Abstract—The problem of elderly people being in the state care is a very acute one because the great number of elderly who have not relatives to take care of them. The authors presents their results obtained in the social reintegration of 20 elderly people who left the residential environment to live by themselves in apartments in the town. The elderly appreciated, on a Likert Scale, the most difficult aspects of the life outside the residential place one month before the integration and one month after the social integration. Collaborating with a Foundation, the authors succeeded to obtain a good social integration of the 20 elderly people.

Keywords: residential elderly; social integration; difficulties

Theoretical framework
Current world population is aging and this phenomenon requires the development of ways of helping and supporting them. More and more old people get to be in state care in residential centers, because of the lack of relatives to care them or of a family too involved in their professional activity and growth of children to have time to attend to them.

Some researchers argue that in the last years of the life is created a cycle of events leading ultimately to a negative self-image of the elderly and to a non-adaptive behavior of old people. This cycle of events called social crisis syndrome describes stereotypes related to elderly. The elder who is labeled, tends gradually to identify with it, which is performed by the process described below:
1. Labeling elderly with some physical or mental negative trait;
2. Assuming the individual role suggested by this feature;
3. The acquisition of behaviors and the negative attitudes appropriate to the new role;
4. The gradual loss of behaviors and attitudes inconsistent with this role;
5. Identifying with this feature and its corresponding status (Buzducea, 2010).

Aging involves the loss of marital and professional role, and this are not replaced by others roles of equal importance. For this reason, the elder faces a lack of specific rules to guide his behavior and a lack of groups to identify. With no one to identify, they are turning out trying to find some landmarks and turning them into dependence on external sources (Badea, Mitrofan, 2004).

In case of old people who use (or are hospitalized) in "homes for the elderly", the existence of those who enter in the home records a series of ruptures. Isolation, for example, is not required by the rules of the institution, but appear because of their advanced age, and because they are moving increasingly harder and become dependent on personnel services. Usually entry in nursing homes is when the elder has already suffered the painful experience of losing partner, adding to it a fresh loss, that of the home where he lived before. There is thus a loss of all goods and relations with people that were part of their lives.

Basically, the old person is depersonalized by the disappearance of people and things that helped him to define his identity. Sometimes, the absence of the family is compensated by the close to a person from the home care - a staff member or a roommate - but mostly, their presence is interpreted as an intrusion into his personal privacy (Neamtu, 2011)

Adapting to the conditions here means giving up much of its old behaviors and purchase new ones, which are frequently not characteristic for the elderly personality, but are necessary for him to adapt (Reiner, Joyce, Rose, Twyman, Clulow, 2012). Those who do not have the power to do so remain non-integrated, isolated and alone, gradually becoming apathetic and indifferent to what is happening around.

Before proposing a change is needed to assess risk and establish key milestones in implementing change, especially since we speak about elderly, with strong personalities and with experience of life.

To achieve change and improve living conditions, projects and services should be:
- Effective - to improve the quality of life;
- Efficient - at reasonable cost;
- Accepted - by those to whom they are addressed;
- Accessible – for all the people from the area
- Consistent - consistent with scientific and economic progress (Buzducea, 2005).

The quality in the field of social services for the elderly focuses on human relationships. The total size of the functioning of a social service is given by:
- tangibility - the service is available immediately in space and time;
- mutual trust between suppliers and elderly;
- security - elderly person feels safe in the relationship;
- responsibility - if the initial responsibility lies on the counselor, as the relationship progresses, we insist on customer involvement and empowerment;
- empathy - a quality service can be provided only in terms of understanding and involvement of the personnel in the old people problems, because together they try to find a practical alternatives to overcome the existing problems (Neamtu, coord., 2016).

Improving the social services means reducing the gap between what the elderly expect and what is offered to him. Quality components are in this case: efficiency, acceptance, availability, job satisfaction and customer satisfaction.

Quality refers to the satisfaction of requirements expected to achieve the proposed objectives. In the case of elderly quality objectives relates to the action and the specific activity carried out with the elderly (Buzducea, 2005).

**Studied groups**

A group of 20 elderly located in the residential Center for elderly care in Arad, Romania. Of these 13 were men and seven were women. As age we had the following distribution: between 66-70 years - 12 subjects; between 71-75 years old- six subjects; two subjects between 76-80 years old.

**Methodology**

It was built an inventory of the problems that elderly people consider to be the most difficult in the life outside the residential environment. It was applied to subjects who appreciated the difficulty intensity on a Likert Scale with values between 1 and 5 (where 1 means very little difficult and 5 very difficult).

Were used various methods to streamline internal and external situations to the residential environment to determine subjects to agree to give up the residential place.

**Results and discussions**

The results were collected and processed with SPSS 17.0. At the first assessment, while they were still living in the residential environment, the subjects appreciation for the 5 items were summarized in Table 1 and Figure 1.
Table 1. Results of the assessment at the first evaluation

<table>
<thead>
<tr>
<th>Items</th>
<th>Likert Scale</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>shopping</td>
<td>1 1 4 11 3 74</td>
<td></td>
</tr>
<tr>
<td>cleaning</td>
<td>0 4 8 6 2 66</td>
<td></td>
</tr>
<tr>
<td>cooking</td>
<td>0 4 9 6 1 64</td>
<td></td>
</tr>
<tr>
<td>personal hygiene</td>
<td>2 5 10 2 1 55</td>
<td></td>
</tr>
<tr>
<td>new relations</td>
<td>0 0 3 8 9 86</td>
<td></td>
</tr>
</tbody>
</table>

It can be easily seen that the biggest challenge is related to establishing new relationships. Next in difficulty the items referring to carrying shopping and cleaning the house. It was believed that these two aspects are considered difficult by the elderly because they have displacement difficulties and they are tired quickly (due to somatic diseases inherent to age). In the last place is situated the personal hygiene which is considered to be hard by only a number of 3 subjects.

For two months one worked individually with each subject, using various methods of rationalization to induce them to quit the residential and accept to live normally in society. It was got in touch with relatives, where there were people related. There was also contacted a foundation of Arad which
provides services to the elderly at home. It was used the fact that the students from the field of study Social Work made practice in this foundation in order to follow the services they have provided to the elderly at home.

One managed the outsourcing of a total of 20 people who came to live in protected apartments, meaning that these apartments received constant support at home from the students in practical training. The students and the social workers helped them to solve the problems that they find most difficult. Meanwhile we contact the day care center for older people in the neighborhood because we wanted that all subjects to be included in their program.

Day Center for the elderly is an alternative to institutionalization. The main objective is to support the elderly that due to economic, physical, mental or social reasons, are unable to ensure their social needs, to develop their own capabilities and skills for social integration.

By the activities organized they attempt the elderly resocialization, who due to age, retirement, illness and many problems encountered along their life, tend to break the relations with the community, peers and lost their social functioning.

In other words, day centers are an alternative for the loneliness of old people. This form of social assistance aims to prevent dependency and aims to improve living conditions for the elderly, enabling them to spend their leisure time in a pleasant way, and on the other hand, providing oversight for elderly.

After another period of two months when the elderly lived in society the subjects were asked again to judge the five items and appreciate how difficult they believe the items really were. The results of the second assessment are set out in Table 2 and Figure 2.

<table>
<thead>
<tr>
<th>Items</th>
<th>Likert Scale</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>shopping</td>
<td>4 7 2 7 1</td>
<td>57</td>
</tr>
<tr>
<td>cleaning</td>
<td>5 5 7 3 0</td>
<td>48</td>
</tr>
<tr>
<td>cooking</td>
<td>3 6 7 4 0</td>
<td>52</td>
</tr>
<tr>
<td>personal hygiene</td>
<td>4 10 6 0 0</td>
<td>42</td>
</tr>
<tr>
<td>new relations</td>
<td>5 5 3 5 2</td>
<td>64</td>
</tr>
</tbody>
</table>

Table 2. Results of the assessment at the secondary evaluation

112
In the real life the difficulties proved to be much lower than was originally appreciated. It remains on the first place the difficulty of establishing new social relationships. But here intervened day care centers which have provided the opportunity to establish new relationships with others of the same age and with the same concerns. We think it's place in the hierarchy of difficulties is due mostly to the fact that in the residential environment where they stayed for many years, they have established close relationships with other elderly and so it was difficult to stop them and set new ones.

The two items, cleaning and shopping, have changed hierarchy and actually seemed easier to cook than to shop. This can be explained by the fact that for cooking is no need to travel to shop, to walk in search of products and stand in a row at the cash payment, activities that may be tiring for the elderly. In addition we must not forget that at the third age many people have vision problems and is more difficult to deal with the prices and the money. Cooking with the social worker at home proved to be more attractive to many old people and an activity that gave them immediate gratification.

The least difficult things have been cleaning and maintaining personal hygiene. Perhaps, given the small size of apartment (one bedroom) they appreciated that cleaning does not require a big effort from them and the help of social workers made them work more easier. Additionally apartments have been equipped with all necessary equipment for relief the cleaning or cooking work. We think that the maintaining of personal hygiene has the least amount of difficulty because it is something they are already accustomed: in the residential environment they must also keep and maintain personal hygiene, so it does not differ greatly from the work they done in that environment.

To better highlight the variances between the first and second
evaluation we built Figure 3 which makes a comparative presentation of the evaluations.

![Figure 3. The comparative evaluation](image)

The differences between the two assessments were statistically processed with X-square test and were found significant at a significance threshold less than $p < 0.01$.

**Conclusions**

The elderly can be successful outsourcing if we work together with day care centers and foundations that support and help the elderly. Our research shows that the difficulties of social reintegration are charged higher than they are in reality. This is explained by the social devaluation of elderly and their low self-esteem, which makes them negatively appreciate their capacities to face life in society. We believe that it would be necessary in the programs for the elderly to be included also some specific aspects that lead to a real perception of the size of social difficulties and which thus may increase the elderly desire to reintegrate in social life and to give up the state of total dependence they have on the residential centers.

**Acknowledgement:** We hereby state that the subjects involved in our research were informed about the voluntary character of participation in this research, about the understanding of information and of that fact that withdrawal from research is possible at any time without negative consequences upon the participant. The research complied with all ethical research standards, the research participants/participants` guardians giving their consent to participate in the research.
REDUCING THE RISK OF EATING DISORDERS WITH