

## Strategies for Developing the Social Assistance System for the Elderly in Iași

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### **Abstract**

The article is the result of a complex research activity. The starting point was to make a diagnosis of the Iasi community on the needs of social assistance. The interest of local authorities is to ensure optimal conditions for the provision of quality social services, leading to an improvement in the quality of life of people at social risk. This article makes a complex assessment of the social problems faced by the local community in Iasi, using the analysis of documents, questionnaires and focus groups. The special contribution is given by the development a strategy for the local social assistance system, with emphasis on the category of elderly beneficiaries.

**Keywords:** Disadvantaged groups, the elderly, social assistance strategy, social diagnosis, integrated social services

### **Résumé**

L'article est le résultat d'une activité de recherche complexe. Le point de départ était de poser un diagnostic de la communauté Iasi sur les besoins de l'aide sociale. L'intérêt des autorités locales est d'assurer des conditions optimales pour la prestation de services sociaux de qualité, conduisant à une amélioration de la qualité de vie des personnes à risque social. Cet article fait une évaluation complexe des problèmes sociaux rencontrés par la communauté locale à Iasi, en utilisant l'analyse de documents, de questionnaires et de groupes de discussion. La contribution spéciale est donnée par le développement d'une stratégie pour le système local d'aide sociale, en mettant l'accent sur la catégorie des bénéficiaires âgés.

**Mots-clés:** Groupes défavorisés, personnes âgées, stratégie d'aide sociale, diagnostic social, services sociaux intégrés

### **Rezumat**

Articolul este rezultatul unei activități de cercetare complexă. Punctul de plecare a fost realizarea unei diagnoze a comunității ieșene cu privire la nevoile de asistență socială. Interesul autorităților locale este de a asigura condiții optime pentru furnizarea unor servicii sociale de calitate, care să conducă la îmbunătățirea calității vieții persoanelor aflate la risc social. Articolul de față face o evaluare complexă a

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problemelor sociale cu care se confruntă comunitatea locală din Iași, utilizând analiza de documente, chestionare și focus grup. Contribuția specială este data de strategia de dezvoltare a sistemului de asistență socială locală, cu accent pe categoria de beneficiari - persoane vârstnice.

**Cuvinte-cheie:** Grupuri defavorizate, persoane vârstnice, strategie de asistență socială, diagnoza socială, servicii sociale integrate

## 1. Introduction

Social assistance in Romania designates a set of institutions, programs, measures, professional activities, specialised services for the protection of persons, groups and communities with particular problems, in temporary difficulty, which, due to economic, socio-cultural, biological or psychological reasons, do not have the opportunity to achieve through their own means and efforts a decent way of life (Manoiu, Epureanu 1994). The objective of social assistance is to support those in difficulty to achieve the conditions necessary for a decent life, helping them to develop their own capacities and skills for greater social functioning (Șoitu, 2020).

Development strategies make it possible to actively coordinate the development processes that take place in the territory, to take into account local characteristics, to change from the outside environment based on a proactive approach, carried out in an innovative way (West Regional Development Agency 2016; Șoitu 2018). The aim of the strategies is to implement the legal provisions in the field of social assistance, related to the needs and social problems identified at national, local or community level, to be implemented in a unified and coherent manner (Government of Romania - Operational Program Administrative Capacity 2015; Ministry of Labour and Social Justice 2015).

In this paper, we have considered three aspects:

1. Identifying the categories of socially disadvantaged people, their needs and the services provided in the Iași community by the Iași Social Assistance Directorate;

2. Obtaining concrete knowledge of the situation of the *elderly* and compiling a picture as accurate as possible of the primary needs, rights and social services they benefit from;

3. Outlining a long-term strategy based on intervention through integrated services, following the identification of needs.

In order to achieve a more complex social diagnosis, the research was based on information found in the database of the Iași Social Assistance Directorate (DAS Iași), a specialised public institution whose primary object of activity is the implementation of protection and social assistance measures for the protection of persons who, due to economic, physical, mental or social reasons, cannot ensure their social needs, to develop their own capacities and skills for social integration.

## 2. Methodology

As data collection methods, we have opted for the documentary technique, the questionnaire, as well as the focus group.

The documentary technique is, according to some authors, one of the primary sources of sociological data and information. In the common language, the term document has the meaning of the official act, according to those supported by S. Chelcea (2004) in his works on data collection techniques. In the sociological sense, it is used with the meaning of the text or any other object that provides specific information, data on the populations or domains concerned, data about the social context in which it was built; the documents are marked both by the specificity (historical particularities) of the epoch in which they were elaborated and by the personality (subjectivity) of their authors, states Vasile Miftode (2003, p. 142).

The questionnaire is a great way to get in-depth information about specific subjects. This is an essential tool through which the researcher can receive real feedback (Ilut 1996). The questionnaires aim to explore people's behaviour and focus on what they think.

Norman K. Denzin and Yvonna S. Lincoln (1994) states that: „qualitative research is the concentration of several methods, involving an interpretive, naturalistic approach to the subject studied. This means studying things in their natural environment, trying to understand or interpret phenomena in terms of the meanings that people invest.

The Focus group method is used for different purposes (Carey 1994, pp. 225-241):

- ✓ for collecting data on experiences, beliefs, attitudes, etc., related to a specific issue - collection carried out in a social context;
- ✓ for harvesting beliefs and attitudes, perceptions and opinions that support an observable behaviour, for example, buying a product to be marketed;
- ✓ for collecting data on observable behaviours; in some situations, it may provide more information about behaviours than the individual interview;
- ✓ for needs assessment, especially for new products or new populations;
- ✓ at the beginning of research: for methodological purposes, for the development and refinement of the tools to be used in the study: identification of the fields, obtaining the natural vocabulary in order to build a questionnaire, etc.
- ✓ at the end of research: to enrich or clarify some interpretations regarding the results, especially when they are contradictory.

Thus, in this paper we have chosen to organise four *focus group* meetings, to enrich the interpretation of data on the correlation between the needs of the target group and existing services in the community and to develop a *long-term strategy to improve social services for the elderly*.

### **3. Research stages**

On the first stage we have carried out the study of the existing situation of social services in Iași city. Through the research, we have made a complex assessment of the social problems facing the community in Iași. The evaluation of the social needs of the persons belonging to the vulnerable groups led to the need to evaluate the way of administration and granting of social benefits and social services in the community by the Social Assistance Directorate, during the period 2014-2018.

The study of the information in the database of the Iași Social Assistance Directorate led to the outlining of the categories of vulnerable people in Iași city: the elderly, no-income / low-income families, single-parent families, victims of domestic violence, young people leaving the state support system, the homeless. From the disadvantaged categories that we have identified in the first part of the research, we have chosen to deepen the issue of the elderly. We considered essential and necessary to address this issue because the dynamics of change in the elderly is particularly pronounced.

On the second stage we have collected and analysed new data from the elderly, using qualitative and quantitative methodology.

On the third stage we have framed a new local strategy for the disadvantaged groups, emphasising the elderly in need.

### **4. Data collection process**

During 2018-2019, in order to collect necessary data, we have organised:

- A. Four focus groups and with institutionalised and non-institutionalised elderly from Iasi municipality, Romania;
- B. A survey in a Day care centre (Vovidenia) from the same municipality.

#### **A. Data collection through focus group**

Through the focus group, we set out to:

- ✓ assess the perceptions of the elderly regarding their old age;
- ✓ assess the degree of respect for the right to a decent standard of living, access to social life and prolongation of active life;
- ✓ assess the degree of compliance of the right to health maintenance, health services and medicines, as well as to social assistance;
- ✓ assess personal security (economic, psychological, physical).

For a complex vision, two of the groups were composed of elderly people from the residential centres and the other two groups were composed of non-institutionalised elderly people. This allowed the comparison of the points of view of two different groups of elderly.

Participated in focus group meetings were:

- 24 elderly people from an institutionalised environment (two groups having twelve people / group each);

- 24 elderly people from the community (two groups having twelve people /group each);

The criteria for forming the groups were the following:

- Criterion 1 - an equal number of women/men;
- Criterion 2 - participants over the age of 65;
- Criterion 3 - 24 of the participants to be beneficiaries of social services in the residential system;

- Criterion 4 - 24 of the participants not receiving residential services.

*The strategy for recruiting participants was based on two methods:*

- Method 1 - identifying possible participants by using the existing databases within the two residential centres for the elderly in Iași city (Retirement Home St. Parascheva and Home for the Elderly St. Constantin și Elena) and using the database of the Vovidenia Day Centre for the Elderly from the structure of the Iași Social Assistance Directorate;

- Method 2 - nomination/snowball technique - obtaining names from neutral, non-involved persons, respectively, the persons who passed the selection phase through Method 1 have nominated other persons they know and who meet the selection conditions.

*Conducting the four focus group meetings:*

a) preparation of the locations: 2 of the meetings took place at the headquarters of the Day Centre for the Elderly „Vovidenia”, and 2 sessions took place at the headquarters of the Retirement Home „St. Parascheva”;

b) the meetings were scheduled and took place two weeks apart:

- ✓ December 12, December 19, 2018, for non-institutionalised elderly;

- ✓ January 16, January 23, 2019, for institutionalised elderly.

c) all participants were presented with the reason for the meeting, the rules of the discussion;

d) the group discussion was guided by asking the questions in the guide:

- ✓ In your opinion, how do you think those around you behave with you?

- ✓ What do you think about the services provided to the elderly?

- ✓ What are the health problems you face?

- ✓ How and by whom could the problems you face be solved?

- ✓ How do you spend your free time?

e) in each of four focus group meetings, the participants were assured of the confidentiality of personal data.

## **B. Data collection through questionnaire**

The questionnaire was applied to a sample of 30 subjects, beneficiaries of the Day Centre for the Elderly „Vovidenia”, from the structure of the Iași Social Assistance Directorate.

The purpose the questionnaire was to check the extent to which the main problems of the elderly, identified through focus groups are confirmed, to obtain in-depth information about the elderly, to obtain real feedback from them. The questionnaire aimed to explore people's behaviour and what they think.

Thus, the data collected through the questionnaire were interpreted following a set of indicators, so that in the last part we can outline a local strategy for the development of social services for the elderly: health status, degree of independence, living conditions, the perception of the elderly regarding the state of health, the perception of the elderly regarding the services provided in the community, the level of income and their sufficiency/insufficiency.

The subjects' answers represent either their expectations or the certainties they already have from the information they received after accessing the services provided within the „Vovidenia” Day Centre, from the structure of the Social Assistance Directorate, or their perception on various topics of interest for the elderly.

### **5. Results. Analysis and interpretation**

Making a comparison between non-institutionalised persons and institutionalised persons in terms of the indicators, we concluded the following:

1. Both institutionalised and non-institutionalised older people believe that much more could be done for them than it is done at present.

2. Institutionalised older people are less afraid of illness than non-institutionalised elderly.

3. Institutionalised people participate more often in socialisation and leisure activities than non-institutionalised elderly people.

4. Non-institutionalised elderly people receive visits and make visits to relatives or friends at a higher percentage than the institutionalised ones. Usually, the people in the institution have few relatives to keep in touch with.

5. Those who are at home go to church more often, but for those who are in the institution, the priest comes to officiate the service in the centre.

6. Regarding the attendance of a club, the percentage is higher for non-institutionalised elderly people.

7. The factors that lead to the loss of autonomy, so implicitly to a accentuated degree of dependence, are mainly of a medical and social nature. Medical factors are represented by diseases that lead to a degree of disability, and among the social factors are the lack of housing and insufficient or absent income.

8. Regarding the degree of satisfaction with the help they receive from the specialised services, it is found that those at home are more dissatisfied than those in the home. This can also be explained by the fact that many institutionalised people benefit from a complex package of services.

The results show similarities with previous researches (Girleanu-Soitu, 2006) but also new options of the elderly.

Results from the questionnaires are sustaining the new perspectives and options.

Following the used questions, we will underline these new perspectives.

1. What does „having a long and healthy life” mean to you?

**Table 1:** The significance of a healthy life

Long and healthy living through	Number of Respondents	From the total number of participants	Percentage value
Healthy eating, no excesses	28	30	93.33
Positive thinking, optimism	10	30	33.33
Faith in God	20	30	66.66
Good deeds	3	30	10
Participation in family life	3	30	10
Participation in community life	1	30	3.33
Carrying out sports activities	25	30	83.33

The centralisation of the data shows that the most significant weight in terms of the factors that lead to a long and healthy life are healthy eating, sports activities and faith in God.

2. How do you assess your health?

**Table 2:** Assessment of one's health

Self-assessment of health status	Number of Respondents	From the total number of participants	Percentage value
Very good	10	30	33.33
Good	12	30	40
Not bad/nod good	5	30	16.66
Bad	3	30	10
Very Bad	0	30	0

The respondents mainly evaluate that their state of health is Good, bringing as main arguments a healthy diet, without excesses and exercise, as it appears from the answers to item 3.

3. If you appreciated your health to be very good or good, what did you do for such health?

**Table 3:** Factors influencing health status

What have you done for a healthy life	Number of Respondents	From the total number of participants	Percentage value
Healthy eating, no excesses	25	30	83.33
Positive thinking, optimism	8	30	26.66
Sports/Exercise	22	30	73.33

What have you done for a healthy life	Number of Respondents	From the total number of participants	Percentage value
Medical check-ups	15	30	50
Pharmaceutical treatment	15	30	50
Natural treatments	9	30	30

The elderly consider that they can control their health status by balanced eating behaviours, sports and medical approaches.

4. *If you found your health to be less good, tick in the appropriate box which of the following conditions do you have?*

**Table 4:** Health conditions

Answer options	Number of Respondents	From the total number of participants	Percentage value
Bone and joint disorders (rheumatism)	28	30	93,33
Sight problems	25	30	83.33
Digestive system problems (stomach, liver, pancreas)	6	30	20
Respiratory problems	10	30	33.33
Cardiovascular system (heart, veins, blood)	20	30	66.66

We observe from the centralised data that the most common ailments of the elderly are:

- bone and joint disorders;
- sight problems;
- diseases of the cardiovascular system.

5. *How do you get the drugs you need?*

**Table 5:** Medication insurance

Answer options	Number of Respondents	From the total number of participants	Percentage value
Compensated	23	30	76.66
Partially compensated	10	30	33.33
Provided with family support/ donations	3	30	10
Cannot be provided	0	30	0
Other	0	30	0



Most respondents can get their medicines, mainly because they are compensated. At *items 6 and 7*, regarding leisure, most beneficiaries opted for leisure in the family, with children and grandchildren and on holiday the church is the first option for most of those who completed the questionnaire.

8. *How do you appreciate your relationship with your family?*

**Table 6:** Family relationship

Answer options	Number of Respondents	From the total number of participants	Percentage value
Very good	25	30	83.33
Good	3	30	10
Not bad/nod good	2	30	6.66
Bad	-	30	-
Other	-	30	-

The respondents' answers show that family is an essential factor in ensuring the quality of life. We see from the data collected through the questionnaire that the family is in the top of leisure preferences, and most of those interviewed said they have a very good relationship with the family.

9. *Degree of independence*

**Table 7:** Degree of independence

Items tracked	Option	Number of Respondents	Percentage value
Bodily hygiene	I don't need help	30	100
	I need help sometimes	0	-
	I need help always	0	-
Dressing up/ undressing	I don't need help	30	100
	I need help sometimes	0	-
	I need help always	0	-
Nutrition	I manage to eat by myself	30	100
	Help for cutting meat, fruits, bread, etc	0	-
	I only manage to eat with help	0	-
Housekeeping activities	Perform household chores on my own	30	100
	Partially perform light activities	0	-
	Perform household chores only with help	0	-

All respondents are independent, who do not require assistance with personal hygiene, dressing up / undressing, nutrition, housekeeping.

10. *What do you consider to be the best way to care for someone close to you who has or may need help?*

**Table 8:** Preferences in terms of care methods

Answer options	Number of Respondents	Percentage value
Home care provided by you /family	20	66.66
Home care provided by the public authority	10	33.33
Services provided in respite centres	0	-
Services provided in specialised residential centres	0	-
Other	0	-

Institutionalisation is not a viable option for people who need help, according to the elderly surveyed. The highest trust is given to the family in terms of home care.

11. *What do you appreciate about a day centre like the one where you are a beneficiary?*

The beneficiaries mainly appreciated the diversity of the activities provided within the centre. These activities must cover as wide a range of skills as possible. Older people are a source of information and should be encouraged to share some of their life experiences with the community. Most of those who answered our questions appreciated the socialising activities, the cultural, artistic activities (choir, theatre, dance) and the creative ones.

12. *What other activities do you think would be helpful for people like you?*

The activities considered by the elderly as useful for a healthy life are those that involve a lot of movement, socialisation and spending free time in the family.

It is outlined again that the family has an essential role in terms of a good quality of life for the elderly.

13. *How do you assess the income in relation to the needs?*

**Table 9:** Income level assessment

Answer options	Number of Respondents	Percentage value
Not enough for what is strictly necessary	10	33.33
Enough for what is strictly necessary	9	30
Enough for a decent life standard	8	26.66

Answer options	Number of Respondents	Percentage value
I manage to buy some more expensive things with effort	3	10
I manage to have everything I need without much effort	0	0

A substantial percentage of those who answered our questionnaire have financial problems, in the sense that the money is not enough for the strictly necessary, they are followed by those who get the money only for the strictly necessary. Correlating with their options regarding the assessment of the state of health, Item 2, results that, in the opinion of the respondents, the level of income does not decisively influence the state of health.

*14. What exactly do you spend the most money on?*

Most of the money is spent on maintenance and utilities followed by food, detergents and personal care products. Therefore, respondents have few options regarding the possibility of investing money in recreational activities. They spend their free time with their family or carrying out activities that involve spending small amounts.

*15. How do you assess your living conditions?*

Most of those who answered our questionnaire consider the living conditions to be good.

To the questions „*What do you do to live better?*” and „*But to live better for those around you?*”, the majority of the responses were about outdoor activities and sharing their own experience so that young people can prepare for healthy old age.

**6. Strategy on the development of social services provided to the elderly 2019-2024**

*6.1. Arguments for the strategy*

The strategy was developed based on data collected through research, in accordance with applicable law. Thus, we substantiated the strategy by analysing the social services at the level of Iași Municipality, the categories of beneficiaries and the problems they face.

This strategy has found its justification in need for harmonisation of practices in the field of providing social assistance services for the elderly with European and national legislation, with the provisions of national strategies on social inclusion, poverty reduction, promotion and respect for the rights of vulnerable groups, with regional, county and municipal strategies on social services development local.

Population ageing, prolonged working age, dependency, social participation, long-term care are issues often addressed by specialists. Although in Romania,

integrated social services are regulated and recognised as a utility and necessity, our country does not have an integrated system of long-term care (Șoitu & Rebeleanu 2016, p. 169; Șoitu 2018).

From a functional perspective, the provision of social assistance services is conceived as a system of specific actions, which must ensure the achievement of its major objective: assisting people who, due to economic, physical, mental or social reasons, do not have the opportunity to and ensure social needs, to develop their own capacities and skills for social integration. The vulnerable group designates individuals or families who are at risk of losing their ability to meet their daily living needs due to illness, disability, poverty, drug or alcohol dependence or other situations that lead to economic and social vulnerability (L292/2011, art. 6, letter p).

### *6.2. The purpose of the strategy*

The purpose of the strategy is to ensure the conditions for the provision of quality social services, which will implicitly lead to the improvement of the quality of life of the elderly in Iași municipality, in accordance with the strategies at national and county level.

The objectives of the strategy for the development of social services for the elderly

*Objective 1:* Development and diversification of services for the elderly in Iași municipality, depending on the needs identified.

*Objective 2:* Continuous improvement of the quality of social services.

*Objective 3:* Promoting active social participation for the elderly.

The elderly population is an insufficiently used resource of the Romanian economy, an aspect that makes it difficult to reach an employment rate of 70%. In Romania, the employment rate among the population aged 25 to 54 is only 2 per cent lower than the EU average. In comparison, the employment rate for the population aged 55 to 64 is 9 per cent lower (Ministry of Labour and Social Justice, 2015, p. 11; Șoitu, Șoitu 2020).

*Objective 4:* Promoting the social assistance activities of the elderly in the community.

*Objective 5:* Promoting the participation and collaboration between all the factors involved in the social field in order to achieve a long-term care program for the elderly in Iași (in need, according to the data analysed from the Ministry of Labour and Social Justice, 2018);

*Objective 6:* Education of the adult population for the elderly.

### *6.3. Implementation plan - priority actions for the elderly*

*O 1. Development and diversification of services for the elderly in Iași, based on the identified needs*

✓ Identifying the needs of the elderly in Iași through a quantitative analysis of statistical data from the municipality, in conjunction with the qualitative analysis of information collected from beneficiaries;

- ✓ Development of home care services: health care services, empowerment and rehabilitation services, preventive services, basic daily services, support services for independent living, social services;

- ✓ Diversification of available types of care (nursing care, Tele assistance, integrated services, assistance services for independent or assisted living, free transport);

- ✓ Increasing the quality of life of the elderly (financial aid, free facilities, aid in-kind) by developing local capacities to identify and manage the social problems of the elderly.

*O 2. Continuous improvement of the quality of social services*

- ✓ Continuous assessment of staff and their training needs;

- ✓ Applying the training and professional development plan according to the needs of the staff, the legislative changes and taking into account the existing needs in the community;

- ✓ Ensuring quality social services adapted to the needs of the elderly, through the continuous training of the staff;

- ✓ Supporting the beneficiaries in appointing representatives to promote their interests;

- ✓ Capitalising on the feedback received from beneficiaries, partners, community.

*O 3. Promoting active social participation for the elderly*

- ✓ Promoting the concept of active ageing in the Iași community by carrying out information campaigns with the involvement of the elderly;

- ✓ Individual and / or group counselling of the elderly population facing the highest risk of loneliness, social exclusion and depression;

- ✓ Promoting the participation of the elderly in socio-cultural and sports activities; organising fairs with the presentation of products made by the elderly in art therapy activities, fishing competitions, chess, excursions;

- ✓ Strengthening social services at the community level, including in the social infrastructure system by setting up day medical and social centres;

- ✓ Development of social reintegration programs and maintenance of an active life and significant participation of the elderly in society.

*O 4. Promoting the social assistance activities of the elderly, in the community*

- ✓ Carrying out information campaigns in the community about the activity of DAS and social services provided to the elderly;

- ✓ Development and distribution of informative materials on social assistance measures;

- ✓ Involvement of decision-makers in the social issues of the elderly;

- ✓ Involvement of the local community in supporting and developing social assistance activities.

*O 5. Promoting the participation and collaboration between all the factors involved in the social field in order to achieve a long-term care program (LCP) for the elderly*

- ✓ Concluding partnership agreements, stimulating collective initiatives and social partnership, promoting an inclusive society, with a high degree of social cohesion;

- ✓ Identifying potential partners in the community and submitting proposals for collaboration;

- ✓ Contracting social services with public or private providers;

- ✓ Continuous implementation of quality standards.

#### *O 6. Education of the adult population for the elderly*

- ✓ Carrying out information campaigns, in partnership with the Public Health Directorate, local media and other public and private institutions regarding the acquisition of a healthy lifestyle;

- ✓ Initiation and subsequent development of educational programs, in partnership with public or private institutions.

#### *6.4. Targeted results through strategy development*

Starting from the established objectives as well as from the principle of active ageing, the main results to be obtained by implementing the strategy are:

- longer and healthier life;
- increasing the social participation of the elderly;
- decreasing the dependence of the elderly;
- improving long-term care services.

#### *6.5. Monitoring and evaluation of the strategy*

The strategy will be monitored through annual reports prepared at the level of the Iași Social Assistance Department.

The annual report will be structured as follows:

1. The stage in which the various activities/actions/measures scheduled for the reporting year are;

2. Problems / obstacles encountered;

3. Reviewing / adjusting activities / actions / measures, where appropriate;

4. Estimated time for completion of the revised activities/actions/measures/adjusted;

The strategy will be evaluated annually through:

1. The annual monitoring reports, which will be published by posting at the headquarters of the Social Assistance Directorate, on its website and brought to the attention of all those interested;

2. Interim monitoring reports, drawn up whenever legislative or other changes occur, which require their elaboration. Also, the Interim Reports will be published by posting at the institution's headquarters, on its website and brought to the attention of all those interested;

3. Organising working meetings, at least twice a year, in which will participate the staff of the institution with responsibilities in implementing the strategic plan, membership, representatives of beneficiaries and the community, people with training and expertise in the field of social services. During these

meetings, aspects will be discussed regarding the measures to be implemented, the possible problems encountered, the legislative changes, etc. These meetings will be finalised by drawing up, by the nominated person, a report in which all the communicated information, as well all the speeches and the report will be signed by all participants;

4. The final report will be drawn up at the end of the implementation process of the Strategy for the development of social services for the elderly in Iași, respectively, in 2024.

The implementation of the Strategy will be done with the participation of all departments of the Social Assistance Directorate, staff, partners, beneficiaries and other stakeholders in the community.

Depending on the results of the evaluation and monitoring and in accordance with legislative changes, or with changes in the social, economic, cultural context, the Strategy may be revised or supplemented whenever necessary.

### **Conclusions**

1. Prolonged autonomy, so crucial for the elderly, can be ensured with the help of several social actors by providing integrated services. The social benefits provided by specific laws alone are not enough to have long-term results in terms of active population ageing. From the data collected by the Focus Group method, it resulted that both institutionalised and non-institutionalised elderly believe that much more could be done for them than is done at present.

2. The active involvement of the elderly in various activities reduces the feeling of loneliness and uselessness that may occur in this category of beneficiaries.

3. The poorer the financial situation of the elderly, the higher the chances of the elderly isolating themselves.

4. Elderly people involved in their families' lives and in socialising activities in the community feel useful, have a good mood, are motivated to face the complexity of the problems they face. Although biological ageing is felt by experiencing various physical ailments, as stated by the elderly respondents to the questionnaire applied in this paper, involvement in community life, an increased degree of socialisation leads to a delay in psychological and social ageing.

5. Adjustment to the phenomenon of ageing is directly proportional to the preparation from adulthood for the adoption of a healthy lifestyle. It emerged from the questionnaire applied in this paper that most elderly people who found that they were in Very good/ Good health opted in life for a healthy diet, without excesses and with exercise. Thus we can add that in the current context actions are needed both in terms of intervention and prevention because vulnerability is a phenomenon that must not be treated after its occurrence, but must be prevented, through a healthy lifestyle that begins in youth and which can ensure as long an autonomy as possible.

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