OLDER PEOPLE'S PARTICIPATION IN SOCIAL CENTRES: STRATEGIES FOR AN ACHIEVABLE REALITY

Dr. Antonio Pérez Romero¹, Dr. Josep M Sanahuja Gavaldà², Dra. Mar Moron Velasco³

¹,² Department of Applied Pedagogy, Autonomous University of Barcelona, Spain
³ Department of Didactics of Musical, Artistic and Bodily Expression, Autonomous University of Barcelona, Spain
Email: ¹antonio.perez.romero@uab.cat, ²josep.sanahuja@uab.cat, ³mar.moron@uab.cat

Abstract: Active aging means optimizing health opportunities, participation, and security, to improve the quality of life and well-being as people get older. This means focusing attention on older people from the participation, health, safety, and continuing education, as well as health and productivity. Currently, the objective of many administrations is to promote these people will continue to play an active role in society from two premises: participation and empowerment; and thus, breaking down the prejudices that accompany this stage of people and gain a positive view of aging from the participation and inclusion. This text describes action strategies for social centres that favour the processes of active participation of these people: from the general organization of the centre to the programming of activities and services.

Keywords: Participation; older people; social centres; active ageing; inclusive society

I. Introduction

The elderly has become a vitally important target for political, educational, social, cultural and health administrations. Their demographic increase and their life expectancy make them an essential group for policies to carry out actions to improve their quality of life and physical, psychological, economic, and social wellbeing. Unlike previous generations, old age poses a challenge in that their profile has changed: better economic status, their important role in family relationships, higher educational level, greater social presence and improvements in their health conditions (Bond, Peace, Dittman-Kholi and Westerhof, 2007). This challenge implies diversifying the concept of active ageing that emerged at the end of the 20th century. The World Health Organisation (WHO) in 2002 already considered active ageing as the optimisation of opportunities for health, participation and security, with the aim of improving quality of life and well-being as people age. The concept implies leaving behind the focus of ageing on aspects related to health and the productive fabric, and is based on three main pillars: participation, health and security; to which should be added that of lifelong learning (Faber, 2015; Rodríguez, Rojo, Fernández and Prieto, 2018). Along the same lines, for the European Commission (EC, 2002), active ageing involves lifelong learning, working longer, retiring later and more gradually, being active after retirement and engaging in activities to promote skills and maintain health.

Undoubtedly, the concept of active ageing is multifaceted, complex, broad and multidimensional (Marsillas et al., 2017), where the individual aspect (each person has their own ageing process, depending on their life cycle) and the social aspect (each society perceives the fact of ageing differently) are intermingled. In addition, social, cultural, environmental, health, economic and environmental factors have a direct impact on the process of active ageing (Del Barrio, Marsillas...
and Sancho, 2018). In this sense, there are two actors responsible for promoting active ageing: on the one hand, public institutions, through policies, and on the other, individuals, through individual strategies and healthy lifestyles (Lassen & Moreira, 2014). Thus, it is essential to change the mental representations of ageing established by the social policies of recent decades, changing perspectives, stereotypes, and prejudices about ageing (Foster & Walker, 2015).

From this perspective, and from the European Year of Active Ageing and Intergenerational Solidarity, held in 2012, the need for older people to play a role in society as active citizens is promoted under two premises: their participation and their empowerment (Del Barrio, Marsillas & Sancho, 2018). In short, gradually incorporating a positive view of ageing, breaking with stereotypes and prejudices (Lassen & Moreira, 2014).

Active ageing integrates activity and participation, along with health, independence and ageing well (Van Malderen et al., 2013). Research on ageing and social participation confirms the positive consequences of activity on quality of life (Lardiés-Bosque et al., 2015). Its progressive reconceptualisation is based on three theories: that of activity (Knapp, 1977), where the more active people are, the more satisfied they feel; that of continuity (Atchley, 1989), where habits and lifestyles tend to be maintained throughout life; and that of socio-emotional selectivity (Carstensen, 1992), where people actively modify their social networks to preserve their emotional well-being.

The idea behind the concept of active ageing is to recognise human rights. It is about replacing a needs-based approach, where older people are treated as passive objects, with a rights-based approach, where older people feel that they are part of an inclusive society. In short, the aim is to organise heterogeneous forms of dialogue, exchange, discussion, negotiation and contrast that lead to shared decision-making among all participants, developing a model of deliberative democracy through an inclusive, sincere, respectful and action-oriented dialogue. In this way, older people acquire an active role, getting involved in activities and decision-making, and disassociating themselves from the role of mere spectator, passive, consumer or user (Del Barrio et al., 2018). But in order for this to take place, spaces for participation must be created. And it is at this point where socio-political administrations have to acquire a dynamic role. It has been shown that physical environments can favour the initiation and increase of social participation of older people (Annear et al., 2014; Del Barrio et al., 2018), becoming key determinants for people to remain healthy, independent and autonomous during their old age as crucial agents of change (WHO, 2017). This is the idea behind the recent concept of age-friendly community promoted by the WHO: "a place where older people are actively engaged, valued and supported with infrastructures and services that are effectively tailored to their needs" (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, p.4). But this perspective is not without its barriers, as Lehning and Greenfield (2017) point out that a lack of knowledge about how it works, a lack of budget and guidance on how to put it into practice are some of the challenges that need to be overcome, as well as a substantial involvement of local governments in its development and implementation (Zhang, Warner & Firestone, 2019). Ultimately, it is about promoting a civic participation movement led by older people as generators of physical, social and emotional well-being as cities adapt to the ageing process (Kalache, 2016), empowering older people to engage socially as agents of civic participation (Martins & Liberalesso, 2017).

From this perspective, what role do social centres for the elderly play? Understood as a resource of great proximity to citizens, they become strategic spaces for the promotion of active ageing in the population as a whole, acting as an instrument for the prevention of deterioration and
dependence. Their functions include: the promotion of psychosocial health, the promotion of participation, their community focus and the empowerment and self-management of the elderly.

The socio-educational actions aimed at this group that are developed in these centres can facilitate learning spaces for participatory action, for involvement in their environment, so that the elderly can play the true role of protagonists in society (Almenar and Valera, 2009; Martínez, Escarbajal and Salmerón, 2016). We cannot forget that older people are subject to processes of social exclusion that affect both their quality of life and the equity and cohesion of an ageing society as a whole. These processes of social exclusion involve the lack or denial of resources, rights, goods and services as people age, and the inability to participate in the social relations and activities available to most people across the varied and multiple domains of society (Walsh, Scharf & Keating, 2017). In this sense, it is essential to enhance the active participation of older people in research and action processes, thus making them active agents and not mere "objects", and empowering them by influencing the decisions that are made.

For Ritcher, Campos and Duarte (2019), social centres for the elderly should provide a more humanistic and integral training, capable of provoking a sense of full citizenship: a place of protection, but also of coexistence, leading to a more active participation in social relations, in the productive world and in non-formal educational actions. This idea also remains latent even in residential centres for the elderly, which are more welfare-oriented, considering that their objective should be aimed at establishing and maintaining social links with the aim of preserving the autonomy and independence of the elderly (Buedo et al., 2020).

However, although social centres for the elderly emphasise socio-cultural and educational development for active ageing, they are still far from achieving this, as there is a social barrier of an attitudinal nature: their welfare and paternalistic nature (Martínez, Escarbajal and Salmerón, 2016); the social image of the exclusive and isolated centre for this group of people and the equating of old age with intellectual and functional loss (Serdio, Diaz and Cifuentes, 2014). This causes many older people not to attend these centres because they do not feel identified. Breaking with these stereotypes is key to bringing senior centres closer to the principles of active ageing. To this end, it is urgent that local administrations, which are closer to the people, advocate for:

1. A diversification of social, cultural and educational activities. Older people, who are increasingly more educated, are looking for activities on their horizon that are more in line with their needs; therefore, the centres should go beyond activities related to leisure and recreation (Martínez, et al., 2016).

2. An opening of these centres to the whole of society, where intergenerational exchange is encouraged, breaking with the stereotype of a centre exclusively for the elderly, creating a community of "diluted ages" (Del Barrio et al., 2018).

3. An organisational structure of these centres that promotes the empowerment of older people, building participation tools through listening strategies in older people (Rothman, De Vijlder, Schalk & Van Regenmortel, 2019).

In this article, the aim is to analyse the participation process of older people in a senior centre by considering their motivations and interests.

II. Method

This mixed quantitative and qualitative research is oriented towards an in-depth understanding of social phenomena, the transformation of socio-educational practices and scenarios, as well as decision-making (Sandín, 2003). In this case, it is a case study that allows us to approach the

www.turkjphysiotherrehabil.org
social phenomenon for its understanding and analysis, identifying the different interactive processes that shape it in relation to the elderly (Hernández, Fernández and Baptista, 2014). The methodological criteria underpinning this research are as follows:

<table>
<thead>
<tr>
<th>Classification criteria</th>
<th>Type of study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. According to formal process</td>
<td>- Inductive</td>
</tr>
<tr>
<td>2. According to the degree of abstraction</td>
<td>- Applied research (concretisation of axes of improvement)</td>
</tr>
<tr>
<td>3. According to the manipulation of variables</td>
<td>- Ex post facto / Descriptive</td>
</tr>
<tr>
<td>4. According to the chronological dimension</td>
<td>- Descriptive research (present)</td>
</tr>
<tr>
<td>5. According to location</td>
<td>- Field research</td>
</tr>
<tr>
<td>6. According to objective</td>
<td>- Descriptive / Explanatory</td>
</tr>
<tr>
<td>7. According to the nature of the data</td>
<td>- Quantitative / Qualitative</td>
</tr>
</tbody>
</table>

Table 1: Methodological criteria

### III. Participants

The municipality in which the study was carried out, located in the metropolitan area of Barcelona, has a population of 8,389 inhabitants, of whom 54.42% are men and 49.58% are women. The age bracket with the highest population is between 35 and 50 years old, 32.24%. However, the percentage of the population reaches 10% when the population is over 65 years of age and 19% when the population is over 55 years of age (N=848). On the other hand, 75.3% are people born in the region of Catalonia, while 16.98% were born in the rest of Spain, and only 5.84% come from other countries, especially Romania, Senegal, Morocco, China and Colombia. According to the data provided by the City Council, there are currently 665 elderly people registered at the Social Centre analysed, although only 202 are regulars at the centre. Of these, 54.89% are women and the rest are men, with the age group that makes most use of the centre's services being between 65 and 79 years of age (63.33%).

Bearing in mind the objectives of this study, the selection of the participating sample was carried out by means of a quota and intentional sample and followed the following criteria:

- Users of the centre: representing all age groups over 55 years old, weighting of the sample in relation to gender, seniority in the centre, and attendance and participation in the centre.
- Professionals at the centre: management of the centre and involved in the planning and implementation of activities.
- Representatives of the City Council: directly related to the political and administrative management of the centre.

There were 178 elderly people who participated in the study, 65.2% of whom were women and the rest men. The most important age groups to which they belonged were: 61-65 years old (13.5%), 66-70 years old (26.4%), 71-75 years old (26.4%) and 76-80 years old (14%). The employment sector to which they have been linked during their period of employment has been mainly the industrial sector (41.04%), especially textiles and the automotive sector. Also noteworthy are the commerce sector (11.56%), the administration sector (9.25%), domestic service (9.83%) and cleaning (8.09%). Most of the participants have primary education (54.2%) or no education at all (23.2%). Only 18.1% have secondary education and 3.4% have university studies. Of all the participants, 88.7% live accompanied by their partners or children.
In relation to the centre's professionals, four were those who participated in the study. All of them were women and ranged in age from 47 to 59 years. Except for one professional who had been working at the centre for 17 years, the rest had been with the centre for between one and eight years. Two of the professionals were responsible for the dynamization of the centre and the other two for the planning and execution of activities.

Finally, the representatives of the City Council who participated in the study were three, two men aged 55 and 50 and one woman aged 42. Their length of service ranged from 1 to 8 years.

IV. Instruments and Procedure

Through a multivariate methodology, and under the principle of triangulation, the instruments used, and the different information agents were:

- **Questionnaire**: The questionnaire consisted of 40 questions combining closed-response and open-response items. The dimensions in which the questionnaire inquired were the following: socio-personal characteristics, participation, organisation and functioning of the centre, personal needs, assessment of the centre and proposals for improvement. This instrument was administered during the months of April and May 2019 to 178 users, in the mornings and afternoons. As far as possible, the elderly was allowed to fill in the questionnaire, although on many occasions the support of the research team was required. The questionnaire was subjected to content validation by experts in the field, based on the criteria of univocity, relevance and importance.

- **Interviews**: Three semi-structured interviews were carried out: one with 18 questions for the elderly (n=14); another interview with 53 questions for the centre's professionals (n=4); and finally, an interview with 45 questions for the City Council staff (n=3). Like the questionnaire, the interview questions emphasised the following dimensions: participation, organisation and functioning of the centre, personal needs, assessment of the centre and proposals for improvement. The interviews, which ranged in length from 53 to 80 minutes, were conducted

**Figure1: Representation of the triangulation of information brokers and instruments**

1. Questionnaires
2. Users
3. Professionals
4. Interviews / Focus group
5. Representatives of city council
6. Documentary analysis

a. Questionnaire: the questionnaire consisted of 40 questions combining closed-response and open-response items. The dimensions in which the questionnaire inquired were the following: socio-personal characteristics, participation, organisation and functioning of the centre, personal needs, assessment of the centre and proposals for improvement. This instrument was administered during the months of April and May 2019 to 178 users, in the mornings and afternoons. As far as possible, the elderly was allowed to fill in the questionnaire, although on many occasions the support of the research team was required. The questionnaire was subjected to content validation by experts in the field, based on the criteria of univocity, relevance and importance.

b. Interviews: Three semi-structured interviews were carried out: one with 18 questions for the elderly (n=14); another interview with 53 questions for the centre's professionals (n=4); and finally, an interview with 45 questions for the City Council staff (n=3). Like the questionnaire, the interview questions emphasised the following dimensions: participation, organisation and functioning of the centre, personal needs, assessment of the centre and proposals for improvement. The interviews, which ranged in length from 53 to 80 minutes, were conducted
during the months of June and July 2019, on a voluntary basis, subject to the informants’ consent to confidentiality. All interviews were audio-recorded.

c.- Focus group: Two focus groups of 7 and 8 older people were carried out, where 80% were women and the rest were men. All persons participated on a voluntary basis, accompanied by two members of the research team, with prior consent to the confidentiality of the information obtained. Both focus groups, held at the end of July 2019, were audio-recorded and lasted an average of 48 minutes. A script was prepared for the groups, the initial question of which was: What would you like to improve at the centre? The topics to be addressed were: participation, organisation and functioning of the centre, assessment of the centre and proposals for improvement.

d.- Documentary analysis: The analysis of documents from the City Council and the institution itself was carried out in order to identify and understand the culture and socio-political values that derive from institutional approaches. For this study, the following documents were analysed: socio-educational project of the centre, operating regulations, annual report and programming.

V. Data analysis

The information from the questionnaire was carried out using the SPSS software programme (v13) considering the dimensions listed above. The analysis of the information obtained from the interviews, documents and focus groups was carried out through the technique of discourse analysis by constructing a hermeneutic matrix. The following table shows the hermeneutic matrix only in the case of the category “participation”, the object of study of this article. The construction of the categories and subcategories followed a mixed process (deductive and inductive). The categories derived from the theoretical framework were used as a starting point and the subcategories emerging from the field study were incorporated. After the classification of the textual data, a coding process was carried out using the computer software Maxqda (v17).

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
</table>
| Participation | - Motivation and interests  
- Programming of activities in the centre  
- Carrying out activities in the centre  
- Services at the centre  
- Organisation of the centre  
- Improving the school |

Table 2: Hermeneutic matrix of category and subcategories

The symbology used in the coding was: EP (interview with the professional), EU (interview with the older person), EA (interview with the representative of the municipality), GD1U (focus group 1 of older people) and GD2U (focus group 2 of older people).

VI. Ethical considerations

The elderly people, the professionals of the centre and the representatives of the municipality freely participated in the research. An informed consent form was used, which was written in simple language to facilitate understanding and was approved by the ethics committee of the city council. All participants were informed of the confidential and anonymous treatment of the data.
obtained. When completing each instrument, participants were informed of their freedom to participate in the research and were given answers to any questions they might have.

VII. Results

From the subcategories established for the analysis of the information, the results obtained consider that there is a relationship between the motivations and interests of the users in the development of activities (individual/personal dimension) and the organisation of relations within the centre (institutional/social dimension). If we analyse the information obtained in detail, we can highlight the following sections:

A.- In relation to the interests and motivations that older people have for attending and participating in the centre, the importance of establishing social relations and maintaining and/or learning activities is highlighted. In the first case, older people consider that they participate in the centre to maintain social relations with their friends (47.5%), to distract themselves by talking to one another and to accompany their partners. This motivation is associated with the fact of sharing activities, where "what is most used is word of mouth among our friends" (GD1U-3). It should be borne in mind that, according to the centre's annual programming plan, more than twenty activities are programmed, in addition to the organisation of and participation in parties and excursions. These activities are related to the promotion of healthy habits and well-being (20%), lifelong learning (20%) and leisure (60%). However, it should be noted that the older people who attend the centre consider that the lack of attendance and participation by other older people is due to a "lack of renewal of the planned activities... as it has always been done like that" (GD2U-4) and to a social climate "of an older person, of an old person... more welfare-oriented" (EU8).

B.- The programming of activities is one of the functions of the centre's Management Council. Composed of elderly people from the centre and representatives of the Town Council, the Management Council is responsible, according to its statutes, for planning the activities annually and approving the proposed activities. However, its vertical organisation hinders the participation of older people, as it is a management body to which "older people should be given more of a voice" (EP2) and "it should be organised by a board of older people who will manage the centre" (GD1U-7). In this sense, the Management Board programmes a series of activities related to leisure (dominoes, excursions, dance, choir,...), healthy habits (physical maintenance, memory workshop) and lifelong learning (computers, handicrafts, sewing) in which what is already being done is more important than the needs of the elderly themselves: "the activities that are planned have more to do with what is already being done than with our interests and what we would like to do" (GD2U). The results show that only 13.8% of older people consider that they are taken into account when organising activities in the social centre. In this line, older people consider that more socio-cultural activities should be developed, highlighting those related to a wide range of crafts (27%), languages (7%), computers and social networks (7%) and cultural excursions (10.5%), where "(older people) could become those people who share their skills and, that, do it with people of other ages...not only older people" (EU-6).

C.- When it comes to carrying out the activities, older people state that their participation is conditioned by the organisation of these activities, differentiating those that are planned by themselves from those that "you go and sign up, if you like it, and you do what you have to do, what they tell you to do" (EU-5). As shown in the following graph, the most successful activities
are related to physical maintenance (33.1%), line dancing (20.1%), games, dominoes, billiards (15.8%), computers (14.4%) and memory workshop (13.7%):

It should be noted that the older people perceive that their participation is higher in those activities related to the organisation of festivities (carnival, Christmas, senior citizens' day) and excursions: "where we participate most is in organising the festivities, as each one of us contributes what we know and we like to show off and feel useful... because we know many things, even though we are old" (GD1U).

D.- Services of the Centre. The centre also has some services that older people use. According to the data obtained, the service they use most is the bar-dining room (57.7%), followed by the podiatry service (38.7%) and the indoor board games (38.1%). Other services used are: the assembly hall (28.0%), hairdresser (25.0%), the reading room (10.7%), petanque (7.7%), the television room (6.5%) and the vegetable garden (3.0%). It should be noted that 11.3% of the elderly do not use any of the services offered by the centre.
The organisation of the centre is highly centralised, given that management is carried out directly by the town council, which decides on the management model and allocates the resources to guarantee its operation. That said, the centre is initially organised on the basis of a management board, chaired by the mayor of the municipality. And this is where the first disagreement between the municipality and the centre's residents lies, since the latter perceive as a significant intrusion the fact that the elderly cannot choose the president of the management board: "The president of the centre is the mayor. I find this totally incongruous, because the centre would have to receive a subsidy from the municipality and, of course, the municipality has to control, but the centre should be organised by the elderly: excursions, everything, activities, everything... with a subsidy from the municipality" (GD1U).

In the same vein, older people state that there is a lack of participation and volunteers to be part of the Management Council, as they consider that the members of this body have no real influence on the planning of activities and, therefore, cannot make decisions, as "everything comes from above". In this way, older people feel that they are not allowed to make decisions in the Management Board and that they are not allowed to manage the centre, which has led to a lack of participation and motivation in the organisation: "many people do not want to apply because the Management Board cannot make decisions" (GD1U).

Moreover, the older people add that they feel that the centre does not belong to them, but rather that it seems to belong only to the City Council. Thus, they express the need to have a strong Management Council, with the real possibility of asserting the criteria of the majority and of carrying out the initiatives that are put forward: "On other occasions, it was explained that this festival is subsidised by the town council, and you get involved in the organisation, so they stimulate you more" (EU4).

On the other hand, the government team of the city council wants to encourage the participation of older people in the organisation of the centre, but under the premise that "the centre is a public service where it would be very good to be able to develop intergenerational activities" (EA2).
Consequently, both the centre's professionals and the representatives of the local council and the older people emphasise the need for a project for the centre that sets out the aims and objectives, the functions of each of the professionals and the relationship with the representatives of the local council. And that this project should significantly promote and strengthen the participation of older people in decision-making.

F.- In relation to the improvements in the Centre, both the elderly people and the professionals of the centre and the representatives of the town council coincide in pointing out the need to "attract more elderly people to the centre by facilitating their participation and involvement" (EA1). In order to achieve this, four axes have been identified on which improvements should be based. Firstly, to have a clear vision of the policies, cultures and practices related to the attention to diversity, since, although the centre is adapted for people with mobility difficulties and guarantees them access and autonomous movement, "the activities and services need adaptations for people with specific resource needs (due to sensory and/or other diversities) and dependent elderly people" (EP2). Both the representatives of the town council and the professionals of the centre express the need to create a protocol of care for dependent people and/or people with specific support needs in the town, since, at present, "the actions carried out in the centre in relation to the attention to diversity are punctual" (EA1). Secondly, there is a perceived need to know the interests of older people in the municipality in order to bring the centre's programming closer to the interests, needs and ideas of older people and professionals: "The workshops that are not very successful, it would be good to interview people and find out what they think" (EU4). Although interpersonal communication is valued positively, they believe that "we should meet once a month, all the professionals, all of us, and have opinions among ourselves, and with the older people... we should have a system for evaluating the activities we carry out" (EP2). In this sense, flexibility in the organisation of the centre is essential and is considered to be one of the keys to improving its social climate. Both professionals and older people emphasise the fact that the team of professionals and the representatives of the local council should hand over responsibility for part of the organisation of activities to the users themselves, as this would stimulate collaboration between all the agents and create a more participatory dynamic among the whole community. In addition, they add that the organisation should be made more dynamic by strengthening the involvement and sense of belonging of the elderly and, likewise, the need to establish collaboration networks with other similar centres in neighbouring municipalities is highlighted.

VIII. Discussion And Conclusions

The current ageing processes inevitably require considering older people as active subjects of rights, which means facilitating and promoting processes of learning, participation and comprehensive wellbeing, thus contributing to a more inclusive society. This entails a rethinking, from different perspectives or axes, of the current functioning of the social centres that accompany these people. Firstly, there is a need to configure organisations that strengthen and articulate mechanisms for true active ageing, which means taking into consideration basic principles such as empowerment, responsibility (delegation of responsibility), along the lines of what Del Barrio, Marsillas and Sancho, (2018) have stated, and fleeing from the welfare and paternalism of earlier times. Secondly, and derived from the above, there is a need for greater involvement and participation of older people in these centres, both from the point of view of their organisation at a more macro level, and from the more micro perspective of the organisation of services, activities, training, celebrations, events, etc., as referred to by Almenar and Almenar.
All this places us in the third axis of intervention, linked to the opening of the centres to the community, that is, to networking and collaborative work, either with other similar centres, of a different nature and/or with which a generational exchange can be carried out. The study concludes with the evidence that the organisation of the centre has to be carried out under the principle of the needs and interests of the elderly themselves, giving them a voice and facilitating the possibility of influencing the decisions that are taken, acquiring, as Martins and Liberalesso, (2017) refer to, the role of agents of civic participation. The evidence of the results shows that the most successful activities are those promoted and organised by the elderly themselves, who feel that they are the protagonists of these activities. It can also be concluded that these activities are linked, to a greater extent, to healthy habits and the overall well-being of people, both from an individual and social point of view.

All of this brings us back to an empowering and horizontally articulated organisation that promotes collaborative work between the management of the city council, the centre's professionals and the elderly. Last but not least, an organisation of the centre as described in the previous lines, places us in an inclusive centre for older people. The flexibility shown by the social centre allows, with emphasis on the active participation of the elderly, to modify its structures and organisation to respond to each of the needs presented by the people, thus facilitating a clear policy, culture and practice related to the attention to diversity and contributing in this way to the improvement of their quality of life (WHO, 2002).

References


