

Social Exclusion and its Relationship to the Quality of Life among the Elderly people

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Abstract:

The study aimed to determine the relationship between social exclusion and quality of life for the elderly. It attempted to establish a list of indicators for the social workers as a general practitioner in the field of social work for professional intervention to improve the quality of life of the elderly. The study used a date from a sample size (N= 115) of elderly people age range from 60 and older. Among them were 42 males and 73 were females. All selected participants were residing in Elderly Care Institutions in Helwan area.

The results of the study found that the higher the degree of social exclusion of the elderly, the higher the effect is on their quality of life. In addition, the marital status and the educational level affect the elderly quality of life. Social exclusion varies according to the marital status and the educational level, but does not vary according to age. The quality of life varies according to age, marital status, educational level and employment, but does not vary according to gender. The study managed to establish indicators for the social workers on professional intervention for improving the quality of life among the elderly.

Keywords: Social exclusion, quality of life, elderly

Introduction:

The elderly is a true and valuable human resource in every country. Providing them with proper care, maintaining their health and strengthening their social, cultural, economic and educational role, and building on their acquired experiences contributes to the development process in all fields. They represent an important sector in society, especially if provided with the adequate care (Abu Donia, 2002, p.112).

Elderly starts at the age of 60 or 65 and continues to the end of one's life. Ageing might start early, and thus the number of the elderly increases thanks to the huge progress in modern living standards and the high level of health services. This stage in an individual's life should receive the same attention as other stages. Recently, high attention was given to the elderly and social gerontology, which deals with the problems of the elderly and providing them with support and treatment, was established by Qenawy, & El Fayoumy, 1988 (p. 283). In Egypt, this was statistically confirmed by Central Agency for Public Mobilization and Statistics CAPMAS, which indicated the percentage of the elderly in Egypt to be 7 percent of the total population in 2017, of which 3.4 percent were

males and 3.5% were females. It is expected that this percentage will increase to 12 percent by the year 2031 (CAPMAS, 2017).

Ageing is considered the final stage of the human life cycle. It is the last stage of one's life. A person changes biologically and psychologically because of the ageing process. In youth, a person is mature, and faces life problems with vigor and will. In old age, he becomes weak, living in his past rather than in his present. The elderly have the same needs as other groups. They have psychological and emotional needs such as the sense of security in the family and the need for stability. They have social needs such participating in recreational programs and leisure activities, and the formation of social relations with surrounding people. This was asserted by Abdel Basset's study (Abdel Basset, 1993). Khairy's study indicated that the care services provided by the government are not commensurate with the needs of the elderly. Officials do not provide give adequate attention to programs and services within relevant institutions (Khairi, 2000).

Thus, the elderly face many problems because of not satisfying these needs. The main problem lies in the obstacles that face the elderly and prevent them from responding rapidly to the nature of this stage and its emerging social situations (Al-Bahey, 1995, p. 322). The problems of the elderly are not derived from a single cause or factor. It is the product of many causes that are often difficult to identify due to copious factors (Abu Maati, et al, 2005, p. 192). The elderly suffer from coerciveness because of poverty, family and society neglect. Also expose to stresses that make them withdraw and prefer loneliness so they become maladjusted.

The elderly suffer from many social and psychological pressures associated with their age group. According to Mostafa (2014) stated that such stresses include problems in social relations with spouse, children, and colleagues (Hassan, 2014). As well as his study according to Emam (2018), which has reached there are many from problems facing the elderly due to poor social relations between the elderly and their families such as social problems including loss of social status social Disengagement, El Shawa's study affirmed that depression has a higher prevalence among the elderly residing in nursing homes than those living with their families (El Shawa, 1995).

The elderly have the same right to life as other groups. Furthermore, in El Tahany's study discussed helping the elderly how to deal with their problems and face life pressures, through enhancing

their social skills in order to increase their satisfaction with life (El Tahany, 2004). The quality of life for the elderly is the ability to adopt a lifestyle that satisfies their needs and desires, having a sense of personal self-efficacy, happiness, and self-satisfaction, improving the level of social services provided, as well as their ability to accommodate their social and psychological needs (Abu Halawa, 2010).

The elderly suffer from social exclusion as a continued state of rights denial rather than a temporary occurrence, and a multi-dimensional or multi-element crisis. It encompasses the deprivation of the elderly from taking part in work and production and from participation in public affairs. This was confirmed by Mustafa's (2014) study. In addition, the study of Tong, Lai, Zeng, Xu, (2011) emphasized the risks of social exclusion of the elderly, and considered social exclusion as one of the social determinants of health. There are risks of social exclusion in later life in recent years. However, despite the fact that China has the largest aging population in the world and reports a rapid growth in the proportion of older people living alone.

In addition, El Deeb's study (2015) concluded that social exclusion is a risk to the values of social justice and equal opportunities between community members. It also represents a risk to the values of social solidarity and contributes to increased prevalence of violence in society. In addition, social exclusion deprives the elderly from their right to life and affects their quality of life. This was asserted by the study by Hrast, Mrak, Rakar, (2013). Aging of population means for society facing new challenges and one of the main challenges is how to ensure quality of life of elderly and prevent their exclusion from the society. This position of elderly is intrinsically linked to the welfare system and policies that are applied to prevent and tackle social exclusion of vulnerable individuals and groups. The focus is on Central and Eastern European (CEE) countries, which are in research often piled in the same group.

This was also asserted by the study of Hrast, Hlebec, and Kavčič. (2012), which indicated that the elderly are in many ways more vulnerable than other groups in society. To research the vulnerabilities of the elderly, social exclusion using a mixed-method model drawing on secondary quantitative data combined with in-depth interviews. The quantitative data were used to identify which areas of social exclusion particularly affect older people in Slovenia. The areas observed in the study were material deprivation, social exclusion,

poor health and access to health care, housing exclusion and interpersonal exclusion, and the first three areas were identified as the most problematic and widespread. The strategies the elderly use to cope with social exclusion were analyzed using qualitative data and the grounded theory approach. In all areas, various coping strategies were observed that indicate that the elderly are actively trying to improve their situation.

Thus, the elderly are in need for the assistance of many humanitarian professions in various areas of life including social work. Since its inception as a profession, social work sought to help vulnerable groups and to provide them with services in order for them to lead a dignified life in society. Such vulnerable groups include the elderly. The services provided to the elderly have evolved with the evolution of social work, and with the change in perception of the elderly from being considered as a class represents resources and potentials that need to be invested in for the benefit of the society (Habib & Hanna, 2011, p. 502).

Research Problem:

- 1- The research problem is determined: What a relationship between social exclusion and quality of life for the elderly?
- 2- What are the indicators for the social workers as general social work practitioners on the professional interventions for improving the quality of life of the elderly?

Study Goals

- 1- Determining the relationship between social exclusion and quality of life among the elderly.
- 2- Establishing a list of indicators for the social workers as general social work practitioners on the professional interventions for improving the quality of life of the elderly.

Study Hypotheses:

The current research attempts to test the following hypotheses:

First Hypothesis:

There is a statistically significant negative correlation between social exclusion and the quality of life among the elderly.

Second Hypothesis:

There is a statistically significant positive correlation between some demographic variables (Gender, Age, Marital status, Educational level, and Job) and the degree of social exclusion among the elderly (study sample).

Third Hypothesis:

There is a statistically significant negative correlation between some demographic variables (Gender, Age, Marital status, Educational level, and Job) and the quality of life among the elderly (study sample).

Study Concepts:

Social Exclusion:

Social exclusion is the act of making certain groups of people within a society feel isolated and unimportant (Collins dictionary, p.45).

The definition of social exclusion ranges from little more than a re-naming of poverty to more broad-based concepts based on a lack of, or inability to participate in society. For example, exclusion from goods and services, labor market, land resources and social security (Auli, 2014, p. 22).

Social exclusion is also defined as the capability deprivation. It is thus, for one part, the lack of basic functioning material such as being correctly fed, housed, educated, or having a decent job, or immaterial such as having social relations, voting rights, etc. For the other part, it is the lack of effective freedom to choose and act in the circumstances where the person is staying (Salais, 2003, p. 9).

Social exclusion of older people is exclusion from social relations, cultural activities, civic participation, basic services, neighborhood, financial products, and material consumption (Backwith, 2015, p. 99).

Exclusion in this study is defined as elderly's lack of participation and interaction in social life.

This concept can be measure through the dimensions of social exclusion scale: social interaction, social participation.

Quality of life

It is the extent to which life is comfortable or satisfying (Collins dictionary).

It is defined as the qualitative and quantitative indicators of the social, health and economic conditions and their significance. It encompasses interaction between these conditions, the degree of the

individual's acceptance of them, the degree by which these conditions meet the individuals' expectations and life goals (El Serougy, 2003, p.16).

It is also defined as the comprehensive macro-structure that consists of variables aimed at satisfying the basic needs of individuals living within the scope of this life. This needs satisfaction can be measured through objective indicators, which track inputs, and subjective indicators that measures the degree of satisfaction achieved (El Mallah, 2005, p. 318).

The quality of life in this study is defined as the elderly life style, which is related to their ability to live within the framework of social and environmental relations, and the physical, psychological, and spiritual health.

This concept can be measure through quality of life scale dimensions: physical health, social relation, environment, psychological health, Spiritual Health.

Theories guiding the study:

Withdrawal or Disengagement Theory:

This theory attempts to explain the process of social withdrawal carried out by the elderly. The theory considers the process of withdrawal a process of biological and psychological inevitability on the basis that aging is characterized by mutual withdrawal on the parts of both the elderly and the society. The elderly discontinue their activities and obligations out of their own volition, because of the occurring internal psychological changes. In turn, we find the society forcing the elderly to retire based on rules and regulations (Sayed, 2006, p. 53).

Some of the changes occurring during the aging process according to the concept of this theory. As it includes decline in the actual performance of the elderly in various aspects of life; the continued decline in performance with age, (i.e.,) the rate of performance is inversely proportional to old age; quantitative and qualitative changes in the methods and pattern of interaction between the elderly and other individuals especially those surrounding them; changes in the elderly's personality where they change from caring of other to self-absorption. The self becomes the core of the elderly's attention (Abu Maati, et al, 2005, p. 359).

Based on criticism received to the theory, Cumming revised and modified her theory in 1963. She noted that satisfaction with life

may be associated with the positive integration in activities among some elderly and with withdrawal in others (EL Shazly, 2001, p. 111).

The main ideas of this theory are summarized as follows:

The process of social and psychological withdrawal of the elderly is a general process. This process is inevitable and it is an internal process. This process is not only inherent to the successful adaptation at every stage, but a necessary condition for its occurrence. It includes a reciprocal and gradual withdrawal (Youssef & Kerim, 2006, P. 54).

The ecological systems theory:

The ecological systems theory sought to understand the nature of social phenomena. It focuses on examining a set of general and fundamental facts and concepts such as human growth processes and its problems, and the nature of the dynamic relationship between biological, mental, emotional and social aspects. Individuals are seen from the ecological perspective as having problems and needs resulting from their transition from one stage of life to another. Individuals go through many transitional changes throughout their developmental stages, such as learning to walk and retirement. Some of the concepts on which the theory of ecological system relies on include the concept of "conformity between the individuals and the environment". It is the real harmony between the needs of individuals and groups, their rights, their goals, their abilities, and the qualities and characteristics of their social and cultural environments within a particular cultural and historical context. Another concept is the "adaptation". It is the adaptation to changes created by the environment. "Life pressures" arise from difficult life situations that individuals recognize as larger than their resources. It is also represented in pain or feelings of poverty. "Connection" refers to positive relationships or the sense of belonging. "Self-realization" assumes that a human being is motivated to affect the surrounding environment to preserve his life. "Self-esteem" represents the scope in which the individual feels self-realization, respect, and value. It affects a person's thought and behavior (Habib, 2014, pp. 72-74).

Methodology:

Sample:

The study was randomly applied to 115 elderly men and women aged 60 years or older, all of whom were residents in nursing homes or elderly care institutions. They have all provided an informed consent for participating in the research as respondents.

Society size= 150 items. The approval to cooperate: 125 items.
 Random sample = 115 items.

The study was implemented in elderly care institutions in Helwan, specifically the El Sayeda Nafisa Association, Bahman Hospital, Happy Land Association for the Elderly, Resala Association, and the Anba Paula and Anba Shenouda Association for the Elderly.

Method:

This study is a descriptive study that relied on the social survey method applying a comprehensive mapping of elderly care institutions in Helwan.

Tool: The study applied the social exclusion scale, designed by the researchers, and the quality of life scale, designed by Bushra Ismail Ahmed.

A- Social exclusion of the elderly (designed by the researchers):

Validity:

Validity and reliability of the study tools:

The researchers verified the validity of the tool through the following procedures: content validity and internal consistency concerning the **content validity**, the researchers relied on the judgement of three experts, social work professors in the Faculty of Social Work, Helwan University.

Concerning **internal consistency validity**, the tool was applied to a sample of 50 individuals outside the research sample, sharing the same characteristics of the sample; males and females in the age range (60 – 80) with a mean age of 70, and a standard deviation of 7.66. The table below presents the results of the testing.

Table (1) Correlation Coefficient between the Scores of Each of the Dimensions Included in the Scale and the Overall Score of the Scale

Dimensions	Value of the Person Correlation Coefficient
First dimension: social interaction	0.91
Second dimension: Social participation	0.76

$$0.7 \leq \alpha < 0.8$$

The table above shows that all correlation coefficients are statistically significant (0.01) indicating the validity of the scale and its fitness for use in the design.

Reliability:

Reliability was measured using several methods including: Cronbach Alpha (α) method, where the alpha coefficient reached 0.79, which is considered a high coefficient, and the Split-half method using the Spearman-Brown Coefficient (0.81). This indicates the fitness of the scale for application.

B - Quality of Life of the Elderly Scale (Designed by Bushra Ismail Ahmed, 2013):

The designed verified the efficiency of the tool and calculated the validity and reliability coefficients. For the current study, the validity and reliability of the scale was measured as follows:

The tool was applied to a sample of 50 individuals outside the research sample, sharing the same characteristics of the sample; males and females in the age range 60 – 89, with a mean age of 70.32, and a standard deviation of 7.66.

Validity: The researchers of the current study measure the internal consistency validity of the scale with the following results:

Table (2) Correlation coefficients between the score of each dimension included in the scale and the total score of the scale

Dimensions	Value of the Person Correlation Coefficient
First dimension: physical health	0.66
Second dimension: social relations	0.56
Third dimension: environment	0.73
Fourth dimension: psychological health	0.65
Fifth dimension: spiritual health	0.56

The table above indicates that all correlation coefficients are statistically significant (0.01) indicating the validity of the scale and its fitness for use as per the purpose of its design.

Reliability:

The researchers re-measured the scale reliability as follows: The reliability of the tools was measured using the Alpha Cronbach coefficient at 0.70, which indicates the fitness of the tool for application.

Results of the Field Study:

Table (3): Description of the Elderly in the Study Sample
(N=115)

Sr.	Gender	X	%
1	Male	42	36.5
2	Female	73	63.5
Sr.	Quantitative Variables	Arithmetic Mean	Standard Deviation
1	Age	69.74	7.61
2	Number of children	2.67	1.38
Sr.	Marital Status	X	%
1	Single	5	4.3
2	Married	14	12.2
3	Divorcee	7	6.1
4	Widower	89	77.4
Sr.	Educational Level	X	%
1	Reads and writes	7	6.1
2	Basic education	2	1.7
3	Intermediate education	21	18.3
4	Above-intermediate education	33	28.7
5	Higher education	52	45.2
Sr.	Job (previous job)	X	%
1	None	8	7.0
2	Public sector	9	7.8
3	Private sector	42	36.5
4	Government sector	43	37.4
5	Other business	13	11.3

The table above shows that the highest percentage of the elderly in the study sample was female (63.5%), while the male percentage was 36.5 percent. This reflects the nature of the study community, where it the number of females is greater than the number of males. In addition, the life expectancy of females is higher than that of males. The arithmetic mean age was 69.74 years, with a standard deviation of 7.61 years, which is might be due to the nature of the age stage and its characteristics. The mean number of children in the elderly families was 2.67 with a standard deviation of 1.38. Regarding the marital status, the highest percentage was that of widowers (77.4%), followed by the married (12.2%), the divorcees

(6.1%) and finally single individuals (4.3%). Concerning the educational level, the highest percentage was that of higher education (45.2%) and the lowest percentage was that of basic education (1.7%). As for work status, the highest percentage was those holding job in the government sector (37.4%) and the lowest percentage was the jobless (7.0%). The results indicate to most of the sample are widows that was the cause of going to elderly agencies, this result conforms to results of both (Khairi, 2000) and (Hassan, 2014). In addition, most of the sample worked in private and government sectors, so they could pay alimonies of elderly agencies from their pensions.

Testing the study hypotheses:

First hypothesis: There is a statistically significant negative correlation between social exclusion and the quality of life of the elderly.

Table (4): Pearson's r correlation coefficient Correlation between social exclusion and the quality of life of the elderly

(N=115)

Quality of Life. Social Exclusion	Physical Health	Social Relations	Environment	Psychological Health	Spiritual Health	Total Quality of Life Dimensions
Social Interaction	-.36**	-.12	-.49**	-.47**	-.01	-.39**
Social Participation	-.46**	-.31**	-.46**	-.92**	-.18**	-.52**
Total Social Exclusion Dimensions	-.45**	-.23*	-.56**	-.75**	-.01	-.52**

** Significance at P value (0.00)

* Significance at P value (0.05)

The table above shows a statistically significant negative correlation at a significance level 0.01 between social exclusion and the quality of life among the elderly. **Thus, we can accept the first hypothesis of the study** “There is a statistically significant negative correlation between social exclusion and the degree of the quality of quality among the elderly (study sample). This may be because the lower the

participation and interaction of the elderly, the higher it affects quality of their lives. Social exclusion affects the quality of life. Bayram, Bilgel, and Bilgel study confirmed this in 2012. According to withdrawal theory: the elderly social exclusion from interactions and participation lead to weak feelings of belonging and self-esteem and psychosocial stresses as ecological concept, in turn effect the quality of life

The study found that the material deprivation dimension of social exclusion has a direct and negative impact on the environment and social relationships domains of quality of life. The material deprivation dimension explains 36% of the variation in the environment and 16% of the variation in social relationship domains of quality of life. This finding indicates that the material deprivation and social participation play an important role in the perception of environmental and psychological life quality. Physical health, social relationships, and environmental domains of life quality are important in the social participation dimension of perceived social exclusion.

This conforms to Mustafa's study (Hassan, 2014), which stressed that social relation is one of the problems of social exclusion among the elderly. In addition, the ecological systems theory emphasized that the correlation of positive relationships, sense of belonging and self-realization motivates the individual to influence the surrounding environment in order to preserve his life.

Second hypothesis: There is a statistically significant positive correlation between some demographic variables (gender, age, marital status, educational level, and job) and the degree of social exclusion among the elderly (study sample).

Table (5): Correlation between demographic variables and degree of social exclusion among the elderly
(N=115)

Demographic Variables	Degree of Social Exclusion		
	Coefficient Applied	Value and Significance	
Gender	X ²	40.67	df. 38
Age	Spearman Rho	0.07	
Marital Status	X ²	0.036**	df. 152
Educational level	X ²	0.027**	df. 152
Job	X ²	0.03**	df. 152

** Significance at P value (0.00)

* Significance at P value (0.05)

The table above indicates the existence of a statistically significant correlation between some demographic variables (marital status, educational level, and job) and the degree of social exclusion among the elderly. There is no correlation between age and gender and the degree of social exclusion among the elderly. This means that social exclusion varies according to the marital status and the educational level, while it does not vary according to gender and age. **Thus, we can partially accept the second hypothesis of the study** “there is statistically significant correlation between some demographic variables (gender, age, marital status, educational level, and job) and the degree of social exclusion among the elderly (study sample).

Third hypothesis: There is a statistically significant negative correlation between some demographic variables (gender, age, marital status, educational level, and job) and the quality of life among the elderly (study sample).

Table (6): The correlation between some demographic variables and the quality of life among the elderly
 (N=115)

Demographic Variables	Degree of Quality of Life		
	Coefficient Applied	Value and Significance	
Gender	X ²	34.02	d.f. = 36
Age	Spearman	0.179*	
Marital Status	X ²	0.043**	d.f. 144
Educational level	X ²	0.027**	d.f. 144
Job	X ²	0.0228**	d.f. 144

** Significance at P value (0.01)

* Significance at P value (0.05)

The table above indicates the existence of statistically significant correlation between some demographic variables (age – marital status - educational level - job) and the quality of life of the elderly. The level of quality of life of the elderly does not vary according to gender. **Thus, we can partially accept the third hypothesis of the study** “there is a statistically significant correlation between some demographic variables (gender, age, marital status, educational level, and job) and the quality of life of the elderly (study sample)“.

Discussion

The current study sought to test hypotheses to determine whether there is a correlation between social exclusion and the quality of life among the elderly, and to establish a list of indicators for social workers to intervene professionally for improving the quality of life of the elderly. The study found that there is negative correlation between social exclusion and quality of life among the elderly. The lower the elderly's social participation and interaction, the higher the effect is on their quality of life. This finding agrees with Yehia's (2009) study, which asserted that the existence of good relations, respect, acceptance, participation, and regular contact with the elderly's family leads to improved quality of life (Abdel Rahman, 2009). Maghawry's study also emphasized the importance of professional intervention in the community service method for reducing the elderly's dissatisfaction with life. This is confirmed by the elderly withdrawal theory, which indicates that satisfaction with life may be linked to the integration and positive participation of the elderly in activities. This is also confirmed by the ecological systems theory, which emphasizes the importance of positive relationships and the sense of belonging. It indicates that a living being is driven to influence the surrounding environment in order to preserve his life and to achieve self-fulfillment and respect and value. It affects the individual's thinking and behavior.

In light of the results of the current and previous studies, the professional intervention indicators for the social worker towards improving the quality of life among the elderly and mitigating the risks of social exclusion are determined as follows:

The concept of professional intervention refers to the organized scientific activities conducted by the social worker in his/her work with clients. It is the processes implemented by the social worker using scientific theories, tools and means to address the clients' problems (Abdel Meguid, 2015, p. 44).

Based on this concept, the indicators of professional intervention were identified as follows:

Implications for practice

1- Assessment: The social worker in elderly care institutions gathers data and information on the nature of the problem, and prioritizes these problems. The problems are determined by the current study to be the social exclusion of the elderly and their quality of life. The study found that social exclusion among the elderly is at

an arithmetic mean of 2.1997. These results indicate that social exclusion among the elderly in the study sample negatively affects their quality of life, which came at an arithmetic mean of 1.93. Thus, there is a need of professional intervention, which is done the implementation of the first step of professional intervention.

2- Planning: The social worker in elderly care institutions develops suitable therapy plans with clients in order to address their problems. The plan consists of the following six areas of work (exclusion as a priority, awareness of the risks of exclusion, reducing exclusion at all levels, working towards improving the quality of life among the elderly, supporting social care providers for the elderly, research and innovation in the field of aging to provide the best care possible).

3- Intervention: The social worker in elderly care institutions applies the plan designed in the previous stage. This is taking into account the flexibility of the plan, its adaptability to the nature of the clients' problems, and the individual differences between cases. In this step, the social worker uses the methods and strategies of professional intervention. The elderly people need to expand the relationship with their family members and their friends in age clubs, not to withdraw from society according to withdrawal theory, also share in family decisions and talk with him sometimes every day to feel self-esteem, and cohesiveness.

4- Evaluation: The social worker in elderly care institutions determines the extent of achievement for the objectives of professional intervention. In other words, the social worker determines the effectiveness of the professional intervention plan in achieving its objectives.

5- Termination: The social worker in elderly care institutions terminates the professional intervention based on what was agreed upon during the second stage, while complying with the rules of termination. These include preparing the client for the termination stage and avoiding the feelings of separation within the professional relationship.

6- Follow-up: The social worker in elderly care institutions determines the stability of the client's state after the termination of professional intervention, and the sustainability of the therapeutic achievements reached through professional intervention.

(B) Tools of professional intervention:

- 1- Social exclusion of the elderly measurement tool.
- 2- Elderly quality of life measurement tool.
- 3- Professional intervention program.
- 4- Professional interviews with the elderly.

(C) The roles of the social worker:

The roles of the social workers vary according to the type of clients they work with, and according to the levels of their practice (general practitioner, social counsel, clinical social worker). The professional role is a set of activities and functions defined by the profession (Abdel Meguid, 2015, pp. 224-225). The following are the most important roles:

- 1- The social worker as a therapist/counselor.
- 2- The social worker as a case coordinator.
- 3- The social worker as a mediator.
- 4- The social worker as a defender.

Research obstacles:

- 1- Resistance of some elderly agencies to apply them.
- 2- Elderly agency data are not available.
- 3- A place of elderly agencies is not available by internet.

Recommendations

- 1- The need for integrating the elderly in life and providing social programs to improve their quality of life.
- 2- Utilizing the elderly potentials and skills volunteering to improve their quality of life.
- 3- Raising awareness of community members through media on the dangers of social exclusion of the elderly and the importance of their interaction and participation in life.
- 4- Training social workers in the field of elderly care to improve their performance towards improving the quality of life of the elderly.

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