in remote areas.

- Stigma and ageism, causing neglect and reducing respect for elderly needs.

- Limited awareness among the elderly about available services. Some of these elderly persons did not know about these services being provided by organizations, reducing access and utilization.

Regression results indicated that these challenges had a weak but positive effect on elderly welfare, though the effect was statistically insignificant (Adjusted $R^2 = 2.1\%$).

5.2 CONCLUSIONS

Based on the findings, the following conclusions were drawn from each of the objectives.

5.2.1 To identify the social work services provided to elderly persons by ROTOM in Kayunga village.

The study concluded that ROTOM plays a vital role in elderly welfare through wide range of social services. Some of these services included home visits and home based care to the elderly, counselling to address loneliness and grief, health care referrals for treatment of chronic illnesses and social support groups that foster belonging.

From both quantitative and qualitative findings, it became evident that these services positively change the dignity, emotional well-being of elderly persons. Testimonies from beneficiaries such as getting food, hospital referrals and participating in groups activities further emphasized this role.

However, the services remain limited in scope. Counselling though provided was not uniformly accessible. While health care referrals sometimes failed due to limited resources. Financial assistance also did not fully cover all elderly needs and some services reached only a fraction of elderly population. While ROTOM has demonstrated a strong contribution, gaps remain in ensuring comprehensive and equitable coverage.

5.2.2 To assess the social needs of elderly persons in Kayunga village.

The study concluded that elderly persons in Kayunga face interlinked and multidimensional social needs. Some of them include companionship, access to affordable healthcare, financial stability and nutritional support. These elderly persons usually face isolation and loneliness when left alone for long hours making companionship an urgent need. Access to healthcare

was emphasized as a main and essential point, with respondents expressing worry over chronic diseases.

Financial insecurity which emerged as one of the pressing needs, with many elderly unable to afford pressing necessities like soap, salt, paraffin and candles therefore affecting their independence and dignity.

Safe housing was another concern, several elderly were living in poorly constructed houses literally built like 40years back making them vulnerable to bad weather. Nutrition was also identified critical with some elderly suffering from malnutrition due to limited diets.

5.2.3 To examine the challenges faced in delivering social services to elderly persons by ROTOM in Kayunga village.

The study concluded that although ROTOM provides valuable services, it faces significant barrier that undermine its effectiveness and sustainability. These challenges include inadequate funding. This restricts the number of beneficiaries reached and the consistency of support. The shortage of trained social workers was another obstacle, limiting the delivery of specialized geriatric and psychosocial care.

Poor infrastructure like roads Kayunga being in a rural area, hindered the access to remote elderly populations leaving some unattended. Stigma and ageism were also evidenced with negative community perceptions framing elderly persons as burdens. This fostered neglect and reduced respect.

Limited awareness of ROTOM's services meant that some elderly did not access help simply because they were not informed about its availability and yet they have problems to be attended to.

5.3 RECOMMENDATIONS

5.3.1 To Social Work Agencies (ROTOM and Partners)

- Expand counselling and psychosocial services to reduce loneliness and depression among the elderly.
- Strengthen healthcare support systems by partnering with local clinics and hospitals for affordable and regular check-ups.
- Introduce income-generating activities or community savings schemes for the elderly to reduce financial dependence.
- Increase awareness campaigns about available services to ensure more elderly persons benefit.
- Recruit and train more social workers with geriatric care skills to improve service quality.

5.3.2 To Government and Policy Makers

- Provide financial support and subsidies to NGOs like ROTOM and others working in elderly care.
- Improve rural infrastructure (roads, health centers) to facilitate easier access to services.
- Formulate policies addressing ageism and stigma, including community sensitization on respect for the elderly.
- Integrate elderly welfare into national social protection programs to reduce overreliance on NGOs.

5.3.3 To the Community

- Promote family and community-based care to reduce isolation of elderly persons.
- Encourage volunteerism and intergenerational programs where youth engage in elderly support.
- Mobilize local resources (food, housing repair, and companionship) to supplement external interventions.

5.4 Area of future research.

The study suggests the following areas for future research basing on the responses from different respondents.

The role of family structures in complementing social work agencies in promoting elderly well-being. Many elderly persons depend on their families basing on some of the responses from the respondents, therefore this could be another area to study about.

The exploration of stigma and ageism in rural communities. The study revealed that stigma and negative perceptions about old age still exist. Further qualitative research could explore cultural beliefs, attitudes, and practices surrounding aging, and how these influence the treatment and welfare of elderly persons.

The impact of income-generating projects on elderly independence. Since financial insecurity was a recurring issue, future studies could assess how small-scale income-generating activities (e.g., farming, crafts, savings groups) affect the financial independence, dignity, and quality of life of elderly persons.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

Dear respondent;

I am Kebirungi Tracy carrying out research on the topic “the role of social work agencies in promoting Elderly welfare in Kayunga village.” as a partial fulfilment for the award of bachelors degree of social work and social administration at Uganda Christian University .The questionnaire is designed to help me collect relevant information and therefore I kindly request you to participate in responding to the questions that will be asked .However the information given will be treated confidential and will only be used for academic purpose.

SECTION 1: DEMOGRAPHIC DATA

(Tick in the box provided)

1. Gender distribution of the respondent

a) Male b) Female

2. Marital status of the respondent

a) Single b) Married Divorced Widowed

3. Age bracket of the respondent (years)

a) 20-30 b) 31-40 c) 41-50 C) 50 and above

4. Academic qualification of respondent

a) Secondary b) Certificate c) Diploma d) Bachelors e) Masters

5. Years of working by the respondents.

a) Less than 1 year

b) 1-2 years

c) 3 years and above

Section A: To identify the social work services provided to elderly persons by ROTOM in Kayunga village.

This section aims at identifying the social work services provided to elderly persons by ROTOM in Kayunga village. Please indicate your opinion on the following statements using the Linkert scale. Key: 1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.

No		1	2	3	4	5
1	Home care services assist elderly persons with daily activities like bathing, dressing, and meal preparation in their own homes.					
2	Counselling services support mental health by helping the elderly cope with loneliness, grief, and age-related issues.					
3	Health care referrals connect elderly persons to medical professionals for proper diagnosis, treatment, and follow-up care.					
4	Financial assistance helps older persons access pension schemes, welfare benefits, and manage basic needs.					
5	Social support groups encourage peer interaction, emotional expression, and reduce feelings of isolation.					
6	Advocacy services protect the rights of elderly persons by addressing abuse, neglect, and discrimination.					

7	Transportation services ensure elderly individuals attend hospital appointments, social functions, and run errands.					
8	Recreational programs promote active aging through activities like games, music, and crafts to maintain mental well-being.					

Section B: To assess the Social needs of the elderly persons

This section aims at assessing the Social needs of the elderly persons. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Companionship is important as it reduces loneliness and provides emotional security.					
2	Health care access ensures proper treatment of chronic illnesses and routine check-ups.					
3	Financial stability allows elderly persons to meet their daily needs without dependence.					
4	Safe housing provides comfort, reduces injury risks, and promotes independence.					
5	Nutritional support ensures they maintain a balanced diet and prevent malnutrition.					

6	Respect and dignity are essential to uphold their sense of value and self-worth in society.					
7	Security from abuse and neglect ensures their protection in homes and institutions					
8	Opportunities for participation in community life give elderly persons a sense of belonging and purpose.					

Section C: To explore the challenges faced in delivering social services to the elderly persons by ROTOM in Kayunga village

. This section aims at exploring the challenges faced in delivering social services to the elderly persons by ROTOM in Kayunga village. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
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1	Inadequate funding limits the reach and quality of essential services for the elderly.					
2	Shortage of trained social workers affects the provision of specialized elderly care.					
3	Poor infrastructure, especially in rural areas, makes it hard to access services.					
4	Stigma and ageism cause neglect and lack of respect for elderly needs.					
5	Limited awareness of available services prevents elderly persons from seeking help.					
6	Bureaucratic delays hinder timely delivery of financial or health-related support.					
7	Language and communication barriers affect effective interaction with some elderly groups.					
8	Lack of family support leads to isolation and greater dependence on social services.					

APPENDIX II: INTERVIEW GUIDE

First research objective: To identify the social work services provided to elderly persons by ROTOM in Kayunga village

1. Can you describe the different types of social work services currently available for elderly persons in this community?
2. In your experience, which social work services do the elderly find most helpful, and why?
3. How do social workers support the elderly in accessing healthcare services?
4. What role do social workers play in promoting the emotional and psychological wellbeing of the elderly?
5. Can you explain how social workers assist elderly persons in maintaining social relationships with family and the community?

Second research objective: To assess the Social needs of the elderly persons

1. What are the most pressing social needs of elderly persons in this community?
2. How important is emotional support and companionship for the wellbeing of the elderly?
3. In your opinion, how do elderly persons view their need for healthcare and medical support?
4. What role do financial security and social protection play in meeting the needs of elderly persons?
5. How do housing and living arrangements affect the wellbeing of the elderly?

Third research objective: To explore the challenges faced in delivering social services to the elderly persons by ROTOM in Kayunga village

1. What challenges do social workers face when trying to reach elderly persons in remote or rural areas?
2. How does limited funding or resources affect the delivery of services to the elderly?
3. Can you describe any challenges related to staffing, skills, or training of social workers in elderly care?

4. What cultural or societal attitudes make it difficult to provide services to elderly persons?
5. How do family dynamics or lack of family support affect the delivery of services to the elderly?